

# REFLECTIONS ON CREATING FISCAL SOLVENCY & PROGRAM PERMANENCY

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**T**he opportunity to care for maltreated children and their families is one that few clinicians elect to pursue for a variety of reasons. Yet in spite of the emotionally challenging nature of providing care for abused and/or neglected children clinically, great professional satisfaction accrues to those who work in the field. Even though medicine's involvement in addressing maltreated children now spans a period of almost 40 years, each of us still has the opportunity to build a piece of the foundation of this emerging field of practice. We can still be pioneers and contribute significantly to the knowledge base of the field and fill a critically important service need within our respective communities. One of the most rewarding aspects of working with maltreated children is our interaction with colleagues in child protection, law enforcement, mental health and the systems that coordinate assessments and the protection of children. Our ability to truly step out of our offices and into the community is an opportunity offered by few other medical disciplines.

**T**he scope of our practice can range from being the community pediatrician who is willing to see children suspected of being abused, to being a leader in the development of child abuse diagnostic and treatment services and/or a faculty member at an institution committed to clinical service, research and education. The opportunity for professional growth is enormous. In an ideal world, our growth would only be constrained by the desire to do and to learn. However, the formula for success is not quite so simple. The ability to contribute and develop in this field is directly tied to the fiscal realities of the cost of providing services.

## The dilemma

**H**ow do we balance our desire to provide clinical services yet justify inadequate reimbursement to ourselves or our respective practices or institutions? In current economic times the answer for most of us is quite simple: It can't be done, or it can only be

done for a limited period of time. Ultimately it will be either the accountant looking at the accounts receivable or our institution's fiscal officer dictating to the department chair to "pull the plug." So what does this mean for each of us? It means that if we enjoy doing this work and want to create a career path, each of us must think about the fiscal realities of providing clinical services. We must assure ourselves and our institutions that we can be fiscally solvent. Fiscal solvency is the key to permanency and the ability to expand the scope of work to meet the enormous needs within the community.

## For whom does the bell toll?

**T**he statutory mandate to investigate allegations of abuse rests solely on the shoulders of every child protective agency in the country, and these agencies carry the responsibility to assure the availability of highly specialized medical and mental health services. If we don't own the statutory responsibility to investigate allegations of abuse and neglect, why do we act as if we have a statutory responsibility to provide our professional time and clinical services for free or substantially below cost?

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**O**ur expertise can be of enormous assistance to CPS and law enforcement as they investigate allegations of abuse. Our expert opinions are many times pivotal, leading to the substantiation of abuse and ultimately effective intervention, protection and treatment for child victims. Our professional expertise has value that must be recognized well beyond the accolades of being a good doctor and the award of a plaque.

**I**t is not the responsibility of physicians or psychologists to provide pro bono services to a state agency. The partnership that medical and mental health providers create with state agencies is critically important to the welfare of children and society at large. Early diagnosis of abuse and access to effective therapeutic interventions are the keys to improved long-term outcomes.

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Individuals in positions of leadership must understand that they cannot rely on the goodwill of individual practitioners or institutions to support the cost of services provided and needed to accomplish a statutorily mandated function of their agency. It is the practitioner's responsibility to articulate the need for state support in a variety of forms.

## Securing state support

If one begins with the premise that the work we do has value, then the first task is to determine the value of the services we provide. With this knowledge, we are positioned to articulate our needs. We can begin by asking for contractual reimbursement for the actual cost of our services plus appropriate overhead. No business would ever sell an item at less than cost, so why should we? Even when services are reimbursed on a cost-plus basis, most programs will be unable to sustain themselves. Since the state requires highly specialized clinical services whether one or a thousand children are seen, we should seek funding to assure the availability of services regardless of volume. This strategy shifts the responsibility for appropriate utilization to CPS. Medical and mental health diagnostic and treatment services are underutilized throughout the country; only a small percentage of children receives the services they need and deserve.

## Creating a legislative bill

A successful strategy in New Jersey was to propose legislation that created a statewide network of regionalized diagnostic and treatment centers. This approach appealed to decision makers in CPS and the legislature because it assured the availability of a core group of services that previously existed on a tenuous basis. Legislators became uncomfortable when asked how they would feel if the emergency room in their community was only available when the local doctor had free time. This simple example drove home the importance of securing a safety net for the provision of services critical to the validation of abuse allegations.

However, it is not sufficient to create a law establishing the availability of services if there is no fiscal attachment to support the development of services. Strategically, when seeking funds, it is useful to assure CPS leadership that any legislative initiative will add revenues to their budget. This approach is more likely to be successful than one that requires CPS to find money within their current budget.

## Seeking a state appropriation

An alternative to the long and laborious task of drafting and passing legislation is seeking a state appropriation. This approach is generally a shorter-term solution and may be the best interim strategy while pursuing legislation. Appropriations allocate funds to address specific needs while developing long-term strategies and partnerships. When seeking an appropriation it is important to

first identify key individuals in state government who are interested and have a track record of advocating for children and families. Once a potential sponsor is identified, the problem must be described and a solution proposed. Directors of state agencies/departments cannot generally advocate for themselves through the legislature and must address their programmatic needs through the state's budgetary process. However, if state division directors or department heads are asked about a particular program and request for an appropriation, they can influence the outcome of the request. The success of seeking an appropriation is grounded in a superb reputation for one's expertise and the state's prior experience with a given program/individual or institution.

The New Jersey legislature appropriated two distinct sources of funding to seed the development of a network of regional diagnostic centers. The legislation that established the centers also appropriated \$1.5 million, which was supplemented by an additional \$900,000, for a total of \$2.4 million. These funds support primarily key professional staff as well as overhead and equipment. Because the appropriated money was insufficient to completely cover the cost of service provision, regional centers by statute are permitted to charge for services provided. It is anticipated that as the Center develops, the legislature will again be approached for additional funds to expand the scope of activities.<sup>1</sup>

The State of Florida also has provided significant funding to create a very successful but different model for the provision of medical diagnostic services for child abuse victims. The Florida model utilizes community physicians with strong central oversight and support. Each state must craft legislation in a manner that addresses its unique population, geography and professional talent to propose a model that can work.

## Summary

Securing fiscal solvency and program permanency begins with valuing the work that you do and having others value your work. Ironically, many of us find it more difficult to ask for the necessary help to provide services to abused children than to hear the abuse that children endure or to see the physical and emotional effects of their maltreatment. Few legislators would want to walk in our shoes. If we want to continue to develop the field and provide medical and mental health services, we have an obligation to speak up and inform our legislature about the need to provide specialized services. The failure to provide specialized services will ultimately undermine public confidence in child protective services. The legislature and Governor of New Jersey responded to the needs of its most vulnerable citizens. It is up to you to ask.

<sup>1</sup> The legislation that established regional Centers in 1998 is Assembly Bill No. 1301, which can be viewed by going to [www.njleg.state.nj.us/html/bill9899.htm](http://www.njleg.state.nj.us/html/bill9899.htm)

