

# Innovations in Children's Mental Health

CMH Training and TA Symposium  
Macon, Georgia  
August 5, 2014

## Panelists:

Linda Y. Henderson-Smith, PhD, LPC

Suzanne Lindsey, LPC

Natalie Towns, MSW

Ursula Davis, MA , LPC

# Panel Overview

- ❑ **Georgia Inter-agency Director's Team (IDT)**
  - Linda Henderson-Smith, Director, Office of Children, Young Adults and Families, DBHDD
  
- ❑ **Georgia Families 360° -- Design and Implementation**
  - Suzanne Lindsey, Director, Georgia Families 360, Georgia DCH
  
- ❑ **HB 242 Juvenile Justice Reform Bill & Children in Need of Services (CHINS)**
  - Natalie Towns, Director of the Office of Federal Programs, GA DJJ
  - Ursula Davis, System of Care Section Director, DFCS



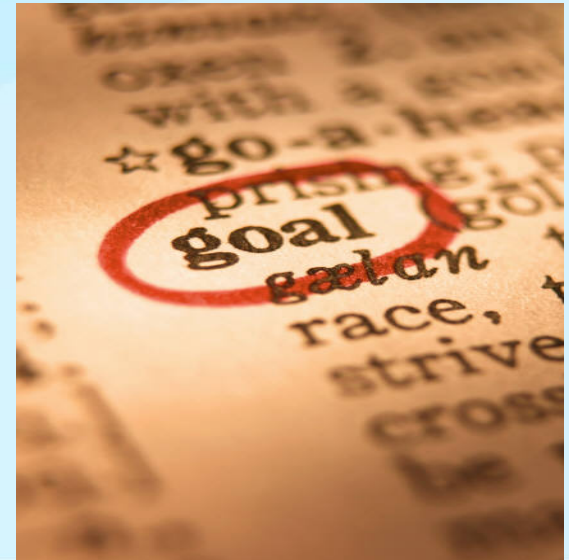
*Interagency Directors Team (IDT)*

# **THE GA SYSTEM OF CARE COLLABORATIVE**

Linda Y. Henderson-Smith, PhD, LPC  
Director, OCYF, DBHDD

# Mission

- The IDT is a multi-agency system of care leadership collaborative that uses an integrated approach to address the needs of children and adolescents with behavioral health issues through macro level system planning.



# Key Guiding Principles

- Promotes Evidenced Based Practices
- Ensures equitable participation among partners
- Committed to a system driven by data that uses measurable outcomes for system design
- Respect the unique cultures and priorities of each agency



# The IDT Team

- Department of Behavioral Health & Developmental Disabilities
- Department of Community Health
- Department of Human Services – DFCS
- Department of Juvenile Justice
- Department of Public Health
- Department of Education
- Georgia Parent Support Network
- The Carter Center
- Together Georgia
- The Center of Excellence
- Get Georgia Reading - Campaign for Grade Level Reading
- *\*Federal Consultant – Center for Disease Control*

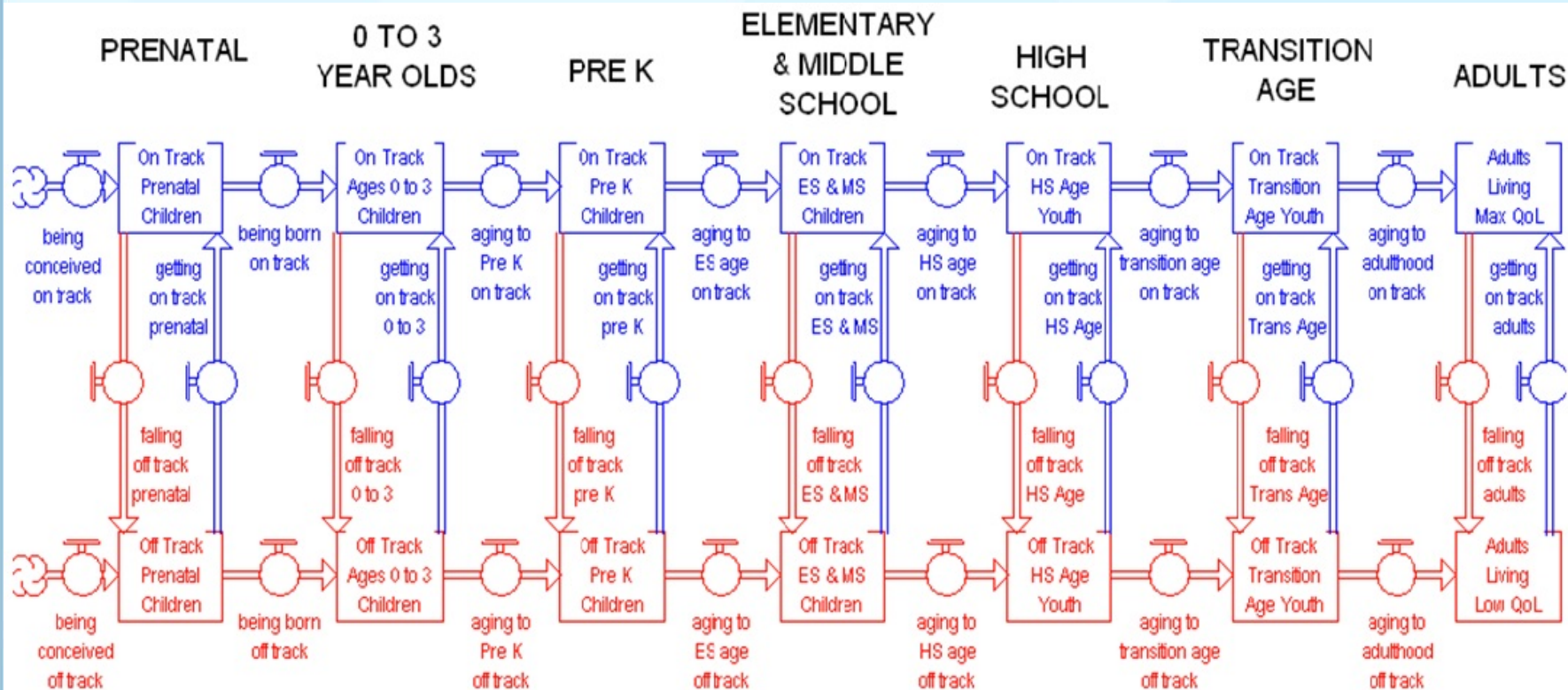
***The IDT is a workgroup of the Behavioral Health Coordinating Council***



*Our Strategic Planning Process*

# UTILIZATION OF SYSTEMS MAPPING

# CHILDREN'S BEHAVIORAL HEALTH: COLLABORATIVE SYSTEMS MAP



Developed by the IDT  
(Interagency Directors Team)



# FY 14 Strategic Goal

- Strategic Goal:
  - Build capacity to provide optimum practice for young children with behavioral disorders (ADHD, ODD, conduct disorders).





# The Data

- **Data Driver**: Based on analyses of 2011 – 2012 National Survey of Children’s Health survey data, the parent-reported prevalence of current ADHD was **9.3%** in Georgia, which is slightly higher than the national estimate of **8.8%**. Nationally, the average parent reported age of ADHD diagnosis among all children with ADHD was 7.0 years of age. The average reported age of ADHD diagnosis among children in GA was 7.5 years of age. **The younger the age of diagnosis is typically associated with a more severe form of ADHD, or other behavioral health diagnosis.**

# Action Steps

- COE analyze Georgia Medicaid claims to learn more about ADHD treatment in GA & compare to national data
- Survey Practitioners in Georgia to identify trends in linkage to best practice treatment recommendations
- Disseminate best practices / recommended guidelines to workforce in Georgia
  - GA AAP Conference: Pediatrics by the Sea – June 2014
  - IDT System of Care Conference – June 2014
  - Recorded webinar available through Center of Excellence

# The Results

- The Collaboration with the CDC has resulted in:
  - The Carter Center Mental Health Forum Panel
  - National media coverage in New York Times
  - National media coverage in Mental Health Weekly Publication



# What's Next

- Year 1 focus on education, analysis of data and implications for practice and treatment in Georgia
- Next step workforce development



# Special Projects

- Allows us to reach strategic goals and respond to real time issues.
- CHINS Resource Document and Video available at <http://www.gacoeonline.com/>
- Crisis Access in Rural Georgia
- Ongoing Radar:
  - HB242
  - Amerigroup Foster Care Transition

# More Information

- Join the IDT's Listserv and receive regular information and updates about upcoming events, our work, and more. To be added to the listserv e-mail [idt@gsu.edu](mailto:idt@gsu.edu).
- Visit the Center of Excellence website at <http://www.gacoeonline.com/>
- Check the website to see the IDTs Annual Report which will be coming soon





GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

# Georgia Families 360°



Presentation to: CMH Symposium- August 5, 2014

By: Suzanne Lindsey, LPC- Director



# Georgia Families 360°

- A new managed care program for a special population of Medicaid eligible children, youth, and young adults
- Designed to better meet member needs by coordinating medical, behavioral, dental and pharmacy services



# Target Population

- All children, youth, and young adults in Foster Care
- All children, youth, and young adults receiving Adoption Assistance
- Select youth involved in the juvenile justice system who reside in non-secure community residential settings

# Georgia Families 360° Goals

- Reduce disruption
- Increase stability
- Foster permanency and long term independence
- Improve health outcomes through intensive care coordination
- Integrated coordination of all healthcare services
- Engagement of a primary care physician and primary dental provider
- Comply with and support state and federal policies

# Georgia Families 360° Implementation

- Amerigroup selected as Care Management Organization

- Interagency planning

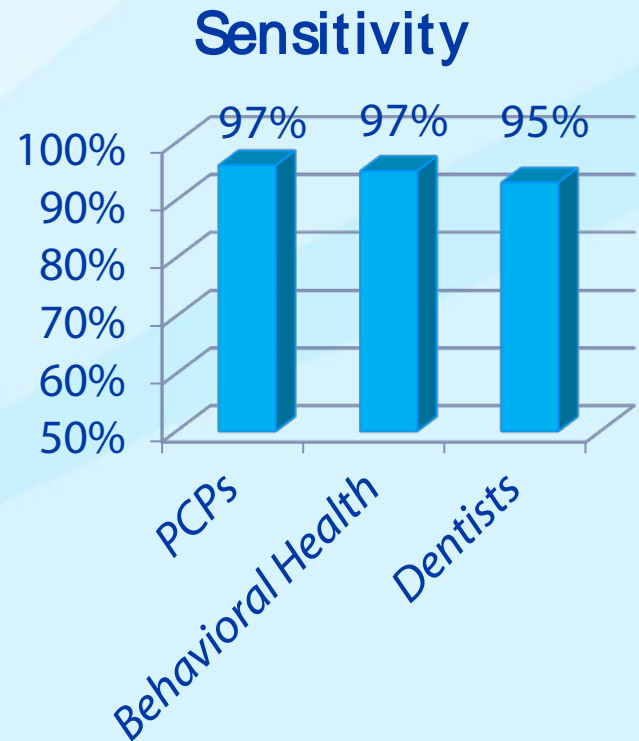
– DBHDD	– DJJ	– DFCS
– DCH	– DPH	– DECAL

- Work flows

I  
D  
T

# Georgia Families 360° Implementation

- Provider Network Development
  - Sensitivity Analysis
  - GeoAccess Reporting
  - PCP and PDP assignment
  - Behavioral Health Focus



# Georgia Families 360° Implementation

## Amerigroup Planning

- Staffing - 90 new hires
- Training
- Town Hall Meetings
- Network Access & Contracting
- Information System Enhancements
- Revised P&P and Member Handbooks



# Amerigroup Care Coordination Teams

*Care Coordination is hub of better care*

- 1 Lead Clinical Manager
  - 3 Supervisors
  - 49 Care Coordinators
    - Licensed Nurses
    - Licensed Social Workers
    - Behavioral Health Specialists
    - Case Managers
  - 3 Ombudsmen
- *Tailored to meet a member's situational health-related needs*
  - *Facilitate access to services*
  - *Emphasize prevention, continuity of care, and coordination of care*
  - *Driven by quality-based outcomes*

# Amerigroup Care Coordination Teams

## *Functions include--*

- Early identification of members who have or may have special needs;
- Assessment of a member's risk factors;
- Development of a plan of care;
- Referrals and assistance to ensure timely access to providers;
- Coordination of care actively linking the member to providers, medical services, residential, social, behavioral, and other support services where needed;
- Monitoring; and Follow-up and documentation
  - *Emphasis on System of Care*



# Georgia Families 360° Launch

- Program launched on March 3, 2014
- Over 27,000 members transferred
- FAQs & Provider Alerts- developed and sent out to AA parents, agency staff, providers
- Community Collaboration
  - Court Improvement Initiatives
  - Family Preservation/Together Georgia
  - GA Chapter - American Academy of Pediatrics

# Georgia Families 360 ° Launch

- DCH held twice daily meetings with state agency reps and Amerigroup
- Meetings designed to:
  - address escalated member issues coming from the field level
  - educate & support AGP Care Coordinators
  - Assist & connect members with providers/services

# Georgia Families 360 ° Launch

- Amerigroup-Modification of PA- better access & to alleviate provider admin burden
- Psychotropic medication reviews- ongoing clinical consultation with prescribers by Amerigroup's Medical Director

# Georgia Families 360 ° Launch

- Escalations- primarily related to provider education and Care Coordinator support & education
- Escalation/Trends call currently being held once per week to continue assistance from DCH and Amerigroup

# Oversight

- **DCH**
  - Monitoring & Oversight Committee
  - Designated Staff
- **Amerigroup**
  - Steering Committee
- **Joint Task Force**
  - Multi- State Agency staff

# Next Steps

- Active provider recruitment
- Reporting/Data Analysis
- Quality Improvement

# Contact Information

- DCH- Suzanne Lindsey- Director  
[slindsey2@dch.ga.gov](mailto:slindsey2@dch.ga.gov)

404-463-7638



# HB 242 and Juvenile Justice Reform

Department of Juvenile Justice

Natalie Towns, Director  
Office of Federal Programs



# Juvenile Justice Reform Overview

- **Populations Changes:** The new Juvenile Code redefines the population served in the community by specifying CHINS cases, the establishment of limits on restrictive custody for the two categories of designated felons, and the emphasis on youth being served in least restrictive settings.
- **Unified Data Collection:** A statewide merged data collection for all of juvenile justice that will give full legal information from all juvenile courts.
- **Evidenced Based Practices:** There is a new emphasis on evidenced based practices, services and assessments.

# Juvenile Justice Reform Overview

- **New Assessments:** The development of a continuum of new validated assessments to include:
  - Pre-Disposition Risk Assessment,
  - Structured Dispositional Matrix,
  - Detention Assessment Instrument
  - Juvenile Needs Assessment.
- **Administrative Caseloads:** Allows for the establishment of administrative caseloads for youth who are assessed as low risk and have met all the requirements of their conditions of supervision.

# House Bill 242- Articles

- Article 1- Provides clear definitions for the code section.
- Article 2- Provides direction for the administration of the juvenile courts
- Article 6- Provides direction on delinquency cases
  - Excludes statements made by child during intake, screening, treatment or evaluation for inclusion as evidence unless it is used to impeach a conflicting story in court.
  - Provides victims of juvenile crime same rights as provided in adult criminal proceedings.
  - Requires that a detention assessment be used to determine if the youth should be detained or released.
  - Allows for superior court to transfer some serious offense cases to juvenile court for extraordinary cause.

# House Bill 242- Article 5

## Article 5-Children in need of Services

### **Child in Need of Services means:**

- A child adjudicated to be in need of care, guidance, counseling, structure, supervision, treatment or rehabilitation and who is adjudicated to be:
  - Truant
  - Habitually disobedient, ungovernable
  - A runaway (24 hours plus)
  - Guilty of child-only offense
  - Loitering after midnight
  - On probation for unruly
  - Hanging out in bars
  - Delinquent but not in need of treatment or rehab

# Changes in the Designated Felony Code Section

- Special Council Recommendation: Create a two-class system within the Designated Felony Act.

	CLASS A	CLASS B
<b>Disposition</b>	Confinement Terms: no minimum, maximum of 60 months. Total Commitment to DJJ: up to 60 months	Confinement Terms: no minimum, maximum 18 months. Total Commitment to DJJ: up to 36 months
<b>Intensive supervision</b>	12 months following confinement	6 months (either following confinement or initial 6 months of supervision).
<b>Placement</b>	Must serve their time at YDC unless there is a diagnosis of developmental disability and not amenable to treatment at YDC.	Medium and High Risk – Must serve ½ of their disposition at YDC Low-risk –if ordered, the judge must make a finding of fact, as to why restrictive custody is required.

# New DF Code

## CLASS A

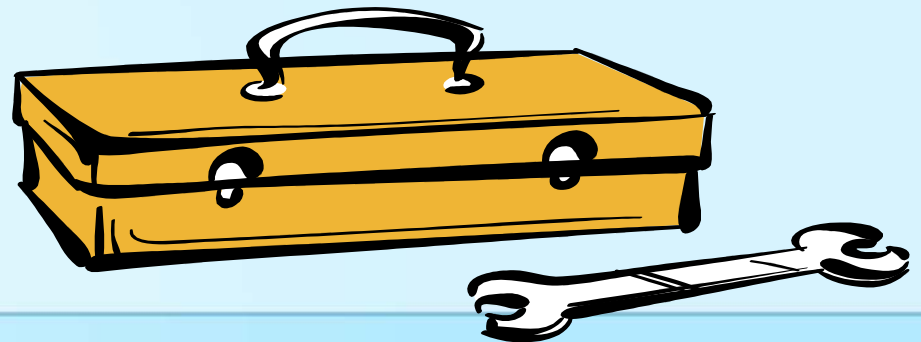
- Murder (SB 440)
- Attempted murder
- Voluntary manslaughter (SB 440)
- Rape (SB 440)
- Aggravated sodomy (SB 440)
- Aggravated child molestation (SB 440)
- Aggravated sexual battery (SB 440)
- Aggravated battery
- Aggravated Assault
- Hijacking of Auto- ETC....

## CLASS B

- Robbery
- Attempted Kidnapping
- Arson in 2<sup>nd</sup> Degree
- Aggravated Assault with a deadly weapon
- Aggravated Assault
- Theft of a Motor Vehicle-2<sup>nd</sup> or subsequent
- 4<sup>th</sup> or Subsequent when current and none of the other priors include felony against a person or sexual felony assault

# 4 Tools

- ✓ PDRA - Pre-Disposition Risk Assessment-  
Completed on October 1, 2013
- ✓ SDM - Structured Dispositional Matrix-  
Completed on October 1, 2013
- JNA - Juvenile Needs Assessment- anticipated  
7/15/14
- DAI - Detention Assessment Instrument-  
anticipated 8/15/14



# Pre-Dispositional Risk Assessment (PDRA)

- 10 item tool completed after adjudication
- Will be done post adjudication- pre disposition
  - Will need to be done early in the process
  - Has information that must be gathered by interview with youth and parents/guardians
  - Has information that must be gathered from court recorders and schools
- The PDRA gives the criminogenic risk level for each youth. The levels are:
  - **Low**
  - **Medium**
  - **High**



# The Structured Dispositional Matrix

- Prompted by legislative changes in Georgia and a recommendation of the Special Council that required the use of a pre-dispositional risk assessment
- Evidence base for combining risk assessment with seriousness of offense to structure dispositional recommendations
- The SDM is a two axis tool: 1<sup>st</sup> axis is risk level from PDRA and 2<sup>nd</sup> axis is the Offense Severity

# Structured Dispositional Matrix

Offense Severity Class	Risk Level		
	High	Medium	Low
<b>Class A: Designated Felony</b>	Commit to DJJ 24 months in YDC plus 12 months intensive supervision	Commit to DJJ 12 months in YDC plus 9 months intensive supervision	Probate or Commit to DJJ 6 to 9 months in YDC plus 6 months intensive supervision
<b>Class B: Designated Felony</b>	Commit to DJJ 12 months confinement plus 6 months intensive supervision	Commit to DJJ 6 to 9 months confinement plus 6 months intensive supervision	Probate 6 months intensive supervision
<b>Serious Felony*</b>	Probate w/STP (0 to 30 days) Or Commit to DJJ	Probate w/STP (0 to 30 days) Or Commit to DJJ	Probate 6 months supervision
<b>Other Felony (not designated felony) or Misdemeanor With Exception**</b>	Probate for 24 months If DJJ commitment: 24 months supervision; eligible for administrative caseload/termination after 12 months	Probate for 18 months If DJJ commitment: 24 months supervision; eligible for administrative caseload/termination after 6 months	Probate for 12 months If DJJ commitment: 24 months supervision; eligible for administrative caseload/termination after 3 months
<b>Misdemeanor</b>	Supervised probation 12 months; eligible for termination at 6 months or refer to restorative justice practice or refer to service	Supervised probation for 6 months or refer to restorative justice practice or counsel and release	Court-involved: Judicial reprimand refer to restorative justice practice Not court-involved: Counsel and release or informal adjustment (diversion)

# Special Council Recommendation – Title IV-E

*Recommendation: Require the Department of Juvenile Justice to investigate the cost effectiveness of utilizing Title IV-E federal funding*

- Title IV-E of the Social Security Act provides federal funds to help states pay for youth involved in the child welfare system who are placed in out-of-home care, at-risk of being placed in out-of-home care, and meet certain eligibility requirements.
- In 2005, 32 states reported that they utilized Title IV-E funds to support out-of-home placements for eligible youth in the juvenile justice system.
- The Department determined that it would be cost effective to claim these funds for eligible youth in non-secure residential placements and is working towards implementation effective July 1.

# Next Steps

- DJJ is working in partnership with GOCHF, CJCC, NCCD and the Casey Foundation to work with a group on Juvenile Court Stakeholders to develop the new Detention Assessment Instrument (DAI) and a new Juvenile Needs Assessment (JNA).
- The new tools are mandated in the Juvenile Code and will be used by all Juvenile Courts.

# Georgia System of Care: Ideal to Real

Ursula Davis, DFCS System of Care Director



Georgia Division of Family and Children Services

# Vision, Mission and Core Values

## *Vision*

Stronger Families for a Stronger Georgia.

## *Mission*

Strengthen Georgia by providing Individuals and Families access to services that promote self-sufficiency, independence, and protect Georgia's vulnerable children and adults.

## *Core Values*

- Provide access to resources that offer support and empower Georgians and their families.
- Deliver services professionally and treat all clients with dignity and respect. Manage business operations effectively and efficiently by aligning resources across the agency.
- Promote accountability, transparency and quality in all services we deliver and programs we administer.
- Develop our employees at all levels of the agency.

# DFCS and HB 242

## HB 242 Impact DFCS Policy and Practice

The passing of HB 242 resulted in several changes to language and practice of child welfare in the following areas:

- Definitions of General Provisions
  - Abuse-
    - Persons other than a child's parent may be subject to a case plan following an intake report of abuse or neglect
    - Prenatal abuse is now a viable allegation
    - Family violence is now a viable allegation
    - Option for Mediation

# DFCS and HB 242

## HB 242 Impact DFCS Policy and Practice

- Youth over 18 years of age
  - Additional hearing options for youth over 18 years of age in order for the court to review independent living services for youth electing to remain in voluntary custody
- Dependency (instead of Deprivation)
  - Temporary protective custody of physician
  - Custody orders are no longer temporary
  - Citizen panel reviews may now only conduct the 4 month review following the 75 day review on behalf of the court
  - New timelines for review and permanency plan hearings based on age of the child
  - Temporary protective custody of physician
  - Custody orders are no longer temporary



# DFCS and HB 242

## HB 242 Impact DFCS Policy and Practice

- TPR
  - Reinstatement of Parental Rights
- CHINS (Children in Need of Services)-DFCS Role
  - Provide necessary and appropriate services
  - Collaborate/coordinate with other child-serving agencies
  - Seek appropriate placement resources when necessary
  - Develop and monitor a case plan for a CHINS who is placed in foster care
  - Temporary protective custody of physician
  - Custody orders are no longer temporary

# DFCS and HB 242

## HB 242 Impact DFCS Policy and Practice

- CHINS (Children in Need of Services)-DFCS Role
  - Provide necessary and appropriate services
  - Collaborate/coordinate with other child-serving agencies
  - Seek appropriate placement resources when necessary
  - Develop and monitor a case plan for a CHINS who is placed in foster care
  - Temporary protective custody of physician
  - Custody orders are no longer temporary

# DFCS SOC Unit

- ❖ To provide dynamic leadership in the development, coordination, and implementation of interagency collaboration of services to families and children with mental, emotional, and developmental issues and concerns. The System of Care unit focuses on building strong partnerships with other professionals, families, and communities that serve this population.
- *The primary focus of the System of Care unit is to develop, enhance, and monitor assessment and service provision to children and youth in this population who come to the attention of the Division.*

# SOC Unit Goals

- Improving access to health services( behavioral health, physical health, developmental) for youth involved with DFCS
- Improving effectiveness of service provision
- Improve knowledge base and skill-set of DFCS staff regarding well-being needs of youth
- Improve collaboration with internal and external partner organizations and teams in regard to well-being needs of youth

# System of Care and CFSSR

- Well-Being Outcome 1-SOC seeks to strengthen youth and family resiliency and the enhancement of natural supports to strengthen capacities.
- Well-Being Outcome 2- SOC focuses on the strengths and needs of children and families across the all life domains (mental health, education, vocational, health, etc.)
- Well-Being Outcome 3-SOC's core tenet is the importance of a broad flexible array of services and supports to meet the needs of children, youth, and families.

# SOC Unit

- Support Services Team
- Well-Being Team
- JJ Liaison
- Special Projects

Ursula Davis, SOC Director

[umdavis@dhr.state.ga.us](mailto:umdavis@dhr.state.ga.us)

404-4763-0261