



Georgia System of Care State Plan

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

December 14, 2016

SOC Plan Development: Who?

Georgia Interagency Directors Team

- Department of Behavioral Health & Developmental Disabilities
- Department of Community Health
- Department of Early Care and Learning
- Department of Education
- Department of Human Services – DFCS
- Department of Juvenile Justice
- Department of Public Health
- Georgia Parent Support Network
- Center for Leadership in Disability
- Georgia Alliance of Therapeutic Services for Families and Children
- Get Georgia Reading - Campaign for Grade Level Reading
- The Carter Center
- Together Georgia
- Voices for Georgia's Children
- *Federal Consultant – Center for Disease Control*
- *Facilitator / Administrator – Center of Excellence for Children's Behavioral Health housed in the Georgia Health Policy Center, Andrew Young School of Policy Studies, GSU*



SOC Plan Development: Why?

Georgia is at a critical juncture with its SOC

- DOJ GNETS investigation / State of Georgia lawsuit
- Four legislative study committees on children / child services in 2015
- Interest in broader State Children's Behavioral Health Plan
- Upcoming legislative study committee on mental illness

SOC Plan Development: Process

IDT SOC State Plan Working Group

- Linda McCall, LCSW (DCH, IDT Chair)
- Kristen Toliver, MSW (DFCS, IDT Co-Chair)
- Marcey Alter, MBA, MHA (DCH)
- Cassa Andrews (DECAL)
- Rebecca Blanton (DOE)
- Jennie Couture, MEd (DECAL)
- Christine Doyle, MSW, PhD (DJJ)
- Sue L. Smith, EdD (GPSN)
- 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)
- Wendy White Tiegreen, MSW (DBHDD)
- Ann DiGirolamo, PhD (COE)
- Melissa Haberlen, JD, MPH (COE)
- Jana Pruett, LCSW (COE)
- Shannon Robshaw (TA Network)
- Dayana Simons (TA Network)

SOC Plan Development: Process (cont'd)

- Review of Georgia and other State SOC documents and plans
- Support and facilitation from the TA Network at the University of Maryland
- Support from the Center of Excellence for Children's Behavioral Health housed in the Georgia Health Policy Center, Andrew Young School of Policy Studies, GSU

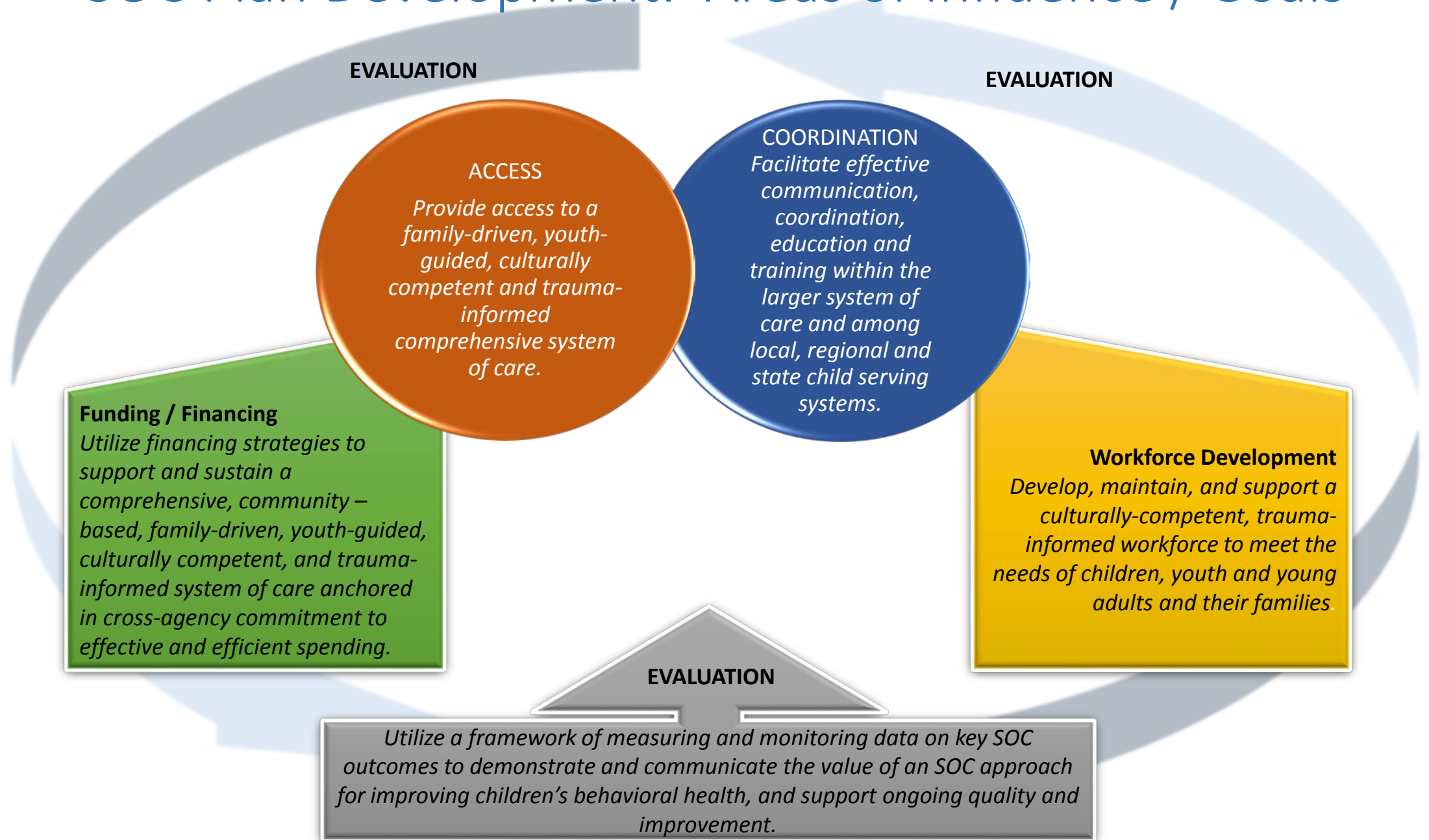
SOC Plan Development: Scope

- Plan focuses on:
 - Children, young adults, and emerging adults (ages 4 – 26) with a Serious Emotional Disturbance (SED), and their families.
 - Developmental disabilities (DD) and non-SED disorders (such as substance use disorder) when they **co-occur** with other SEDs
- Plan does not include 0-3 year olds
 - SED is not diagnosable in this young group
- *However, a comprehensive Children's Mental Health Plan should include groups not covered by this plan:*
 - Children 0-3, developmentally disabled, and other non-SED disorders occurring in childhood (i.e. Autism)

SOC Plan Development: Areas of Influence & Timing

- Areas of Influence:
 - Access
 - Coordination
 - Workforce Development
 - Funding and Financing
 - Evaluation
- Timing:
 - A 3 year comprehensive plan, divided into:
 - Short-term (1 year) objectives, and
 - Long-term (years 2-3) objectives

SOC Plan Development: Areas of Influence / Goals



Data Drivers

- Nearly 80% of children who need behavioral health services do not receive them¹
 - 76 of 159 counties do not have a licensed psychologist¹
 - 52 of 159 counties do not have a licensed social worker¹
- In SFY2013, Georgia ranked 41st in mental health spending per capita (at \$59.33), compared to the national average of \$119.62²
- Georgia ranks 36th in the continental U.S. of percent of mental health needs met

¹Source: Georgia's Crisis in Child and Adolescent Behavioral Health; Voices for Georgia's Children

²Source: State Mental Health Agency Per Capita Mental Health Services Expenditures, FY2013. Kaiser Family Foundation

Data Drivers-Children with SEDs

- In Georgia, during State Fiscal Year (SFY) 2014¹:
 - State agencies (DCH, DBHDD, DOE, DJJ, and DFCS) served an estimated 100,395 children, adolescents, and emerging adults with SED.
 - An estimated \$243,161,000 of state funds were spent on SED services and supports.
 - An estimated \$378,525,000 of state and federal funds combined were spent on SED services and supports.

¹Source: SFY2014 SOC Expansion Grant State Financing Report. Created by COE / DBHDD for SAMHSA, June 2015.

Access: *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 serious emotional disturbance (SED); substance use disorders, and co-occurring disorders.*

Short-Term Objectives

- Service mapping for behavioral health service utilization
- Increase behavioral health services in schools
- Improve families' abilities to navigate the current service system
- Increase utilization of Intensive Customized Care Coordination services

Long-Term Objectives

- Strategically increase the use of telemedicine/telehealth services within child serving systems
- Utilize data to inform a strategic approach to access
- Recruit practitioners in shortage areas
- Decrease Medicaid recipient enrollment gaps
- Utilize provider network rate data to address provider/ service rate adequacy.

Coordination: *Facilitate effective communication, coordination, education, and training within the larger system of care and among local, regional, and state child-serving agencies.*

Short-Term Objectives

- Build and maintain feedback loops between local, regional and state agencies and systems.
- Increase effective training coordination across state agencies

Long-Term Objectives

- Create and utilize a common language (as this relates to discussing SOC principles and making the business case to internal and external stakeholders)
- Increase coordination of services for SED youth in custody returning to the community; examine policy and regulations
- Address the gaps that lead to extended stays in secure facilities when placements and services are not available

Workforce Development: *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 Objectives

- Develop a clearinghouse of evidence-based / evidence-informed educational materials related to children’s behavioral health
- Increase training on SOC for all stakeholders
- Develop a state behavioral health training plan across IDT agencies

Long-Term Objectives

- Develop a targeted expansion of educational/financial incentives to address behavioral health workforce shortages

Funding/Financing: 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 Objectives

- Inter-agency funding of the IDT as the governing body for SOC in Georgia.
- Inter-agency funding to support training, education, and evaluation related to SOC.

Long-Term Objectives

- Update financial mapping tools and implement recommendations from these (look for opportunities to braid, blend, or increase funding).
- IDT agencies will collaboratively plan and apply for and release funding opportunities and procurements when behavioral health is a key component.
- IDT will collaboratively provide evaluation assistance to state purchasers in evaluating SOC approaches with vendors.

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

Short-Term Objectives

Long-Term Objectives

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

- 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.

Current Work

- **October 2016:** The IDT voted and decided to move forward with the SOC State plan *as* the strategic plan work for IDT work moving forward; moved into workgroups
- **November 2016:** IDT workgroups continued to move forward with Objectives, Action Steps, and Responsible Parties for each of the Short-Term Objectives
- **December 2016:** Strategic Work Continues

Next Steps

- **December 2016:** The IDT presents to the BHCC for feedback and guidance
- **January 2016:** The IDT, with the support of the Center of Excellence, will create a draft plan document
- **February/March 2016:** Youth, family, and broader stakeholder input will be collected (via survey and focus groups)
- **March/April 2016 :** Input will be integrated for a final draft, to be presented to BHCC for approval

Questions?