## WORKSHEET A

Population by Age, Sex, Race/Ethnicity for City, County, State & U.S.

City:	Source of Data:
County:	Year of Data Publication:
State:	

#### Population Under Age 18 in Georgia and U.S.

Geo	rgia	United States		
Number	Percent	Number	Percent	

## **Population Under Age 18 in City and County**

City (Name-	)	County (Name-	)
Number	Percent	Number	Percent

#### Population Under age 18 by Sex in Georgia and U.S.

Geor	rgia	United States		
Number	Percent	Number	Percent	

## Population Under age 18 by Race/Ethnicity in Georgia & U.S.

Georgia			United States			
<b>Race/Ethnicity</b>	Number	Pe	ercent	Number	Perce	ent
Caucasian						
African American						
Hispanic Origin						
Asian						
Other						

#### WORKSHEET B

City: \_\_\_\_\_\_ County: \_\_\_\_\_\_ State: \_\_\_\_\_\_ Source of Data: \_\_\_\_\_\_ Year of Data Publication: \_\_\_\_\_

#### **Child/Adolescent Population by SED Prevalence Rate**

SED Prevalence Rate	City	County	State
20% of population (diagnosable)			
10% of population (need service)			
5% of population (need of SOC)			
.65% of 5% population ( need non-secure TX setting)			
.35% of 5% population (need secure TX setting)			
Total			

#### **Kids Count** Risk **Trend Data Percent Change** 2000 1990 1990 **Indicators** 2000 Percent of children living in poverty Percent of children living in single-parent families Percent of children living in families where no parent has full-time, year-round employment Percent of children living with a household head who is a high school dropout Percent of children living in low-income working families Percent of children living in households without a telephone Percent of children living in households without a vehicle Percent of children who have difficulty speaking English (ages 5-17) Percent of teens who are high school dropouts (ages 16-19) Percent of teens not attending school and not working (ages 16-19) Percent of children living in "high-risk" families, based on definition below

#### **KIDS COUNT Family Risk Factors for Georgia**

\*"high-risk" families=Children living in families with three or more of the following:

- Child lives in a family with income below the poverty line
- Child lives in a single-parent family
- Child lives in a family where no parent has full-time, year-round employment
- Child lives with a household head who is a high school dropout

# WORKSHEET C Community/County Contact List

City: County: State:	
<b>Behavior Health Care Agency</b>	<b>Contact Person</b>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

#### WORKSHEET D

#### **County-Wide System of Care Service Inventory**

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

<u>Place the number of your reference source (Worksheet C) next to those services</u> <u>available in your city & county of residence</u>

1. MENTAL HEALTH SERVICES Prevention Early Identification & Intervention Assessment Outpatient Treatment Home-Based Services Day Treatment Emergency Services Therapeutic Foster Care Therapeutic Group Care Therapeutic Camp Services Independent Living Services Residential Treatment Services Crisis Residential Services Inpatient Hospitalization

2. SOCIAL SERVICES Protective Services Financial Assistance Home Aid Services Respite Care Foster Care Adoption

**3. EDUCATIONAL SERVICES** 

Assessment and Planning Resource Rooms Self-Contained Special Education Special Schools Home-Bound Instruction Residential Schools Alternative Programs kth 4. HEALTH SERVICES Health Education & Prevention Screening & Assessment Primary Care Acute Care Long-Term Care

5. VOCATIONAL SERVICES

Career Education Vocational Assessment Work Experiences Job Finding & Placement Sheltered Employment

## 6. RECREATIONAL SERVICES

Community Recreation Facilities After School Programs Summer Camps Special Recreational Projects

#### 7. OPERATIONAL SERVICES Case Management Self-Help & Support Groups Advocacy Transportation Legal Services Volunteer Programs

## WORKSHEET E

Analysis of County-Wide Behavioral Health Care Resources (Note-Complete one worksheet for each Behavioral Health Care Resource noted below)

#### Agency Name:

Address: Web Address: Telephone:

**Description:** 

**Contact Person:** 

			AGE RANGE	GENDER		CAPACITY	CENSUS
	Y	Ν		Male	Female		-
Prevention							
Early Identification							
And Intervention							
Assessment							
Outpatient Treatment							
Home-Based Services							
Day Treatment							
Emergency Services							
Therapeutic Foster							
Care							
Therapeutic Group							
Home							
Therapeutic Camp							
Services							
Independent Living							
Services							
<b>Residential Treatment</b>							
Services				_			
Crisis Residential							
Services							
Inpatient							
Hospitalization							
TOTAL		AL					
Other:							
Fee for Services:				Yes No			
Туре:		edicaid ivate Insur		Yes No Yes No			

# WORKSHEET F

Prioritization of County-Wide Behavior Health Care N	eeds
City:	
County:	
State:	
<b>Projected Population of SED Youth: (Worksheet B):</b>	
1. 22% of county child/adolescent population in county =	
2. 11% of county child/adolescent population in county =	
3. 5% of county child/adolescent population in county =	
465% of county child/adolescent population in county=	
535% of county child/adolescent population in county=	
Current Service Capacity and Census: (Worksheet E):	
6. Capacity of "all" behavior health care services in county=	
7. Census of "all" behavior health care services in county=	
8. Capacity of behavior health care services in county for	
prevention through emergency services =	
9. Census of behavior health care services in county for prevention through emergency services=	
10. Capacity of behavior health care services in county for therepeutic fector care through inpatient hegpitalization-	
therapeutic foster care through inpatient hospitalization=	
11. Census of behavior health care services in county for	
therapeutic foster care through inpatient hospitalization=	
Ideal versus Real Service: Difference % Difference	

<b>12. Subtract #6 from #1=</b>	 
<b>13. Subtract #7 from #1=</b>	 
14. Subtract #6 from #2=	 
15. Subtract #7 from #2=	 
16. Subtract #6 from #3=	 
17. Subtract #7 from #3=	 
<b>18. Subtract #8 from #4=</b>	 
<b>19. Subtract #9 from #4=</b>	
<b>20. Subtract #10 from #5=</b>	
21. Subtract #11 from #5=	 

# System of Care Assessment Questionnaire \*

<u>The System of Care Model</u>- A system of care is based on specific philosophical principles. Does services in your community/county reflect:

- a. The system of care is child centered and family focused?
- b. The system of care is community based?
- c. The system of care is culturally sensitive?
- d. Does a specific model of a system of care for children exist?
- e. If so, does the model include a wide range of both nonresidential and residential services?
- f. Based upon the "capacity" data collected, is there balance is the system of care?
- g. If not, which area, non-residential or residential, seems disproportionate?

<u>The System of Care Plan</u>- An effective system of care is carefully planned. Does planning of the services in your community/county reflect:

- a. A clear plan designed to prevent as well as treat emotional disturbance in children?
- **b.** If so, was the plan based upon interagency collaboration between childcaring agencies?
- c. If so, were parents, advocates, and consumers invited to participate in the planning of such services?
- d. Are there regional planning organizations in which your community/county participates in order to provide services for youth with emotional disorders?

- e. Is there technical assistance available to your community/county to aid in the formation of such plans?
- *f.* Are regional (community/county) plans reviewed, and if so, are such reviews used for change?

<u>The System of Care should be Community-Based</u>- To be consistent with the System of Care philosophy, services should be provided and managed at the community level. Do services in your community/county reflect:

- a. Do state policies and practices promote community-based services and place responsibility on the local community/county for serving children locally?
- b. Are there fiscal incentives for communities/counties to serve children locally?
- c. To what extent are decisions concerning local youth and services made at the community/county versus state level?
- d. If service decisions and oversight are retained at the local level, what accountability measures are utilized to assess the quality of the services provided?

<u>The System of Care and Interagency Collaboration</u>- To what extent do services in your community/county reflect:

- a. Are there formal mechanisms in place at the state or regional level to insure that interagency collaboration takes place around planning and/or service delivery?
- **b.** Does a state or regional entity exists which is responsible to coordinate and/or facilitate interagency collaboration in planning and/or service provision?
- c. To what extent does joint funding of services occur?

*System of Care Coordination and Management*- A system of care requires close management, coordination and accountability. To what extent do services in your community/county reflect:

- a. Is there a state or regional management structure that delineates clear roles, responsibilities, and accountability for providing services?
- **b.** Are various mental health services (private and public) coordinated in order to insure rapid movement from one service to another?

- c. Are there established links between the various child-care agencies and systems to provide coordinate and facilitate multiple services?
- d. Is there a service agency or management structure in place, which is responsible to insure that youth with multiple needs receive services from all relevant agencies?

<u>System of Care Treatment Decision Making</u>- An effective system of care requires the use of clearly articulated procedures for making decisions about the protection and service needs of youth. To what extent do services in your community/county reflect:

- a. Do providers have clearly stated service eligibility requirements?
- **b.** Do service providers within the same service domain utilize consistent procedures for decision-making?
- c. Are treatment and placement decisions community based?
- d. Do family members and youth participate in the decision making process?
- e. Do agencies involved in placement decision making conduct time specified reviews and client progress reviews?

<u>System of Care Training and Assistance</u>- Training and technical assistance are critical for promoting and developing a system of care. To what extend do services in your community/county reflect:

- a. Is training and technical assistance available to your community/county for program development and service delivery?
- b. Is training and technical assistance available to support and sponsor community-based service delivery?
- c. Are adequate training and technical assistance provided new or expanded services are delivered?
- d. Is information disseminated local service providers concerning empirically validated services?

<u>System of Care Standards, Monitoring and Evaluation</u>- Effective systems of care require established service standards, careful monitoring, and the evaluation of consumer outcomes. To what extend do services in your community/county reflect:

a. Do service providers in your community/county have written standard and guidelines for service provision?

- **b.** Do service providers in your community/county have written guidelines for service monitoring?
- c. Do service providers in your community/county provide written evaluations of the outcomes and costs of services provided?
- d. Are the results of evaluations used to enhance or change services?

<u>System of Care and Statutory Regulations</u>- It is essential that adequate statutory mechanisms be in place for the delivery of service. To what extend do services in your community/county reflect:

- a. Is there adequate legal/legislative mandate concerning the provision of services for youth with emotional disorders?
- **b.** Do available statutes protect children rights? Particularly, in relationship to involuntary hospitalization, least restrictive placement, and placement in adult units?
- c. Do statutory protections apply to both private and public settings?
- d. Do statutory regulations include mechanisms for monitoring compliance?

<u>System of Care Fiscal Policies</u>- Fiscal policies should support the principles and practices of the system of care, and promote incentives for the delivery of community-based services. To what extent do services in your community/county reflect:

- a. Does there appear to be sufficient and stable enough funding to provide for the continuation of current services and the development of new services?
- **b.** Do funding mechanisms require accountability and flexibility for service providers?
- c. Do funding policies support short as well as long-term service needs?
- d. Are multiple funding sources utilized (i.e., Federal, state, local and private sector funds)?
- e. Are there opportunities for multiagency funding which serve as incentives for attempting to adhere to the system of care philosophy/principles?

\*This assessment tool was adapted from: A System of Care for Severely Emotionally Disturbed Children & Youth, by Beth A. Stroul, M.Ed. and Robert M. Friedman, Ph.D., and available from: CASSP Technical Assistance Center, Washington D.C.