



GEORGIA'S SYSTEM OF CARE INFRASTRUCTURE

What is System of Care?

System of Care (SOC) is an organizational framework for how a mental or behavioral health services and supports delivery system should work. The SOC framework is defined as “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.”¹ A robust SOC infrastructure is particularly important for coordination and can provide the support needed to implement an SOC framework successfully. The SOC approach to service and support delivery is illustrated in Figure 1.

Figure 1. SOC Approach to Service and Support Delivery



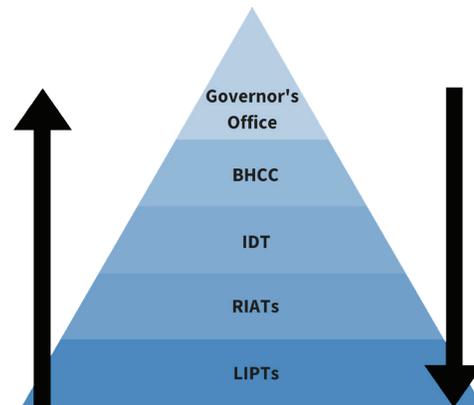
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SOC Infrastructure

Over the last 30 years, Georgia has continuously worked to implement an SOC framework for children’s behavioral health. Most notably, in 1990, state legislation instructed child-serving state agencies to create an SOC state plan² for children’s behavioral health (O.C.G.A. §§ 49-5-220–223), and establish interagency committees to carry out the SOC framework for children’s behavioral health at the local level (O.C.G.A. § 49-5-225). The SOC framework is illustrated in Figure 2.

Figure 2. SOC Feedback Framework

The SOC infrastructure developed in Georgia for children’s behavioral health includes the:



Additionally, the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), in partnership with the Georgia Health Policy Center at Georgia State University, created the Center of Excellence for Children’s Behavioral Health (COE), as a resource to support the state’s SOC infrastructure.

¹ Stroul, B. A., Blau, G. M., & Friedman, R. M. (2010). The system of care concept and philosophy. Georgetown University Center for Health and Human Development.
² The IDT is currently implementing a three-year SOC state plan for Georgia. For details, visit <http://gacoeonline.gsu.edu/idt/>.

Behavioral Health Coordinating Council (BHCC)

In 2009, the BHCC³ was created (O.C.G.A. § 37-2-4), to promote child and adult behavioral health coordination among state agencies at the commissioner level. The BHCC identifies and ensures the coordination of overlapping behavioral health services, funding, and policy within the state and among state agencies. The BHCC is chaired by the commissioner of the DBHDD and is composed of commissioners from key state agencies, as well as legislators, consumers, consumer family members, and the state ombudsman. The BHCC chair collaborates directly with the Governor's office, and the BHCC provides high-level support for and guidance to the IDT.

Interagency Directors Team (IDT)

The IDT is a multiagency,⁴ public-private collaborative created to design, manage, facilitate, and implement an integrated approach to SOC that informs policy and practice, and shares resources and funding. The IDT functions as a workgroup of the BHCC and currently consists of more than 30 representatives from state agencies and nongovernmental organizations that serve children with behavioral health needs. The group evolved from the Substance Abuse and Mental Health Services Administration Child and Adolescent State Infrastructure Grant Interagency Workgroup ("Kidsnet Georgia"), which focused on supporting local SOC development from 2004 through March 2011.

Regional Interagency Action Teams (RIATs)

RIATs have two main functions: to create a feedback loop between IDT and LIPTs to increase awareness and inform regional trends and issues, and to provide a regional opportunity for collaborative learning and service coordination. RIATs align with the six DBHDD regions and are comprised of LIPT chairs in the respective region. Regional DBHDD Child, Young Adult and Family Specialists provide backbone support to the RIATs.

³ BHCC Composition: Commissioners - DBHDD (chair); Department of Community Health; Department of Public Health (DPH); Department of Labor; Department of Human Services; Department of Education (DOE); Department of Juvenile Justice (DJJ); Community Affairs; State Board of Pardons and Paroles, Corrections, Community Supervision; Adultconsumers; Family members of consumers/representatives; State Senator-District 45; State Representative-District 13; Disability Services Ombudsman.

⁴ IDT members include: DBHDD, DOE, Georgia Vocational Rehabilitation Agency, the Department of Early Care and Learning, Department of Community Health, Division of Family and Children Services (DFCS), DJJ, and DPH. COE, provider groups, care management organizations, and family and child advocacy organizations serve as partner agencies, while the CDC is a federal consultant.

⁵ Mandated LIPT members include: DBHDD, DFCS, DPH, DJJ, Georgia Vocational Rehabilitation Agency, mental health service providers, and school system representatives. Parents or parent advocates are not mandated to participate but their participation is strongly encouraged when a child is discussed.

Local Interagency Planning Teams (LIPTs)

LIPTs are comprised of legislatively mandated local or county-level child serving agencies and partner participants⁵ that work with families to improve and coordinate services for youth with a mental health diagnosis. The approach, based on the SOC framework, is child-centered and highlights family strengths and supports by providing needed care and resources in the home and community. LIPTs are spearheaded by a volunteer chairperson and are present in almost every county in Georgia; although, some LIPTs serve multiple counties dependent upon the size of the community and the geographic availability of needed resources.

Center of Excellence for Children's Behavioral Health (COE)

The COE, funded by DBHDD and housed at the Georgia Health Policy Center, Georgia State University, has supported the SOC framework since 2011 by providing program evaluation and objective research, technical assistance for quality improvement, policy and financing analysis, training and coaching to support workforce development, and communications support. The COE provides substantial project management, as well as facilitation, research, and backbone support to the IDT, including staffing of an SOC program manager. The partnership between the COE, DBHDD, and other child-serving agencies allows Georgia's SOC framework and implementation to be informed, advanced, and sustained through the research and technical expertise of a university.

Conclusion

The component parts of Georgia's SOC infrastructure each play a vital role, particularly with providing a mechanism that allows for a continuous feedback loop between the Governor's office and the service level. Sustained investment in this robust framework will help to ensure that the state's SOC infrastructure continues to evolve and is responsive to the behavioral health needs of Georgia's children, adolescents, and families.



**CENTER OF EXCELLENCE FOR
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