

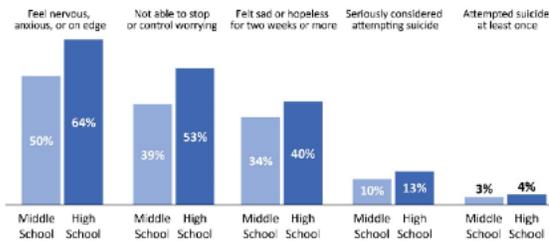
THE TIME IS NOW: RESPONDING TO THE YOUTH MENTAL HEALTH CRISIS



The Data:

Young People are in Great Need; More than 1 in 3 Feel Sad or Hopeless for Two Weeks or More

Middle and high school students report concerning mental health issues

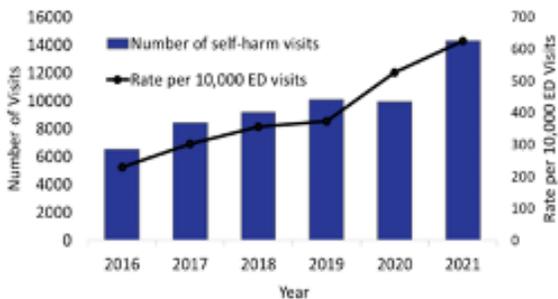


SOURCE: JLARC analysis of Virginia Department of Education's 2021 and 2022 Virginia Survey of Climate and Working Conditions.
NOTE: Surveys were conducted in January through March both years. The 2021 survey was for middle school students statewide. The 2022 survey was for high school students statewide.

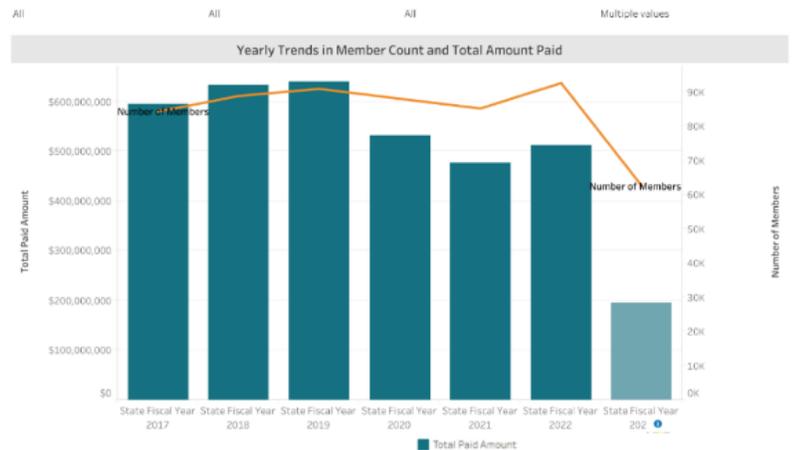
- 48th in Access to Youth Mental Health Services (2023 State of Mental Health in America, Mental Health America)
- Guns are leading cause of death by suicide for youth in Virginia
- State funding has not kept up with need
- In 2022, less than 10% of DBHDS funding is directed to the needs of children and youth.
- Medicaid funding for children's mental health services has declined by \$100 million since the pandemic despite increase in children seeking services

Self-harm ED visits more than doubled among Virginia youth from 2016 to 2021

Figure 1. ED visits related to suicidal thoughts, self-harm, and suicide attempts among Virginia youth aged 9-18 years, 2016-2021



Note: From 2016 to 2021, the number of EDs reporting data increased from 92 to 107.



DMAS Medicaid Behavioral Health Expenditures Dashboard

State General Funds Fill in Gaps in Service:

2016: Last increase to children's crisis response and child psychiatry services, has remained \$8.4 million since SFY2017

- Former Delegates O'Bannon and Yost championed amendments with Senators Hanger and Howell

2022: First round of funding for school-based mental health integration services

- Sen. McClellan championed an amendment that received \$2.5 million to fund five pilots. Governor Youngkin proposed \$15 million for school-based mental health integration.

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Budget Proposals to Respond to Children's Mental Health Need:

Governor Youngkin's Introduced Budget SFY24-25

- Increased funds to \$15 million for school-based mental health integration service.
- \$9 million to fund mental health telehealth services in schools and higher education institutions.
- \$58 million to create a comprehensive system of crisis response services including \$19 million dedicated to building out capacity for crisis stabilization units and crisis receiving centers and for creating a position dedicated to children's crisis response services.
- Funds to increase the number of children and adolescent psychiatry fellowships.

Requested House and Senate Budget Amendments

- DBHDS/Grants to Localities (Sen. Favola/Del. Price): \$8.4 million to build out children's crisis response and child psychiatry capacity and infrastructure.
- DMAS (Sen. McClellan/Del. Brewer): \$450,000 to design new Medicaid reimbursement rates to be indexed to inflation and to provide a venue for youth stakeholder design into school-based mental health services.
- DMAS (Sen. McClellan): \$500,000 each year to provide the Department of Education and local school divisions with technical assistance resources to begin billing Medicaid for health and mental health services directly.

Impact of Current Children's Mental Health Funding:

Medicaid Funding

Essential funding to meet the needs of 45% of children in Virginia. Despite increasing needs and improved services, Medicaid funding for children's behavioral health services has decreased and only 13% of the children enrolled in Medicaid received a behavioral health service.

Grants to Localities/Public System Funding

The existing \$8.4 million in children's psychiatry and crisis services has provided much needed capacity for flexible and innovative services in five regions, but the funding has not increased since SFY2017 and two of the five regions do not have a children's crisis stabilization unit.

Public Infrastructure Funding

State investments have been used to increase and sustain capacity and public institutions for children including the Commonwealth Center and new resources at CHKD. However, these investments reach the intense need and do not prevent future crises. Families recognize they are missing critical community and step-down supports from these more intensive settings.