



EXECUTIVE SUMMARY

Intensive In-home Services for Children's Mental Health in Virginia: Time to Focus on Quality

July 2012

Medicaid-funded intensive in-home services (IIHS) for children proliferated in Virginia from 2006 to 2010 due to a number of trends, including a shifting focus to community-based care, a reduction in the number of hospital and residential beds, and an increased reliance on Medicaid to fund children's mental health services. While this increase in availability of IIHS created access to mental health services for many children who had not received them previously, stakeholders began to have significant concerns about uneven staff qualifications among providers, inappropriate marketing of services to families by some providers for whom the services were not suitable, and insufficient state oversight of the services.

The state Department of Medical Assistance Services has taken steps to lower expenditures and tighten marketing standards. Also, in the last year it has convened workgroups of providers and advocates to advise it on implementing the independent assessment process required by the General Assembly (VICAP), which began in 2011. In addition, the state is in the process of selecting of an administrative service organization to manage Medicaid behavioral health benefits, including IIHS, a change that offers the potential to provide the needed oversight that has been lacking in the past.

Further efforts are needed, however, to ensure that intensive in-home services become – or in some cases remain – an effective part of the array of mental health services necessary for children with serious emotional and mental health treatment needs. Virginia must ensure that the services are not only provided when appropriate, but also that they be provided by high quality clinicians and result in positive outcomes for the child and family. The state must build on existing best practices models in Virginia and beyond, develop a wider array of services, continue to focus on needs assessment prior to services and begin to focus on outcome measurement once services are delivered.

Recommendations

1. The top recommendation of this paper is to **improve the consistency and quality** of intensive in-home services in Virginia. This can be achieved by:
 - **developing Virginia's practice models, and**
 - **replicating existing models of excellence.**
2. In addition, improving the quality of in-home services must be part of **developing a more robust array of services to reduce over-reliance on IIHS.**
3. To ensure the services are leading to positive outcomes for kids and families, Virginia must **develop outcome measures on well-being of youth served.**
4. Finally, Virginia must be vigilant to **ensure access to services through the transition to Medicaid care coordination.**