



FOR IMMEDIATE RELEASE
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VIRGINIA RAISES AWARENESS OF INITIATIVES MEETING CHILDREN'S MENTAL HEALTH NEEDS
Virginia Children's Mental Health Day focuses on children's ability to recover and thrive in their communities

Richmond – Citing that up to 103,794 Virginia children and adolescents currently have a serious emotional disturbance, with as many as 66,051 exhibiting extreme impairment, Governor Timothy M. Kaine has proclaimed May 7, 2009 as Children's Mental Health Awareness Day in Virginia. Based on the National Children's Mental Health Awareness Day, Virginia's Awareness Day calls attention to the effective programs for children's mental health needs, demonstrates how children's mental health initiatives promote positive youth development, recovery, and resilience, and shows how children with mental health needs can thrive in their communities.

"On both the local and state level, Virginia has been working to improve services and meet the mental health needs of our children and youth," said DMHMRSAS Commissioner James Reinhard, M.D. "When the right services and supports are available, children with mental health needs and their families have the tools to thrive in the communities where they live."

Through the Virginia Children's Services System Transformation, thirteen local communities, referred to as the Council on Reform (CORE), have been working on behalf of children involved with or at-risk of involvement with multiple child-serving agencies, including those providing mental health interventions. CORE's goals are for children to achieve success in life, for safety for children and communities, for children to live in their own communities, for an increase in family-based placements as opposed to residential care, and for children to build life-long family connections. The best practices developed by CORE are being adapted by other Virginia communities. Also, many communities have already begun to implement new and innovative approaches to serving their children.

Throughout the Commonwealth, local children's programs are making great strides to help children, youth, and families thrive at home, at school and in the community, including:

- **Alexandria Community Services Board** – Nine year-old Santos was removed from his mother's custody after years of emotional, physical and sexual abuse at the hands of his mother and her boyfriend. His behavioral problems led to his removal from a foster home where he lived for only a short time before being sent to a residential program. The CSBs' System of Care Program (SOC) Supervisor, Lorre Taylor, set a goal of getting him the intensive behavioral care he was not receiving at the facility and reintegrating him into the community. Santos and the aunt and uncle who wished to take custody of him were surrounded by a team of professionals that developed a treatment plan to increase their natural supports and identify and utilize their strengths. Through the support of many agencies, Santos began individual therapy with the SOC, receives additional therapy for sex crime victims and offenders and sees his school counselors regularly. He will live with his aunt and uncle at the end of the school year. Since July 2008, 17 of 48 Alexandria children in out-of-home care have been successfully returned to families. Alexandria reduced the number of youth in out-of-home care by 46.5 percent in the first three quarters of FY 09. This is a 35 percent decrease in residential treatment. For more information, contact Jennifer Cohen, at (703) 746-3484.
- **Central Virginia Community Services (CVCS)** – 17-year-old Donald was referred to outpatient services for a Substance Abuse/Mental Health assessment after being charged with possession of cocaine last year. He was assessed using a co-occurring assessment tool, Global Appraisal of Individual Need (GAIN), and referred for Adolescent Community Reinforcement Approach/Assertive Continuing Care (ACRA/ACC) treatment. In addition to his substance use, he was dually-diagnosed with a mental health diagnosis of Conduct Disorder. After receiving 14

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office-based ACRA sessions, where he learned communication skills, problem solving skills, drug refusal skills, and ways to replace his substance use with pro-social activities, he was transferred to community-based ACC case management. In these sessions, he began to sample healthy, pro-social activities like going to the YMCA and running. His case manager taught him job seeking skills and linked him to a job. He also continued to work toward his GED. CVCS recently saw Donald for his one year follow up assessment from the date of his initial intake. He greeted staff with big hugs, proudly stating that he continues to work toward his GED, is no longer affiliated with local gangs, and has remained substance-free by replacing his previous behaviors with pro-social activities. For more information, contact Jennifer Smith, CVCS Child Co-Occurring Services, (434) 948-4831.

- **Hampton-Newport News Community Services Board (HNNCSB)** – HNNCSB has implemented a comprehensive, community-based system of care that has the following elements: person-centered, comprehensive continuity of care from least restrictive to most restrictive modalities attempting whenever possible to keep children and their natural families together. The system of care is built upon private and public partnerships, fiscal stewardship, and efficiency with only the highest quality staff available in direct clinical and administrative positions. The City of Hampton was cited in a recent report by the Virginia National Alliance for Mental Illness (NAMI) for having "...strong leadership for many years in providing children and families with services and supports that promise to keep children at home and in their communities." HNNCSB's Intensive Care Coordination (ICC) model was established in 1999 and has been adopted by the State as the preferred model to ensure that children receive care in their family homes in the community. ICC services are applied to prevent the use of group home or residential care and embrace multi-agency collaboration to support children and families. The ICC program has been integral to the development of the necessary treatment services within the HNNCSB and the community for the children and families we serve. For more information, contact Lisa Hogge at (757) 788-0612.
- **New River Valley Community Services (NRVCS)** – NRVCS tells the story of 16-year-old Alishia, a Montgomery County teenager diagnosed with bipolar disorder and a severe substance-use disorder who is lucky to be alive these days. She traveled to various parts of the state for residential placement and rehabilitation, including Southwestern Virginia Mental Health Institute (SWVMHI) in Marion. After discharge from SWVMHI, Alishia began receiving an array of treatments and support from NRVCS. Working closely with NRVCS Clinical Program Supervisor Duffy Ferguson, Alishia gradually began to improve. With the loving support of her father, a combination of medication, outpatient counseling, and other special services, Alishia has now been clean and sober for one year, lives at home, and will graduate from high school in June. For more information, contact Mike Wade at (540) 961-8420.

Virginia's local community services boards continue to serve more children with more severe disabilities. In 1997, CSBs served 8,922 youth with or at risk of serious emotional disturbance (SED); in 2006, CSBs served 17,955 youth with or at risk of SED. This represents a 101 percent increase in the numbers of youth with or at risk of SED served by CSBs between 1997 and 2006.

During National Children's Mental Health Awareness Day, the U.S. Substance Abuse and Mental Health Services Administration promotes positive youth development, resilience, recovery, and the transformation of mental health services delivery for children and youth with serious mental health needs and their families.

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Effective July 1, 2009, DMHMRSAS will change its name to the Department of Behavioral Health and Developmental Services.

Available to citizens statewide, Virginia's public mental health, intellectual disability and substance abuse services system is comprised of 40 community services boards (CSBs) and 16 state facilities. DMHMRSAS seeks to promote dignity, choice, recovery, and the highest possible level of participation in work, relationships, and all aspects of community life for individuals with a mental illness, intellectual disability or a substance-use disorder.