# Georgia's Children, Young Adults and Families System of Care Overview

Department of Behavioral Health & Developmental Disabilities

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CFY Services & Supports
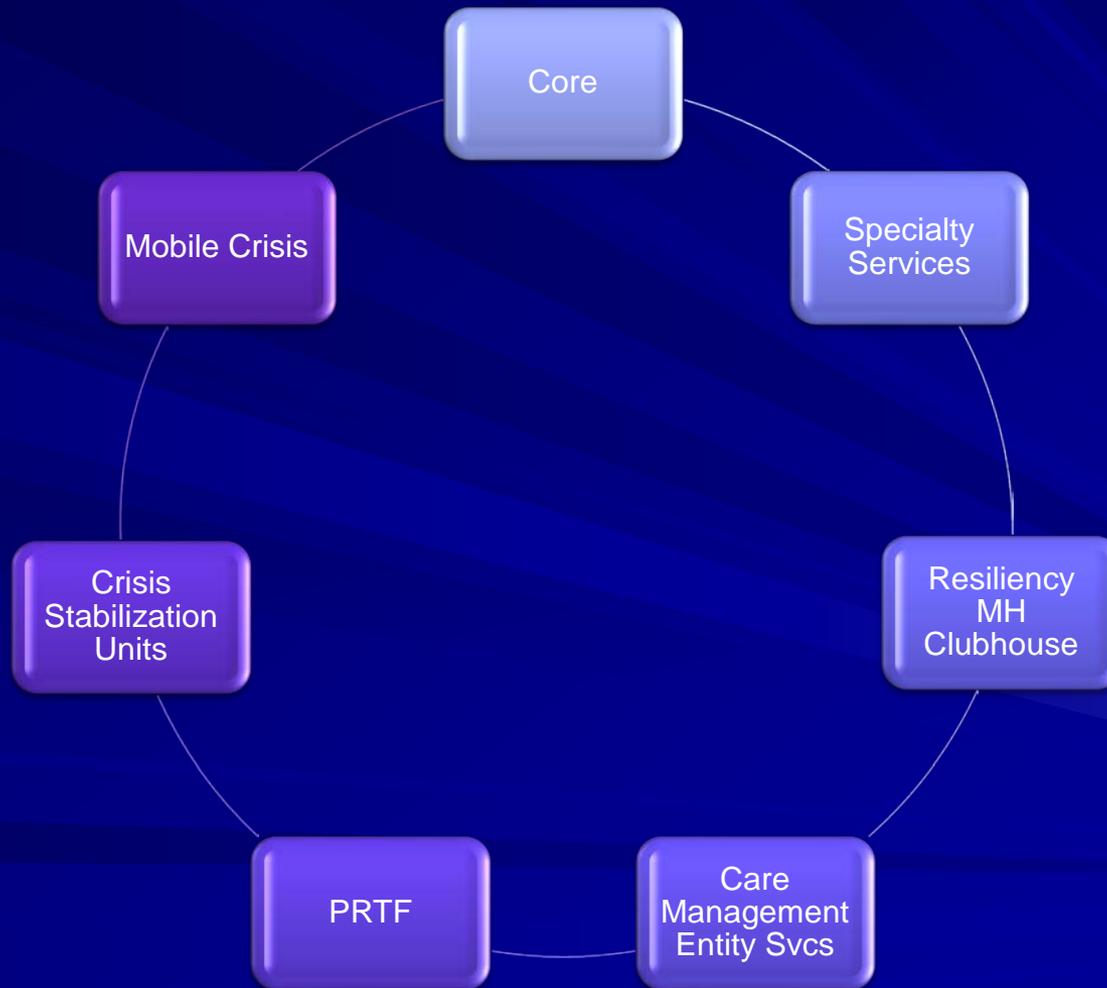
History of System of Care

- SOC concept developed in the mid-80's

- Evolved from the SAMHSA Child and Adolescent Service System Program (CASSP) - 1984

- SOC development furthered by the SAMHSA Comprehensive Community Mental Health Services Program for Children and Families/Children's Mental Health Initiative (CMHI)- 1993

History of System of Care

- Through the CMHI over 170 community, tribal and state grants funded to develop and implement SOC approaches to service delivery

- Over 45 System of Care Expansion Planning and Implementation Grants have been awarded since 2011 to build on the CMHI

SOC Development in Georgia

- Georgia has focused on SOC development for 29 years parallel to SOC development throughout country
- DBHDD one of ten states awarded CASSP grant
- DBHDD awarded a Capacity Building Grant

SOC Development in Georgia

- Children's Mental Health Initiative Grant awarded to Rockdale County, KidsNet Rockdale and Walker County, WIN Georgia

- Child and Adolescent State Infrastructure (CASIG) and Substance Abuse Coordination (SAC) Grants

- Healthy Transitions Initiative/Emerging Adult Initiative

SOC Development in Georgia

- Alternatives to Psychiatric Residential Treatment Facilities Waiver Demonstration Grant -Community Based Alternatives for Youth (CBAY) – Demonstration Waiver
  - Creation of CMEs as a tool for SOC
- CHIPRA Quality Improvement Demonstration Grant

What is System of Care (SOC)

- Current Definition of SOC

SOC is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that 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 and Friedman 2011)

System of Care

What is it?

- A framework for how to do business

- A guide for how systems should work

- Adaptive to each community, county, region and state

What is it not?

- A thing to be purchased

- A fidelity model of practice

System of Care

Individualized

Strengths-Based

Outcome-Based

Natural Supports

Team-Based

Family Driven & Youth Guided

Culturally Competent

Collaboration

Community-Based

Persistence
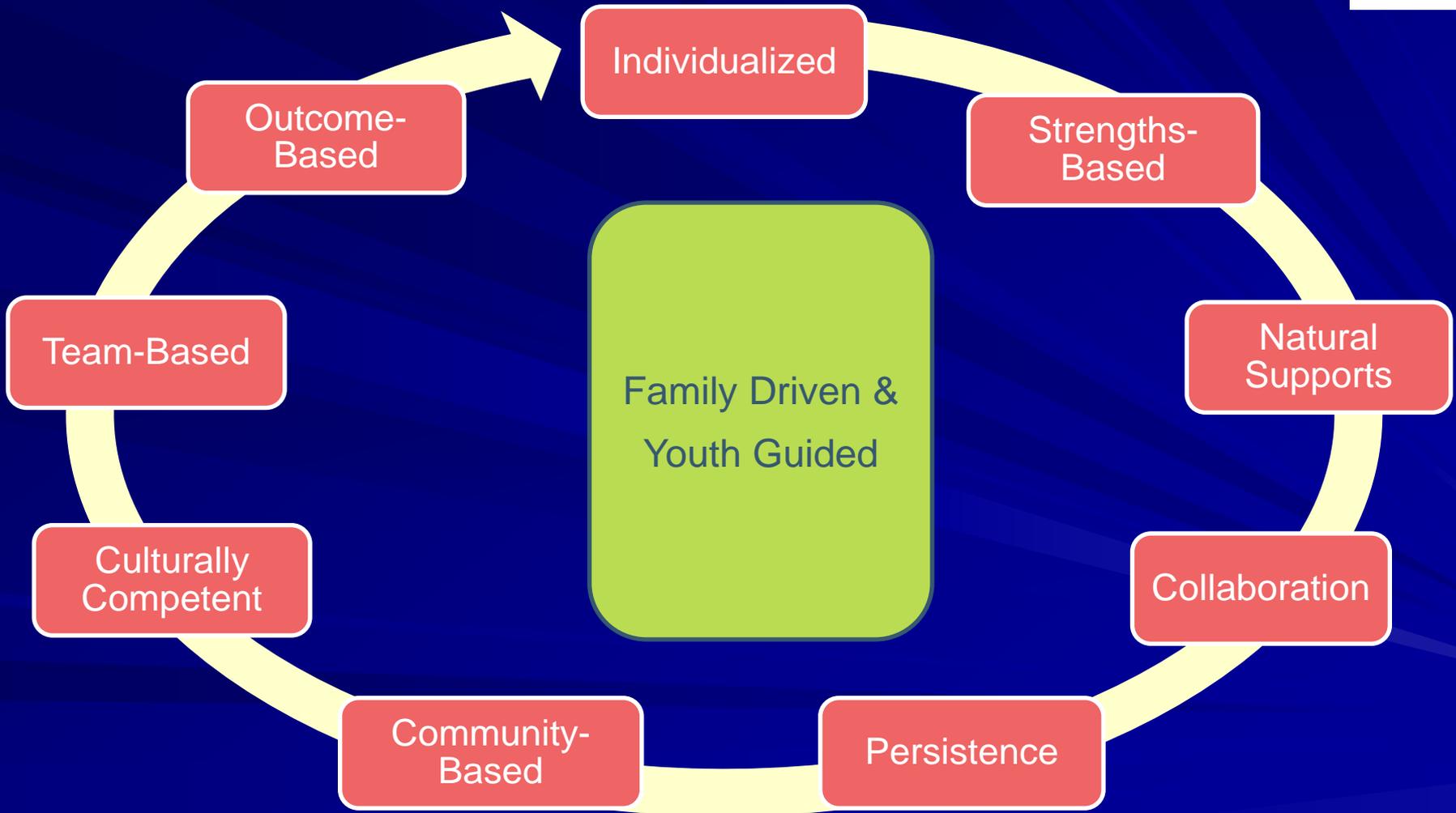
Family-Driven & Youth-Guided
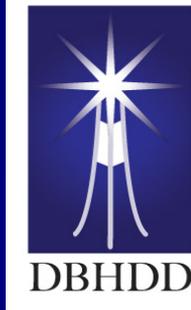
- Family and child/youth perspectives are elicited and prioritized during all phases of the wraparound process.

- Planning is grounded in family members' perspectives.

- Options and choices are provided by the team such that the plan reflects family values and preferences.

National Wraparound Initiative (2004).

Family-Driven

Family-driven means families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation. This includes:

- choosing supports, services, and providers;
- setting goals;
- designing and implementing programs;
- monitoring outcomes;
- managing the funding for services, treatments and supports and;
- determining the effectiveness of all efforts to promote the mental health and well being of children and youth.

Youth-Guided
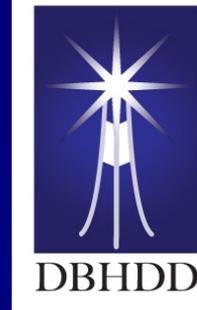
Youth Guided means that young people have the right to be empowered, educated, and given a decision making role in the care of their own lives as well as the policies and procedures governing care for all youth in the community, state and nation.

This includes giving young people a sustainable voice, being listened to, and the focus should be towards creating a safe environment enabling a young person to gain self sufficiency in accordance to the cultures and beliefs they abide by.

Further, through the eyes of a youth guided approach we are aware that there is a continuum of power that should be given to the young people based on their understanding and maturity in this strength based change process. Youth guided also means that this process should be fun and worthwhile.

Youth Motivating Others through Voices of Experience (Youth M.O.V.E) 2006

Community-Based

- Service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible.

- Service and support strategies are implemented that safely promote child and family integration into home and community life.

Culturally Competent

- Agencies, programs, and services that reflect the cultural, racial, ethnic and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports.

- Services and supports demonstrate respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.

DBHDD

SOC Principles

- The services provided within the system of care should be:
  - Comprehensive, including a broad array of services and supports (formal and informal)
  - Individualized
  - Provided in the least restrictive, most appropriate setting
  - Coordinated at both the system and service delivery level
  - Involve families and youth as full partners, and
  - Emphasize early identification and intervention

Elements of a System of Care

Philosophy
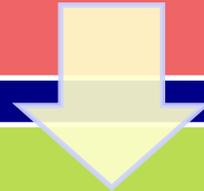
Infrastructure
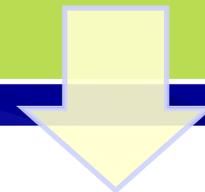
Services and Supports

# Three Levels of Support for Effective SOC

State System of Care
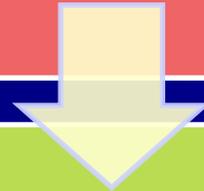
Supportive Organization
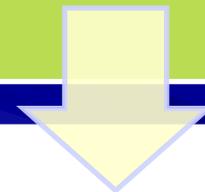
Child and Family Team

Strategies to Develop SOC

- Implementing Policy, Administrative, Regulatory Changes
- Developing or Expanding Services and Supports
- Creating or Improving Financing Strategies
- Providing Training, TA and Coaching
- Generating Support

Stroul and Friedman 2011
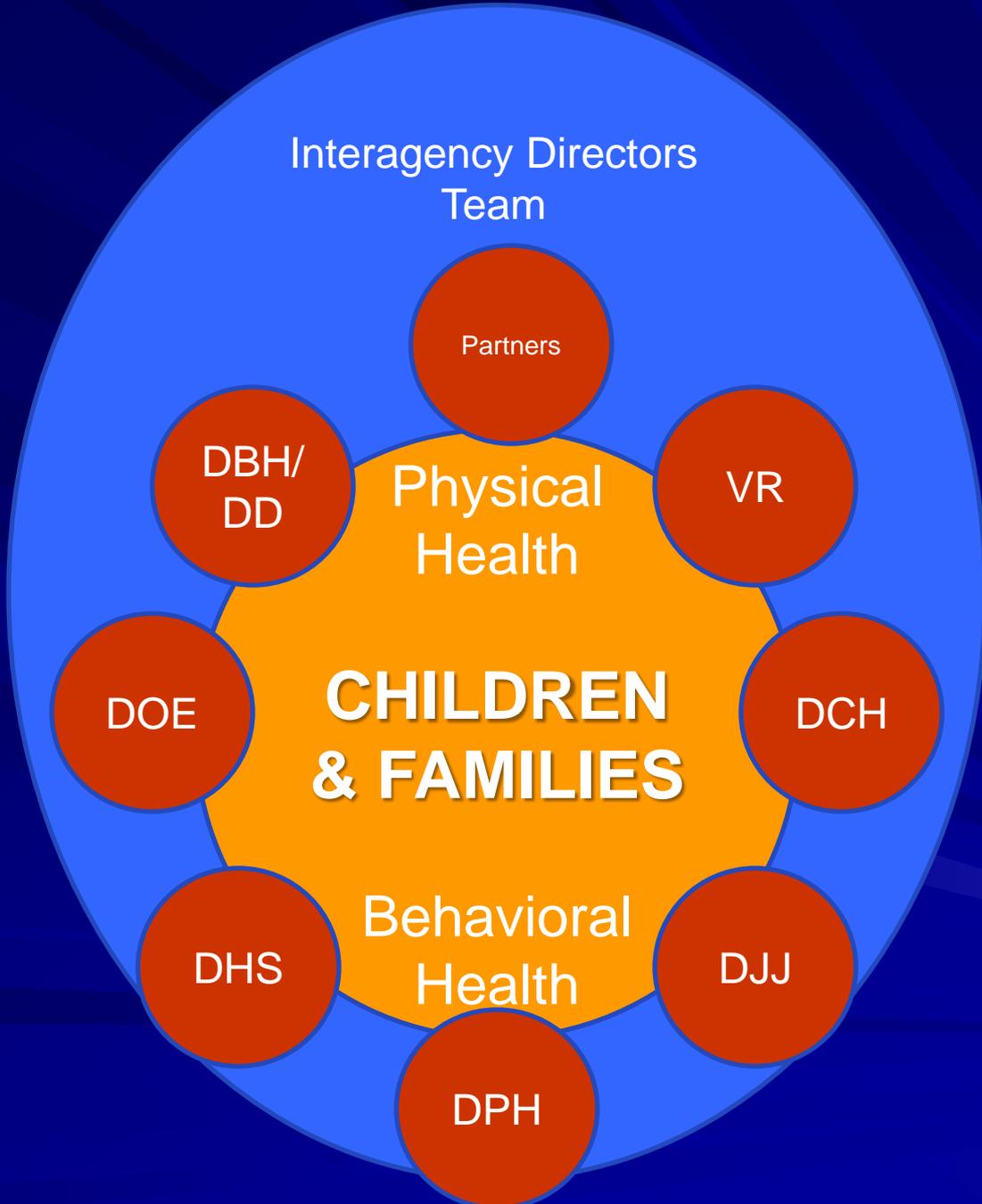
Resources

- For more information on System of Care: http://www.tapartnership.org/systemsOfCare.php

- For more information on High Fidelity Wraparound: www.nwi.pdx.edu

- For more information or training regarding SOC, please contact:

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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 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**

The Georgia Tapestry Project

System of Care

Expansion Implementation Grant

Melissa Robinson Graves, LMFT - Grant Director

Purpose of the Cooperative Agreement

- In 2012 the Substance Abuse and Mental Health Services Administration (SAMHSA) announced a grant opportunity for the System of Care Expansion Implementation Cooperative Agreements
  - DBHDD funded July 1, 2013

- Improve the behavioral health outcomes of children and youth with serious emotional disturbances and their families.*

- Support broad-scale operation, expansion and integration of systems of care through the creation of sustainable infrastructure which allows for the provision of and access to required services and supports that will allow <u>the values, principles, and practices comprising the system of care approach to become the primary way in which children's mental health services are delivered throughout the nation</u>.*

* From SAMHSA RFA SM-12-003

Purpose of the Cooperative Agreement

- To support the <u>availability and provision</u> of mental health and related recovery support services to children with emotional disturbances along with the <u>implementation of systemic changes in policy, financing, services and supports, training and workforce development</u>, and other areas that are necessary for expanding and sustaining the system of care approach, and to accomplish these goals through linkages with other health reform implementation efforts.*

* From SAMHSA RFA SM-12-003

Population of Focus

- <u>Age</u>: Children and youth from birth to 21 years of age.

- <u>Diagnosis</u>: The child or youth must have an emotional, socio-emotional, behavioral or mental disorder diagnosable under the *DSM-IV* or its *ICD-9-CM* equivalents

- <u>Disability</u>: The child or youth is unable to function in the family, school or community, or in a combination of these settings. Or, the level of functioning is such that the child or adolescent requires multi-agency intervention.

- <u>Duration</u>: The identified disability must have been present for at least 1-year or, on the basis of diagnosis, severity or multi-agency intervention, is expected to last more than 1-year

Data Collection and Performance Measurement

- Required to enter data on service and infrastructure activities
- Enter participant data into TRAC system using NOMs tool
- Cross-site evaluation (state, local and participant/family level)
- Report on 12 Infrastructure, Prevention and Mental Health Promotion (IPP) indicators quarterly:
- POLICY DEVELOPMENT
  - The number of policy changes completed as a result of the grant
  - The number of agencies/organizations or communities that demonstrate improved readiness to change their systems in order to implement mental health-related practices that are consistent with the goals of the grant

IPP Indicators

- WORKFORCE DEVELOPMENT
  - A <u>change made to a credentialing and licensing policy</u> in order to incorporate expertise needed to improve mental health-related practices/activities as a result of the grant

- FINANCING
  - The <u>amount of pooled/blended or braided funding</u> with other organizations used for mental health-related practices/activities as a result of the grant

- PARTNERSHIP/COLLABORATION
  - The <u>number of agencies/organizations</u> that entered into formal written inter/intra-organizational agreements (e.g., MOUs/ MOAs) to improve mental health-related practices/activities as a result of the grant

IPP Indicators

- ACCOUNTABILITY
  - The <u>number and percentage of work group/advisory group/council members</u> who are youth/family members
  - The <u>number of youth/family members</u> representing youth/family organizations who are involved in on-going mental health-related planning and advocacy activities as a result of the grant

- AWARENESS
  - The <u>number of individuals exposed</u> to mental health awareness messages

Goals and Objectives

Goal 1: Implement Policy, Administrative and Regulatory Changes

- Develop and refine interagency structures, agreements, and partnerships for coordination and financing at the state, regional and local levels
  - DBHDD and GVRA MOU
- Reduce duplication of services across agencies, limit silos and identify opportunities to enhance collaboration
- Support infrastructure and service planning of local interagency teams
  - LIPT members will be priority group for workforce development trainings including SOC Leadership, trauma and transition age youth
  - Revise LIPT legislation

Goals and Objectives

Goal 2: Developing or Expanding Services and Supports Based on the SOC Philosophy and Approach

- Implement family-driven youth guided services and supports through Family Service Organizations
  - CPS-P and CPS-Y
- Develop a CLC Strategic Plan to improve the CLC of services
  - 2013 National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care
- Develop a Clubhouse Model to meet the needs of youth and young adults with co-occurring MH/SA disorders
  - Develop and pilot 2 MH/SA Clubhouses: CHRIS Kids & Pineland CSB

Goals and Objectives

Goal 3: Create and Improve Financing Strategies

- Develop and implement a cross–agency financial plan for services and supports for foster care, adoption assistance and juvenile justice youth
  - COE developed GA financing plan
  - Given to SAMHSA June 30
  - Will review and modify annually
- Develop and implement a financing plan to maximize use of DBHDD resources to address service and support gaps
  - Also in GA financing plan
  - DBHDD will evaluate use of services and supports

Goals and Objectives

Goal 4: Provide Training, Technical Assistance and Workforce Development

- Provide training and technical assistance on transition age youth toolkit
  - Developed from Healthy Transitions Initiative grant implementation
- Develop CLC and SOC approach toolkits and provide training and coaching
  - MH/DD
  - LGBT
  - Military Families
- Train child-serving agencies on trauma-informed systems
  - Live and e-learning training opportunities
  - Training plan developed by DBHDD and COE

Goals and Objectives

Goal 5: Generate Support and Advocacy

- Develop family and youth service organizations
  - Chapter development and TA
  - Federation of Families for Children's Mental Health
  - Youth M.O.V.E
- Cultivate Leaders/ Champions
  - System of Care Leadership Academy
    - Professionals, stakeholders, advocates, family members, youth/young adults
- Develop statewide social marketing /communications campaign
  - SOC principles & values

Questions for Discussion

- How familiar is the community at large with the mental health services and supports available through Georgia's System of Care (SOC)?
  - What services or supports are people less aware of?

- What would you and/or your community like to receive more information about?
  - What are the best ways to share this information?

- Are you aware of the certified peer specialists parent and youth roles that will be added to the workforce?
  - What questions do you have about these professionals?
  - What is the best way to inform the community about these supportive services?
  - Benefits?
  - Challenges?