

State at a Glance: Georgia

Overview

In February 2010, the [Centers for Medicare & Medicaid Services \(CMS\)](#) awarded grants to 10 States under a 5-year, \$100 million effort to improve health care quality and delivery systems for children enrolled in Medicaid and the Children's Health Insurance Program (CHIP). Funded by the [Children's Health Insurance Program Reauthorization Act of 2009 \(CHIPRA\)](#), the [Quality Demonstration Grant Program](#) aims to identify effective, replicable strategies for enhancing quality of care for children. Because some grantee States are partnering with other States, the grants will support the implementation and evaluation of quality improvement strategies for children in a total of 18 States under five broad categories.¹

Georgia is working with **Maryland** (one of the 10 grantees) and **Wyoming** in an innovative multi-State learning collaborative, led by the Center for Health Care Strategies (CHCS), to implement a comprehensive provider-based model of service delivery for youth with serious behavioral health challenges. The three States represent diverse geographic areas and Medicaid structures and a range of experience in using the model, known as a care management entity (CME).

Georgia's Objectives

As one of the States in this tri-State partnership, Georgia is working to expand an existing CME to improve the quality and cost of care for Medicaid and CHIP children with serious behavioral health challenges. Georgia aims to improve: 1) access to home and community-based services; 2) clinical and functional outcomes; 3) cost outcomes; and 4) family and youth resiliency for children and youth with serious behavioral health needs.

Assessing a Provider-Based Model of Care

CMEs utilize the [Wraparound practice approach](#), which includes the following activities: a youth-guided, family-driven, individualized, and strengths-based service planning approach that is coordinated across agencies and providers; intensive care coordination; peer support; and home- and community-based services as alternatives to costly residential and hospital care. In 2011, the three partner States implemented the necessary project planning tool developed by CHCS to quantifiably measure their collaborative-wide goals and determine which data are available to monitor progress.

Specifically, Georgia is:

- Expanding the population of children and youth served by CMEs.
- Evaluating and refining the State's current CME model.
- Evaluating and refining the CME financing model and rate structure.
- Establishing a continuous quality improvement framework for CMEs.
- Developing a network of credentialed family and youth Peer Support Specialists.

¹ The five categories are projects that (1) show how a core set of children's quality measures can be used to improve quality of care for children, (2) promote the use of health information technology to enhance service quality and care coordination, (3) implement new or more comprehensive provider-based models of service delivery, (4) demonstrate the impact of a model electronic health record format for children, and (5) test an approach to quality improvement of a State's own design.

Testing an Approach to Quality Improvement of Georgia's Own Design

Using resources available through the CHIPRA grant award, Georgia is developing and implementing a statewide network of certified parent and youth Peer Support Specialists. The project is intended to enhance the behavioral health workforce to include skilled and trained peer specialists in each region of the State who will be easily accessible to families and youth throughout the system. A total of 150 parent/youth peer specialists will be targeted for training and certification over the course of the grant. Some workforce attrition is expected, resulting in a pool of 120 certified parent and youth peer specialists engaged in the workforce by the end of the grant. The demonstration evaluation will incorporate information such as cost analyses, cost allocation, the number of trained specialists employed, the utilization of specialists across child-serving agencies, and the impact on policy change and development at the administrative level.

Evaluation Questions

The national evaluation team will gather information from Georgia to address a wide range of questions about the implementation and outcomes of their efforts including:

- How did the multi-State learning collaborative enhance Georgia's efforts to expand the CME model and achieve its other goals?
- To what extent did Georgia's efforts to expand the CME model improve quality of care for youth with serious behavioral health challenges?
- Did the CME model reduce overall behavioral health service costs for the children and youth who are enrolled in the CME?
- What are the key lessons from Georgia's experience that would be useful for other States?

Learn More

This information is current as of March 2012, slightly more than 2 years after the grant award. To learn more about the projects that Georgia is implementing under the CHIPRA Quality Demonstration Grant Program, please contact:

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To learn more about the CHIPRA CME Quality Improvement Collaborative, visit www.chcs.org/info-url_nocat3961/info-url_nocat_show.htm?doc_id=1250388 or contact Dayana Simons at dsimons@chcs.org.

To learn more about the national evaluation of the CHIPRA Quality Demonstration Grant Program, visit the evaluation's Web page at <http://www.ahrq.gov/chipra/demoeval>.