# Behavioral Health Coordinating Council Meeting

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

November 20, 2025

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# Agenda

## Roll Call

## Call to Order

## Recovery Speaker

## Action Items

- August 5, 2025 Meeting Minutes
- 2026 Proposed Meeting Schedule
- BHCC 2024 Annual Report
- BHCC Bylaws

## BHCC Initiative Updates

- Mindworks Georgia
- MATCH

## Interagency Collaboration: Planning for Young Adults with Complex Needs

## Appointing of Nominating Committee

## Next Meeting Date

# Roll Call

Chelsee Nabritt
*Board and Special Project Manager*

# Call to Order

Kevin Tanner
*Commissioner*

# Recovery Speaker

*Alexia Jones*
*Executive Director, R2ISE Recovery*

# Action Item:

- August 5, 2025 Meeting Minutes

# Action Item:

- 2026 Proposed Meeting Schedule

# Action Item:

- BHCC 2024 Annual Report

# Action Item:

- BHCC Bylaws

# BHCC Initiatives

# Mindworks Georgia

**Twanna Nelson, Deputy Director, Mindworks GA**
Center of Excellence for Behavioral Health and Wellbeing
November 20, 2025

Georgia Department of Behavioral Health
& Developmental Disabilities

# Q3 Strategic Progress & Priorities

- **New Executive Committee Member**
  - Glenene Lanier, Senior Director of Safety & Permanency, DFCS/DHS
- **Funding Framework 2.0 – In Progress**
  - Builds on Framework 1.0 by updating spending data and adding geographic detail
  - Incorporates **philanthropic spending** and **IECMH-specific investments**
  - Includes **case studies and impact stories** to illustrate how funds flow and where gaps exist
  - Provides **recommendations for strategic spending shifts**
  - Will feature **interactive tools and one-page summaries** to support easy access and communication
- **Legislative Alignment**
  - BHRIC and legislative study committees will be releasing recommendations
  - Mindworks will **cross-walk recommendations** with **System of Care initiatives** to support alignment and implementation where possible

- **Strategic Plan Update**
  - **Health Management Associates (HMA)** is nearing completion of the System of Care State Plan update.
  - Focus groups, key informant interviews, and evaluation review are **substantially complete**.
  - Final plan drafting and alignment discussions are in progress.
  - Timeline has shifted slightly — the updated **Georgia System of Care State Plan and recommendations will be completed in **December 2025**.

# State Data Availability: Environmental Scan

**Scope:** Child-serving agencies (DFCS, DBHDD, DJJ, DECAL, DOE, DPH)

**What we scanned:** Data sources, ownership, access, frequency, quality, legal/regulatory constraints

**Key findings:**

- Strengths: Core datasets exist; some standardized reporting; emerging dashboards
- Gaps: Limited cross-agency data integration; inconsistent data update schedules; lack of standardized definitions (SED, placement types, outcomes);
- Risks: Regulatory and policy barriers to data sharing (e.g., HIPAA, FERPA, MOUs), inconsistent data quality, limited analytics capacity

**Opportunities**: Develop a centralized data integration platform; shared data dictionary; identify and pilot high-priority data linkage use-cases; evaluation-ready extracts

Final document will be published in print and posted online as a public resource in **December 2025**.

# Local Interagency Planning Team (LIPTs)

**Purpose**: Established through **Georgia Code 49-5-225**, LIPTs are to improve and facilitate the local coordination of services to youth with or at risk for mental or behavioral health challenges.

**Mandated Agency Partners**:

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GVRA
GEORGIA VOCATIONAL REHABILITATION AGENCY

GEORGIA ASSOCIATION of Community Service Boards, Inc.

DPH
Georgia Department of Public Health

# LIPT Structure

**Membership**
Single or multi-county teams
Youth and families, public health, schools, child welfare, mental health, vocational rehab, juvenile justice

**Activities**
Collaborative, monthly meetings
Service recommendations and supports
Follow up: 30-60-90+ day

**Facilitation/Leadership**
Volunteer chairperson, co-chairperson, secretary

**Referral Mechanisms**
Eligibility requirement
With/or at risk for Behavioral health/Mental health, risk of placement

**Organizing Support**
Ongoing Technical Assistance, Training, and Support from COE and DBHDD

**LIPT and SOC**
Alignment with SOC Strategic Plan and connection to statewide infrastructure

# How LIPTs Work

**Referral**

- A youth with or at risk for a MH/BH diagnosis is referred to LIPT in a school, community, or clinical setting.
- The LIPT process is explained to the family.
- If family agrees, the planning proceeds.

**Planning**

The LIPT chairperson reviews the LIPT forms and if family is eligible, they coordinate the meeting, (in person, virtual, or hybrid).

**Meeting**

- Meetings are usually 1-2 hours, depending on new vs. follow up meetings.
- Meeting recurrence varies from twice a month to as needed
- Mandated and ad hoc partners attend.
- No closed-door policy.

# THE UNREALIZED POTENTIAL: LIPT BRIEF

## THE UNREALIZED POTENTIAL OF GEORGIA'S LOCAL INTERAGENCY PLANNING

NOVEMBER 2024

### STATE OF LOCAL INTERAGENCY PLANNING TEAMS

System of care is a spectrum of effective, community-based services and support for children and youth with or at risk of mental health or other challenges and their families.[1] Local Interagency Planning Teams (LIPTs) were created within the Georgia System of Care to bring together the systems to better serve families and keep youth in their communities. Recognizing the need for and importance of LIPTs, the Georgia Legislature codified them in 1990, establishing that LIPTs would be responsible for:

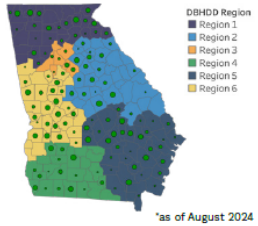
- Staffing cases to 1) review and modify decisions related to placement of children and adolescents who are in out-of-home treatment, as needed, and 2) monitor each child's progress;
- Facilitating prompt return to the child's home, when possible;
- Developing a reintegration plan shortly after a child's admission to an out-of-home treatment program;
- Reviewing and amending the individual plans for each child or adolescent to ensure that services are provided in the least restrictive setting consistent with effective services;
- Being the focal point for any regional plan.[2]

Although LIPTs have enhanced service delivery in several ways, ongoing evaluation efforts have indicated that their impact has yet to be fully realized. This brief provides an overview of the intended purpose of LIPTs, characterizes the current state of LIPTs across Georgia, and identifies opportunities for improvement. Testimonies from LIPT chairpersons further highlight LIPT successes and challenges.

### LIPT NETWORK

LIPTs are organized at a county level, which adheres with the legislative requirement that there be at least one LIPT per Georgia Dept. of Behavioral Health and Developmental Disabilities region (totaling six). As of August 2024, there are 104 functioning LIPTs serving 124 counties. Thirty-five counties across the state do not have access to LIPT services and an additional 30 counties share LIPT services with one to seven neighboring counties. The 10 multicounty LIPTs are mainly located in rural parts of Georgia, which have lower population densities and limited resources.

**LIPT Occupancy by Georgia County***




*as of August 2024

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Georgia Department of Behavioral Health & Developmental Disabilities DBHDD

### INTERNAL LIPT STRUCTURE

Each LIPT has a leadership team comprised of a chairperson, co-chairperson, and secretary to organize and oversee LIPT meetings and functions. All positions are voluntary and LIPT duties are not part of the responsibilities of their paid employment. As of August 2024, none of the 104 active LIPTs have a secretary and only 24% have a co-chairperson. These vacancies increase the administrative load of the LIPT chairpersons, who typically serve terms of one to two years; however, a dearth of willing volunteers has resulted in numerous chairs serving five or more years.

LIPTs also include the following mandated state agencies: Department of Public Health, Department of Juvenile Justice, Division of Family and Children Services, Georgia Vocational Rehabilitation Agency, local education agency or special education representative, and local mental health agencies.[3] Mandated agencies are expected to attend all meetings administered by their county and provide care coordination support and recommendations to the youth and their family.

### MEETING PARTICIPATION

LIPTs have successfully cultivated partnerships between families and behavioral health specialists by ensuring that the youth, their families, and appropriate community providers are included in all discussions and decisions. A pandemic-initiated shift to virtual and hybrid meetings, a trend that has continued post-pandemic, has increased participation in LIPT meetings. A recent pilot evaluation of three active LIPTs (Fulton LIPT; Cherokee LIPT; and a multicounty team serving Montgomery, Wheeler, and Treutlen counties) indicated high levels of participation from providers and strong engagement with scare coordinators, who assist with connecting individuals to resources and services across Georgia's System of Care. The pilot evaluation also revealed strong, consistent engagement of three out of the six mandated agencies, including local education agencies, Division of Family and Children Services, and the Department of Juvenile Justice. Reasons for low engagement from the other three agencies may include the youth not meeting agency age requirements for services or not having an appropriate agency representative available due to agency position vacancies or restructuring.

> "The biggest challenge of LIPTs has been consistent participation by partners due to staffing issues at a respective organization. Staff is unable to be at two places at once."
>
> –LIPT chairperson

> "We allow the families and youth to speak freely. All family members are invited, and the family is allowed to bring an outside person of their choice to represent them (as an advocate)."
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> –LIPT chairperson

### STAGE OF INTERVENTION

The Georgia Code 49-5-225 states that LIPTs are intended to serve individuals with a severe emotional disturbance diagnosis. As such, it is considered a mechanism of late intervention in Georgia's System of Care continuum of care.[4] The most recent pilot evaluation confirmed that all youth served by LIPTs had at least one severe emotional disturbance diagnosis. Pilot data further suggests that LIPTs are well-positioned to support youth prior to receiving an official diagnosis.

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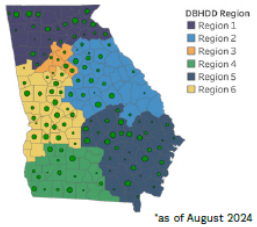


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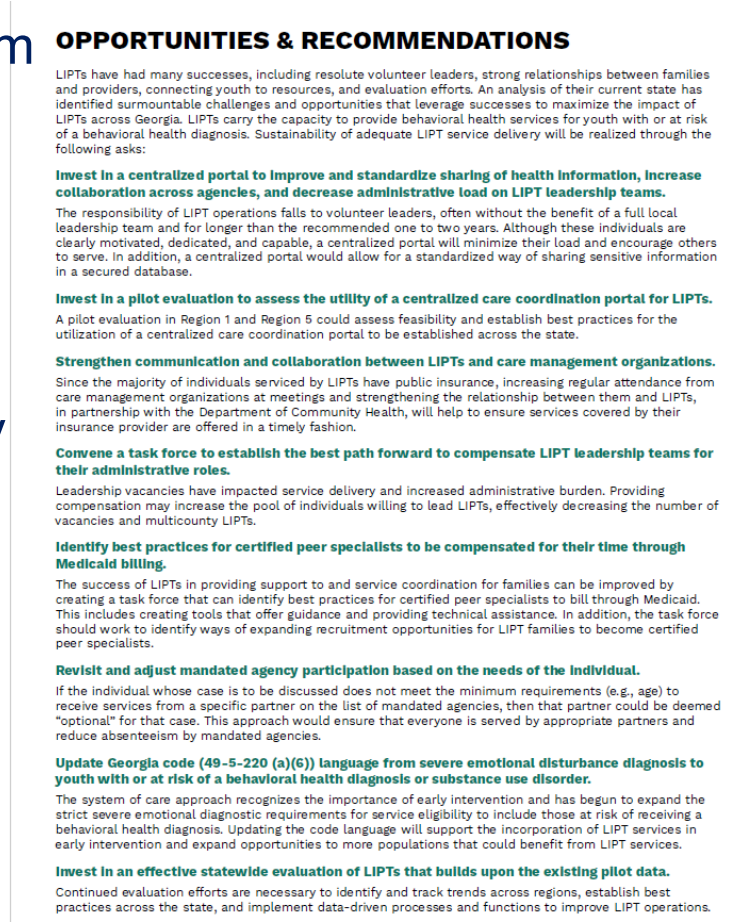
# Implementation in Motion

- **Centralized Data Portal Investment**
  Building infrastructure for shared data access, reporting, and cross-system coordination.
- **Compensation Strategy for LIPT Chairs**
  Task force established to develop a sustainable and equitable compensation model.
- **Mandatory Participation Review**
  Reassessing expectations and requirements to ensure consistent agency engagement statewide.
- **GA Code Language Updates for SED Youth**
  Exploring revisions to modernize definitions and support improved eligibility and access.
- **Statewide LIPT Evaluation – Scaling in Progress**
  Advancing a long-term evaluation framework to strengthen oversight, fidelity, and outcomes.



## OPPORTUNITIES & RECOMMENDATIONS

LIPTs have had many successes, including resolute volunteer leaders, strong relationships between families and providers, connecting youth to resources, and evaluation efforts. An analysis of their current state has identified surmountable challenges and opportunities that leverage successes to maximize the impact of LIPTs across Georgia. LIPTs carry the capacity to provide behavioral health services for youth with or at risk of a behavioral health diagnosis. Sustainability of adequate LIPT service delivery will be realized through the following asks:

**Invest in a centralized portal to improve and standardize sharing of health information, increase collaboration across agencies, and decrease administrative load on LIPT leadership teams.**

The responsibility of LIPT operations falls to volunteer leaders, often without the benefit of a full local leadership team and for longer than the recommended one to two years. Although these individuals are clearly motivated, dedicated, and capable, a centralized portal will minimize their load and encourage others to serve. In addition, a centralized portal would allow for a standardized way of sharing sensitive information in a secured database.

**Invest in a pilot evaluation to assess the utility of a centralized care coordination portal for LIPTs.**

A pilot evaluation in Region 1 and Region 5 could assess feasibility and establish best practices for the utilization of a centralized care coordination portal to be established across the state.

**Strengthen communication and collaboration between LIPTs and care management organizations.**

Since the majority of individuals serviced by LIPTs have public insurance, increasing regular attendance from care management organizations at meetings and strengthening the relationship between them and LIPTs, in partnership with the Department of Community Health, will help to ensure services covered by their insurance provider are offered in a timely fashion.

**Convene a task force to establish the best path forward to compensate LIPT leadership teams for their administrative roles.**

Leadership vacancies have impacted service delivery and increased administrative burden. Providing compensation may increase the pool of individuals willing to lead LIPTs, effectively decreasing the number of vacancies and multicounty LIPTs.

**Identify best practices for certified peer specialists to be compensated for their time through Medicaid billing.**

The success of LIPTs in providing support to and service coordination for families can be improved by creating a task force that can identify best practices for certified peer specialists to bill through Medicaid. This includes creating tools that offer guidance and providing technical assistance. In addition, the task force should work to identify ways of expanding recruitment opportunities for LIPT families to become certified peer specialists.

**Revisit and adjust mandated agency participation based on the needs of the individual.**

If the individual whose case is to be discussed does not meet the minimum requirements (e.g., age) to receive services from a specific partner on the list of mandated agencies, then that partner could be deemed "optional" for that case. This approach would ensure that everyone is served by appropriate partners and reduce absenteeism by mandated agencies.

**Update Georgia code (49-5-220 (a)(6)) language from severe emotional disturbance diagnosis to youth with or at risk of a behavioral health diagnosis or substance use disorder.**

The system of care approach recognizes the importance of early intervention and has begun to expand the strict severe emotional diagnostic requirements for service eligibility to include those at risk of receiving a behavioral health diagnosis. Updating the code language will support the incorporation of LIPT services in early intervention and expand opportunities to more populations that could benefit from LIPT services.

**Invest in an effective statewide evaluation of LIPTs that builds upon the existing pilot data.**

Continued evaluation efforts are necessary to identify and track trends across regions, establish best practices across the state, and implement data-driven processes and functions to improve LIPT operations.

# LIPT Infant and Early Childhood Mental Health (IECMH) Pilot

# DECAL Community Transformation Pilot

- Purpose: to improve and facilitate the local coordination of services and embrace and support youth ages 0-5 years and their families needing mental and behavioral health supports.
- Partners:
  - Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD)
  - GSU-Georgia Health Policy Center
  - Department of Public Health Babies Can't Wait
  - Project Family, LLC
  - Georgia Association for Infant Mental Health
  - IECMH Consultant

# Key Components of the LIPT Pilot

- Leadership support
  - Incentives for LIPT chairs
- Workforce development
  - Training and capacity building
- Infant and early childhood mental health support and expansion
- Community engagement and awareness
- Innovative partnerships
  - Georgia THRIVe

# Continuing The Work

## Sustaining Progress

- **Align priorities** across child serving state agencies to promote shared direction and coordinated actions.
- **Strengthen infrastructure** for cross-agency coordination and local implementation through LIPTs.
- **Leverage collective leadership** to sustain momentum and drive systems-level change.

## Closing Reflections

- **Shared leadership** is essential to realizing a cohesive, integrated System of Care.
- **Youth and families** remain at the center of our decision-making and design.
- **Together,** we can translate collaboration into measurable, lasting impact for Georgia's children and families.

# BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Danielle Fish
MATCH Clinical Specialist

November 20, 2025

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BE INSPIRED
Milestones

# MATCH State Committee and Clinical Team

This past quarter, several milestones have been achieved:

- **Unite Us** embedded a self-referral link on the DBHDD MATCH webpage
- The development and refinement of the **FAQs** for parents
- The **Operation Team** determined its purpose and scope of influence
- **Arianne Weldon** New MATCH State Committee Chair
- Completing our first annual report

# MATCH

**Multi-Agency Treatment for Children**

## Does your child have complex behavioral health challenges?

**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.**

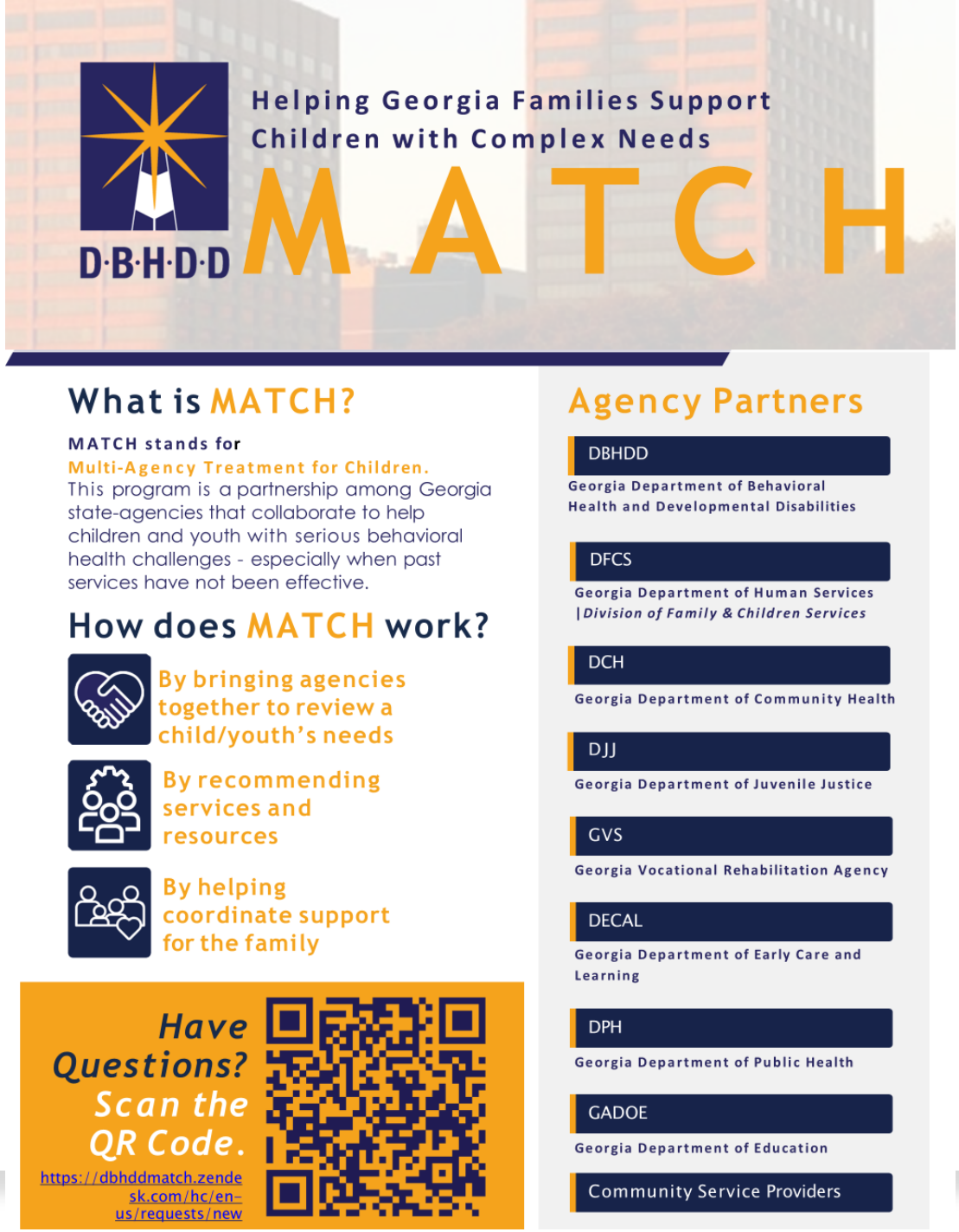
**If you need help, please scan the Assistance Request Form QR code below. Someone from the MATCH Clinical Team will follow up with you within two business days.**

## 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; 1 and**
- **Meet other certain criteria regarding diagnosis, systems involvement, housing, and discharge options**

Scan the QR code or visit
https://dbhdd.georgia.gov/be-dbhdd/be-supported/mental-health-children-young-adults-and-families/match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Helping Georgia Families Support Children with Complex Needs
MATCH
What is MATCH?
MATCH stands for
Multi-Agency Treatment for Children.
This program is a partnership among Georgia state-agencies that collaborate to help children and youth with serious behavioral health challenges - especially when past services have not been effective.
How does MATCH work?
By bringing agencies together to review a child/youth's needs
By recommending services and resources
By helping coordinate support for the family
Have Questions? Scan the QR Code.
https://dbhddmatch.zendesk.com/hc/en-us/requests/new
Agency Partners
DBHDD
Georgia Department of Behavioral Health and Developmental Disabilities
DFCS
Georgia Department of Human Services | Division of Family & Children Services
DCH
Georgia Department of Community Health
DJJ
Georgia Department of Juvenile Justice
GVS
Georgia Vocational Rehabilitation Agency
DECAL
Georgia Department of Early Care and Learning
DPH
Georgia Department of Public Health
GADOE
Georgia Department of Education
Community Service Providers

# MATCH FAQs

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Details, Eligibility and Parents' Roles

Learn "How it Works"

# MATCH

## Who Can Refer?

Parents/guardians, clinicians, schools, provider organizations, Local Interagency Planning Team (LIPTs)

## Is MATCH Right for My Child/Youth?

Usually for children/youth who have already tried other services, but still need more support

***Need More Info? Scan the QR Code.***

https://dbhdd.georgia.gov/be-dbhdd/be-supported/mental-health-children-young-adults-and-families/match

IF A CHILD IS IN IMMEDIATE CRISIS, CALL 988 | GEORIGA'S SUICIDE & CRISIS HOTLINE.

988 SUICIDE & CRISIS LIFELINE

D·B·H·D·D

## Qualifications

- Children/youth ages 0-17 *(18-21 with certain conditions or in DFCS or DJJ custody)*
- *Must have at least two:*
  - *Behavioral or mental health diagnosis*
  - *Intellectual/Developmental Disability*
  - *Conduct Disorder*
  - *Autism Spectrum Disorder (ASD)*
  - *Substance Use Disorder (SUD)*
  - *Other complex behavioral health needs*

## Cost and Insurance

- Free for families
- Serves uninsured or Medicaid-covered children/youth
  - Amerigroup, Georgia Families 360, Peach State, CareSource
- Serves children/youth with SSI insurance
- *For under insured by commercial insurance*

## Parent/Guardian Role

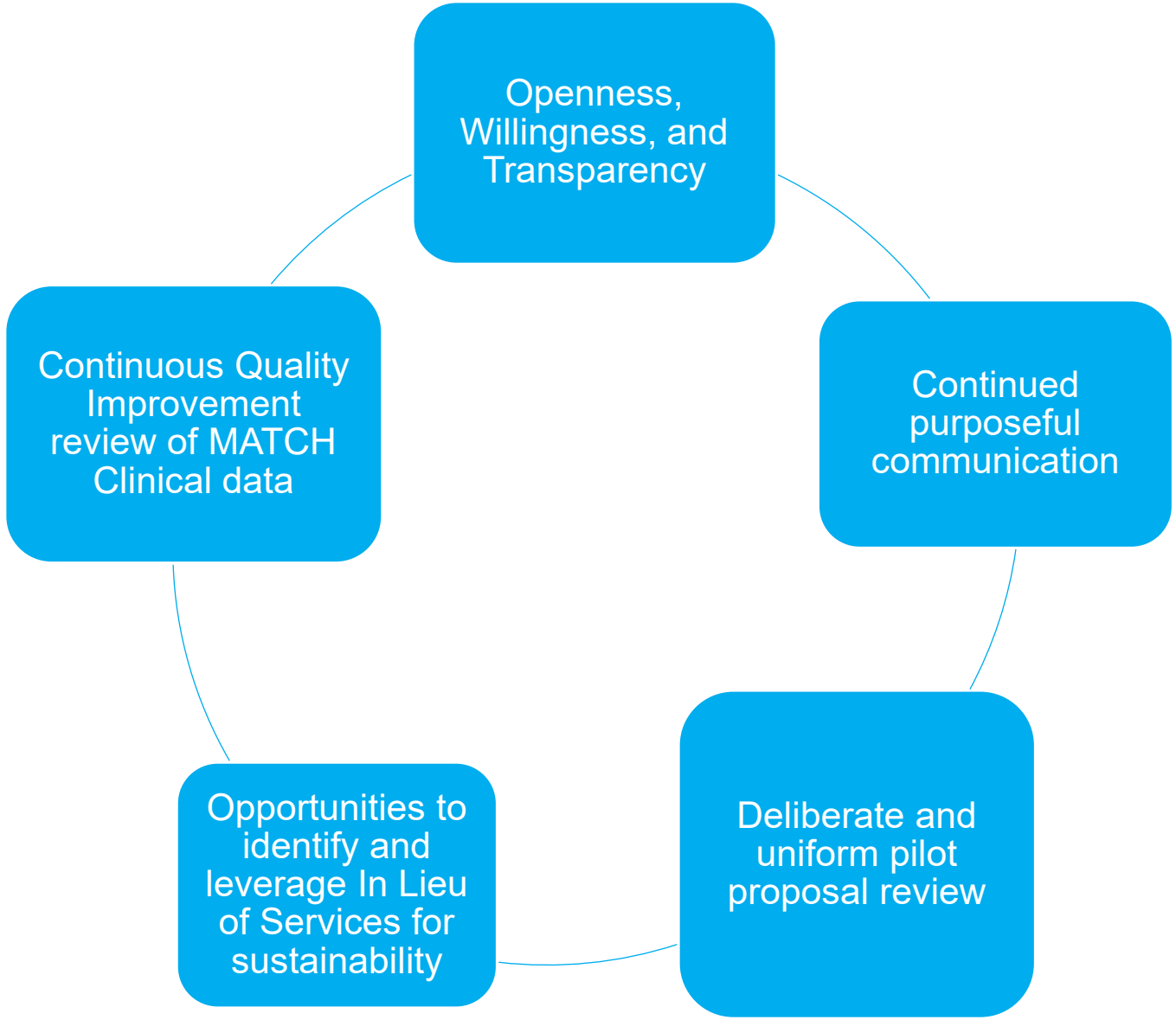
- Can attend MATCH meetings (encouraged)
- No services provided with out parent/guardian consent

# MATCH FAQs

# System Growth: Cross System Collaboration Improvements

**MATCH Subgroups:**

- **Operations Team**
- Sustainability
- DCH/CMO/MATCH




## Quarterly Update

# Quarterly Programmatic Data

- In the past quarter, 17 youth with complex needs have been presented to the MATCH Clinical Team. To date, total: 84 youth
- DBHDD MATCH staff have reviewed and approved 77 youth for admission into one of the six MATCH pilot programs. To date, total: 400 plus youth
- DBHDD MATCH Staff provided TA and Support for non-MATCH youth-15 encounters

Georgia Department of Human Services

# Interagency Collaboration: Planning for Young Adults With Complex Needs


Dana H. Carroll
Deputy General Counsel, DHS/DFCS

Allen Morgan
Deputy Asst. Commissioner for Field Operations North, DBHDD


2025

# Agency Collaboration

- **DHS: Department of Human Services**
  - DFCS
  - Provides foster care services to children and youth whose legal custody is vested in DHS/DFCS by the courts.

- **DBHDD: Department of Behavioral Health & Developmental Disabilities**
  - I/DD: Division of Intellectual and Developmental Disabilities
  - Offers treatment and support services to help people with intellectual and developmental disabilities.

- **Young Adults with Complex Needs**
  - Young Adults, over age 18, who have significant complex needs, who will be unable to live independently as adults, and who require intensive treatment and residential services.

# The Need for Interagency Collaboration

- How do we ensure that young adults with significant complex needs who are eligible for Comprehensive Waiver will be able to have housing and receive care and services after they age out of DFCS care?

**DFCS → DBHDD Transition**

# Develop Processes and Remove Barriers

## DFCS:

- **Needs:**
  - Processes to identify and track children and youth who will likely require intensive services after aging out of DFCS
  - Ensure applications for benefits and waivers are filed
  - Provide support to County Staff to navigate the issues
- **Solutions:**
  - **Complex Needs Adult Transition Unit (CNAT)**
  - Maintains a list of DFCS youth who will be transitioning to NOW/COMP waivers
  - Provides ongoing consultation with counties for youth with complex need who will require significant support after age 21.
  - Ensure youth have all benefits to ensure a smooth transition to NOW/COMP waivers
  - Collaborate with:
    - Department of Developmental Disabilities and Behavioral Health (DBHDD);
    - Social Security Administration (SSA); and
    - Adult Guardianship Program (AGP) through DHS Division of Aging Services.

# Develop Processes and Remove Barriers

## DBHDD:

- Needs:
  - Identify and track young adults entering waiver services from DFCS care
  - Connect with DFCS to assist with assessments and forms
  - Ensure residential resources are in place
- Solutions:
  - Regional Field Offices directed not to close DFCS applications without approval
  - Field Offices maintain close relationships with county DFCS offices and communicate regularly
  - State level leadership reviews progress on DBHDD/CNAT cases regularly with DFCS
  - Allow foster homes to convert to host homes

# Progress

- CNAT is currently tracking/consulting on over 250 youth
- For 2025, we will successfully transition 37 young adults
  - 4x more than 2024
- No youth over age 21 in DFCS care.

# Closing Comments

# Next BHCC Meeting:

# February 5, 2026

# BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

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