



Virginia Pryor
Director

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.

Mock Trial After Hours Calls

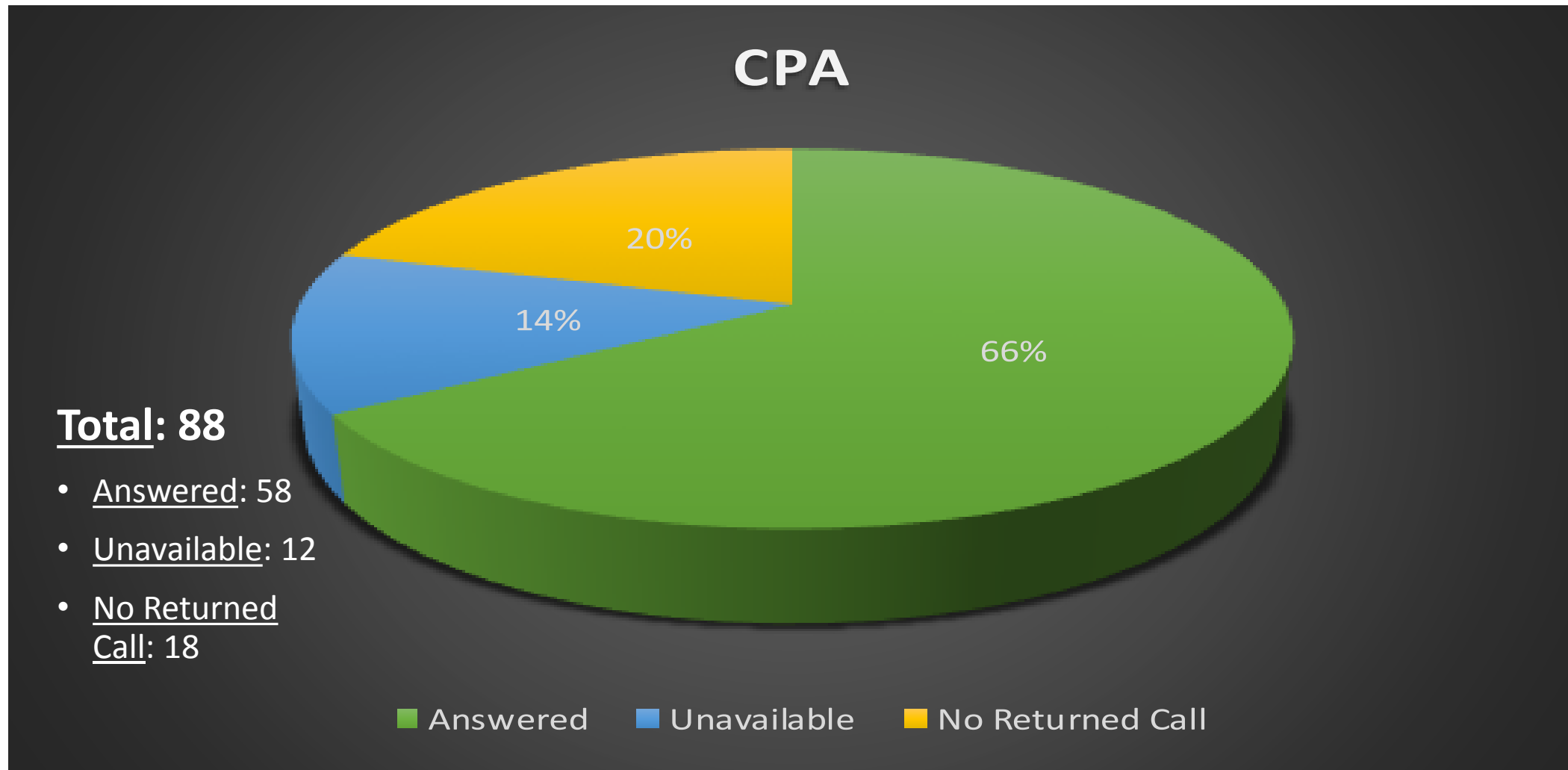
All providers were contacted after hours during the first 2 weeks of April 2018 to accept placements.

Call responses were categorized for each placement type as:

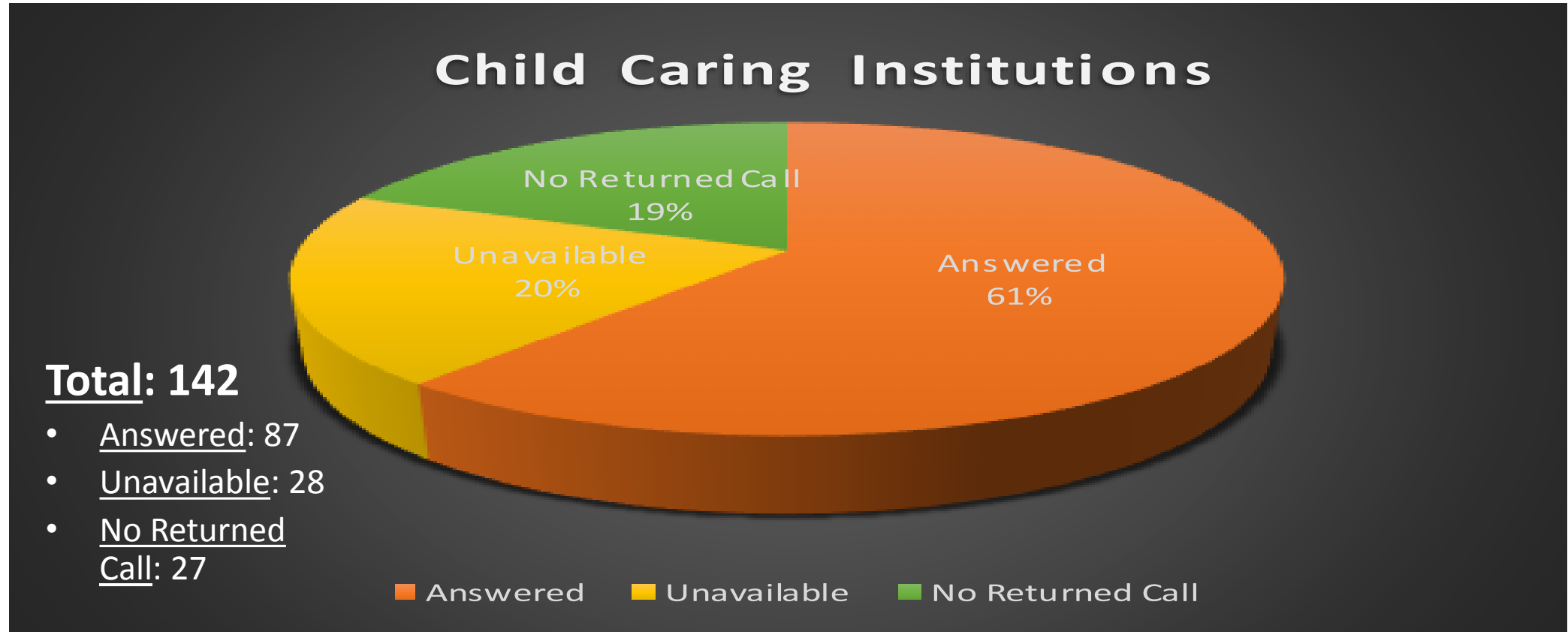
- Answered
- Unavailable
 - No one answered, number disconnected, no contact info., wrong number, voicemail full
- No Returned Phone Call



Child Placing Agencies

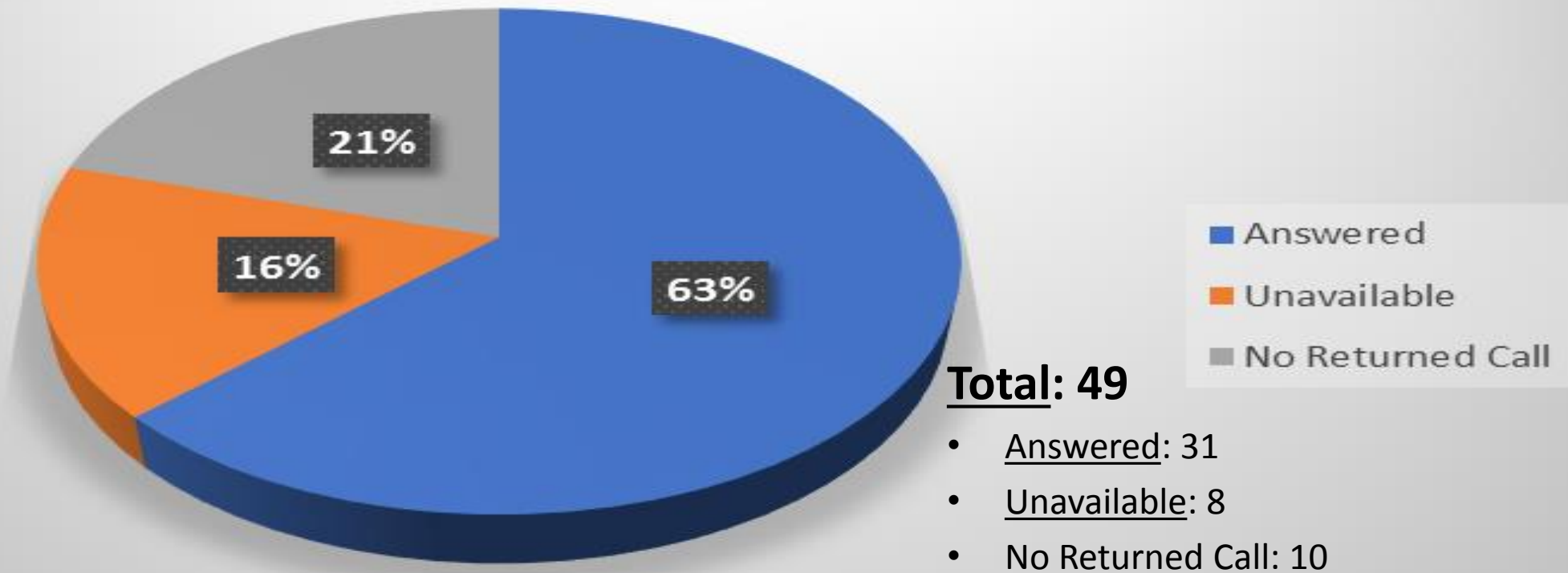


Child Caring Institutions



Independent and Transitional Living Programs (ILPs and TLPs)

ILPs and TLPs



- Total: 49**
- Answered: 31
 - Unavailable: 8
 - No Returned Call: 10

Well-Being Services

Wellness Programming, Assessment and
Consultation



WPAC



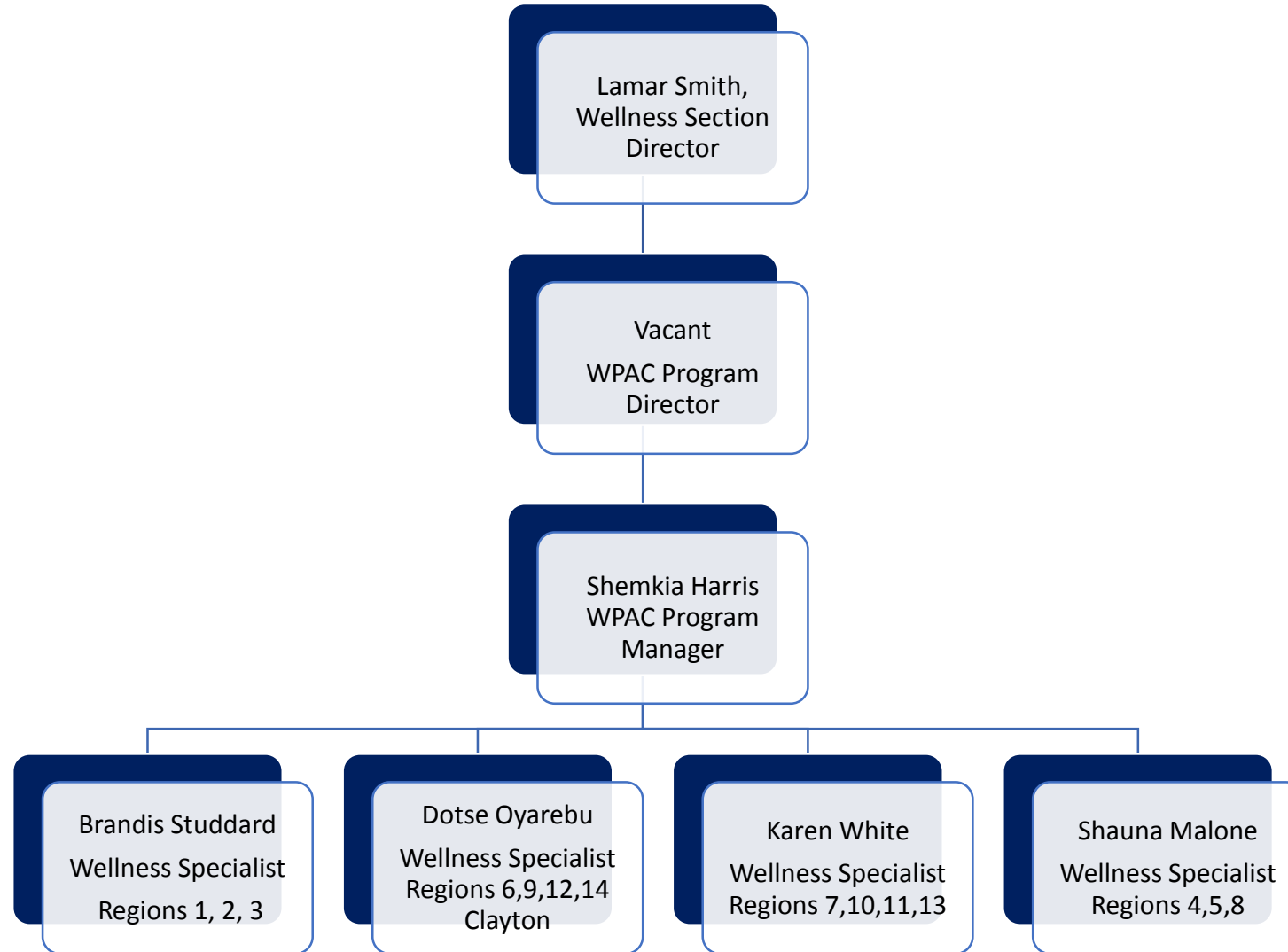
Wellness Programming, Assessment, and Consultation



***Who are We?
&
Where are We?***



Wellness Programming, Assessment, and Consultation



Wellness Programming, Assessment, and Consultation

- The WPAC Unit through its regionally assigned Wellness Specialists, partner with frontline staff, county and regional leadership to provide support, assessment, consultation, tracking, and quality monitoring to ensure the wellbeing needs of youth are being met.
- Wellness Specialists work in partnership with Amerigroup, Department of Public Health, Department of Community Health, Children's 1st and other external partners to bridge the gap of communication, ensure quality/timely services, and aid in staff professional development through training.

WPAC

- Coordination/Facilitation of Training
 - Amerigroup
 - Childrens 1st
 - RevMax
- Coordination Data Days
 - Explain how to enter health info into Health Detail Page in Shines
 - Training on GHIN (Georgia Health Information Network) Portal
 - Utilizing Reports (example: Reconciliation and Psychotropic Medications Reports)
- “Over the Shoulder” Support for direct care staff
 - One on one training provided to new case managers, social service techs, and other direct service staff

WPAC

- Monitoring program performance/Data Tracking/Trends Analysis
 - Assessment of problematic barriers to youth receiving appropriate medical services and developmental/trauma assessments timely
 - Assist in the development of regional wellness plans to address barriers and support progress in wellbeing outcomes
 - Provide trend analysis regarding overdue health checks through (monthly trends report)
- Participation in Staffing
 - TRT (Transitional Roundtable)
 - Permanency Staffing
 - Cold Case Staffing
- Collaboration with Amerigroup, Department of Community Health, and RevMax to determine cause of gap in medical insurance
- Collaboration with internal partners (PRO Team, RevMax...etc)

CFSR: Wellbeing Outcome 3

WB3: Children receive adequate services to meet their physical and mental health needs

DFCS Policy 10.11 & 10.12

- Ensure each child receives a health check within **10 calendar days** of entering foster care
- As part of the health check, refer all children five year of age and younger to Children 1st for developmental screening, assessment and services within **10 calendar days** of entering foster care
- Refer each child five years of age and older for a trauma assessment within **10 calendar days** of the child entering foster care.

DFCS Policy 10.11 & 10.12

- Arrange appropriate and timely medical and dental care for each child in foster care including but no limited to:
- Working with caregiver and Amerigroup Care Coordination Team (CCT) to establish medical and dental home for each child that will provide diagnostic, preventive, and emergency care through childhood.
- Collaborate with the Amerigroup Care Coordination Team (CCT) to refer a child to a licensed behavioral health provider for a mental health assessment if there is indication of a need for such an assessment.
- Engage parents, birth family, and collateral contacts to obtain as much information as possible and develop a full picture of the child's needs. Inquire as to whether or not the child has any emotional and behavioral problems, or anyone has observed behaviors

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

- Newborn
- 3 to 5 days after leaving hospital
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months



- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- After 3 years old Well Checks should occur once per year up until age 21 years old.

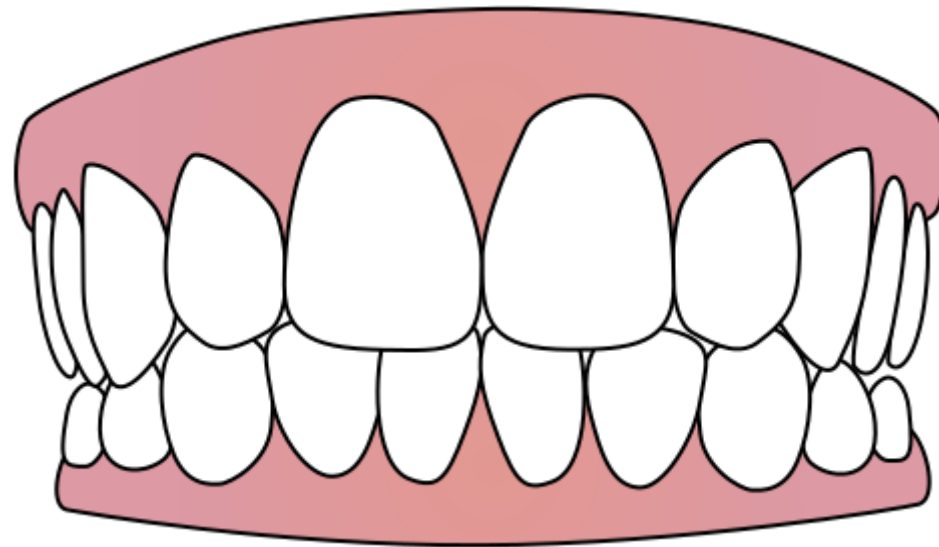




Dental Exams



- Children under the age of 1 can be seen by their pediatrician.
- Children beginning at the age of 1 can be seen by dentist/dental hygienist ever 6 months.



Trauma Assessment/Developmental Assessment

- Trauma Assessments are to be completed on all children at the age of 5 and older.
- Developmental Assessments are to be completed on all children **Under** the age of 5.

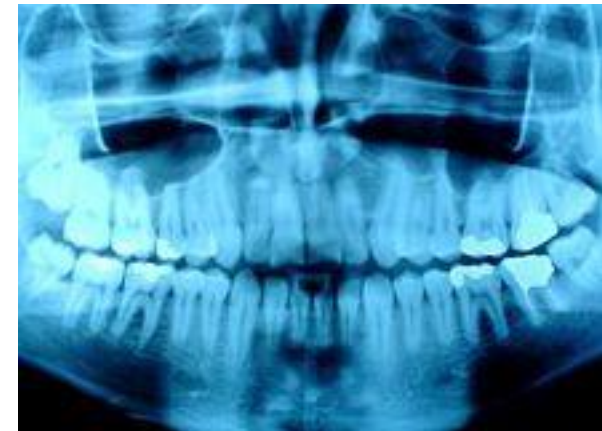


Wellness & Education are Connected...

- Untreated medical and dental conditions can result in a child missing school and possible behavioral disruptions
- Uncompleted trauma assessments can result in undiscovered traumatic events... when left untreated can result in untreated mental health conditions and lead to behavioral disruptions
- Incomplete developmental assessments are missed opportunities to address early developmental deficiencies that can impact a child's educational development.
- Documented medical and/or mental health conditions can be incorporated into a child's unique educational plan at school

Missed ESPDT & Dental Appointments

- **Missed ESPDT appointments**
 - Detection of Broken Bones
 - Developmental Delays
 - Stunt in growth
 - Malnourishment
- **Missed Dental Appointments**
 - Loss of permanent teeth
 - Unnecessary extractions
 - Loss in self-confidence



Missed Trauma and Developmental Assessments

- Undiscovered developmental delays
- Delay in treatment of developmental deficiencies
- Undiscovered traumatic events
- Missed opportunities to gather more information on child
- Referral for other mental health assessments



Practice Points



- Discuss wellbeing needs at home visits with case manager
- Obtain documentation of medical exams and/or assessments
 - EPSDT must be the primary reason for visits
 - Dental exams must be coded as (routine 6 month check/comprehensive exam)
- Uploaded documentation into GA Shines Portal
- Track all medical appointments
- Collaborate with Care Coordinator for Amerigroup to identify services in your area. Utilize Care Coordinators to answer questions regarding services that are covered under Amerigroup
- Engage WPAC if issues arise around wellbeing needs of youth in care.

WPAC Unit Contact Information

Shemkia Harris
WPAC Program Manager
404-463-7280

Brandis Studdard
Wellness Specialist
Regions 1, 2, 3
470-728-9874

Dotse Oyarebu
Wellness Specialist
Region 6,9,12,14 (Clayton
County)
404-550-8024

Shauna Malone
Wellness Specialist
Regions 4,5,8
404-276-5949

Karen White
Wellness Specialist
Regions 7,10,11, 13
404-276-4663

healthmatters@dhs.ga.gov

For general inquires about
health related issues
regarding children in care



THANK YOU

A stylized graphic consisting of two parallel, wavy blue lines that curve from the left side of the page down towards the right, ending in a small loop. The lines are thick and have a slight gradient, giving them a three-dimensional appearance.

PBP Measurements Workgroup

- 9 RBWO Providers, OPM, and Care Solutions, Inc.
- Two Meeting Dates
 - March 6th
 - March 22nd
- Overview
- Next Steps



CPA Partnership Workgroup

- The Office of Provider Management (OPM) along with four (4) CPA's participated in the CPA/DFCS Partnership workgroup. (Murphy Harpst, Goshen Valley, Elk's Aidmore and Faithbridge)
- The purpose of this workgroup was designed to address the partnership concerns related to the sharing of foster parent assessments/references when families decides to transfer to another CPA/DFCS and vice versa.
- A number of CPA providers have contradictory policies in place and will not share and/or provide limited information to receiving agency.
- As a result, we modified the existing Child Welfare Policy 14.24 (Inter-county and Inter agency Partnership) and created a Release of Information Form to be added in the FY19 Minimum Standards.


Inter-Agency Transfer Authorization for Release of Information

Interagency ROI DHS Revised.pdf - Adobe Acrobat Reader DC

File Edit View Window Help

Home Tools Interagency ROI D... x Sign In

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DIVISION OF FAMILY AND CHILDREN SERVICES

Name of Individual/Consumer/Patient/Applicant _____

Date of Birth _____

IF AVAILABLE:

ID Number used by Requesting Agency _____ ID Number Used by Releasing Agency _____

INTER-AGENCY TRANSFER AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby request and authorize: _____
(Name of Agency Holding Information)

Release to: _____
(Address)

(Name of Agency Holding Information)

The following types of information from my records:

<input type="checkbox"/> Prior Service Reference	<input type="checkbox"/> Home Study Assessment
<input type="checkbox"/> Pre-Service Training Cert.	<input type="checkbox"/> Most Recent Re-evaluation
<input type="checkbox"/> Proof of CPR/FA Certification	<input type="checkbox"/> Annual Training Verification
<input type="checkbox"/> RBWO Waivers	<input type="checkbox"/> Policy Violations
	<input type="checkbox"/> Corrective Action Plans

For the purpose of: **INTER-AGENCY AND INTER-COUNTY TRANSFERS**

I understand that the Federal Privacy Rule ("HIPAA") does not protect the privacy of information if re-disclosed, and therefore request that all information obtained from this person or agency be held strictly confidential and not be further released by the recipient. I further understand that my eligibility for benefits, treatment or payment is not conditioned upon my provision of this authorization. I intend this document to be a valid authorization conforming to all requirements of the Privacy Rule and understand that my authorization will remain in effect for: (PLEASE CHECK ONE)

ninety (90) days unless I specify an earlier expiration date here: _____

one (1) year

the period necessary to complete all transactions on matters related to services provided to me.

I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken based upon it, I may withdraw this authorization at any time.

4:58 PM 4/17/2018

RBWO Minimum Standards Workgroup Participants

- Crystal Smith, Mentor Network
- Ebony Harris, Youth Empowerment Success Services
- Reshanda Sims, Lighthouse Therapeutic Foster Care
- Tom Covington, Uniting Hope 4 Children
- Vickey Hale, Elks Aidmore Children's Center
- Rachel Davidson, Office of the Child Advocate
- Elicia House, Devereux GA Treatment Network
- Julie Wade, Park Place Outreach



Changes being considered...

- Revising some of the existing Standards
- Removing some of the current Standards
- Adding new Standards
- Adding/revising some definitions



**COMING
SOON!**

I WANT YOU



FOR FEEDBACK!

