



# **MATCH Basics**

## **Multi-Agency Treatment for Children Committee**

### **The MATCH Vision:**

Georgia's children and youth with complex behavioral health challenges and their families will receive the services and supports when, where, and how they need them, with attention to cultural and linguistic needs. *(When this occurs, Georgia will see a sharp reduction in the number of children and youth with complex behavioral health needs that require state-level attention.)*

### **Who is Eligible for MATCH?**

Cumulative criteria determine MATCH eligibility. Any child-serving agency can refer children for eligibility consideration. Criteria include those who:

- Are age 17 or younger, or those of age 18-21 with an IDD and/or ASD diagnosis *OR* are in DFCS custody;
- Have a serious mental illness who receive SSI Medicaid, CMO Medicaid or who are uninsured;<sup>1</sup> and
- Meet other certain criteria regarding diagnosis, systems involvement, housing, and discharge options.

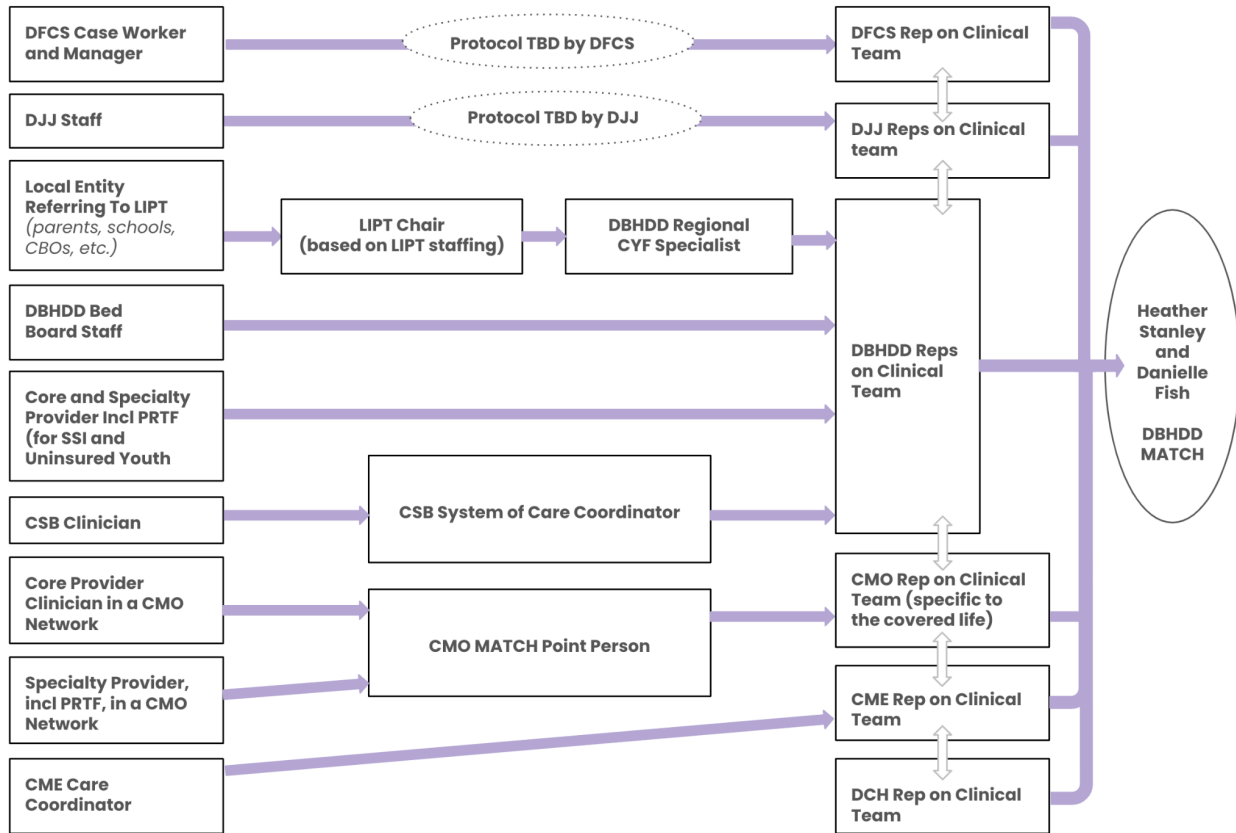
### **“No Wrong Door” Approach:**

Solutions are rooted in a “No Wrong Door” approach so that no matter where children, adolescents, or families enter the system, they are guided to the right treatment and supports. This expedites access to services and efficient case management, thereby leading to better outcomes for the individual, as well as their caregivers.

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<sup>1</sup> Per SAMSHA, for people under the age of 18, the term “Serious Emotional Disturbance” refers to a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child’s role or functioning in family, school, or community activities.

## MATCH “No Wrong Door” Referral Pathway



- All MATCH referrals are channeled through the State MATCH Clinical Team to the DBHDD MATCH Director.
- Clinical Team members directly share information on eligible referrals with other Clinical Team members whose agency is currently connected to or serving the child/youth being referred.
- The decision as to which specific referral pathway is best suited for a given youth is made at the local level via conversations among the various providers that are working with the child/youth. It is an iterative process, refined over time.

### Acronym Definitions:

- CBO - Community-Based Organization
- CME - Care Management Entity
- CMO - Care Management Organization
- CSB - Community Service Board
- CYF - Children Young Adults and Families
- DCH - Department of Community Health
- DFCS - Division of Family and Children Services (DFCS)
- DJJ - Department of Juvenile Justice
- LIPT - Local Interagency Planning Team
- PRTF - Psychiatric Residential Treatment Program

## The MATCH Clinical Team:

The MATCH Clinical Team is comprised of clinicians, certified peer specialists, and administrators, from the state agencies (DBHDD, DFCS, DJJ, DCH, DOE), and DBHDD safety net providers (high-fidelity wraparound<sup>2</sup> providers). The Clinical team:

- Reviews and recommends supports and services for referrals of children and youth whose complex behavioral treatment needs could not be met at the local level, determines and implements the best course of action to immediately address needs;
- Holds standing meetings every two weeks, and emergency staffing as needed
- Completes an after-action report for each youth staffed; and
- Collects and evaluates data.

## Other MATCH Initiatives

**MATCH also has several Pilot Projects attempting to quickly and effectively solve gaps in services for high-needs youth.** They include:

- **Urgent Care** - To address gaps or system barriers. (e.g., intensive in-home, housing)
- **Emergency Department (ED) Pilot** - To embed connection coordinators (View Point Health) within the ED at Children's Healthcare of Atlanta to reduce boarding and speed access to care
- **Devereux Transitional Home** - To provide transitional support for males between the ages of 18 and 21 with a diagnosis of an intellectual disability with concurrent serious behavioral and psychiatric concerns and/or Autism Spectrum Disorder

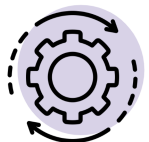
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<sup>2</sup> Per the Youth and Family Training Institute (<https://yftipa.org/high-fidelity-wraparound/>), "High Fidelity Wraparound is a team-based, collaborative process for developing and implementing individualized plans for youth with complex behavioral health and/or other challenges, and their families."

## MATCH In Action – A Case Study



**Situation Overview:** Male, age 10, has diagnoses of Autism Spectrum Disorder (ASD), Fetal Alcohol Spectrum Disorders (FASD), and Attention-deficit/hyperactivity disorder (ADHD), and has had at least four inpatient crisis placements in the past year. He spent over 100 days in the ASD Crisis Stabilization Unit (CSU) starting last December, as well as about 30 days in June. He has also been admitted to the ASD CSU twice since he turned 10 in July and is there currently as a result of increased destructive behaviors and acts of violence.



**Past Services:** Marcus Institute Intensive Outpatient Program discharged the youth due to loss of funding. He was connected to the Georgia Department of Community Health (DCH) for Applied Behavioral Analysis (ABA) services, and Behavioral Aides but had no success getting services started. He has been staffed at the Local Interagency Planning Team (LIPT), where Intensive Family Intervention (IFI) was suggested, and his local Walton County School representative was present.

### **MATCH Clinical Team Recommendations:**

- Extension at ASD unit until an assessment can be completed for identified ABA provider
- DCH assisted in expediting the authorization process for the initial assessment of ABA provider
- Referred for high-fidelity wraparound services
- Offered a Certified Peer Specialist-Youth
- Referred for MATCH pilot program with Wellroot, community Functional Family Therapy (FFT) provider



### **Success Update:**

Family was connected to Wellroot and services began within three days of referral and were going very well. Mom said there were a few weeks when they had some of their best times as a family. Mom was connected to the family support organization, FAVOR, and is now receiving certified parent-peer support (CPS-P). The youth had a minor setback, which resulted in readmission to the ASD CSU with a clear plan to return home and continue with Wellroot intensive family intervention services and CPS-P support. Mom was reminded that recovery isn't linear; it's a process.

## **MATCH - The Backstory:**

### **Children, youth, and young adults with complex behavioral health and other treatment needs often end up in out-of-home placements due to several challenges:**

- Inadequate access to needed services
- Lack of information sharing and care coordination amongst agencies, providers support personnel, and caregivers
- Treatment denials by health insurance providers
- Lack of health insurance coverage
- Inadequate caregiver training, support, respite, and resources

Such barriers to care are not only concerning, stressful and traumatic for families and the young people themselves, but are also problematic and costly for the various care and education systems which engage with the individual. Such disarray rarely leads to good outcomes.

### **Consider the cumulative effect of the following:**

- **In Georgia, suicide is the 2nd leading cause of death among youth ages 10-17.<sup>3</sup>**
- **The number of children, ages 0-17 in Georgia who visited emergency rooms for reasons related to suicide more than doubled between 2008 and 2022<sup>4</sup>**
- **Approximately 65% of children in the Department of Juvenile Justice's long-term facilities have a mental health diagnosis severe enough to require ongoing treatment.<sup>5</sup>**

Clearly, a care crisis exists for many of Georgia's kids with significant, complex behavioral health needs. MATCH was conceived with these considerations in mind.

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<sup>3</sup> Georgia Child Fatality Review Panel. "Annual Report, 2023." Provided via personal communication 10/29/23

<sup>4</sup> Georgia Department of Public Health, Office of Health Indicators for Planning. (2022). Online analytical statistical information system: Emergency Room Visits Web Query, ER Visits by Residents, Intentional Self-Harm (Suicide), 0-17 Years of Age. Accessed October 9, 2023. <https://oasis.state.ga.us/oasis/webquery/qryER.aspx>.

<sup>5</sup> Georgia Department of Juvenile Justice. "Annual Report: FY2022." <https://djj.georgia.gov/about-us/djj-publications>.

## **The Response:**

MATCH was created by Georgia's sweeping behavioral health reform legislation of 2022, House Bill 1013 ("Mental Health Parity Act"), and signed into law by Gov. Brian P. Kemp.

In addition to housing the multi-agency committee under the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), this legislation states:

*"The state MATCH team shall facilitate collaboration across state agencies to explore resources and solutions for complex and unmet treatment needs for children in this state and to provide for solutions, including both public and private providers, as necessary.*

*The state MATCH team will accept referrals from local interagency children's committees throughout Georgia for children with complex treatment needs not met through the resources of their local community and custodians.*

*The state agencies and entities represented on the state MATCH team shall coordinate with each other and take all reasonable steps necessary to provide for collaboration and coordination to facilitate the purpose of the state MATCH team."*

## **Member Agencies**

- Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD)
- Georgia Department of Community Health (DCH)
- Georgia Department of Corrections (GDC)
- Georgia Department of Early Care and Learning (DECAL)
- Georgia Department of Education (GaDOE)
- Georgia Department of Human Services (DHS)
- Georgia Department of Juvenile Justice (DJJ)
- Georgia Department of Public Health (DPH)
- Georgia Office of the Child Advocate (OCA)



Please reach out to DBHDD if you have questions or inquiries.



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