In the 2015 General Assembly session, the Campaign for Children’s Mental Health is once again at the forefront, advocating for a stronger mental health system for children. Our priority this year continues to be building on the system of community-based crisis response services and child psychiatry. We have successfully advocated for funding the last three sessions to start and enhance these services in all five health planning regions of the state. Funds are being used to provide faster access to psychiatrists in person and through telepsychiatry, as well as to provide mobile crisis teams and residential and day crisis stabilization services.

Where services exist, they are making a huge difference. The problem is that the $4.15 million currently available in the budget for this purpose are inadequate to meet the need. The funds are supposed to increase to $4.65 million in FY16 — an improvement — but still a small amount of funding to reach kids in every corner of the Commonwealth who have serious mental health challenges.

This year, Senators Hanger and Howell and Delegate Yost have introduced budget amendments to enhance the services statewide by $2.5 million in FY16. We need all advocates for children’s mental health to reach out to their legislators and ask them to support these amendments: Item 308 #1s and #8s in the Senate, and Item 308 #6h in the House.

You can find one-page information sheets to use in your advocacy here:
Senate One-Pager
House One-Pager

Session Summary:
This session was a step forward in improving our children’s behavioral health system—and this success would not have been possible without the support from our partners and dedicated mental health advocates.

As noted above, the Campaign for Children’s Mental Health continued to our effort to expand children’s access to crisis response services and child psychiatry in each of the five regions of the state. In FY13 and FY14, each region of the state (led by the designated community services board) initiated or expanded services to improve access to community-based care. Examples include telepsychiatry in rural areas, mobile crisis teams, ambulatory crisis stabilization units, and a residential crisis stabilization unit.

We are pleased to report the following:
The General Assembly-approved budget includes an additional $2 million general funds in FY16 for these services. That is in addition to the $500,000 increase for this line item already in the budget for FY16. The total line item for FY16 will be $6.65 million ongoing funding for
these services. This amount has increased each of the last four fiscal years, when we first advocated for its addition to the budget.