



Virginia Department of
Behavioral Health &
Developmental Services

Child & Adolescent Behavioral Health Transformation Team

Team Recommendations Presented by Team Co-Chairs

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Team Charge

The Child and Adolescent Behavioral Health Transformation Team was charged with:

- Conducting a thorough review of the children’s behavioral health services system and infrastructure
- Studying and discussing specific issues within the realm of children’s behavioral health services delivery systems.
- Answering the following questions:
 1. How should Virginia promote behavioral health wellness for children through prevention and early intervention? (Consider the role of schools, screening, transition age youth and substance abuse)
 2. What are the core and mandated services and how can quality and accountability be best assured in delivery?
 3. How should the system of care principles be operationalized to help children and families and how can Virginia address system fragmentation?

Approach

- After the introductory meeting on October 7, 2014, the team met on:
 - October 20, 2014
 - November 19, 2014
 - December 18, 2014
 - February 20, 2015
 - March 16, 2015
- At the second meeting, the team did a Strengths, Weakness, Opportunities and Threats (SWOT) analysis as a prelude to considering recommendations.
- Beginning with the third meeting, the team proposed and refined recommendations for the three charge questions. Feedback was received on the draft recommendations via email between each meeting.
- Background and follow up information were provided at each meeting.

Information Resources

- A Healthy Virginia: Health Care Report
- Are the Children Well?: A Model and Recommendations for Promoting the Mental Wellness of the Nation's Young People
- Children's Behavioral Health Comprehensive Service Array
- Demographic Data for Children and Adolescents in the Commonwealth of Virginia
- Language in the Youth MOVEment: A Compilation of Terms
- Prevention and Early Intervention, Issue 1
- Report of the Governor's Taskforce on Improving Mental Health Services and Crisis Response
- Results-Based Public Policy Strategies for Promoting Children's Social, Emotional and Behavioral Health
- The President's New Freedom Commission on Mental Health
- Updating the System of Care Concept and Philosophy
- Youth Advocate to Advocated for Youth: The Next Transition

Challenges

- It is difficult to talk about children's behavioral health services without also considering a wide range of related topics, including:
 - Prevention, early intervention and early childhood services
 - Interface with the child welfare, juvenile justice, educational and health service systems
 - Children who may also have intellectual and developmental disabilities
 - Transition to adulthood in the 16-25 age group
- Therefore, the scope widens and the task can seem broad and overwhelming.
- Team needs to consider all of these things, but may need to work incrementally. Our first six months have just been a start and our recommendations are just that – a start.

Recommendations

Question #1: How should Virginia promote behavioral health wellness for children through prevention and early intervention? (Consider the role of schools, screening, transition age youth and substance abuse)

After considerable deliberation on this question, the team believes that promoting wellness is part of the system of care. Recent SAMHSA System of Care models promote the alignment of behavioral health wellness and health promotion with treatment and services. Therefore, the team has addressed this question under Question #3(a).*

Recommendations

Question #2 (a): What are the core mandated services?

1. The state should mandate and fund a uniform set of core behavioral health services that localities must provide to assure access and consistency across the state. The core mandated services could be provided by a mix of public or private providers, except those that are required by code for Community Services Boards to provide. Localities may add other services within their discretion and available funding. The following are the recommended core services, but others may need to be considered:
 - Prevention/wellness services Crisis Response (including, but broader than, the currently required Emergency Services)
 - Case Management (not just those covered by Medicaid Targeted Case Management)
 - In-home Services (high quality professional intensive services regardless of payment source, not just Medicaid)
 - Child Psychiatry (including face-to-face, telemedicine and consultative approaches)
 - Parent peer support services

Recommendations

Question #2(b): How can quality and accountability be best assured in delivery?

1. Establish quality standards for each of the mandated core services, including access standards that define maximum wait times for services.
2. Allocate resources for core services based on population health data analytics methods to determine children's behavioral health resource and service array needs at the local, regional, and statewide levels, considering the following:
3. Population-based methodology
4. Time and distance from a provider
5. Availability to services regardless of ability to pay
6. Access – emergent, urgent, standard

Recommendations

Question #3(a): How can Virginia operationalize the SOC principles to help children and families?

System of Care principles should guide the implementation of the following recommendations:

- *1. Use predictive analytics and community prevention assessments prior to the onset of a disorder to prevent or reduce the risk of developing a behavioral health problem. Prevention should be structured under six core strategies:
 - Identification and assessment/referral
 - Information dissemination
 - Education
 - Alternative (resiliency building)
 - Community collaboration

Structure funding to support a philosophy of prevention and wellness that supports universal, selected and indicated prevention.

2. Fund and implement a public awareness campaign to decrease stigma and increase awareness of services.

Recommendations

3. **The state should determine one state entity to have the authority, responsibility and accountability for the secondary and tertiary behavioral health needs of children consistent with system of care principles. The entity would have the following powers and duties:**
- Require prevention/wellness plans for every community.
 - Authority to require coordination across all systems at the policy level, statewide across secretariats
 - Assure quality (perhaps through and Ombudsman system) and oversee providers using a measureable system of provider expectations
 - Assure comparable quality and access across Virginia that is uniform
 - Provide a health record that is uniform and inclusive (HIE Consumer/Family Choice)
 - Require a uniform child assessment or common assessment standards to be used statewide.
 - Administer funding- In order to assure a uniform statewide system, the state authority would have sufficient state funding that would be allocated to local authorities to assure access to the core mandated services.
 - A corresponding local authority would need to be defined to implement services at the local level (an accountable care community).
 - Network management of Licensing, Reimbursement, and Human Rights.
 - Track child outcomes to assure service quality.
- * While the team has consensus on the powers and duties of such an entity, they need additional time to consider the best framework and organizational location for the state authority. Some team members have pointed out that the CSA structure already exists and provides at least some of the foundation for these functions. Other members have opined that DBHDS, or a completely new entity, should carry out the function of the single state authority.

Recommendations

Question #3(b): How can Virginia address system fragmentation?

1. Design a statewide system of navigation for families to improve family access to services for their children. The navigation system would have the following qualities:
 - Uniform navigation for families with one-stop access
 - State-required uniformity
 - There should be statewide funding for family support in all areas of the system.
 - Paid parent support partner positions should be defined and established.
 - A billable service (initially may be supported by Medicaid, but should not be limited to Medicaid long-term)
 - Family members should be on all policy- and decision-making bodies.
 - Develop standards for peer and parent support partners, including training, certification and quality assurance.
 - Provide training
2. All state funding streams for children should be pooled with a single accountability mechanism. Accountability should not be tied to individual funding streams.
3. Once a consistent state core mandated set of services is established, communities should create local systems of care that include the core mandated services and other services that meet community needs and improve access for families.