



Highlights of GAO-03-865T, a testimony for the Committee on Governmental Affairs, United States Senate

Why GAO Did This Study

Recent news articles in over 30 states and prominent mental health advocacy organizations have described the difficulty many parents have in accessing mental health services for their children. As these reports documented, some parents choose to place their children in the child welfare or juvenile justice systems in order to obtain the mental health services that their children need. Senators Susan Collins and Joseph Lieberman of the Senate Committee on Governmental Affairs asked GAO to testify on: (1) the number and characteristics of children voluntarily placed in the child welfare and juvenile justice systems to receive mental health services, (2) the factors that influence such placements, and (3) promising state and local practices that may reduce the need for child welfare and juvenile justice placements. This testimony is based on our April 2003 report on the results of a study addressing these same objectives. For that report, we surveyed state child welfare directors in all states and the District of Columbia and juvenile justice officials in 33 counties in the 17 states with the largest populations of children under age 18. We surveyed juvenile justice officials at the county level because of the decentralized nature of the juvenile justice system. We also researched laws and regulations and conducted site visits to 6 states.

www.gao.gov/cgi-bin/getrpt?GAO-03-865T.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Cornelia Ashby at (202) 512-8403 or ashbyc@gao.gov.

CHILD WELFARE AND JUVENILE JUSTICE

Several Factors Influence the Placement of Children Solely to Obtain Mental Health Services

What GAO Found

Child welfare directors in 19 states and juvenile justice officials in 30 counties estimated that in fiscal year 2001 parents placed over 12,700 children into the child welfare or juvenile justice systems so that these children could receive mental health services. Nationwide, this number is likely higher because many state child welfare directors did not provide data and we had limited coverage of county juvenile justice officials. Although no agency tracks these children or maintains data on their characteristics, officials said most are male, adolescent, often have multiple problems, and many exhibit behaviors that threaten the safety of themselves and others.

Neither the child welfare nor the juvenile justice system was designed to serve children who have not been abused or neglected, or who have not committed a delinquent act. According to officials in the 6 states we visited, limitations of both public and private health insurance, inadequate supplies of some mental health services, difficulties accessing services through mental health agencies and schools, and difficulties meeting eligibility rules for services influence such placements. Despite guidance issued by the various federal agencies with responsibilities for serving children with mental illness, misunderstandings among state and local officials regarding the roles of the various agencies that provide such services pose additional challenges to parents seeking such services for their children.

Officials in the states we visited identified practices that they believe may reduce the need for some child welfare or juvenile justice placements. These included finding new ways to reduce the cost of or fund mental health services, bringing services into a single location to improve access, and expanding the array of available services. Few of these practices have been rigorously evaluated.

In a related report, we recommended that (1) the Secretary of Health and Human Services (HHS) and the Attorney General investigate the feasibility of tracking these children to identify the extent and outcomes of these placements, (2) the Secretaries of HHS and Education and the Attorney General develop an interagency working group to identify the causes of the misunderstandings and create an action plan to address those causes, and (3) the agencies continue to encourage states to evaluate the child mental health programs that states fund or initiate and that they determine the most effective means of disseminating the results of these and other available studies to state and local entities. In commenting on a draft of that report, Education, HHS, and the Department of Justice generally agreed with our findings but did not fully concur with the recommendations, particularly related to tracking the children. All three agencies said they would participate in any interagency working group that might be established based on our recommendation.