



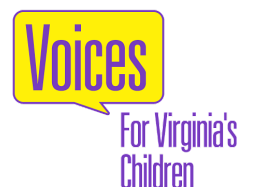
MEETING THE MOMENT FOR CHILDREN'S MENTAL HEALTH: A STATE OF EMERGENCY

Voices for Virginia's Children
2022 Mental Health Policy Agenda

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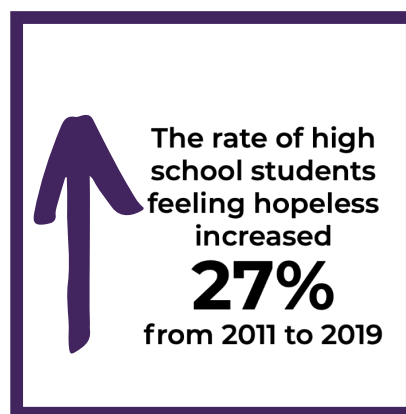
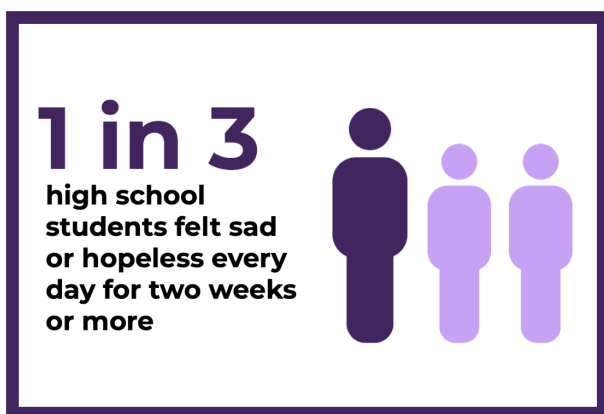
MEETING THE MOMENT FOR CHILDREN'S MENTAL HEALTH: A STATE OF EMERGENCY



There is no denying that the COVID-19 pandemic has changed the way we think about mental health as a society.

The collective trauma of the pandemic normalized conversations about social-emotional health has led to such innovations as “Wellness Wednesdays” and other universal social-emotional supports in school. The individual traumas of grief and isolation during the pandemic have produced additional anxiety, depression and behavioral concerns for students.

While survey data shows children’s mental health concerns were increasing prior to the pandemic, the pandemic has overwhelmed the children’s mental health system at every point – outpatient, residential, and hospitalization – and requires additional resources and new approaches.



Current State Response: Few Resources and Low Priority for Children's Needs

We are seeing an increase in emergency room visits for mental health. In early 2021, the U.S. emergency department visits for suspected suicide attempts soared by nearly 51% among girls 12 to 17 and increased by nearly 4% among adolescent boys, compared to the same time period in early 2019.

Mental health services at Community Services Boards (CSBs) and programs administered by the Virginia Department of Behavioral Health and Developmental Services (DBHDS) allocate only **\$64 million out of \$738 million to**

behavioral health services for children and youth. This is **less than 10% of the system-level budget** for the state behavioral health system. Of the funds available, many are attached to children who meet very specific diagnostic criteria or are served by specific systems. Flexible and innovative funds to support public-private partnerships are not included in the current budget.

Current resources dedicated to children's behavioral health is less than 10% of the behavioral health agency budget.

A New Approach in Children's Mental Health Requires Integrated Services and a Strong Workforce

Prior to the pandemic, only five counties in Virginia had enough child psychiatrists to meet the demand. Inadequate compensation and fatigue are creating workforce shortages in hospitals and public mental health agencies. A lack of mental health professionals that meet criteria for licensure and reimbursement means that children with more severe needs may not be able to get their needs met outside of schools. It is time to re-examine who is "allowed" to provide mental health support and how we can reduce as many barriers as possible.

Additionally, too many systems ranging from schools, CSBs, private providers, the state Medicaid agency, and Managed Care Organizations (MCOs) include their own rules, policies, and challenges. Mental health for children and youth requires more connections and coordination.



To Move Virginia Forward:

- **REMOVE BARRIERS TO LICENSURE FOR THE MENTAL HEALTH WORKFORCE.**

Supporting the \$3M for a workforce pipeline pilot in Governor Northam's proposed budget provides \$3M in one-time funds for a contract with the Virginia Health Care Foundation to pay for the costs of supervisory hours needed for licensure for individuals seeking advanced degrees in social work or counseling. And support \$1.7M for additional psychiatry residencies.

- **INTEGRATE MENTAL HEALTH AMONG STATE AGENCIES.**

Continue the Governor's Children's Cabinet under the Youngkin administration and make children's mental health a key priority by better aligning mental health services for children, adolescents, and families and including the voices of students and parents. The Youngkin Administration should also continue the trauma-informed care working group and Trauma Informed Leadership Teams (TILT) currently formed under the Secretary of Health and Human Services.

- **SUPPORT FUNDING FOR VMAP AND BUILD UPON IMPROVEMENTS INTEGRATED HEALTH CARE AND BEHAVIORAL HEALTH SERVICES.**

The Virginia Mental Health Access Program (VMAP) has developed a strong, efficient, and effective model of behavioral health and health integration. Proposed increases will expand training efforts beyond primary care into emergency departments and provide additional expertise to support young children and their families. The proposed budget includes an additional \$2.3 million each year to expand the reach.

- **EXPAND STEP-VA AND CONTINUE TO IMPROVE MEDICAID REIMBURSEMENT RATES.**

Enhancing funding for existing services will support the expansion of STEP-VA and improve Medicaid reimbursement rates for behavioral health services to provide accessible services. Both the public and private mental health providers can serve more children and youth with improved Medicaid reimbursement rates for clinical mental health services.



Build More Integrated Education and Behavioral Health Services by Supporting Two Budget Amendments

Current practices do not facilitate alignment between education settings and mental health settings enough to provide adequate targeted support to students with more severe mental health needs, nor help students recover from the trauma and disruption of the pandemic. Positive steps have been made to increase school counselors and specialized student supports but these efforts are more tied to universal services and cannot adequately address the more significant challenges of the pandemic.

To Move Virginia Forward:

- **CREATE A TASK FORCE TO MAKE RECOMMENDATIONS FOR HOW THE STATE CAN DEVELOP AND SUPPORT MORE INTEGRATED STUDENT MENTAL HEALTH SUPPORTS.**

The task force will assess current approaches developed at the local level and recommend how the state can support and sustain approaches by maximizing federal funding and integrated with existing public and private community-based services.

- **ESTABLISH RESOURCES THAT SCHOOL DIVISIONS CAN TAP INTO FOR TECHNICAL EXPERTISE AND ADDITIONAL CLINICAL CAPACITY TO MEET STUDENT NEEDS.**

DBHDS can establish an education integration pilot initiative that will provide funding and assistance to school divisions wishing to access public and private community-based resources to extend their capacity to meet mental health needs. An additional \$10 million in state general funds can be used to help establish agency capacity for technical assistance and provide resources directly to school divisions to contract for services.

- **SUPPORT EFFORTS TO INTEGRATE BEHAVIORAL HEALTH SERVICES AND EDUCATION SETTINGS SUCH AS THE RECOVERY HIGH SCHOOL MODEL.**