Child & Adolescent Behavioral Health
Sub-Chairwoman Sarah Y. Vinson, M.D.
There's a question of what to do about children in crisis...
But *the* question is *why* are there so many children in crisis in the first place?
A Solid Foundation

A True Home
- Housing Stability
- Food Security
- Basic Needs Met

A Reliable Caregiver
- Consistent, Available Adult
- Instill Sense of Worth
- Advocate for Child

Educational Opportunity
- Safe Schools
- Prep. for Career or College
- Special Ed. Resources

Healthcare
- Medical Care
- Mental Health
- Adequacy and Access
In Our State

- 33% of rural children live in poverty
- 21% of urban children live in poverty
- 44/50 states on measures of childhood poverty

Save the Children’s 2nd Annual End of Childhood Report
A POOR Foundation - Poverty

No True Home
Housing Instability
Food Insecurity
Heavily Policed Neighborhoods

Impaired Caregivers
Poorly-supported adults
Lack of Living Wage
Unavailability - M.I., Incarceration, Work

Unmet Educational Needs
Under-Resourced Schools
Replication of Extant Social Hierarchies

Limited Access
Gaps in Coverage and Capacity
Workforce Deficiencies
Administrative Hurdles
Missed Opportunities for Intervention Upstream

- Primary Care Visits
- Community Based Care
- Approach: Optimization of What and Who's in Place
  Geographical Reach
  Across the mental health continuum
Medicaid's Role in Children's Health

- **Reach**
  - 1.3 million children in GA relied on Medicaid and CHIP at some point in FY 2016
  - 76% of children living in or near poverty are served by public coverage
  - 70% of all Medicaid/CHIP enrollees in GA are children

- **Covers 3/8 children in GA**
Rec. 1 Explore a Unified Medicaid Formulary

- Potential Benefits
  - Re-claiming precious Clinician Time and preventing burnout
  - Decreasing administrative burdens that have no pay off for the mental health of GA's children
  - Cost-Saving to the state because of bigger volume discounts
  - Transparency re: prescription drug costs

- “Single formulary really helped us in our practice.”
  - Child Psychiatrist who was instrumental in the transition in LA

- TX,* LA, MO, NY, OH, TN, MI, CA
  In NY estimated savings for SFY is 87.2 million w/ 1.5% risk margin
Primary Care Providers in the Gap

85 vs 51%
Rec. 2 - Sustainably support integrated care by PCPs

Integrated Care Billing Codes

- Psych. Collaborative Care Mgt. Services
- Integration Care Management
- Telephone & Internet Consultations
School-Based Health Centers and the GA APEX Program

Widely distributed
APEX Prioritizes Title 1 Schools
60% of SBHCs are in rural areas
Rec. 3 - Fund & Expand APEX

- Increase the number of schools served
- Include more providers from the community
- Develop more peer-to-peer supports
Rec. 4 - Sustain & Support SBHCs

- Recognize important role in health and SDOH
- Integrated care codes will be helpful here, too
- Increase funding given growing needs