



Georgia Interagency Directors Team Update

Presentation to the Behavioral Health Coordinating
Council from the Interagency Directors Team

May 17, 2017

GEORGIA SYSTEM OF CARE STATE PLAN 2017

Created by the Interagency Directors Team

Pursuant to O.C.G.A. § 49-5-220

Prepared by the Center of Excellence for Children's Behavioral Health

Acknowledgements

The Georgia Interagency Directors Team (IDT) wishes to acknowledge the contributions of the many people and organizations listed below who assisted in gathering the documents and information that provided both foundation and direction for this plan, along with the hard work of so many that contributed to the creation of this plan.

IDT member organizations

State Agencies

- Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)*
- Georgia Department of Community Health (DCH)
- Georgia Department of Education (DOE)
- Georgia Department of Early Care and Learning (DECAL)
- Georgia Department of Human Services (DHS), Division of Family and Children Services (DFCS)
- Georgia Department of Juvenile Justice (DJJ)
- Georgia Department of Public Health (DPH)
- Georgia Vocational Rehabilitation Agency (GVRA)

Partner Organizations

- Amerigroup Community Care
- CareSource (as of January 2017)
- Center of Excellence for Children’s Behavioral Health (COE), Georgia State University
- Center for Leadership in Disability, Georgia State University
- The Carter Center
- Children’s Healthcare of Atlanta (CHOA; as of January 2017)
- Georgia Parent Support Network (GPSN)
- Georgia Alliance of Therapeutic Services for Children and Families (GATS)
- Get Georgia Reading – Campaign for Grade Level Reading
- Together Georgia
- Voices for Georgia’s Children
- Peach State (as of January 2017)
- WellCare (as of January 2017)

Consulting member

- Centers for Disease Control and Prevention (CDC)

National Training and Technical Assistance Center for Children’s Behavioral Health (TA Network)

The TA Network is a partnership of 13 organizations with expertise in systems of care for children, led by the Institution for Innovation and Implementation at the University of Maryland, School of Social Work.

Behavioral Health Coordinating Council

- Commissioner Judy Fitzgerald (DBHDD, BHCC Chair 2017)
- Commissioner Frank W. Berry (DCH, BHCC Vice Chair 2017, DBHDD, BHCC Chair 2016)
- Commissioner Clyde Reese (DCH, BHCC Vice Chair 2016)
- Stanley Jones, Esq. (Family Member of Consumer, Secretary 2017)
- State School Superintendent Richard Woods (DOE)
- Commissioner Camilla Knowles (DCA)
- * Representative Katie Dempsey (District 13)

Behavioral Health Coordinating Council

- Commissioner Brenda Fitzgerald, M.D.
(DPH)
- Commissioner Robyn A. Crittenden
(DHS)
- Chairman Terry E. Barnard (State Board
of Pardons and Paroles)
- Commissioner Avery D. Niles (DJJ)
- Commissioner Homer Bryson (DOC)
- Commissioner Michael Nail (DCS)
- Lavinia Luca, Disability Services
Ombudsman (ODSO)
- Senator Renee Unterman (District 45)
- Diane Reeder (Parent Representative)
- Julie Spores (Adult Consumer)

IDT State Plan Workgroup members

- Linda McCall, LCSW (DCH, IDT Chair 2017)
- Kristen Toliver, MSW (DFCS, IDT Co-Chair, 2017)
- Christine Doyle, MSW, PhD (DJJ, IDT Chair 2016)
- Marcey Alter, MBA, MHA (DCH)
- Cassa Andrews (DECAL)
- Rebecca Blanton (DOE)
- Jennie Couture, MEd (DECAL)
- Cheryl J. Dresser, MPA (GATSFC)
- Monica Johnson, MA, LPC (DBHDD)
- Danté McKay, JD, MPA (DBHDD)
- Dawne R. Morgan (DBHDD)
- Nakeba Rahming, EdS (DOE)
- Erica Fener Sitkoff, PhD (GaVoices)
- Sue L. Smith, EdD (GPSN)
- Wendy White Tiegreen, MSW (DBHDD)

Center of Excellence for Children’s Behavioral Health, Georgia State University

***DBHDD, in partnership with the Georgia Health Policy Center, founded the Center of Excellence (COE), funds the operations of the IDT, and funded the backbone support from the COE in this effort.**

In 2011, Georgia's Department of Behavioral Health and Developmental Disabilities (DBHDD) created the Interagency Directors Team (IDT), which was composed of director-level members from all child-serving agencies in Georgia, as well as partner organizations.

The IDT is the state's multi-agency System of Care leadership collaborative, whose mission it is to manage, design, facilitate, and implement the SOC in Georgia.

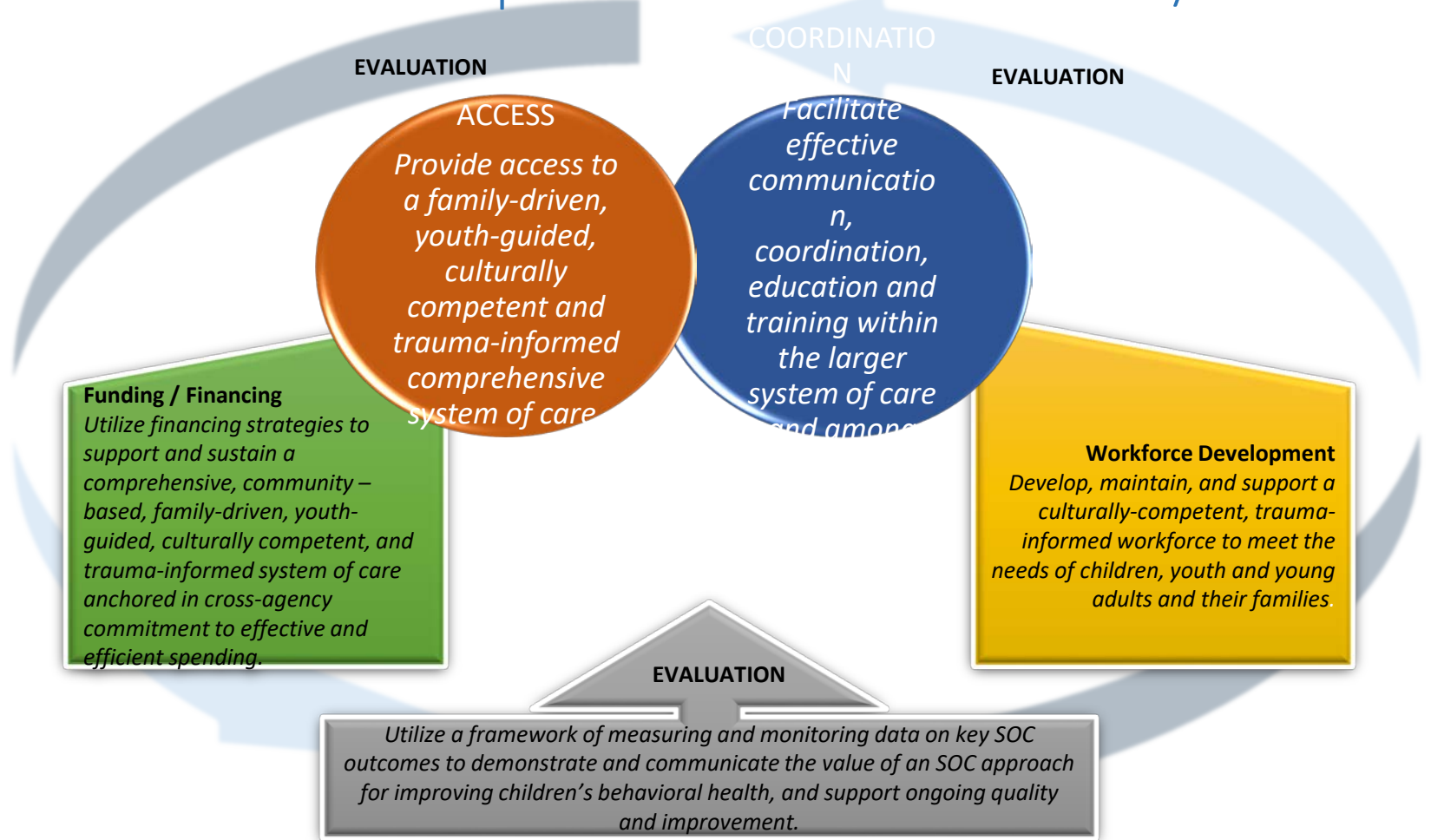
Over 15 months (March 2016–May 2017), **under direction of the Behavioral Health Coordinating Council (BHCC),** and with the support of the **Center of Excellence for Children's Behavioral Health** and **the National Training and Technical Assistance Center** for Children's Behavioral Health, the IDT developed the

2017 Georgia SOC State Plan.

Updates and ongoing work

- ADHD work
- Continued SOC State Plan Work
 - Workgroups for the following *focus areas*: Access, Coordination, Workforce Development, Funding & Financing, and Evaluation
 - For each *focus area*, groups created:
 - Short and long-term strategies
 - Action Items for each strategy
 - Created an implementation timelines
 - Created a rough cost estimate

SOC Plan Development: Areas of Influence / Goals



Focus Area 1: Access

Goal statement: Provide access to a family-driven, youth-guided, culturally competent and trauma-informed comprehensive System of Care to meet the needs of children, youth, and young adults with severe emotional disturbance (SED), substance use disorders, and co-occurring disorders.

- Short-Term Strategies

- 1.1 Service mapping for behavioral health service utilization
- 1.2 Increase behavioral health services available in schools
- 1.3 Improve families' abilities to navigate the current system
- 1.4 Increase utilization of Intensive Care

Coordination (IC-3) services

- Long-Term Strategies

- 1.5 Utilize data to inform a strategic approach to access
- 1.6 Recruit practitioners in shortage areas
- 1.7 Support continuity of care by addressing continuity of eligibility for Medicaid (address children and youth going on and off the Medicaid roll)
- 1.8 Strategically increase the use of telemedicine/telehealth services within child-serving agencies

Focus Area 2: Coordination

Goal statement: Facilitate effective communication, coordination, education, and training within the larger System of Care and among local, regional, and state child-serving systems.

• Short-term Strategies

- 2.1 Build and maintain feedback loops between local, regional, and state agencies and systems
- 2.2 Increase training on SOC for all stakeholders

• Long-term Strategies

- 2.3 Create and utilize a common language (as it relates to discussing SOC principles and making the business case to internal and external stakeholders)
- 2.4 Address gaps in the crisis continuum by adding additional levels of care that will address capacity and acuity concerns: Crisis Respite; IC3; therapeutic foster homes

Focus Area 3: Workforce Development

Goal statement: Develop, maintain, and support a culturally competent, trauma-informed workforce to meet the needs of children, youth, and young adults and their families

- Short-term Strategies

- 3.1 Targeted expansion of education/financial incentives to address behavioral health workforce shortages
- 3.2 Develop a clearinghouse of evidence based/evidence-informed educational materials related to children's behavioral health
- 3.3 Explore issues related to scope of practice and workforce shortages

- Long-term Strategies

- 3.4 Develop a state mental health workforce plan across IDT agencies with a managed and budgeted scale-up plan

Focus Area 4: Funding and Financing

Goal statement: Utilize financing strategies to support and sustain a comprehensive, community-based, family-driven, youth-guided, culturally competent, and trauma-informed System of Care anchored in cross-agency commitment to effective and efficient spending

• Short-term Strategies

- 4.1 Interagency funding of the IDT as the oversight body for SOC in Georgia
- 4.2 Interagency funding of the COE to support training, education, and evaluation related to SOC
- 4.3 SOC philosophies and outcomes are incorporated in current and future procurement/contracting throughout all child-serving agencies represented on the BHCC

• Long-term Strategies

- 4.4 Review financial mapping reports and implement recommendations from these (look for opportunities to braid or blend funding)
- 4.5 IDT agencies will collaboratively plan, apply for, and release funding opportunities and procurements when behavioral health is a key component

Focus Area 5: Evaluation Goal statement:

Utilize a framework of measuring and monitoring data on key SOC outcomes to demonstrate and communicate the value of a SOC approach for improving children's behavioral health, and support ongoing quality and improvement

• Short-term Strategies

- 5.1 The IDT will review SOC Evaluation tools to identify key metrics applicable to Georgia
- 5.2 Provide tools to Local Interagency Planning Teams (LIPTs), Regional Interagency Action Teams (RIATs), and other child-serving systems to self-evaluate System of Care outcomes

• Long-term Strategies

- 5.3 The IDT will institute and maintain a continuous quality-improvement process utilizing identified metrics that will be reviewed annually and will regularly be reported to the BHCC

Next Steps

- BHCC's approval of the plan to move forward
- Workplan created to prioritize and implement Action Items
- Stakeholder input and feedback will be solicited

Questions?

Commissioner's Report

COMMISSIONER JUDY FITZGERALD

**FEDERAL OPIOID GRANT UPDATE
STABILIZING THE SAFETY NET**