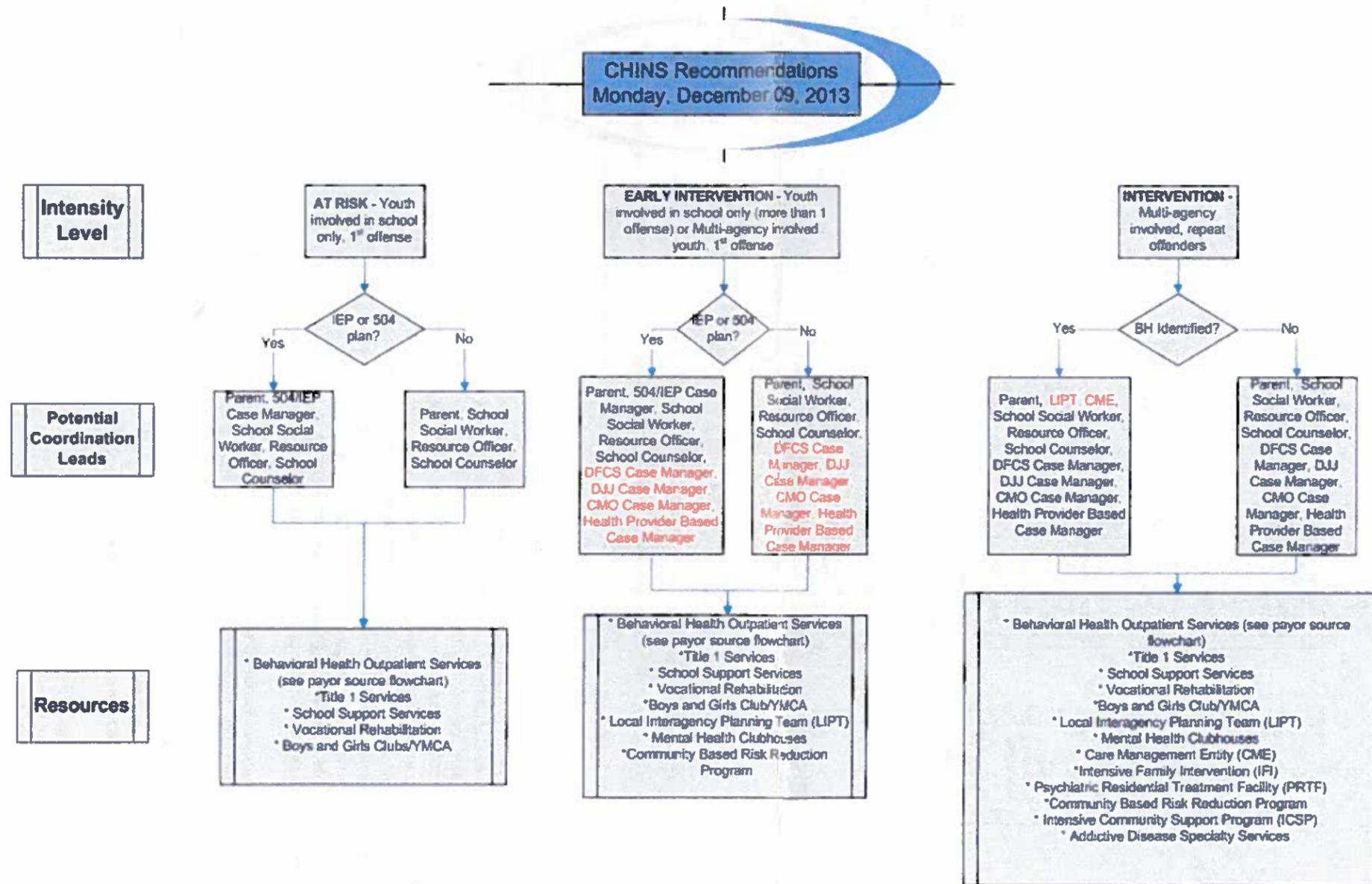


Georgia Interagency Directors' Team: HB 242 CHINS Recommendations

In May 2013, Governor Nathan Deal signed into law HB 242, a piece of legislation directed at comprehensive reform of Georgia's juvenile justice code. A large segment of the new law focuses on the management of children in need of services or "CHINS". CHINS are defined as minors who have committed status offenses, and are in need of guidance, counseling, structure, supervision, treatment, or rehabilitation. CHINS offenses may include habitual truancy, running away, possessing alcohol or being found in a bar, violating curfew hours, or being found ungovernable by parents and putting oneself in danger. HB 242 changes go into effect on January 1, 2014 and will affect a variety of state agencies. Because of Georgia Interagency Directors' Team's (IDT)¹ special understanding of and involvement with CHINS and their families, IDT is uniquely positioned to provide CHINS practice recommendations to courts, law enforcement, schools, and other relevant agencies. IDT has created two diagrams in order to describe opportunities for interventions with CHINS. The first diagram ("CHINS Recommendations") demonstrates IDT's initial recommendations for CHINS interactions, and the second ("Children's Payor Source") details the behavioral health treatment opportunities tied to various children's payor sources. Over the course of the next year, IDT will continue to develop recommendations regarding HB 242 and CHINS, and will serve as a resource for state agencies adapting to the new law.

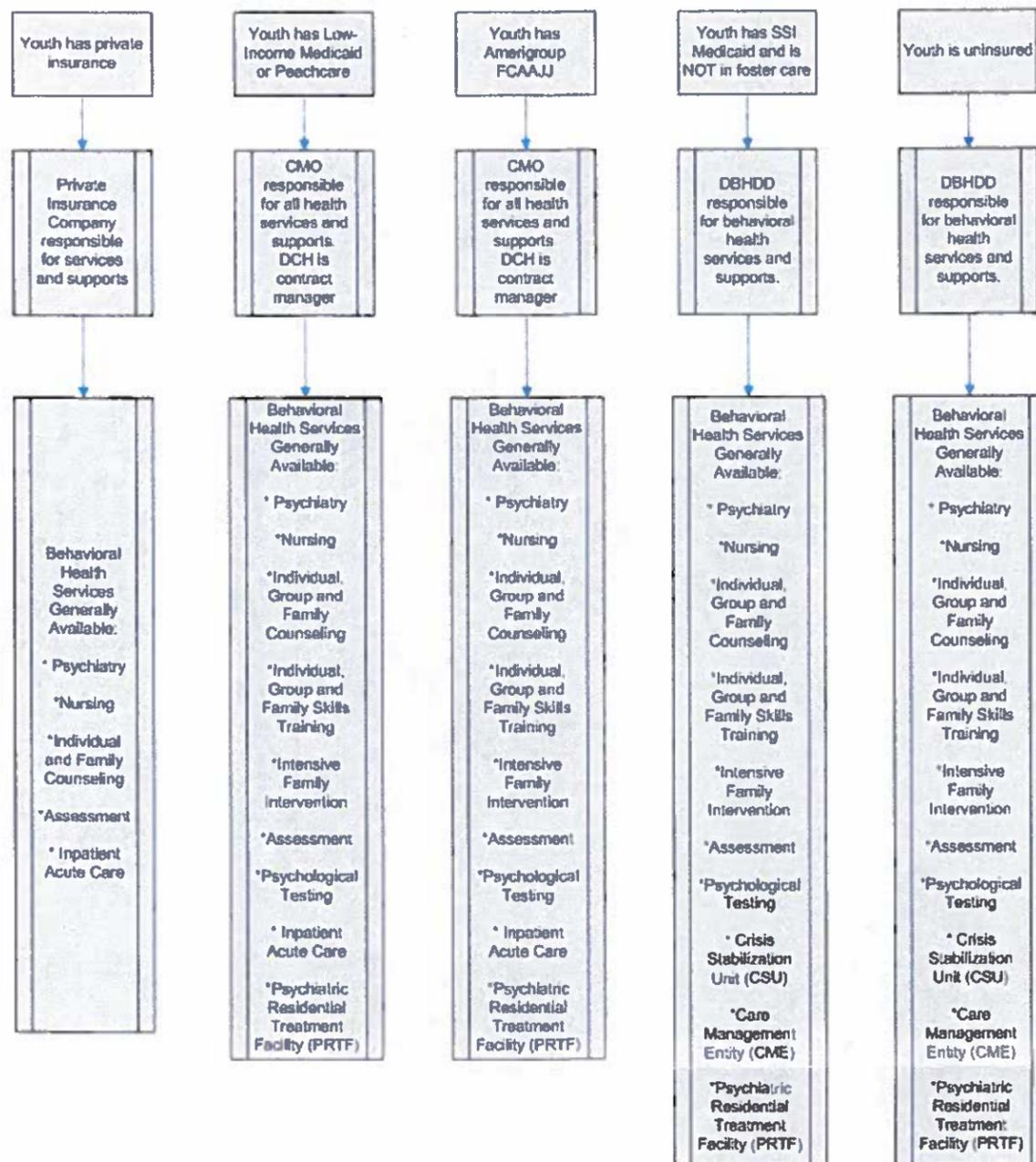
"CHINS Recommendations" (below) represents IDT's preliminary recommendations for the identification, support, and resolution of CHINS. These recommendations can be used as a resource for: juvenile court judges, guardian ad litem, juvenile court administrators, case managers, LIPTs, community-based risk reduction programs, school districts, family support organizations, and parents. IDT's recommendations are divided by: 1) level of intervention required (based on DJJ and other agency involvement), 2) presence and/or type of disability or behavioral health need, 3) potential points for service coordination, and 4) resources and best practices for further support, services, and resolution. A glossary of key terms can be found on page 2.



¹ IDT was created by Georgia's Department of Behavioral Health and Developmental Disabilities (DBHDD) in order to design, manage, facilitate, and implement an integrated approach to a child and adolescent system of care that informs policy and practice, and shares resources and funding. The IDT is made up of over twenty representatives from state agencies and non-governmental organizations that serve children with behavioral health needs. Members include: DBHDD, Department of Community Health, Department of Public Health, Department of Juvenile Justice, Department of Education, Division of Family and Children Services, Center of Excellence, Georgia Parent Support Network, the Annie E. Casey Foundation, the Carter Center, Children's Healthcare of Atlanta, and Georgia Vocational Rehabilitation Agency.

Children's Payor Source

Friday, November 22, 2013



**** If the family can afford to self-pay, any service or support can be obtained through their funding.

GLOSSARY:

- **504 Plan** – A 504 plan spells out the modifications and accommodations that will be needed for these students to have an opportunity perform at the same level as their peers, and might include such things as wheelchair ramps, blood sugar monitoring, an extra set of textbooks, a peanut-free lunch environment, home instruction, or a tape recorder or keyboard for taking notes.
- **Care Management Entity (CME)** – Care Management Services assist participants in identifying and gaining access to needed waiver and other State Plan Services, as well as medical, social, educational and other services, regardless of the funding source for the services to which access is gained. Care Management Services encourages the use of community resources through referral to appropriate traditional and non-traditional providers, paid, unpaid and natural supports. Care Management Services are a set of interrelated activities for identifying, planning, budgeting, documenting, coordinating, and reviewing the delivery and outcome of appropriate services for participants through a wraparound approach. Care Coordinators work in partnership with the participant and their family/caregivers/legal guardian and are responsible for assembling the Child and Family Team, including both professionals and non-professionals who provide individualized supports and whose combined expertise and involvement ensures plans are individualized and person-centered, build upon strengths and capabilities and address participant health and safety issues.
- **Psychiatric Residential Treatment Facility (PRTF)** – Psychiatric Residential Treatment Facility (PRTF) services provide comprehensive mental health and substance abuse treatment to children, adolescents, and young adults 21 years of age or younger who, due to severe emotional disturbance, are in need of quality active treatment that can only be provided in an inpatient treatment setting and for whom alternative, less restrictive forms of treatment have been tried and found unsuccessful or are not medically indicated. PRTF programs are designed to offer intensive, focused treatment to promote a successful return of the youth/young adult to the community. Focus is on improvement of residents' symptoms through the use of strength- and evidence-based strategies and active family engagement. The program encourages family participation in the treatment planning and implementation processes and timely discharge planning and aftercare. Specific outcomes of the services include the resident returning to his/her family or to another less restrictive community living situation, as soon as clinically possible and when treatment in a PRTF is no longer medically necessary.
- **Individualized Education Plan (IEP)** – An IEP defines the individualized objectives of a child who has been found with a disability, as defined by federal regulations. The IEP is intended to help children reach educational goals more easily than they otherwise would. In all cases the IEP must be tailored to the individual student's needs as identified by the IEP evaluation process, and must especially help teachers and related service providers (such as paraprofessional educators) understand the student's disability and how the disability affects the learning process.
- **Intensive Family Intervention (IFI)** – A service intended to improve family functioning by clinically stabilizing the living arrangement, promoting reunification or preventing the utilization of out of home therapeutic venues (i.e. psychiatric hospital, therapeutic foster care, psychiatric residential treatment facilities, or therapeutic residential intervention services) for the identified youth. Services are delivered utilizing a team approach and are provided primarily to youth in their living arrangement and within the family system.
- **Local Interagency Planning Teams (LIPT)** – required by law (currently GA Code 49.5.220-227 and amended in HB 228) are established at the county or multi-county level, depending on the size of the community, the number of children at risk, and the geographic availability of resources. The purpose is to improve and facilitate the coordination of services for children with severe emotional disorders (SED) and/or addictive disease (AD). Goals are: 1) to assure that children with SED and/or AD and their families have access to a system of care in their geographic area; 2) to assure the provision of an array of community therapeutic and placement services; 3) to decrease fragmentation and duplication of services and maximize the utilization of all available resources in providing needed services; and 4) to facilitate effective referral and screening systems that will assure children have access to the services they need to lead productive lives.