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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

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Authority

Board Minutes Dated January 22, 1986
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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), Report # 149-08, Office of the Inspector General for Behavioral Health and Developmental Services
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
2008 Annual Report, Virginia Children’s Services System Transformation (2008) retrieved from http://www.familyconnections.com
Item 304.M. – Final Report: A Plan for Community-Based Children’s Behavioral Health Services in Virginia, November 2011
Item 308.S, Report on Funding for Child Psychiatry and Children’s Crisis Response Services, October 2015
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 Children’s Services Act
Code of Virginia Chapter 39. Virginia Human Rights Act

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

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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 since 1980 have considered the needs of Virginia's children and adolescents with mental illnesses, substance use disorders, or intellectual disability or with other developmental disabilities who are eligible for or are receiving Medicaid developmental disability waiver services. 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. 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 these children. 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 developmental disabilities waiver was redesigned by DMAS in collaboration with DBHDS and stakeholders in 2016 to build capacity for integrated services for individuals with developmental disabilities. Early intervention services for infants and toddlers (birth through 3 years of age) 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. Services for at-risk youth and their families are addressed separately in STATE BOARD POLICY 4038 (CSB) 94-1.

Purpose To articulate policy for the provision of mental health and substance use disorder services, hereafter referred to as behavioral health services and developmental services to 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. In this policy, children mean children with serious emotional disturbances, mental illnesses, substance use disorders, or intellectual disability; children who are at risk of these conditions by virtue of personal vulnerability or environmental stress; or children or young adults (ages 18 through 22) with other developmental disabilities who are eligible for or are receiving Medicaid developmental disability waiver services. Children include adolescents, unless the context requires particular age-related language for clarity or emphasis. The Board recognizes the quality of life and cost saving benefits of providing services to children as early as possible to address identified needs or individual risk factors. The Board also recognizes that children and their families are valuable resources for the future development of Virginia; enhancing their health and well-being is essential to the prosperity of the Commonwealth.

It also is 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 across the continuum of care in public or private community, residential, or inpatient settings.

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 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 and most integrated setting consistent with evidence-based practices and most appropriate to their needs.

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6. Families and surrogate families are involved consistently and integrally

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, color, religion, national origin, sex, pregnancy, childbirth or related medical conditions, age, marital status, sexual orientation, gender identity, military status, 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 also is 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 provide whenever possible 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 an array of behavioral health and developmental prevention, early intervention, treatment, and habilitation services for children in every locality;

- Support the role of CSBs as the single points of entry for Medicaid developmental disability;

- Expand Medicaid waiver provider options for families of children (ages birth through 17) and young adults (ages 18 through 21) with developmental disability to increase integrated, inclusive community options to serve children in their homes or, if that is not possible, in their communities close to the family;
- 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 22) with intellectual disability or with other developmental disabilities who are eligible for or are receiving Medicaid developmental disability waiver services;
- 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 delivery system that will define and establish a statewide array of services 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 among the Department and the Departments of Education, Social Services, Health, Medical Assistance Services, Juvenile Justice, and Aging and Rehabilitative Services, the Departments for the Blind and Vision Impaired and Deaf and Hard of Hearing, the Office of Children's 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 program 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;
- Collect and use accurate data through the Department's automated reporting systems and data warehouse on services, revenues, expenditures, costs, individuals receiving services, and service utilization and to document needs and requirements for additional services for children and their families; and
- Collaborate with and support advocacy groups concerned with the needs of children and their families.
