Systems of Care in Virginia
The Role of Child and Family Behavioral Health Services
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DBHDS Vision: A life of possibilities for all Virginians

Behavioral Health Services – How Many Children are Affected?

- National estimates of children's mental health disorders indicate that **1in 5** children ages 9 to 17 experiences a diagnosable mental health disorder in the course of a year, and roughly **1 in 10** experiences a serious disturbance.[1]

- But many children with mental health problems are not immediately identified or diagnosed as such. They may come to the attention of mental health providers because they are in foster care, or have been suspended from school, or are in juvenile detention or are placed in group and/or residential care.

[1]United States Department of Health and Humans Services. (1999). *Mental Health: a Report of the Surgeon General*. Washington, DC: Government Printing Office.

Children with Mental Health Problems in Virginia

**85,129
To
104,046
Children**
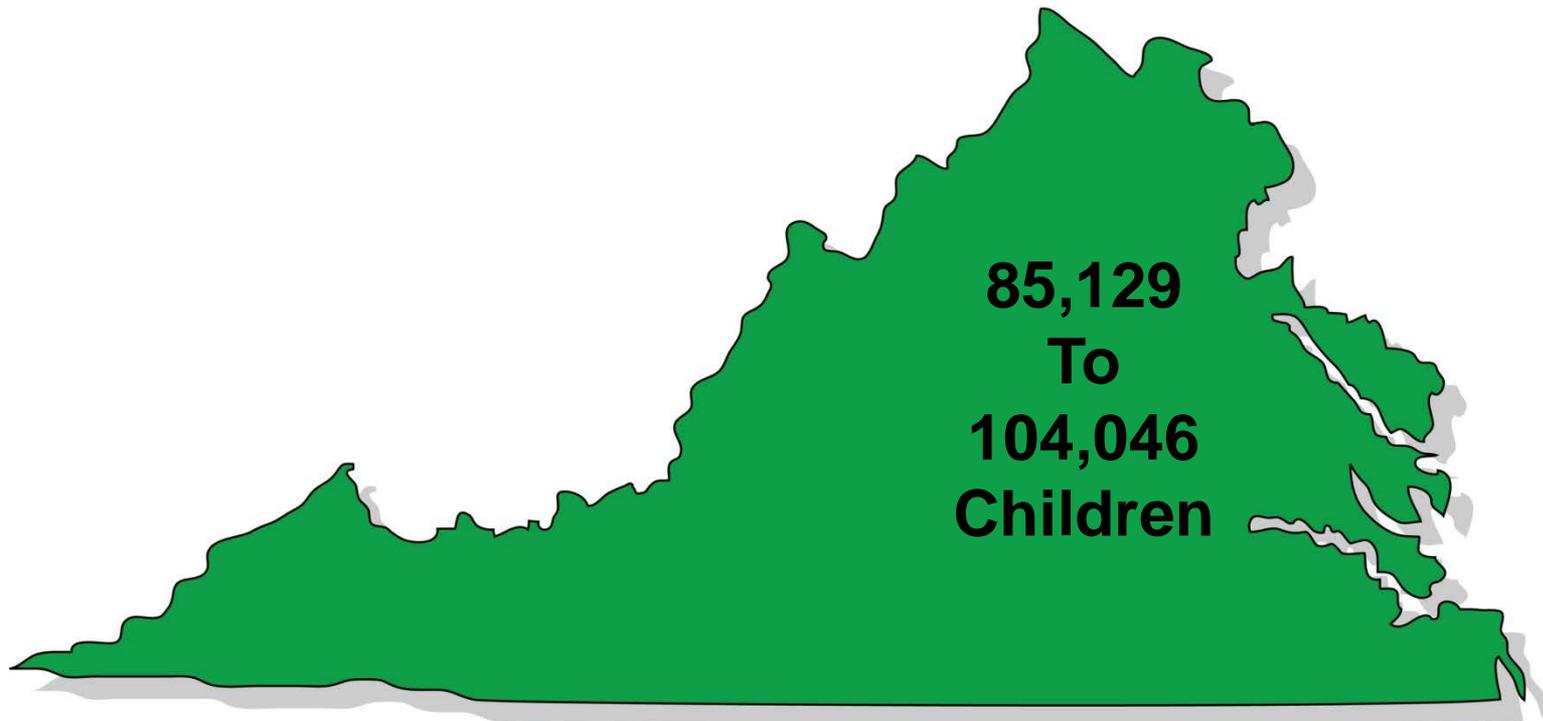
In Virginia, this means that between **85,129** and **104,046** children and adolescents may have a serious emotional disturbance.

Serious Mental Illness Can Be
A Crushing Diagnosis

- Early age of onset (most often teens to young adult years)

- Severely disabling (lost hopes and dreams)

- Decades-long duration

- Difficult and complicated to treat effectively

- Treatment can be a strongly negative or even traumatic experience, especially involuntary treatment

- Stigma and fear is still very strong

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What is a System of Care?

- **Virginia strongly promotes the system of care philosophy**

- **A system of care…**
  - incorporates a broad, flexible array of effective services and supports for a defined population (children with serious emotional disturbance) into a coordinated network.
  - Integrates care planning and management across multiple levels.
  - Is culturally and linguistically competent and responsive.
  - Builds meaningful partnerships with families and youth at service delivery, management, and policy levels.
  - Has supportive policy and management infrastructure.
  - Is data driven.

Pires, S. (2010). *Building systems of care: A primer*, 2nd Edition. Washington, D. C. : Human Service Collaborative for Georgetown University National Technical Assistance Center for Children's Mental Health.

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System of Care Framework

Virginia's Comprehensive System of Care
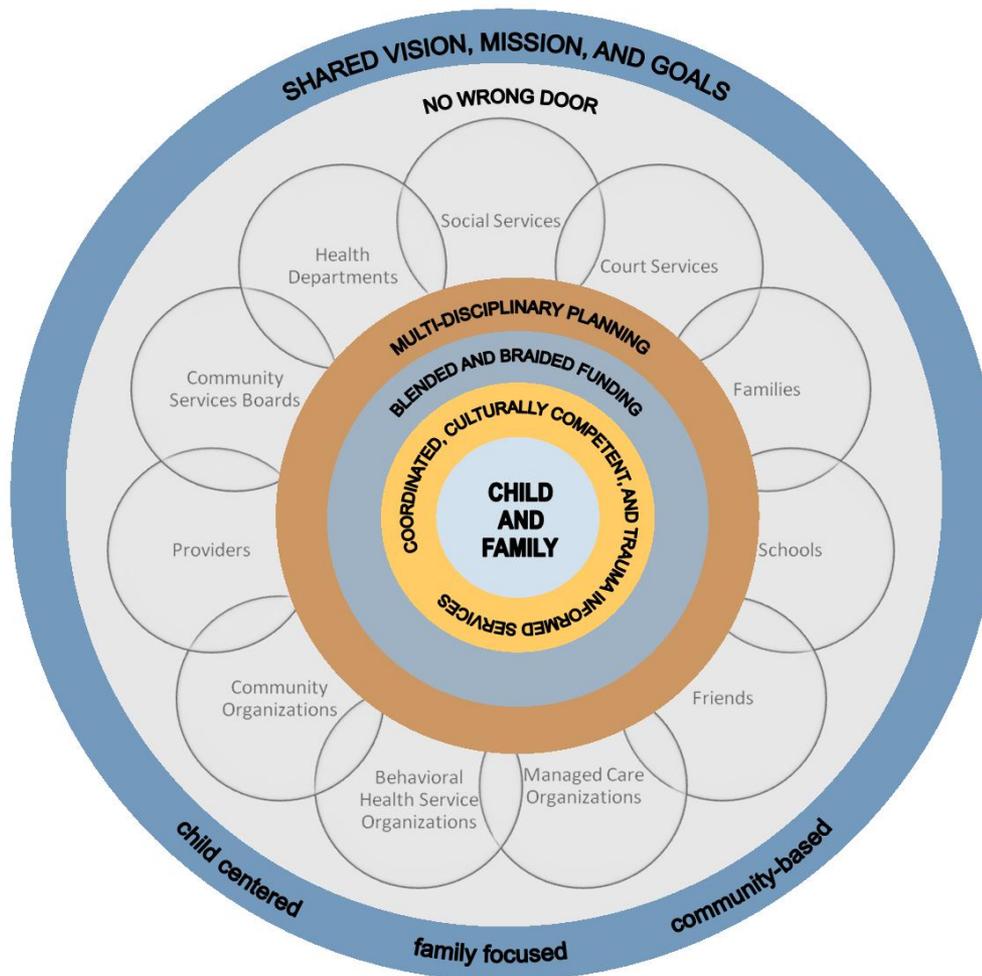
Values and Principles of a System of Care

- Based on the **needs of Child** and Family

- Promotes **partnership** between families and service providers.

- Involves **collaboration** between multiple agencies and service sectors.

- Involves provision of individualized supports and services based on **strengths and needs** in multiple domains.

- Promotes **culturally responsive** supports and services.

- Includes a system of ongoing evaluation and **accountability**

Friedman,R. (September 8, 2007). *System of Care and Evidence-based Practice: Creating Bridges.* Systems of Care & Evidence-Based Practices Conference. Roanoke, VA.

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Why was Systems of Care created in the 1980s?

- **To address failed systemic conditions, such as:**
  - Inadequate range of services and supports
  - Failure to individualize services
  - Fragmentation of systems when child and families had multi-systemic needs
  - Children with mental health needs are in several "systems"
  - Lack of clarity about population of concern
  - Inadequate accountability
  - Lack of adequate responsiveness to cultural differences.

- **Have we made progress?**

- **Do we still have challenges?**

- **What do you think?**

Friedman,R. (September 8, 2007). *System of Care and Evidence-based Practice: Creating Bridges.* Systems of Care & Evidence-Based Practices Conference. Roanoke, VA.

Systems of Care in Virginia

- The idea of systems of care was first advanced in the 1980s – it is not a new idea

- Virginia was awarded its first grant in 1987 and has worked steadily to reform a fragmented system to be a system of care

- But, systems of care is not a grant, and having a grant does not mean we have a system of care
  - It is a philosophy that guides care and services for children
  - It is a way of doing our work that reflects the system of care values and principles in everything we do
  - It is being aware of the system of care values every day as we
    - Develop policy and operational procedures
    - Administer and plan for funding
    - And, most importantly, as we serve **children and families**

System of Care Agencies In Virginia

- Department of Behavioral Health and Developmental Services
- Department of Education
- Department of Juvenile Justice
- Department of Social Services
- Office of Comprehensive Services
- Department of Medical Assistance Services
- Local counterparts of these agencies, private agencies and family support organizations also play a key role

- **Virginia Department of Juvenile Justice** data indicates a majority of youth committed to the state juvenile correctional centers *have* mental health disorders beyond disorders that are related to their criminal behavior.[1]

- Close to one half of all children served by the **Comprehensive Services Act** have a diagnosed mental health disorder; in FY04, 46% had a mental health diagnosis. The figure was 44% in FY10, with 9% of the total children diagnosed with an autism spectrum disorder(a new data point in FY09).[1]

- There is wide variation by locality in the number of children in CSA who have a diagnosed mental health disorder, ranging from no children in some localities to 100% of the CSA population in other localities.[1]

[1]Virginia Department of Juvenile Justice. 600 East Main Street Richmond, VA 23219. Telephone: (804) 371-0700. Web site: www.djj.state.va.us .

[1]Office of Comprehensive Services. CSA Data Set, FY10 Q4: Percent of children that have a DSM Diagnosis. Retrieved from http://www.csa.virginia.gov/publicstate/csastates09/rankings/dsmiv_child_locality.cfm

Virginia's Behavioral Health System

- 40 Community Services Boards offering licensed services at 1,710 locations

- 557 private providers offering services at 2683 locations

- DBHDS facilities: 9 Psychiatric hospitals (8 adult/geriatric, 1 child/adolescent) and Virginia Center for Behavioral Rehabilitation (SVP)

- Multiple community partners e.g., employment, housing, law enforcement, ER's, etc.

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Percentage of Committed Youth with a History of Prescription Psychotropic Medication Use upon Intake

608 total youth

Males

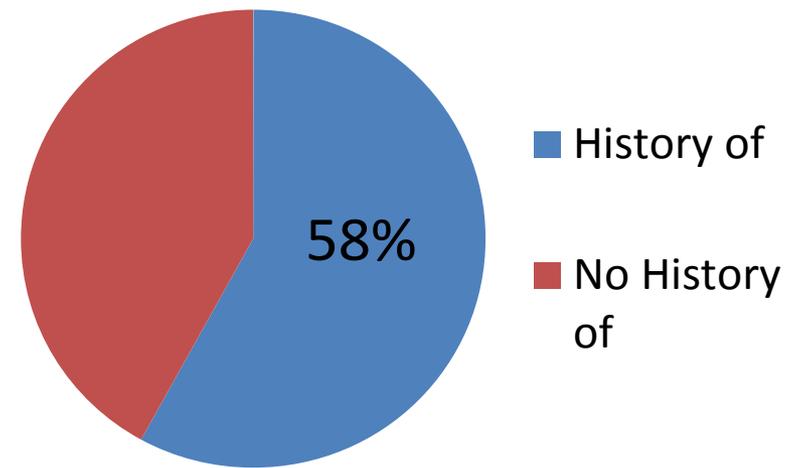**History of Psychotropic Medication Use (FY10)[1]**
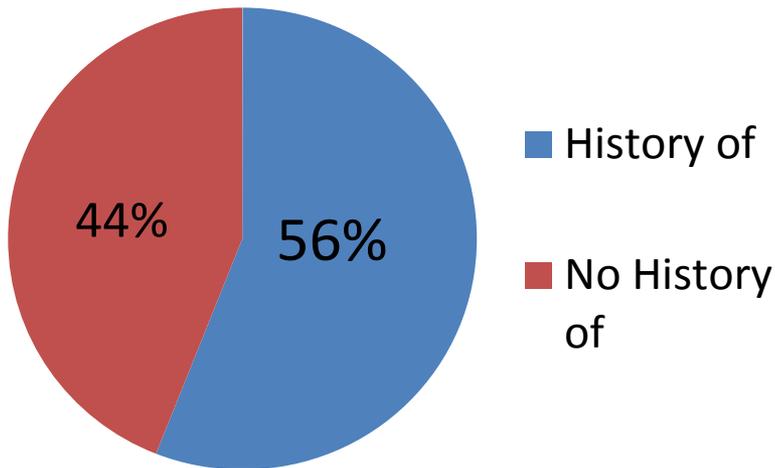
44% | 56%

- History of
- No History of

Females

History of Psychotropic Medication Use (FY10)[1]

58%

- History of
- No History of

[1]Virginia Department of Juvenile Justice. 600 East Main Street Richmond, VA 23219. Telephone: (804) 371-0700. Web site: www.djj.state.va.us .
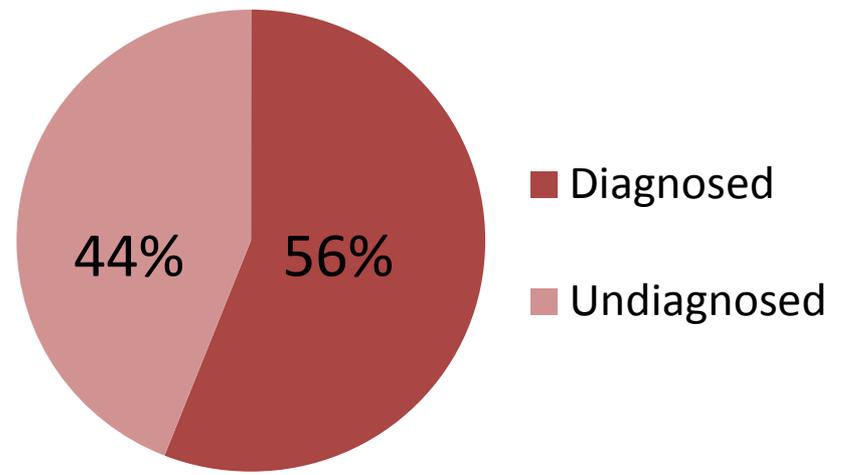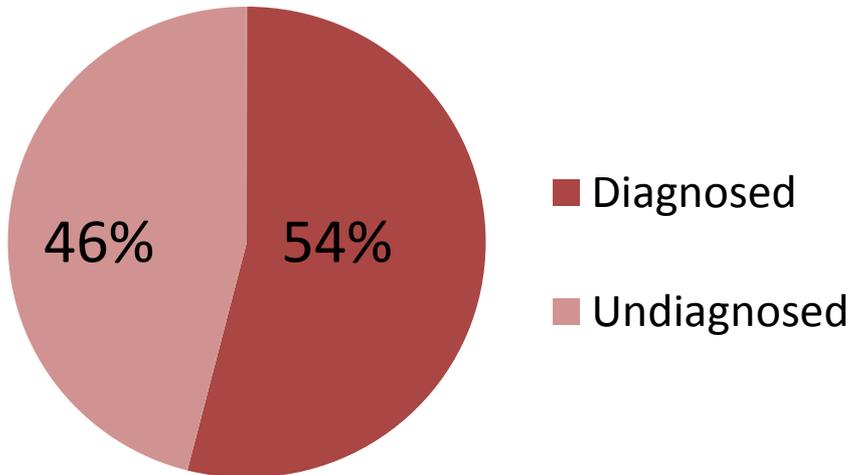
Percentage of Committed Youth with a Mental Health Disorder upon Intake

Male

Female

Committed with Mental Health Disorder[1]

Committed with Mental Health Disorder[1]

46%   54%

- Diagnosed
- Undiagnosed

44%   56%

- Diagnosed
- Undiagnosed

[1]Virginia Department of Juvenile Justice. 600 East Main Street Richmond, VA 23219. Telephone: (804) 371-0700. Web site: www.djj.state.va.us .

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Education

- Children and youth in elementary school with mental health problems are more likely to be unhappy at school, be absent, or be suspended or expelled.
    - In the course of the school year they may miss as many as **18 to 22 days of school.**[1]
    - Their rates of suspension and expulsion are **three times** higher than their peers.[1]
- Youth in high school with mental health problems are more likely to fail or drop out of school.
    - Up to 14% of them receive mostly Ds and Fs (compared to 7% for all children with disabilities).[2]
    - Up to 44% of them drop out of school.[2]

[1]Blackorby, J.&Cameto,R. (2004). Changes in school engagement and academic performance of students with disabilities. *In Wave 1 Wave 2 Overview* (SEELS) (pp. 8.1-8.23). Menlo Park, CA: SRI International.
[2]Blackorby, J.: Cohorst, M; Garza, N.; & Gusman, A. (2003). The academic performance of secondary school students with disabilities. In The *Achievements of Youth with disabilities During Secondary School*. Menlo Park, CA: SRI International.

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Education

- Only **16 %** of all children receive any mental health services. Of those receiving care, **70 to 80 percent receive that care in a school setting**.[1]

- **83% of schools** report providing case management for students with behavioral or social problems.[2]

[1]US DHHS. Executive Summary. Mental Health: Culture, Race, and Ethnicity. A supplement to Mental Health: A Report of the Surgeon General. Rockville, MD: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

[2]Breener ND, Martindale J, Weist MD. Mental Health and Social Services: Results form the School Health Policies and Programs Study 2000, J of Sch Health, Vol. 7, No. 7, 2000: 305-312.

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Social Services

- Between **50 and 75%** of children in out-of-home care exhibit social competency problems that warrant mental health care.[1]

- Adolescents living with foster parents or in group homes have **two to four times** the rate of serious psychiatric disorders as those living with their own families.[2]

- A study found that **48%** of youth in the child welfare system had clinically significant emotional or behavioral issues, but only **25%** had received treatment during the previous year.[3]

- In a random sample of 302 school-aged children in foster care, **80%** were diagnosed with a mental health problems, but only **51%** received mental health services.[4]

[1]Landsverk,J.A. et al. (2006) Mental Health Care for Children and Adolescents in Foster Care: Review of Research Literature. Casey Family Programs, Seattle, WA.
[2]Child Welfare League of America. (1996-2007) Health care services for children in out-of-home care: Facts and figures.
[3]Burns, B.J. et al. (2004) Mental health need and access to mental health services by youths involved with child welfare: A national survey. JAACAP 43: 960-9700.
[4]Zima, B.T. et al. (200). Help-seeking steps and service use for children in foster care. *Journal of Behavioral Health Services and Research* 27: 271-285

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Comprehensive Array of Behavioral Health Services in Virginia

- **Wellness and Prevention**

- **Assessment and Evaluation** to support treatment planning

- **Outpatient or Office-Based Services**, traditional psychiatry, medication and individual, group and family therapy

- **Case Management**, coordinating the treatment plan, linking the child and family with needed public and private services

- **Home and Community-Based Services**, including in-home services, in-school, after-school, day care and summer services

- **Intensive Community Supports**, such as respite care, specialized and therapeutic foster care arrangements, parent support partners

- **Community Crisis Response Services**, including mobile crisis teams, crisis stabilization units and inpatient prescreening

- **Residential**, including group homes

- **Acute Inpatient**, including substance abuse detoxification

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How can we improve Children's Mental Health?

- Build a strong system of care through:
    - effective partnerships
    - intervene early
    - Support families
    - clear values and principles
    - a strong theory of change
    - sound performance measurement
    - regular review of progress for purposes of improvement

Friedman,R. (September 8, 2007). *System of Care and Evidence-based Practice: Creating Bridges.* Systems of Care & Evidence-Based Practices Conference. Roanoke, VA.

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Moving Out of Childhood
Services for Transition-Age Youth 16-25

- **Youth age 16 through 25** as they transition into adulthood may fall through the cracks as the supports provided by high school and in their parents home are no longer there.

- Once they age-out of children's services, many transition-age youth do not connect with the adult service system and "fall through the cracks, in a system that just doesn't meet the unique needs of their age group.

- Once they turn 18, they are not children any more. In the eyes of the law, they are adults, and they gain rights to make their own health care, educational, financial, legal, and housing decisions

- They sometimes loose the structure that their parent's home and school have provided. Research tells us their brains may not be fully developed until age 25.

- **Parents struggle to assist**, as they are no longer the legal decision-makers. Youth often reject the advice they receive from parents and other authority figures.

- The adult mental health and other traditional service systems may not be inviting to young adults either. So they don't keep appointments and parents cannot make them go.

- There has been increased focus, nationally and in Virginia, on the transition age population following tragic events involving young adults with serious mental health and substance abuse problems.

- DBHDS has prioritized this population and the General Assembly has appropriated $4 million in ongoing funds beginning in FY 2015.

- Eight new programs have just begun. Serving young adults ages 16-25 experiencing **serious behavioral health conditions, including substance use/abuse and the initial onset of psychosis.**

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