

**CENTER OF EXCELLENCE FOR
CHILDREN'S BEHAVIORAL HEALTH**
integrating research, policy, and practice



GEORGIA SYSTEM OF CARE STATE PLAN 2020

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



ANDREW YOUNG SCHOOL
OF POLICY STUDIES

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IDT Member Organizations

State Agencies

- Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)
- Georgia Department of Community Health (DCH)
- Georgia Department of Early Care and Learning (DECAL)
- Georgia Department of Education (DOE)
- 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

- American Academy of Pediatrics-Georgia Chapter (Georgia-AAP)
- Amerigroup Community Care
- CareSource
- Center of Excellence for Children’s Behavioral Health (COE), Georgia State University
- Center for Leadership in Disability, Georgia State University
- Centene
- Children’s Healthcare of Atlanta (CHOA)
- Georgia Appleseed Center for Law and Justice
- Georgia Alliance of Therapeutic Services for Children and Families (GATS)
- Georgia Association of Community Service Boards (GACSB)
- Georgia Early Education Alliance for Ready Students (GEEARS)
- Georgia Parent Support Network (GPSN)
- Georgia Family Connection Partnership
- Mental Health America of Georgia
- National Alliance on Mental Illness (NAMI) – Georgia
- Peach State
- Resilient Georgia
- The Carter Center
- Together Georgia
- United Way of Greater Atlanta

- View Point Health Care Management Entity
- Voices for Georgia's Children
- WellCare
- WinGeorgia Care Management Entity

Consulting Members

- Federal Consultant: Center for Disease Control and Prevention (CDC)

Behavioral Health Coordinating Council

- Commissioner Judy Fitzgerald (DBHDD, *BHCC Chair*)
- Commissioner Frank W. Berry (DCH, *BHCC Vice Chair*)
- Stanley Jones, Esq. (Family Member of Consumer, *Secretary 2017*)
- State School Superintendent Richard Woods (DOE)
- Commissioner Christopher Nunn (DCA)
- Representative Katie Dempsey (District 13)
- Commissioner Kathleen E. Toomey, (DPH)
- Commissioner Robyn A. Crittenden (DHS)
- Chairman Terry E. Barnard (State Board of Pardons and Paroles)
- Commissioner Tyrone Oliver (DJJ)
- Commissioner Timothy C. Ward (DOC)
- Commissioner Michael Nail (DCS)
- Jacquice Stone, Disability Services Ombudsman (ODSO)
- Senator Renee Unterman (District 45)
- Diane Reeder (Parent Representative)
- Julie Spores (Adult Consumer)

Table of Contents

Executive Summary.....	5
Introduction.....	7
Approach to Service Delivery.....	7
IDT and Collaboration.....	8
Mission, Vision, and Strategic Goal.....	9
SOC Conceptual Framework.....	11
SOC Continuum of Care.....	12
Georgia’s System of Care State Plan.....	14
Prevention/Early Screening.....	15
Early Intervention.....	16
Intervention.....	16
Late Intervention.....	16
Spanning the full Continuum.....	17
Summary and Conclusions.....	22

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Executive Summary

In 2009, the Georgia Department of Behavioral Health (DBHDD) and the Behavioral Health Coordinating Council (BHCC) were created by the Governor and General Assembly O.C.G.A § 37-2-4. Georgia's first System of Care (SOC) State Plan covered FY10-FY14. The second SOC State Plan, created by the Interagency Directors Team (IDT), covered FY18-FY20. As a working group of the BHCC, the IDT functions to implement and guide Georgia's System of Care work.

During the second plan period, the IDT made significant progress in all the key focus areas including the development of awareness and buy-in from key stakeholders and the expansion of effective services and supports. Highlights include serving as the advisory body for three SAMHSA grants supporting the SOC framework in Georgia: Project Aware (Advancing Wellness and Resilience in Education), Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), and the SOC Expansion and Implementation grant. Additionally, the IDT helped to oversee the development and implementation of the recommendations for the Children's Commission on Mental Health (CCMH), which resulted in \$22 million of newly appropriated funding for children's mental health services in the state.

Other key highlights from the previous state plan activities include:

- The successful development of a school-based mental health survey administered to over 700 school counselors and 227 principals throughout the state. Results indicated that about 1/3 of schools in Georgia were implementing some form of school-based mental health initiatives, including social emotional learning and mental health in-service trainings; individual therapy; and crisis services and behavioral health assessments.
- The creation and dissemination of a behavioral health services navigation guide for families and young adults, and the "Little Green Book" – a pocket behavioral health glossary – to improve SOC communication and coordination. Over 26,250 family and youth guides, along with 10,500 Little Green Books were distributed statewide.
- The design of a three-hour Trauma Informed Care clinical seminar to better prepare the emerging behavioral health workforce. Over 300 Masters of Social Work (MSW) students at five pilot university sites were trained during the first year of implementation.
- The creation of national and state policy briefs on telehealth and telemedicine. "*The Use of Telemedicine for Behavioral Health Services – An Overview of the National Landscape*" and "*Telehealth and Behavioral Health in Georgia: A Quick Guide for Georgia Practitioners*".
- The design of a new brochure and manual for Local Interagency Planning Teams

(LIPTs) created collaboratively by DBHDD CYF Regional Specialists, LIPTs, and family service organizations across the state.

- Creation of a System of Care webpage linking Georgia providers to recommended evidenced-based practice (EPB) clearinghouses.
- The addition of Intensive Customized Care Coordination (IC3) Services to the Medicaid State Plan, and the creation of benchmarks to track IC3 utilization and deliver ongoing provider training on the IC3 Model.

The Georgia SOC State Plan is a dynamic, living document depicting the direction Georgia is taking to improve the child and adolescent behavioral health system in the state. The 2020-2023 strategic framework builds off the previous SOC State Plan acknowledging that access, coordination, workforce development, funding and financing, and evaluation are key areas of focus; however, the new plan is organized by Georgia's continuum of care.

Arranging the State Plan according to the continuum of care is designed to better identify and bridge any gaps that exist in Georgia's SOC efforts. The continuum is laid out in five distinct phases: 1) Prevention/Early Screening, 2) Early Intervention, 3) Intervention, 4) Late Intervention, and 5) Spanning the full continuum. These elements are discussed in more detail later in the plan.

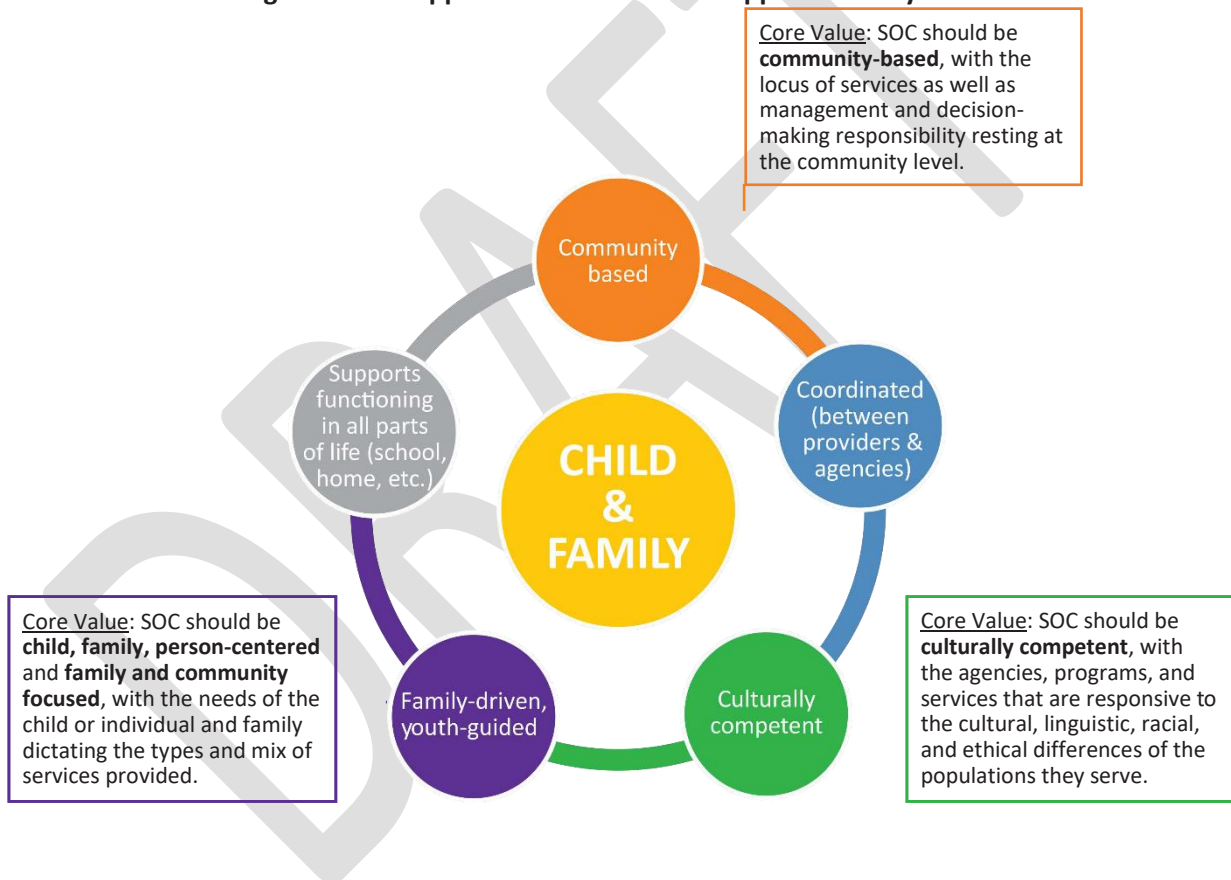
For each priority area, an overarching strategy and series of measurable objectives are described in the State Plan. Given the broad range of issues and individuals that IDT member organizations serve, the State Plan is not intended to be an inventory of all objectives or activities that may be addressed. Rather, the State Plan presents priority strategies and objectives reflecting important changes and outcomes that the IDT aims to achieve over the next three years. The State Plan is an essential tool for guiding and measuring system transformation.

The update of the State Plan occurred in three phases – reviewing objectives and outcomes from the initial plan, key stakeholder interviews, and facilitated planning. The three phases were not distinct, but instead informed and enhanced each other. During the review of the initial plan strategies, objectives and outcomes were removed from the Plan if these measures had been completed, were duplicated in another goal, or are now part of ongoing SOC activities. Key stakeholder interviews were conducted with IDT members to understand their organizational priorities related to addressing the mental health challenges of children and families, along with their agency priorities related to the five focus areas of the SOC State Plan. IDT members also provided recommendations for strategies and objectives to consider in the new Plan. Facilitated planning sessions were conducted with IDT member agencies, and broader community stakeholders, to review draft strategies, generate objectives, modify action steps, and identify new activities to advance and sustain the System of Care in Georgia.

Introduction

The System of Care is a spectrum of effective, community-based services and supports for children and youth with or at risk for behavioral health or other challenges and their families. The SOC is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life. (Stroul, Blau, & Friedman, 2010)¹. SOC is an organizational framework for how a behavioral health services and supports delivery system should work (not a program or intervention) and can be adapted to fit any community, county, region, or state.

Figure 1. SOC Approach to Service and Support Delivery¹



Responsibility for children’s behavioral health in Georgia is shared among multiple state agencies and community partners. The IDT allows the opportunity for much needed partnership building between agency program directors to develop and implement shared strategic objectives and communicate systemic behavioral health considerations to multiple audiences with a unified voice.

¹ Stroul, B. A., Blau, G. M., & Friedman, R. M. (2010). *Issue brief—Updating the system of care concept and philosophy*. Georgetown University Center for Health and Human Development.

IDT supports the idea that collaboration, youth and family voice, and advocacy are keys to achieving successful results in Georgia's child and adolescent behavioral health system. Collaboration happens when people and organizations come together to achieve common goals. The result is that they often accomplish more together than they would working separately.

Collaboration is not the same as networking, cooperation, and coordination. It differs in the extent to which people share resources and use power and authority to achieve goals they cannot achieve independently. Collaborative relationships involve viewing each other as partners. Each partner enhances the other's capacity to define excellence, set mutual goals and use their own personal and institutional power to achieve them. Collaboration also implies a style of work and a sense of community in which members deliberately decide to do things as a whole. They see themselves as complementary and mutually supportive contributors to the entire community.

In other words, collaboration involves the following:

- Developing win-win situations
- Creating a total greater than the sum of its parts
- Sharing responsibility
- Sharing success



Vision, Mission, Guiding Principles, and Strategic Goal

Mission

The IDT's mission is to be a multi-agency leadership collaborative that uniquely designs, manages, facilitates, and implements an integrated approach to a child and adolescent system of care that informs policy and practice and shares resources and funding.

Vision

Georgia's youth and families that access services, programs, and supports lead independent, enriched, and productive lives in their communities of choice.

Guiding Principles

Family Driven
Youth Guided
Broad service array
Accountability
Collaboration
Coordination
Community-based
Individualized
Evidenced-based
Developmentally appropriate
Advocacy
Non-discriminatory
Prevention, identification, and intervention

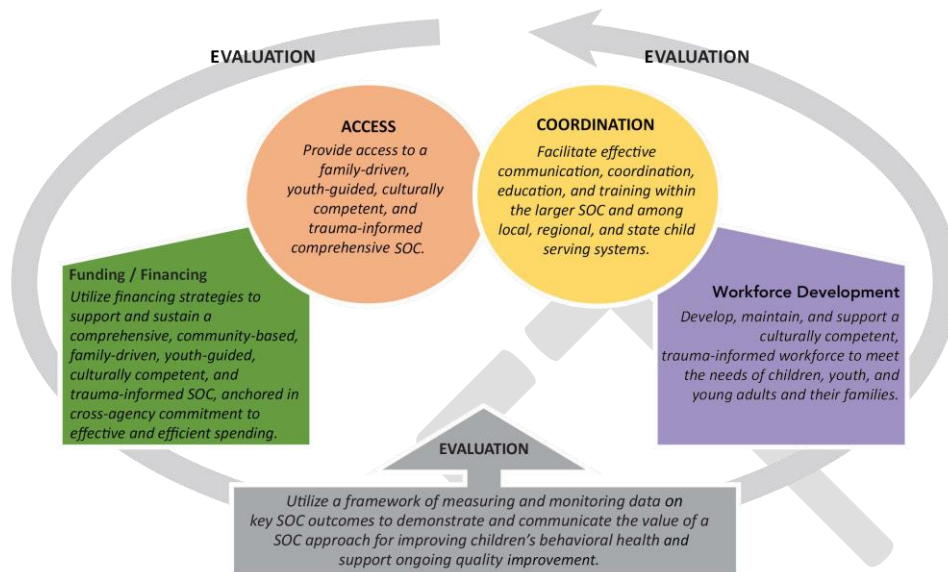
Strategic Goal

Children grow up to be healthy adults who live in the community, are employed, and choose and guide their care in the least restrictive environments possible.

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Figure 2. SOC State Plan Conceptual Framework

SOC Plan Development: Areas of Influence / Goals



Through the previous strategic planning process, the IDT identified Access, Coordination, Workforce Development, Funding and Financing, and Evaluation as critical areas to focus SOC efforts. A conceptual framework was designed (Figure 2) to show the relationship between each of these focus areas. Access and Coordination were deemed the most critical areas of focus. Workforce Development and Funding and Financing strategies can be conceptualized as methods through which to increase Coordination and Access. Evaluation wraps around the entire plan and feeds back into future planning efforts.

Access

Access to an array of community-based services and supports is a core component of any functional behavioral health care system. For children and emerging adults, access to mental health services is critically important for early identification of mental health concerns and linkage to appropriate services. A focus on access was chosen to support children and families in their access to and navigation of mental health care services in Georgia.

Coordination

At the heart of the SOC approach is coordination and collaboration between child-serving agencies and organizations, and between the child or youth, family, and the larger system. Coordinated communication systems between local, county, regional, and state bodies are a vital feedback loop to ensure that local and regional needs and resources are understood, and state and county-level policy objectives are being achieved. Coordination also allows for a more efficient use of limited resources and a reduction of system fragmentation that can be burdensome on consumers.

Workforce Development

The behavioral health workforce in the United States is inadequate to meet current and growing service demands and behavioral health needs. Workforce issues can be compounded by geographical characteristics, with rural areas at even more risk of experiencing workforce shortages. As over half of Georgia counties are designated as rural, the IDT has identified workforce as a major barrier to access to care for children and families.

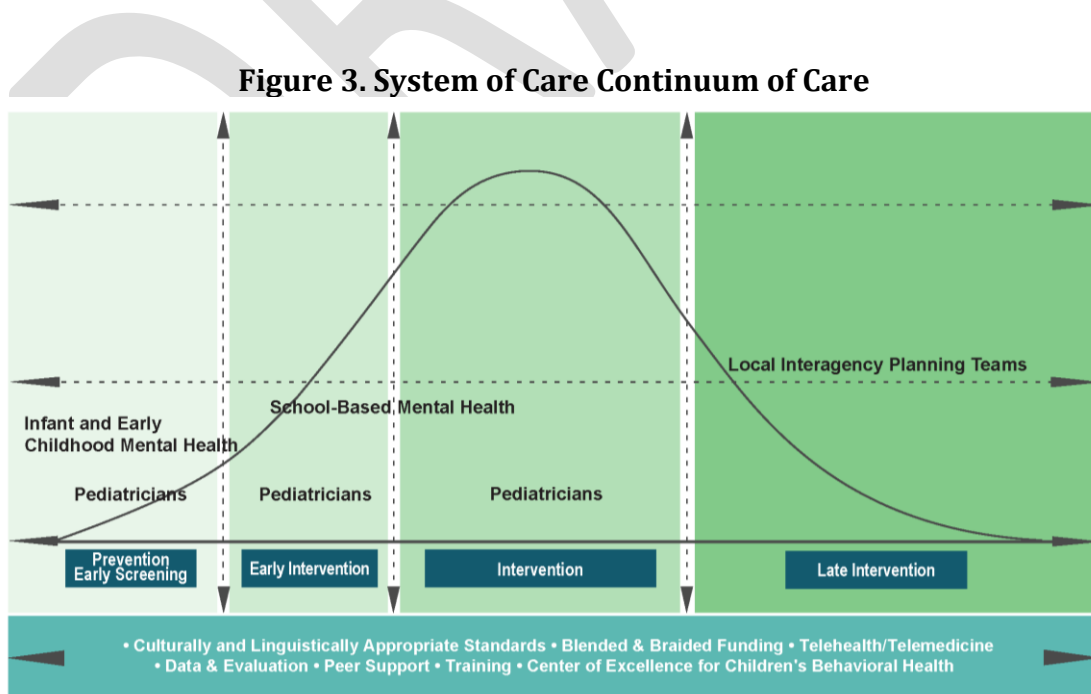
Financing

Cross-agency commitment to effective and efficient spending is necessary for a comprehensive, community-based, family-driven, youth-guided, culturally competent, and trauma-informed SOC framework to operate in Georgia. The braiding and blending of interagency funds is a key way for multiple agencies to achieve more effective and efficient spending and services.

Evaluation

Ongoing evaluation of Georgia's child-serving systems is critical to sustainability and success. To ensure that the proposed SOC is achieving its desired goals, the IDT will review evaluation tools to identify key metrics applicable to Georgia and provide these tools to the state, local, and regional teams to self-evaluate their SOC work.

Improving these five focus areas are still essential elements of Georgia's SOC efforts. To better align the collective work happening across the state, these five impact areas are woven into strategies aligned with the phases of the DBHDD service continuum. The continuum outlines an array of both traditional and non-traditional services and supports for children, young adults, and their families.



Prevention/Early Screening

Early identification, accurate diagnosis and effective treatment are critical for children, young adults, and their families dealing with behavioral health challenges. The goal of prevention and early screening is to provide families information and access to comprehensive mental health services as soon as possible. The new state plan includes the addition of Infant and Early Childhood Mental Health (IECMH) activities to fill an existing gap in the service continuum. IECMH looks at how well children develop emotionally and socially from birth to age four and has not been included in any previous SOC efforts.

Early Intervention

Early intervention requires identifying and providing effective early supports to children and young adults who are at risk of poor outcomes. The services and supports offered during this phase of the continuum are aimed at reducing the incidence of mental illness and developmental disabilities by enhancing the protective factors for at-risk youth and their families.

Intervention

Consisting of skills-based interventions focused on reducing behavioral health challenges that are provided in individual, family, and/or group settings.

Late Intervention

This area provides interventions and supports for improving mental health among children and adolescents with higher acuities.

Spanning the Continuum of Care

Programs, services, and interventions in this phase are those that touch each phase of the care continuum.

Long-term and short-term strategies were created incorporating the key focus areas and the service continuum. Short-term strategies reflect one-year and long-term strategies reflect a two- to three-year implementation period. The next section details the phases and presents action items for each area.



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Phase 1: Prevention/Early Screening

This area focuses on strategies intended to prevent or bend the curve on the development of behavioral health disorders in children birth to 8 years old.

Short-term Strategies	Action Items
1.1 Ensure adequate representation of partners with expertise in infant and childhood mental health.	<p>1.1.1 Recruit partners from statewide organizations and associations for IDT membership.</p> <p>1.1.2 Include early childhood experts in key workgroups.</p>
1.2 Develop prevention/intervention strategies to address early childhood (0-4) mental health.	<p>1.2.1 Determine a baseline of existing 0-4 mental health prevention and intervention strategies in Georgia.</p> <p>1.2.2 Create a shared vision and understanding of the desired outcomes for success in addressing early childhood mental health.</p> <p>1.2.3 Partner with national, regional, and local stakeholders to provide education and training on early childhood mental health to stakeholders throughout the state.</p>
Long-term Strategies	Action Items
1.3 Promote educational opportunities for the new and existing workforce to develop capacity to serve infants and toddlers ages 0-4 and their care givers.	1.3.1 Conduct a scan of evidenced-based interventions for 0-4 with the potential to be scaled up statewide.
1.4 Clarify Medicaid service coverage/billing mechanisms for behavioral health services and supports for children under 4.	1.4.1 Align policy and/or practice changes to facilitate the delivery of Medicaid services and supports for children under 4.

Phase 2: Early Intervention

This area focuses on strategies aimed at reducing the incidence of mental illness and developmental delays by enhancing protective factors for at-risk children and their families.

Long-term Strategies	Action Items
2.1 Leverage existing resources to expand school-based mental health services.	2.1.1 Generate awareness and support for school-based mental health services.

	<p>2.1.2 Explore the incorporation of Certified Peer Specialists (youth and parents) into school-based mental health programs.²</p> <p>2.1.3 Engage more school districts in the expansion of comprehensive mental health services.</p> <p>2.1.4 Develop a climate to encourage blended and braided funding within/across all service providers.</p> <p>2.1.5 Continue to publish outcomes of state-funded school-based mental health programs.</p>
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Phase 3: Intervention

This area focuses on skills-based interventions focused on reducing behavioral health challenges that are provided in individual, family and/or group settings.

Short-term Strategies	Action Items
3.1 Create opportunities to strengthen the constituents involved with peer support.	<p>3.1.1 Analyze utilization of peer support.</p> <p>3.1.2 Develop peer support brief to illustrate value of peer support models (including certified peer specialists, youth peer supports, and others), best practices, and how to access peer support.</p>

Phase 4: Late Intervention

This area focuses on interventions and supports for improving mental health among children and adolescents with higher acuities.

Long-term Strategies	Action Items
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² Voices for Georgia’s Children. (2020) “Supporting Children’s Mental Health in Georgia’s Schools: How Three School-Based Mental Health Providers Serve Students”. <https://georgiavoices.org/reports/>

4.1 Improve local service coordination among child-serving agencies.	4.1.1 Increase engagement for Family Connection in Local Interagency Planning Team (LIPT).
4.2 Support re-entry coordination for children and youth returning from residential placement programs.	<p>4.2.1 Establish interagency agreements with appropriate agencies.</p> <p>4.2.2 Promote education and awareness of re-entry best practices.</p> <p>4.2.3 Establish baseline measures for the number of children and youth being released from residential placements and connected to treatment and other supported services.</p> <p>4.2.4 Promote interagency efforts to ensure the availability and accessibility of effective community-based programs.</p>

Phase 5: Spanning the full continuum

This area focuses on strategies that touch each phase of the care continuum.

Short-term Strategies	Action Items
5.1 Create a statewide behavioral health resource map and public behavioral health utilization map.	<p>5.1.1 Outline resources to be mapped and define process and infrastructure for mapping.</p> <p>5.1.2 Create a statewide provider list that includes county-level detail.</p> <p>5.1.3 Conduct geo-mapping to show the location and density of children and youth accessing the system of care.</p> <p>5.1.4 Use data to better understand racial and ethnic disparities that exist within Georgia SOC programs.</p>

	<p>5.1.5 Identification and mapping of behavioral health resources available to children and families.</p>
<p>5.2 Increase inclusion of individuals with lived experiences in SOC engagement, training, and program implementation.</p>	<p>5.2.1 Conduct an analysis on the variation of peer roles that exist throughout the SOC.</p> <p>5.2.2 Expand the number of statewide family serving organizations that are members of IDT.</p> <p>5.2.3 Partner with family serving organizations to identify leadership development and educational opportunities for individuals with lived experience.</p>
<p>5.3 Address the impact of traumatic events on behavioral health services provided in schools.</p>	<p>5.3.1 Promote positive actions for staff, students, and families to address anxiety or stress related to the traumatic event.</p> <p>5.3.2 Promote developmentally appropriate psychological supports to children and families.</p> <p>5.3.3 Evaluate how stress related to traumatic events impacts mental health for students and families and staff.</p>
<p>5.4 Strategically increase the use of remote platforms within child-serving systems.</p>	<p>5.4.1 Expand the use of telehealth and telemedicine services.</p> <p>5.4.2 Assess potential gaps in resources for practitioners to support private practice via telemedicine.</p>

	5.4.3 Explore the development of a formal remote communities of practice.
5.5 Address prospective budget changes that might impact system of care activities.	5.5.1 Identify and prioritize programs and services that IDT will promote. 5.5.2 Research grant and other funding opportunities to boost SOC activities.
Long-term Strategies	Action Items
5.6 Increase the participation of youth and families in developing evaluation plans at the state level.	5.6.1 Ensure and support the participation of family members and youth in the evaluation workgroup. 5.6.2 Facilitate the inclusion of youth and family members in presentations or publications of evaluation findings.
5.7 Ensure that services are delivered based on culturally and linguistically appropriate standards.	5.7.1 Develop documentation outlining cultural and linguistic competencies. 5.7.2 Conduct organizational assessment of cultural and linguistic competency. 5.7.3 Train service providers on cultural and linguistic competency.
5.8 Identify and promote strategies that support the recruitment and retention of clinical staff to address workforce shortages, especially in rural areas.	5.8.1 Promote post-graduate training and supervision opportunities for behavioral health professionals based on public recommendations. ³ 5.8.2 Promote loan forgiveness programs and recommendations for behavioral health professionals. 5.8.3 Research what evidenced-based practices exist to support recruitment and retention of providers.
5.9 Develop interagency cost sharing guidance.	5.9.1 Research best practices for blending and braiding funds from multiple sources to optimize children’s behavioral health services. 5.9.2 Partner with the Department of Administrative Services (DOAS) to create

³ Voices for Georgia’s Children. (2017) “An Analysis of Georgia’s Children and Adolescent Behavioral Health Workforce”. <https://georgiavoices.org/reports/>

	<p>new protocols for interagency cost sharing, in accordance with state and federal requirements.</p>
<p>5.10 Interagency funding of the IDT as the governing body for SOC in Georgia.</p>	<p>5.10.1 Research innovative ideas for interagency funding.</p> <p>5.10.2 Develop a shared funding plan to support the sustainability of IDT and SOC activities.</p>
<p>5.11 Increase awareness, interest, and support for system of care using effective communication and social marketing activities.</p>	<p>5.11.1 Develop an integrated communication strategy that coordinates messaging across state and local agencies.</p> <p>5.11.2 Provide cross-agency training for System of Care.</p> <p>5.11.3 Develop marketing campaigns targeting system of care values and principles.</p> <p>5.11.4 Launch a system of care website for individuals, families, and providers.</p>
<p>5.12 Increase the use of technology to support effective data management, information sharing, and coordination of services.</p>	<p>5.12.1 Identify opportunities to reduce policy barriers to information sharing across data management and health record systems.</p> <p>5.12.2 Identify opportunities to enhance the use of technology or implement best practices to increase information throughout the system of care.</p>
<p>5.13 Create state capacity to track trends and outcomes across public child-serving systems to better understand the multi-system impact.</p>	<p>5.13.1 Review previous and current efforts to share administrative data across child-serving systems and identify barriers to success.</p> <p>5.13.2 Explore successful models of cross-system data sharing, identifying benefits and risk/resources for each model.</p> <p>5.13.3 Develop a practical plan to support data sharing for the purpose of cross-system outcomes monitoring.</p>

<p>5.14 Leverage data to monitor trends and outcomes within the children’s behavioral health system to inform state and local decision-makers.</p>	<p>5.14.1 Define a core set of indicators across Prevention/Early Screening, Early Intervention, Intervention, and Late Intervention that will measure success.</p> <p>5.14.2 Identify data sources and ensure access to appropriate data via data-sharing agreements; establish frequency of data updates and reporting.</p> <p>5.14.3 Develop a data dashboard with identified data points on behavioral health services.</p> <p>5.14.4 Promote the statewide use of the dashboard through presentations and other communication tools.</p>
<p>5.15 Create feedback loops within IDT to gauge progress with a focus on Continuous Quality Improvement (CQI).</p>	<p>5.15.1 Research various CQI models that already exist in other systems.</p> <p>5.15.2 Research the feasibility of an interagency management information system.</p> <p>5.15.3 Develop tools to identify challenges and opportunities within IDT processes.</p> <p>5.15.4 Provide technical assistance and training to SOC organizations on continuous quality improvement.</p>

Summary and Conclusions

With the Behavioral Health Coordinating Council's (BHCC) approval of the Strategic Plan, work will begin on FY21 Performance Measures in August 2020. As in the previous years, implementation of the Plan is goal-based and conducted through focus area workgroups and monthly IDT meetings. All IDT members have a voice in decision-making, and decisions regarding strategic plan work are typically determined by way of group discussion and agreement or a vote if necessary. In voting matters that are to be purely state agency decisions, only agency member representatives may cast a vote (one vote per agency).

While progress is ongoing, an annual report is produced for the BHCC to document progress and show areas that need to be addressed. Reports will also be posted on the Center of Excellence and System of Care websites for the public.

Blending and braiding funding continues to be a roadblock to full implementation of a more comprehensive system of care inclusive of public and private members. Research, partnerships, and creative thinking are necessary to overcoming this and other challenges. By working with partners statewide, we can reach our goal of supporting children to grow up to be independent adults with enriched and productive lives in their community of choice.