

POLICY MANUAL

State Board of Behavioral Health and Developmental Services Department of Behavioral Health and Developmental Services

POLICY 1007(SYS) 86-2 Behavioral Health and Developmental Services for Children and Adolescents and Their Families

Authority Board Minutes Dated January 22, 1986
Effective Date February 26, 1986
Approved by Board Chairman /s/James C. Windsor

References Report of Child/Adolescent Work Group, October 1985
Report of the First Lady's Forum on Child Mental Health, 1987
Survey of Community Services Board Child and Adolescent Services (2007),
Report # 148-07, Office of the Inspector General for Behavioral Health and
Developmental Services
Review of Community Services Board Child and Adolescent Services (2008),
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An Integrated Policy and Plan to Provide and Improve Access to Mental Health,
Mental Retardation, and Substance Abuse Services for Children, Adolescents
and Their Families, July 1, 2007 – June 30, 2008
*Report of the Joint Subcommittee on Establishing Statewide Rates for Treatment
Foster Care*, Report to the General Assembly, Document #224, 2007
Comprehensive State Plan 2010-2016, Department of Behavioral Health and
Developmental Services
2008 Annual Report, Virginia Children's Services System Transformation (2008)
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STATE BOARD POLICY 4037 (CSB) 91-2 Early Intervention Services for
Infants and Toddlers with Disabilities and Their Families
STATE BOARD POLICY 4038 (CSB) 94-1 Department and CSB Roles in
Providing Services to Children Under the Comprehensive Services Act for At-
Risk Youth and Families

Supersedes STATE BOARD POLICY 4026 (CSB) 87-1 Transitional Services for
Adolescents and Young Adults with Mental Disabilities

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Background Numerous studies, surveys, reports, task forces, and commissions over 40 years have considered the needs of Virginia's children and adolescents with mental health or substance use disorders or intellectual disability. A small sample of these efforts is listed in the references. Many of the studies and reports contained similar findings about the services system; they noted a lack of service coordination and supports in communities for many families with children or adolescents in need of services and recommended specific strategies for the Department of Behavioral Health and Developmental Services, hereafter referred to as the Department, and community services boards and the behavioral health authority, hereafter referred to as CSBs, to address these deficiencies. In this policy, children include adolescents, unless the context requires particular age-related language for clarity or emphasis.

Despite many studies and recommendations, lack of adequate funding and staff has resulted in inconsistent efforts and a continuing need for increased community programs to provide services to children with mental health or substance use disorders, intellectual disability, or co-occurring disorders. While some progress has been made to coordinate and improve service availability, Virginia's service system for children remains somewhat fragmented and continues to lack necessary supports for parents who seek services to meet the needs of their children at home in their local communities.

The populations covered by this policy are:

- Children who are experiencing serious emotional disturbances or mental health or substance use disorders or have intellectual disability or co-occurring disorders;
- Children who are at risk of these conditions by virtue of personal vulnerability or environmental stress; and
- for Medicaid waiver and training center support options and employment opportunities, young adults (ages 18 through 21) with intellectual disability.

The Board recognizes that children and their families are valuable resources for the future and development of Virginia; enhancing their health and well being is essential to the prosperity of the Commonwealth.

Early intervention services for infants and toddlers (birth through 2 years) with developmental delays or disabilities, diagnosed medical conditions likely to result in developmental delays, or atypical development and their families are addressed separately in STATE BOARD POLICY 4037 (CSB) 91-2, and comprehensive services act services for at-risk youth and their families are addressed separately in STATE BOARD POLICY 4038 (CSB) 94-1 rather than in this policy.

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Purpose To articulate policy for the provision of mental health and substance abuse services, hereafter referred to as behavioral health services, and mental retardation services, hereafter referred to as developmental services, for children and their families.

Policy It is the policy of the Board that children and their families in need of services shall have access to an integrated system of child-centered and family-focused behavioral health and developmental prevention, early intervention, treatment, and habilitation services. The Board recognizes the quality of life and cost saving benefits of providing services for children as early as possible to address identified needs or individual risk factors.

It is also the policy of the Board that programs for children and their families be specialized and flexible and be delivered by specially trained staff so as to meet the individual needs of the child and family in community settings. Community settings are construed broadly in this policy to include public or private inpatient or residential treatment facilities, which are part of the overall continuum of care.

Further, it is the policy of the Board that these principles shall guide development and implementation of services for children and their families.

1. Children and their families who need prevention or early intervention services have access to them in a timely manner.
2. Children and their families are able to access a full complement of services that address their physical, emotional, social, educational, and economic needs and promote healthy lifestyles. Children and their families who require continuing services are able to transition smoothly to adult services.
3. Children receive services within the context of their families, whatever their composition, and families are empowered, strengthened, and supported in caring for their children.
4. Children and their families are able to access individualized services that are tailored to build on their unique strengths and to meet their changing needs. Services are sensitive and responsive to the cultural and linguistic diversity and special requirements of children and their families.
5. Services for children and their families are coordinated among providers to ensure quality services are provided in the least restrictive setting consistent with evidence-based practices and child welfare and public safety needs.

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6. Families and surrogate families are consistently and integrally involved as partners in all aspects of planning, delivering, and evaluating services for their children. All participants in the services system are responsible and accountable to each other.
7. Children and families receive services without regard to race, religion, national origin, gender, spoken language, disability, location, or socioeconomic status.
8. Services to children and their families effectively use natural and community resources, including schools, work places, community social and recreational organizations, and the home.
9. Adequate stable funding is required to develop and maintain community services and supports for children and their families.

It is also the policy of the Board that the Department shall support community services for children and their families through training, technical assistance, funding, and evaluation, and that the Department and CSBs shall encourage:

- Development and expanded use of nonresidential community services,
- Interagency service delivery and community responsibility, and
- Transition back to the home or community as soon as appropriate for children placed outside of their homes or communities.

Further, it is the policy of the Board that CSBs shall, whenever possible provide care coordination to ensure consistent access to services and to increase community-based service alternatives to prevent out-of-home placements.

Finally, it is the policy of the Board that the Department, in collaboration with CSBs, shall have the following responsibilities:

- Designate children as a priority for services and develop a structure translating this designation into action with responsibility and accountability for serving individual children and their families located at the local level;
- Seek increased funding to support the availability of a continuum of behavioral health and developmental prevention, early intervention, treatment, and habilitation services for children in every locality;
- Expand Medicaid waiver and training center support options for families of children (ages birth through 17) and young adults (ages 18 through 21) with intellectual disability to reduce training center admissions;

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- Develop a children's services plan with the active involvement of the families to be served, including detailed strategies and timetables for meeting the needs for services identified in the plan;
- Increase employment opportunities for children (ages 16 and 17) and young adults (ages 18 through 21) with intellectual disability;
- Support efforts to bring about coordination between the public and private sectors for services to children and their families;
- Develop a clear and comprehensive model service system that will define and establish a statewide continuum of services to be provided to meet the needs of children and their families;
- Emphasize interagency programmatic and fiscal coordination and cooperation in the provision of services to children and their families between the Department and the Departments of Education, Social Services, Health, Medical Assistance Services, Juvenile Justice, and Rehabilitative Services, the Departments for the Blind and Vision Impaired and Deaf and Hard of Hearing, the Office of Comprehensive Services, and other related agencies;
- Advocate with and provide consultation to the Department of Education and local school divisions about the behavioral health and developmental service needs of children;
- Expand interagency programmatic coordination and cooperation and the provision of case management services to enhance continuity in the transition of children and young adults from school to employment and independent living;
- Develop and implement an automated information system to collect and use accurate data on services, revenues, expenditures, individuals served, and service utilization and to document requirements for additional services for children and their families;
- Collaborate with and support advocacy groups concerned with the needs of children and their families; and
- Support development and provision of behavioral health services for:
 - Dependent children of adults in behavioral health treatment,
 - Children involved in the juvenile justice system, and
 - Children who have dropped out-of-school.