



## **Recap of the Dec. 4, 2014 Community Conversation about Children's Mental Health**

### **Summary**

The Community Conversation on Children's Mental Health hosted by Voices for Virginia's Children on December 4, 2014 at the Jefferson School City Center in Charlottesville drew approximately 120 individuals. The meeting started with brief presentations by panel members, followed by a lengthy public comment period about the strengths and challenges of children's mental health services in the Charlottesville area. Panelists included Sen. Creigh Deeds, Dr. Jeff Aaron, facility director of the Commonwealth Center for Children and Adolescents, Neta Davis, director of children's services at Region Ten CSB, Dr. Laura Easter, director of Clinical Services at Elk Hill, and Margaret Nimmo Crowe, executive director of Voices for Virginia's Children.

The theme of the strengths that were mentioned was the relative wealth of resources in the Charlottesville area compared to other areas of the state, particularly rural areas. Strong nonprofits, a CSB that provides an array of children's services, and collaboration among organizations were cited as strengths. Participants also appreciated that there are organizations in Charlottesville focused on the entire spectrum of interventions, from prevention and early intervention for families through treatment for children with diagnosed mental health disorders.

Even as well-resourced as Charlottesville is, however, every aspect of the continuum has inadequate capacity to meet the need. Challenges fell into several main categories:

- not enough focus on prevention and early intervention;
- a variety of barriers to existing services;
- gaps in services—things that are needed but don't exist, or which exist but have inadequate capacity to meet the need; and
- a need for citizen advocacy to move the needle on state level policy, according to Sen. Deeds.

### **Strengths**

- Strong local nonprofits including: Big Brothers/Big Sisters, ReadyKids, Women's Initiative, CASA, People Places
- Strong program at PREP/Ivy Creek to serve children in public school with emotional disabilities; helps keep kids in school
- Closeness and importance of Commonwealth Center for Children and Adolescents; they do great work with kids with serious mental health issues.
- Ainsworth Attachment Clinic at UVA is a great resource for kids with attachment disorder and their families

- Region Ten CSB: serves more than 2,300 children a year through crisis intervention, outpatient case management, substance abuse services, therapeutic day treatment in schools, early intervention (Part C services for babies and toddlers with developmental delays and disabilities), and other services. Recent service expansion of 2 mobile crisis staff to serve children and families immediately. Partnered with other agencies to build a local diagnostic center in response to need.
- Elk Hill (private nonprofit): serves more than 400 children/year in multiple locations, including Charlottesville. Responded to local requests and opened group homes and another school in Charlottesville. Have shifted away from emphasizing residential treatment to community-based treatment.
- Mental health counselor provided to the WALK program in Charlottesville City Schools.
- JustChildren is an excellent resource.
- Relative wealth of resources and services in Charlottesville area compared to other areas of the state.
- Engaged legislator in Sen. Creigh Deeds.

## **Challenges, Gaps and Barriers**

### **Not enough focus on prevention and early intervention**

- Lack of focus on causes of mental illness, including exposure to toxic chemicals; need to look at prevention not just treatment
- Need additional focus on prevention by focusing on the attachment of parents/caregivers and young children; focus on early years (lots of these comments)
- Need additional support for caregivers of young children, similar to what Head Start and public school services provide. Private preschools and daycares do not offer mental health support to parents of young children, resulting in kids with emotional/behavioral issues getting kicked out of care.

### **Barriers to existing services**

- Language barriers; not all providers use interpreters; affects relationship between professional and family
- Stigma keeps people from seeking help.
- Comprehensive Services Act funding eligibility needs to be expanded to kids with mental health issues and juvenile justice involvement. Access to CSA process needs to be easier for families.
- Parents often become disconnected from their child and his treatment when child is in residential treatment; communication needs to be improved to improve outcomes.

## **Gaps in Services**

### **Workforce Issues**

- Shortage of child psychiatry time; difficulty recruiting and retaining child psychiatrists; should consider incentives to recruit psychologists and psychiatrists
- Many mental health providers have discomfort dealing with co-occurring substance abuse
- Medicaid reimbursement rates are so low that providers do not want to participate, reducing access to treatment for low-income kids

- Medication management for children is horrible; need better follow up treatment and better training of mental health professionals on use of meds

### **School Issues**

- Need additional mental health support in schools, including support for kids who've experienced trauma.
- Support needed for kids in public school with mental health needs to be able to stay mainstreamed.
- Increasing anxiety in schools, particularly high school, due to academic stress and competitive environment; schools use a deficit model vs a strengths-based model/climate

### **Issues with Transition between high school and college**

- Need for better services to help transition kids from high school to college/adulthood so that services and supports are not lost.
- Need liaison with higher ed so kids can transition more effectively to college

### **Community-based care issues**

- Lack of community-based treatment options or barriers to accessing them results in juvenile correctional facilities being sometimes used as mental health treatment facilities.
- Need better collaboration among agencies.
- Need to address mental health/trauma needs of Central American refugee children. Virginia is one of the top 5 receiving states for these children, but these children often cannot access services because of their legal status.
- Need more trauma-informed care for kids and their parents, including collaboration, better assessments to identify trauma, using multiple treatment modalities (not just medication).
- Need more publicity for parents/families about what is available.
- Private insurance does not cover many community-based services, which causes families to a) deplete their resources to get their kids the treatment they need, or b) not be able to access treatment until their children requires hospitalization (which insurance will pay for).
- Need more focus on entire continuum, as ReadyKids does: home visiting for vulnerable families, child care providers who are trained in dealing with kids' mental health issues, trauma counselors.
- Need a database of providers/therapists/services so that parents and school personnel know where to go; should be sorted by age served because fewer clinicians serve young children; also should include summer options for kids with mental health issues—huge gap
- Parents needs more info about how to recognize mental health problems in their kids
- We need to do a better job of measuring outcomes of services; are kids better off because of treatment?

### **Hospital issues**

- Hospital environments for kids/youth can be threatening and overwhelming instead of therapeutic; psychiatric hospital environments for children should be modified through

protocols (e.g. endless parade of interns asking questions mentioned at UVA) and possible refurbishing of space (“5<sup>th</sup> floor of UVA Hospital is a scary place”)

- Need better communication with parents upon a child’s hospital discharge—needs to be a smoother transition

### **Need for Citizen Advocacy**

- Citizens concerned about children’s mental health issues need to talk to their legislators, ALL legislators, not just the Sen. Deeds and other “go-to” legislators on these issues if there are to be policy changes.

### **Next Steps**

Several participants mentioned after the meeting that they hope that a coalition of interested stakeholders in the Charlottesville area will form, as it has for adult mental health issues, to address some of these concerns. Voices will be happy to work with local leaders to get a coalition off the ground.

Progress has already been made on some of the issues raised, including:

- Voices and JustChildren have worked together to have legislation introduced in the 2015 General Assembly session to addressing one of the barriers to existing services: parents not being able to access the Comprehensive Services Act funding process directly in all areas of the state. Sen. Emmett Hanger has introduced SB1041 and Del. Chris Peace has introduced HB2083 (identical bills), which we are working through the process of the GA.
- Health Planning Region I (HPR I), of which Region Ten is a member CSB, has decided to enhance crisis response services for children and youth in their region through blended funding of two state funding sources; they are the first HPR to do so. The two funding sources are: 1) the state general funds (for which Voices and our Campaign for Children’s Mental Health have led the advocacy efforts) for children’s mental health crisis response and child psychiatry services, and 2) new state funding as a result of the Department of Justice settlement with Virginia regarding individuals with intellectual and developmental disabilities. This funding is for crisis response services for children with intellectual and developmental disabilities and autism spectrum disorder (ID/DD/ASD). Rather than set up parallel crisis response systems for kids with different diagnoses, HPR I has wisely chosen to combine their efforts so that the crisis response teams at Region Ten and other CSBs will serve ALL children. So the two mobile crisis response staff for children at Region Ten (mentioned in “Strengths”) will respond to mental health crises for all kids. Because they are only two staff, the services are not available 24/7, although they do work closely with the CSB’s Emergency Services staff so that help is available 24/7, but not the mobile team. The DOJ Settlement requires 24/7 access to mobile crisis services, so some of the region’s funding will go the adult-focused REACH program, which provides crisis response services to adults with ID/DD/ASD. REACH will provide 24/7 access when the mobile teams in the region are not available, but will work quickly to connect children to their local mobile team. This initiative is a great example of thinking comprehensively about children’s needs rather than working in silos.

- Voices and our Campaign for Children's Mental Health have worked with Senators Hanger and Howell and Delegates Yost and O'Bannon to have them introduce budget amendments to add to the pool of state funding available for children's crisis response and child psychiatry services for FY16. The budget amendments are in the amount of \$2.5 million, and we will be working with our partners to advocate for this additional funding, which could be used to help add staff to mobile crisis teams and/or add child psychiatry hours, both of which were mentioned as needs. We will inform the Community Conversation attendees about the opportunity for advocacy when we share the meeting notes with them.

Additionally, Voices will be reaching out to parents who attended the meeting about their willingness to speak out about the need for better access to treatment as we seek to develop additional parent advocates. We believe that a local coalition would also help reduce stigma and bring additional parents into the effort.

We will also work to connect interested organizations in Charlottesville with the organizations in Williamsburg who have tackled the issue of making services more well-known to families and centralizing assessments. Colonial Behavioral Health (the CSB) has partnered with the Williamsburg Health Foundation on a Children's Behavioral Health Initiative (info here: <http://www.colonialbh.org/child-services/greater-williamsburg-child-assessment-center.aspx> and here: <http://gwcac.va.networkofcare.org/mh/index.aspx>). We know the executive director and staff of Colonial Behavioral Health, as well as the president and staff at the Williamsburg Health Foundation, and could facilitate connections to discuss the project if people in Charlottesville are interested.

Submitted 2/4/15  
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