Georgia System of Care: Ideal to Real

System of Care Academy VII
Atlanta, Georgia
June 24, 2014

Moderator: Ann DiGirolamo, PhD, MPH

Panelists:
Monica Parker, MA, LPC
Deborah Gay, EdS
Marcey Alter, MBA, MHA
Natalie Towns, MSW
Ursula Davis, MA , LPC

Panel Overview

- **Center of Excellence in Child & Adolescent Behavioral Health, Georgia State University (COE)**
  - Ann DiGirolamo, Director, COE
- **Georgia Inter-agency Director's Team (IDT)**
  - Monica Parker, Division Director for Mental Health at DBHDD
  - Deborah Gay, Director, Special Education Services & Supports, GA DOE
- **Georgia Families 360° -- Design and Implementation**
  - Marcey Alter, Deputy Director, Division of Medicaid/Aging and Special Populations, Georgia DCH
- **HB 242 Juvenile Justice Reform Bill & Children in Need of Services (CHINS)**
  - Natalie Towns, Director of the Office of Federal Programs, GA DJJ
  - Ursula Davis, System of Care Section Director, DFCS

Georgia Center of Excellence

in Child and Adolescent Behavioral Health

Georgia State University in Partnership with the Department of Behavioral Health and Developmental Disabilities

Georgia State University Andrew Young School of Policy Studies

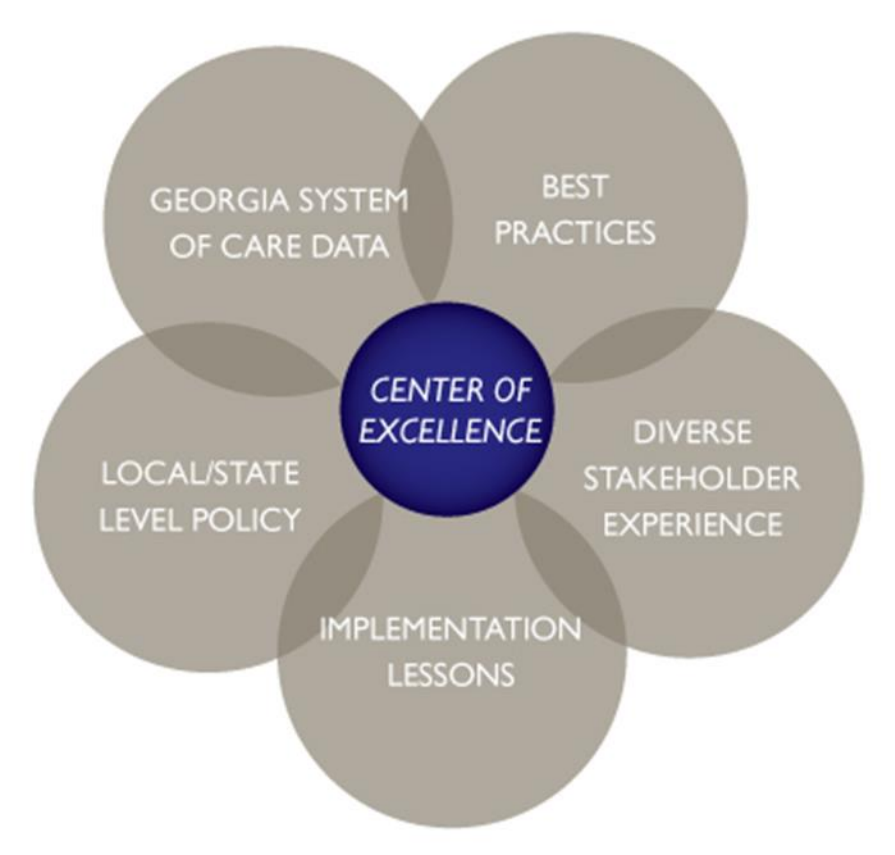
Georgia Health Policy Center

DBHDD

COE Vision and Mission

- **Vision:** Children and families will have improved quality of life and a productive future as a result of systems that promote optimum behavioral health.
- **Mission:** To continually improve systems that promote optimum behavioral health by ensuring a community-based approach to youth-guided, family-driven care with a focus on shared outcomes, a competent workforce, and unbiased research.

Approach to Our Work



COE Activities

- **Workforce Development**—
  - Training (currently lay workforce)
  - Technical Assistance to provider groups includes QA/QI, using data for decision making, financing, sustainability
- **Evaluation** (process and outcome) **& Research** (most data focused on those with serious emotional disturbance)
  - Data Hub
  - Using data for decision making for QI and to impact policy

Data collected on:

- Fidelity and quality improvement data for various treatment modalities (e.g. PRTF, CSU, CME, Clubhouse)
- Outcomes
  - Family satisfaction with care, self-reported empowerment
  - Health/Mental health functioning
  - Time spent in or recidivism to out of home placements (DJJ*, PRTF, CSU, foster care placements*)
  - Working to get information from DOE on schooling*
- Medicaid/CHIP & State FFS claims data (other limited system data)
  - Cost (by payer)
  - Service utilization (movements to higher or lower levels of care)
  - Diagnosis
  - Foster care status
  - Demographics

*Need data sharing agreements for data outside EBP intervention window

COE and Inter-agency Director's Team (IDT)

- **Administrative and data backbone to IDT**
  - Administrative
    - Meeting logistics; engagement of consultants
    - Helps ensure sustainability of the collaborative
    - IDT able to maximize resources and potential for braided funding through university collaboration
  - Data
    - Ensures IDT has necessary data to inform decisions
    - Data hub; helps develop data sharing agreements so collective data can be brought back to the group
    - Collaborates with IDT members on data analyses and dissemination
    - Assists in evaluation and report of annual progress of the collaborative

- **Work of the IDT also informs the ongoing work of the COE and enhances their ability to accomplish their goals**

Interagency Directors Team (IDT)

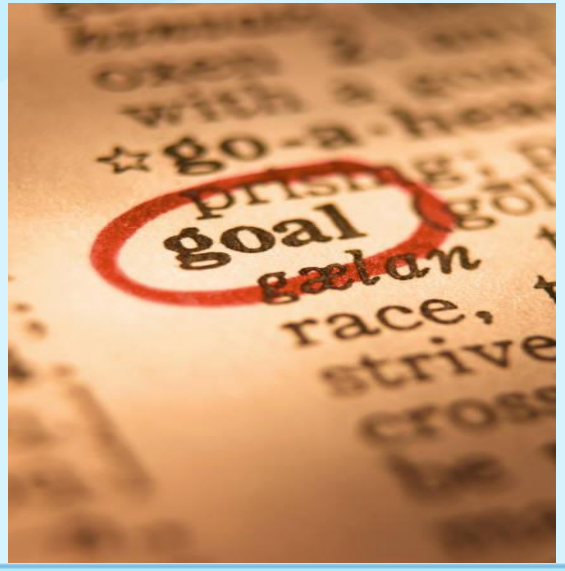
THE GA SYSTEM OF CARE COLLABORATIVE

Monica Parker, Division Director for Mental Health at DBHDD

Deborah Gay, Director, Special Education Services & Supports, GA DOE

Mission

- The IDT is a multi-agency system of care leadership collaborative that uses an integrated approach to address the needs of children and adolescents with behavioral health issues through macro level system planning.



Key Guiding Principles

- Promotes Evidenced Based Practices
- Ensures equitable participation among partners
- Committed to a system driven by data that uses measurable outcomes for system design
- Respect the unique cultures and priorities of each agency

The IDT Team

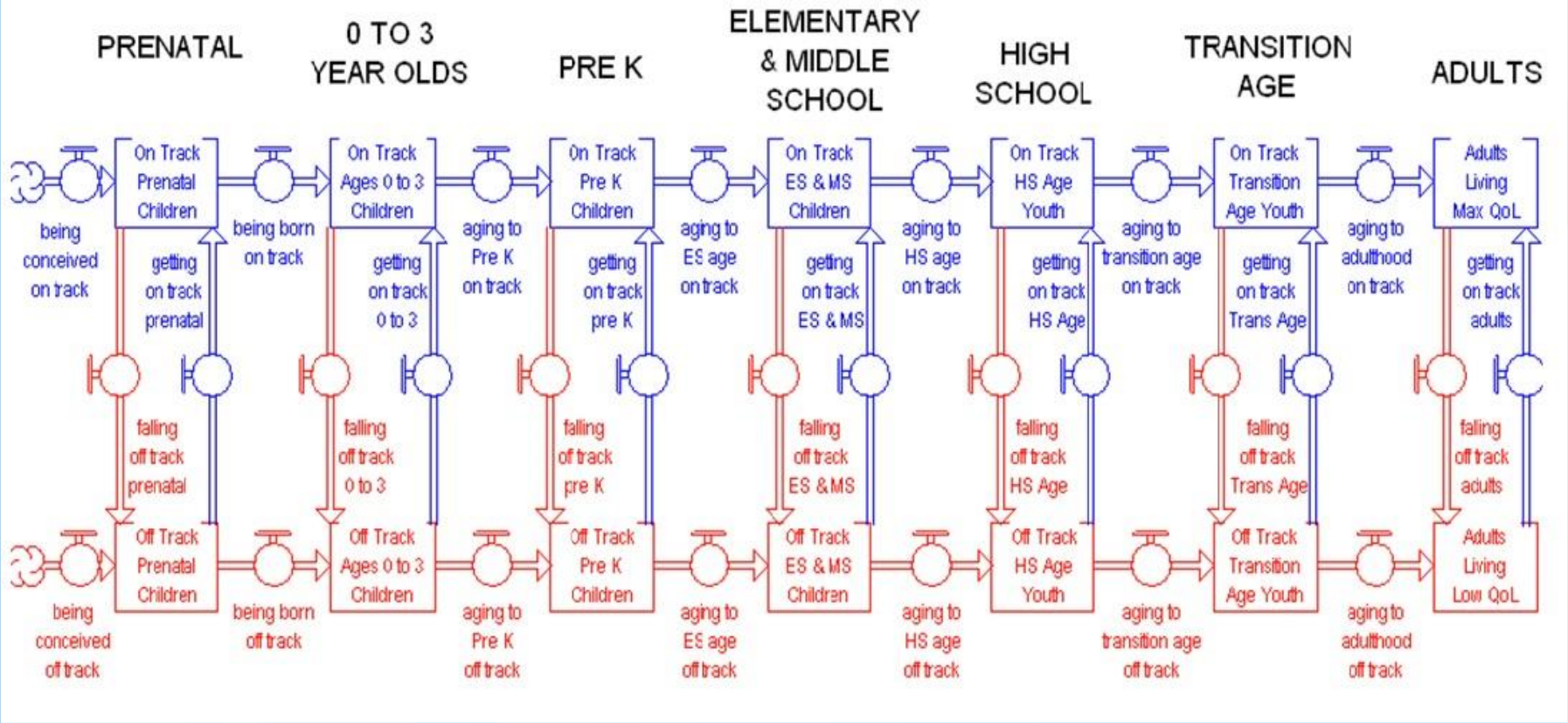
- Department of Behavioral Health & Developmental Disabilities
- Department of Community Health
- Department of Human Services – DFCS
- Department of Juvenile Justice
- Department of Public Health
- Department of Education
- Georgia Parent Support Network
- The Carter Center
- Together Georgia
- The Center of Excellence
- Get Georgia Reading - Campaign for Grade Level Reading
- **Federal Consultant – Center for Disease Control*

The IDT is a workgroup of the Behavioral Health Coordinating Council

Our Strategic Planning Process

UTILIZATION OF SYSTEMS MAPPING

CHILDREN'S BEHAVIORAL HEALTH: COLLABORATIVE SYSTEMS MAP



Developed by the IDT
(Interagency Directors Team)

FY 14 Strategic Goal

- Strategic Goal:
  - Build capacity to provide optimum practice for young children with behavioral disorders (ADHD, ODD, conduct disorders).

The Data

- **Data Driver**: Based on analyses of 2011 – 2012 National Survey of Children's Health survey data, the parent-reported prevalence of current ADHD was **9.3%** in Georgia, which is slightly higher than the national estimate of **8.8%**. Nationally, the average parent reported age of ADHD diagnosis among all children with ADHD was 7.0 years of age. The average reported age of ADHD diagnosis among children in GA was 7.5 years of age. The younger the age of diagnosis is typically associated with a more severe form of ADHD, or other behavioral health diagnosis.

Action Steps

- **COE analyze Georgia Medicaid claims to learn more about ADHD treatment in GA & compare to national data**
- **Survey Practitioners in Georgia to identify trends in linkage to best practice treatment recommendations**
- **Disseminate best practices / recommended guidelines to workforce in Georgia**
  - GA AAP Conference: Pediatrics by the Sea – June 2014
  - IDT System of Care Conference – June 2014
  - Recorded webinar available through Center of Excellence

The Results

- The Collaboration with the CDC has resulted in:

➢ The Carter Center Mental Health Forum Panel

➢ National media coverage in New York Times

➢ National media coverage in Mental Health Weekly Publication

What's Next

- Year 1 focus on education, analysis of data and implications for practice and treatment in Georgia
- Next step workforce development

Special Projects

- Allows us to reach strategic goals and respond to real time issues.
- CHINS Resource Document and Video available at http://www.gacoeonline.com/
- Crisis Access in Rural Georgia
- Ongoing Radar:
  - HB242
  - Amerigroup Foster Care Transition

More Information

- Join the IDT's Listserv and receive regular information and updates about upcoming events, our work, and more. To be added to the listserv e-mail idt@gsu.edu.
- Visit the Center of Excellence website at http://www.gacoeonline.com/
- Check the website to see the IDTs Annual Report which will be coming soon

Georgia Department of Community Health

Georgia Families 360°

Better Care, Better Futures

Presentation to: System of Care Academy 2014

By: Marcey Alter, Deputy Director

June 24, 2014

Georgia Families 360°

A new managed care program for Medicaid eligible children, youth, and young adults.

The program is specifically designed to better meet member needs by coordinating medical, behavioral, emotional, and social services and supports.

Georgia Families 360° SM

Target Population

- All children, youth, and young adults in Foster Care
- All children, youth, and young adults receiving Adoption Assistance
- Select youth involved in the juvenile justice system who reside in community settings (non-incarcerated)

Georgia Families 360° Goals

- Reduce disruption
- Increase stability
- Foster permanency and long term independence,
- Improve health outcomes through intensive case management
- Integrated coordination of all healthcare services
- Engagement of a primary care physician and primary dental provider
- Comply with and support state and federal policies

Georgia Families 360° Implementation

- Amerigroup selected as Care Management Organization

- Interagency planning
  - DBHDD —DJJ —DFCS
  - DCH —DPH — DECAL
- Work flows

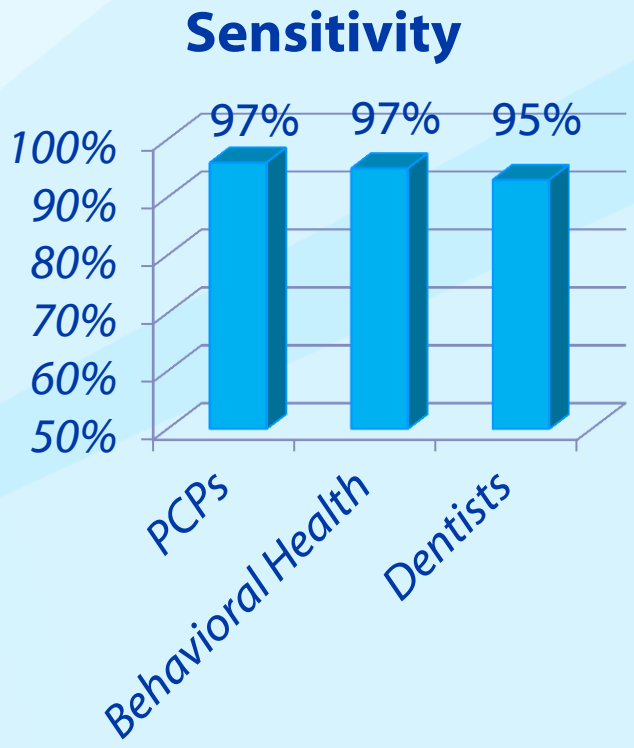
IDT

Georgia Families 360° Implementation

- Amerigroup Contract
- Policies and Procedures
- Care Coordination
  - *Emphasis on System of Care*
- System of Care Training

Georgia Families 360° Implementation

- Provider Network Development
  - Sensitivity Analysis
  - GeoAccess Reporting
  - PCP and PDP assignment
  - Behavioral Health Focus



Georgia Families 360° Implementation

Amerigroup Planning

- Staffing - 90 new hires
- Training
- Town Hall Meetings
- Network Access & Contracting
- Information System Enhancements
- Revised P&P and Member Handbooks

Community Collaboration

- Court Improvement Initiatives
- Family Preservation
- GA Dental Association
- GA Chapter - American Academy of Pediatrics
- Regional Transition Intake Centers
  - CHOA
  - Kaiser-Permanente
  - Private providers

Amerigroup Care Coordination Teams

Care Coordination is hub of better care

- 1 Lead Clinical Manager
- 3 Supervisors
- 49 Care Coordinators
  - Licensed Nurses
  - Licensed Social Workers
  - Behavioral Health Specialists
  - Case Managers
- 3 Ombudsmen

- *Tailored to meet a member's situational health-related needs*
- *Facilitate access to services, both clinical and non-clinical*
- *Emphasize prevention, continuity of care, and coordination of care*
- *Driven by quality-based outcomes*

Amerigroup Care Coordination Teams

Functions include--

- Early identification of enrollees who have or may have special needs;
- Assessment of an enrollee's risk factors;
- Development of a plan of care;
- Referrals and assistance to ensure timely access to providers;
- Coordination of care actively linking the enrollee to providers, medical services, residential, social, behavioral, and other support services where needed;
- Monitoring; and
- Follow-up and documentation

Georgia Families 360° Implementation

Modifications to Policy and Practice

- Completion of AGP and Interagency workflows
  - Notification to AGP of children coming into care
  - How to use AGP Care Coordinators as resource
- Review of Agency Policies and Procedures
- Modified NET processes for Georgia Families 360°
- Updated processes documented in FAQs

Georgia Families 360˚ Launch

- Successful program launch on **March 3, 2014**
  - Children and youth receiving care with emphasis on continuity of care
  - Amerigroup developing member-specific health care plans
  - Amerigroup completing Health Risk Screenings
  - Psychotropic medication review
- Agencies and Amerigroup continue to meet to discuss escalations, and provider and staff education

Oversight

- **DCH**
  - Monitoring & Oversight Committee
  - Designated Staff
- **Amerigroup**
  - Steering Committee
- **Joint Task Force**
  - Multi- State Agency staff

Next Steps

- Ongoing education
  - Agency staff
  - Parents
  - Providers
  - Community/stakeholders
- Work toward smooth operations
- Reporting/Data Analysis
- Quality Improvement

HB 242
and
Juvenile Justice Reform

Department of Juvenile Justice

Natalie Towns, Director
Office of Federal Programs

Juvenile Justice Reform Overview

- **Populations Changes**: The new Juvenile Code redefines the population served in the community by specifying CHINS cases, the establishment of limits on restrictive custody for the two categories of designated felons, and the emphasis on youth being served in least restrictive settings.
- **Unified Data Collection**: A statewide merged data collection for all of juvenile justice that will give full legal information from all juvenile courts.
- **Evidenced Based Practices**: There is a new emphasis on evidenced based practices, services and assessments.

Juvenile Justice Reform Overview

- **New Assessments**: The development of a continuum of new validated assessments to include:
  - Pre-Disposition Risk Assessment,
  - Structured Dispositional Matrix,
  - Detention Assessment Instrument
  - Juvenile Needs Assessment.
- **Administrative Caseloads:** Allows for the establishment of administrative caseloads for youth who are assessed as low risk and have met all the requirements of their conditions of supervision.

House Bill 242- Articles

- Article 1- Provides clear definitions for the code section.
- Article 2- Provides direction for the administration of the juvenile courts
- Article 6- Provides direction on delinquency cases
    - Excludes statements made by child during intake, screening, treatment or evaluation for inclusion as evidence unless it is used to impeach a conflicting story in court.
    - Provides victims of juvenile crime same rights as provided in adult criminal proceedings.
    - Requires that a detention assessment be used to determine if the youth should be detained or released.
    - Allows for superior court to transfer some serious offense cases to juvenile court for extraordinary cause.

House Bill 242- Article 5

Article 5-Children in need of Services

Child in Need of Services means:

- A child adjudicated to be in need of care, guidance, counseling, structure, supervision, treatment or rehabilitation and who is adjudicated to be:
  - Truant
  - Habitually disobedient, ungovernable
  - A runaway (24 hours plus)
  - Guilty of child-only offense
  - Loitering after midnight
  - On probation for unruly
  - Hanging out in bars
  - Delinquent but not in need of treatment or rehab

Changes in the Designated Felony Code Section

- Special Council Recommendation: Create a two-class system within the Designated Felony Act.

	CLASS A	CLASS B
Disposition	Confinement Terms: no minimum, maximum of 60 months. Total Commitment to DJJ: up to 60 months	Confinement Terms: no minimum, maximum 18 months. Total Commitment to DJJ: up to 36 months
Intensive supervision	12 months following confinement	6 months (either following confinement or initial 6 months of supervision).
Placement	Must serve their time at YDC unless there is a diagnosis of developmental disability and not amenable to treatment at YDC.	Medium and High Risk – Must serve ½ of their disposition at YDC Low-risk –if ordered, the judge must make a finding of fact, as to why restrictive custody is required.

New DF Code

CLASS A

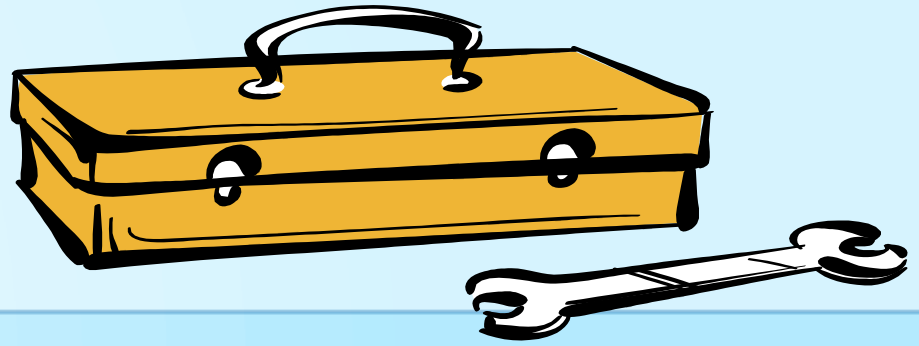
- Murder (SB 440)
- Attempted murder
- Voluntary manslaughter (SB 440)
- Rape (SB 440)
- Aggravated sodomy (SB 440)
- Aggravated child molestation (SB 440)
- Aggravated sexual battery (SB 440)
- Aggravated battery
- Aggravated Assault
- Hijacking of Auto- ETC….

CLASS B

- Robbery
- Attempted Kidnapping
- Arson in 2nd Degree
- Aggravated Assault with a deadly weapon
- Aggravated Assault
- Theft of a Motor Vehicle-2nd or subsequent
- 4th or Subsequent when current and none of the other priors include felony against a person or sexual felony assault

4 Tools

- ✓ PDRA - Pre-Disposition Risk Assessment- Completed on October 1, 2013
- ✓ SDM - Structured Dispositional Matrix- Completed on October 1, 2013
- JNA - Juvenile Needs Assessment- anticipated 7/15/14
- DAI - Detention Assessment Instrument- anticipated 8/15/14



Pre-Dispositional Risk Assessment (PDRA)

- 10 item tool completed after adjudication
- Will be done post adjudication- pre disposition
  - Will need to be done early in the process
  - Has information that must be gathered by interview with youth and parents/guardians
  - Has information that must be gathered from court recorders and schools
- The PDRA gives the criminogenic risk level for each youth. The levels are:
  - **Low**
  - **Medium**
  - **High**

The Structured Dispositional Matrix

- Prompted by legislative changes in Georgia and a recommendation of the Special Council that required the use of a pre-dispositional risk assessment
- Evidence base for combining risk assessment with seriousness of offense to structure dispositional recommendations
- The SDM is a two axis tool: 1st axis is risk level from PDRA and 2nd axis is the Offense Severity

Structured Dispositional Matrix

Offense Severity Class	Risk Level		
	High	Medium	Low
Class A: Designated Felony	Commit to DJJ 24 months in YDC plus 12 months intensive supervision	Commit to DJJ 12 months in YDC plus 9 months intensive supervision	Probate or Commit to DJJ 6 to 9 months in YDC plus 6 months intensive supervision
Class B: Designated Felony	Commit to DJJ 12 months confinement plus 6 months intensive supervision	Commit to DJJ 6 to 9 months confinement plus 6 months intensive supervision	Probate 6 months intensive supervision
Serious Felony*	Probate w/STP (0 to 30 days) Or Commit to DJJ	Probate w/STP (0 to 30 days) Or Commit to DJJ	Probate 6 months supervision
Other Felony (not designated felony) or Misdemeanor With Exception**	Probate for 24 months If DJJ commitment: 24 months supervision; eligible for administrative caseload/termination after 12 months	Probate for 18 months If DJJ commitment: 24 months supervision; eligible for administrative caseload/termination after 6 months	Probate for 12 months If DJJ commitment: 24 months supervision; eligible for administrative caseload/termination after 3 months
Misdemeanor	Supervised probation 12 months; eligible for termination at 6 months or refer to restorative justice practice or refer to service	Supervised probation for 6 months or refer to restorative justice practice or counsel and release	Court-involved: Judicial reprimand refer to restorative justice practice Not court-involved: Counsel and release or informal adjustment (diversion)

Special Council Recommendation – Title IV-E

Recommendation: Require the Department of Juvenile Justice to investigate the cost effectiveness of utilizing Title IV-E federal funding

- Title IV-E of the Social Security Act provides federal funds to help states pay for youth involved in the child welfare system who are placed in out-of-home care, at-risk of being placed in out-of-home care, and meet certain eligibility requirements.
- In 2005, 32 states reported that they utilized Title IV-E funds to support out-of-home placements for eligible youth in the juvenile justice system.
- The Department determined that it would be cost effective to claim these funds for eligible youth in non-secure residential placements and is working towards implementation effective July 1.

Next Steps

- DJJ is working in partnership with GOCF, CJCC, NCCD and the Casey Foundation to work with a group on Juvenile Court Stakeholders to develop the new Detention Assessment Instrument (DAI) and a new Juvenile Needs Assessment (JNA).
- The new tools are mandated in the Juvenile Code and will be used by all Juvenile Courts.

Georgia System of Care: Ideal to Real

Ursula Davis, DFCS System of Care Director

Georgia Department of Human Services

Vision, Mission and Core Values

Vision

Stronger Families for a Stronger Georgia.

Mission

Strengthen Georgia by providing Individuals and Families access to services that promote self-sufficiency, independence, and protect Georgia's vulnerable children and adults.

Core Values

- **Provide access to resources that offer support and empower Georgians and their families.**
- **Deliver services professionally and treat all clients with dignity and respect. Manage business operations effectively and efficiently by aligning resources across the agency.**
- **Promote accountability, transparency and quality in all services we deliver and programs we administer.**
- **Develop our employees at all levels of the agency.**

DFCS and HB 242

HB 242 Impact DFCS Policy and Practice

The passing of HB 242 resulted in several changes to language and practice of child welfare in the following areas:

- Definitions of General Provisions
  - Abandonment timelines shortened from 12 months to 6 months
  - Abuse-
    - Persons other than a child's parent may be subject to a case plan following an intake report of abuse or neglect
    - Prenatal abuse is now a viable allegation
    - Family violence is now a viable allegation
    - Option for Mediation

DFCS and HB 242

HB 242 Impact DFCS Policy and Practice

- Youth over 18 years of age
  - Additional hearing options for youth over 18 years of age in order for the court to review independent living services for youth electing to remain in voluntaty custody
- Dependency (instead of Deprivation)
  - New timelines for services of petitions/summons
  - New timelines for review and permanency plan hearings based on age of the child
  - Notice of hearings to Child Caring Institutions (CCI)
  - Court jurisdiction over frequency and duration of visitation
  - Temporary protective custody of physician
  - Custody orders are no longer temporary

DFCS and HB 242

HB 242 Impact DFCS Policy and Practice

- Dependency (instead of Deprivation)
  - Citizen panel reviews may now only conduct the 4 month review following the 75 day review on behalf of the court
  - New timelines for review and permanency plan hearings based on age of the child
  - Notice of hearings to Child Caring Institutions (CCI)
  - Court jurisdiction over frequency and duration of visitation
  - Temporary protective custody of physician
  - Custody orders are no longer temporary
- TPR
  - Reinstatement of Parental Rights

DFCS and HB 242

HB 242 Impact DFCS Policy and Practice

- CHINS (Children in Need of Services)-DFCS Role
  - Provide necessary and appropriate services
  - Collaborate/coordinate with other child-serving agencies
  - Seek appropriate placement resources when necessary
  - Develop and monitor a case plan for a CHINS who is placed in foster care
  - Temporary protective custody of physician
  - Custody orders are no longer temporary
- Other Possible Programs/Mechanisms
  - Community-Based Risk Reduction Programs
  - Local Interagency Planning Teams (LIPT)
  - Mediation (Peer Mediation through the schools)
  - Positive Behavior Intervention Services (PBIS)
  - Teen Courts