3312 Northside Drive, Suite D-250
Macon, Georgia 31210

478-757-2661 or 1-800-257-2064
(fax) 478-757-2666 or 471-5310
www.gachildadvocate.org

Office of the Child Advocate

Tom C. Rawlings, Child Advocate

The Office of the Child Advocate's Top Five Observations on Children's Mental Health.

1. **The children who come into contact with our system have multiple physical and emotional health needs.**
   - Half of all foster children have substantial delays in cognition, speech, and behavioral development.
   - At least half of all children in the child welfare system have mental health problems severe enough to warrant clinical intervention.
   - Of the children in the Kenny A. contempt action that DFCS is required to move to permanency but who are still in care, 58% are classified as emotionally disturbed and 78% are classified as disabled.
   - Read the NY Permanent Judicial Commission on Justice for Children report, "Safeguarding Foster Children's Rights to Health Services," at http://www.courts.state.ny.us/ip/justiceforchildren/PDF/safeguardingrights.pdf

2. **A coordinated system of care can help these children while preventing them from landing in the "deep end" of the system.**
   - Whether it's KidsNet, a local interagency planning team, or simple old-fashioned cooperation among agencies, statistics show that a coordinated system of care is the best approach to getting these children the services they need.
   - Must involve the school system. Schools are required by IDEA to identify and accommodate these children.

3. **As we move toward more community-based care, we must ensure our budget cuts do not undermine the effectiveness of the very community infrastructure we're trying to create.**
   - As agencies cut their budgets, are those cuts really saving money or simply driving the consumer to another gateway for services?
   - Examples:
     - Georgia Crisis and Access Line
     - C&A MH Third Party Administrator funds
     - C&A crisis stabilization units
     - Targeted case management

4. **We must do a better job of coordinating a myriad of payors.**
   - Children in the community are likely to be covered by a CMO. Children in foster care or DJJ custody are likely to be covered by fee for service Medicaid administered by APS Healthcare.
   - While contracts require CMOs to provide the same medically necessary services as traditional Medicaid, "the street" reports that children in CMOs are likely to be allocated fewer treatment units and are less likely to be approved for residential care, especially PRTF care.
   - What does one do when all providers and cooperating agencies determine a child needs serious help, but the payor disagrees?

5. **We cannot afford to sacrifice our residential therapeutic provider network.**
   - These providers subsidize deeper-end care for children in state custody, often with millions of dollars annually in charitable contributions.
   - The federally-mandated unbundling process has cost these providers millions already. Now, both DFCS and DJJ have suggested that budget cuts may require reducing the room, board, and watchful oversight payments made to these providers.
   - We need to consider how we regulate these providers. Our regulatory oversight, complete with stiff contractual penalties, dramatically increases their cost structure.
   - Loss of these providers will result in dramatically increased juvenile detention rates.