

Behavioral Health Coordinating Council Meeting

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

February 11, 2025



Agenda

Roll Call

Call to Order

Recovery Speaker

Action Items

- November 5, 2024 Meeting Minutes

BHCC Initiative Updates

- Mindworks Georgia
 - MATCH
-
- Veterans Service Mental and Behavioral Health
-

Next Meeting Date

Roll Call

Chelsee Nabritt

Board and Special Project Manager

Call to Order

Kevin Tanner

Commissioner

Recovery Speaker

Jan Banathy

Georgia Mental Health Consumer Network

Action Items:

- November 5, 2024 Meeting Minutes

BHCC Initiatives

Mindworks Georgia

Renee Johnson, Executive Director, Mindworks GA
Center of Excellence for Children's Behavioral Health
February 11, 2025



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Georgia Department of Behavioral Health
& Developmental Disabilities

Overview

Implementation
Highlights

AHRQ
Grant Update

BHRIC
Mapping

Q1 Implementation Highlights

- **Partnership with Mental Health Funders Collaborative (MHFC)**
 - MHFC and Public Works Alliance (PWA) created the *Strengthening Youth Mental Health: Essential Strategies for Georgia's Future* (Strategic Map)
 - Mindworks and Resilient Georgia will be leading a planning project to:
 - Socialize, share and create opportunities for partner buy-in
 - Engage organizations that work with children and adolescent mental health in a facilitated process to pinpoint actionable priorities and leadership roles across the mental health ecosystem.
 - Identify gaps, capacity, and momentum surrounding each strategic priority outlined in the new Strategic Map.
 - Determine how progress on these strategic priorities will be measured and develop realistic time horizons for significant milestones.
- **Funding Framework 2.0 – Mapping Behavioral Health Spending**

Agency for Healthcare Research and Quality (AHRQ) Grant Update

- **AHRQ Opportunity Focus:** to address health disparities and enhance the quality of care for medically underserved populations using Patient-Centered Outcomes Research (PCOR).
- **Award Budget** - \$25M – 5yr project period
- **Key Partners**
 - The Georgia Department of Community Health (DCH)
 - The Georgia Health Policy Center at Georgia State University (GHPC)
 - The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)
 - The Georgia Department of Education (GADOE)
 - The Georgia Health Information Network (GaHIN)
 - Morehouse School Of Medicine (MSM)
 - Emory University School of Medicine, PARTNERS for Equity in Child and Adolescent Health Program

Building Bridges: Proposed State-based Healthcare Extension Cooperative

Aim 1. Increase access to patient-centered behavioral and whole health care for elementary school-age children (pre-K through 5th grade) and their families in the state of Georgia.

Aim 2. Create an enhanced integrated Health Information Exchange (HIE) system among agencies serving children and families in school and community healthcare networks to facilitate closed-loop referrals and efficient transfer of health information.

Next Steps:

- Convening Multistakeholder Council meetings
- Connecting with other potential funders (locally and nationally)
- Creating collateral project material from longer grant proposal

BHRIC Mapping Overview

- Comprehensive review of BHRIC recommendations that align with Mindworks Georgia's five priority areas: Equitable Access, Sustainable Workforce, Whole-Person Health, Purposeful Funding, and System Evaluation.
- Identify which levels of care and aligned objectives correspond with each recommendation.



EQUITABLE ACCESS



BHRIC Recommendation

Emphasize family choice and community engagement whereby the family should help identify their needs in partnership with the provider so that location, dates/times, and how to best deliver services focuses on supporting the family in the best way possible.



Accomplishment

Updated the Little Green Book which will be reprinted, posted on the SOC website, and developed into a phone app for easy access and use. (Little Green Book is a pocket guide of behavioral health services to assist individuals and families with understanding terms)



SUSTAINABLE WORKFORCE



BHRIC Recommendation

Require Minimum Dataset Surveys for licensed mental health providers to characterize the current workforce and improve the pipeline.



Accomplishment

Compiled a list of recommendations for the Georgia Board of Health Care Workforce to include on their Minimum Dataset Survey.



BHRIC Recommendation

Explore more opportunities for licensing counselors and social workers within schools and agencies. (2022)



Accomplishment

Implemented the Mental Health Service Professional Internship Program, in conjunction with the Georgia Apex Program, to grow the behavioral health workforce and expand access to school-based mental health services.



SUSTAINABLE WORKFORCE



BHRIC Recommendation

Promote training programs to prepare students and therapists for working in the school setting. (2022)



Accomplishment

Implemented the Mental Health Service Professional Internship Program, in conjunction with the Georgia Apex Program, to grow the behavioral health workforce and expand access to school-based mental health services.



BHRIC Recommendation

Establish loan forgiveness and loan repayment program for mental health professionals. (2022, 2023)



Accomplishment

- Created a multistate crosswalk of loan forgiveness programs.
- Constructed a report on features of loan forgiveness programs that enhance or reduce recruitment and retention of recent behavioral health graduates.



WHOLE-PERSON HEALTH



BHRIC Recommendation

Georgia should expand prevention efforts that nurture protective factors (like housing stability, supportive school environments, and healthy families) for every child and identify mental and behavioral health challenges before they become crises.



Accomplishment

Established Georgia THRIVE, an Infant Toddler Court Program (Safe Babies), through a five-year Health Resources and Services Administration (HRSA) grant. This grant aims to improve the health, safety, well-being, and development of infants, toddlers, and families involved in the child welfare system or at risk for significant maltreatment.



BHRIC Recommendation

Continue expanding and building sustainable funding for the Georgia Mental Health Access in Pediatrics (GMAP) Program.



Accomplishment

Established the GMAP program through a five-year HRSA grant. The program helps pediatric health care providers in Georgia treat and manage mild-to-moderate behavioral health concerns in regular practice through provider education and a provider advice line that increases provider access to behavioral health consultation and a referral network.



WHOLE-PERSON HEALTH



BHRIC Recommendation

Ensure Medicaid reimbursement for prevention and treatment for infant mental health and dyad treatment.



Accomplishment

Ensured a diagnostic crosswalk and billing guide for infant and early childhood mental health services are on the Georgia Dept. of Community Health's website.



PURPOSEFUL FUNDING



BHRIC Recommendation

Develop more acute autism crisis stabilization units funded by a combination of federal and state funds and reimbursements from Medicaid and insurance carriers.



Accomplishment

Created the Behavioral Health Financial Mapping Report and shared it with partners including state agency leads, commissioners, and key legislators.



BHRIC Recommendation

- Identify resources and ways to fund statewide Handle with Care program implementation.
- Expand and promote funding sustainability for Certified Community Behavioral Health Centers, which are currently funded by a SAMHSA grant.



Accomplishment

Completed a brief to assist state and local communities in understanding how to braid, blend, or layer multiple funding streams to increase access to well-coordinated, comprehensive services for children and families.

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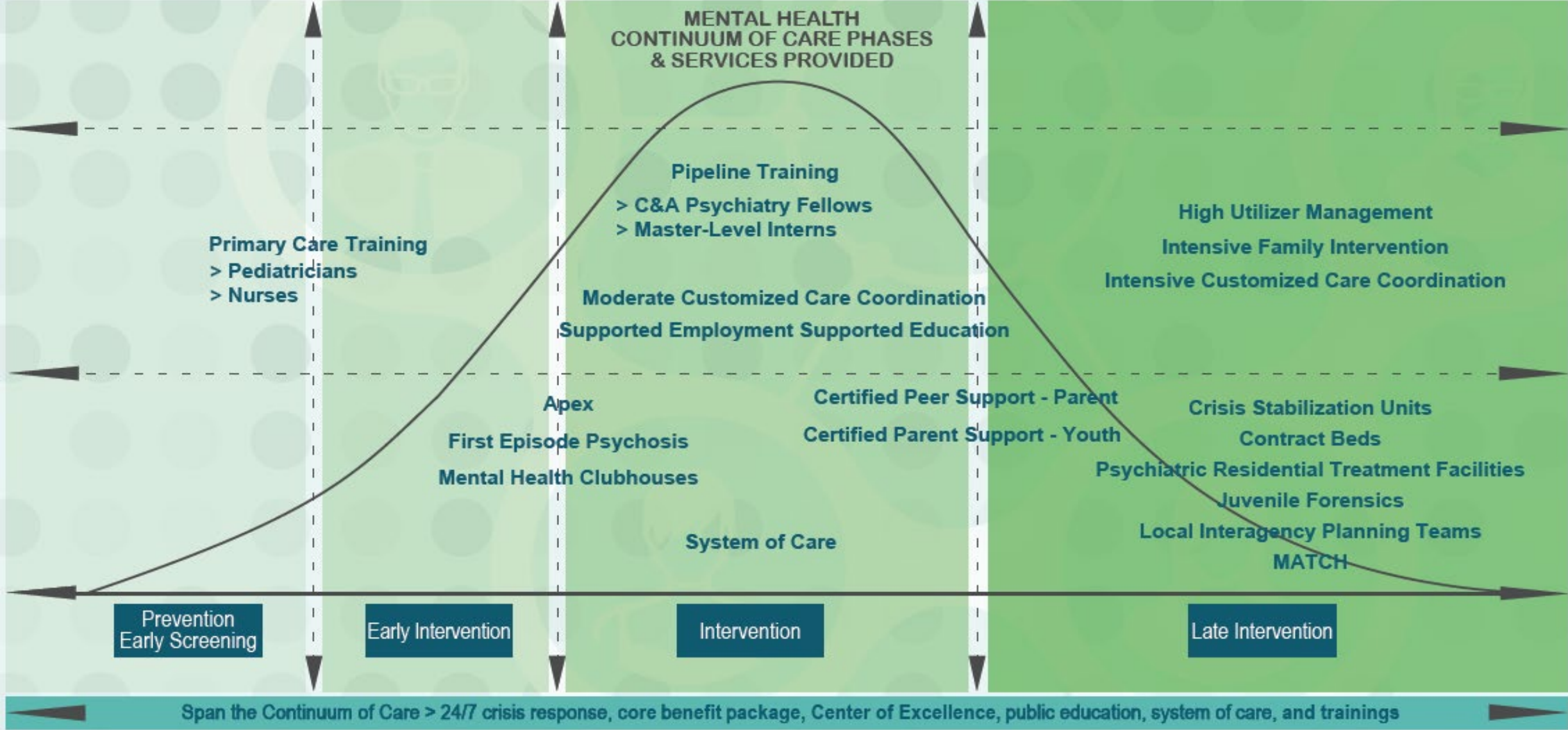
Georgia Department of Behavioral Health & Developmental Disabilities

Danielle Fish, APC
MATCH Clinical Specialist



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C&A Continuum of Care – Mental Health



MATCH Clinical Team Identified Support Gaps

- Need for housing/temporary shelter options for teens and families
- Need for specialized childcare for families with children/teens with complex behavioral health concerns (Behavioral Health Disorder/Autism Spectrum Disorder/Intellectual/Developmental Disability)
- Need for educating families on legal guardianship process for ASD/I/DD individuals who are approaching 18

MATCH Clinical Team Identified Growth Gaps

- Increase state agency awareness of MATCH access and purpose
- Identify and implement a "follow-up" process once recommendations are made at MCT
- Ability for MCT to access urgent care funds to create unique treatment options for complex individuals
- Need for expedited contracting process for MATCH providers/pilots
- Identify long-term capacity and sustainability for MCT



MATCH Clinical Team Identified Service Gaps

- Increase access to intense trauma focused care (residential and community-based) for adults (18+) and children (<18) in state
- Increase DBT community services in state
- Increase planned and crisis respite options for non DJJ/DFCS involved youth
- Create/expand in state residential services for IDD/ASD diagnosed youth and/or those with co-occurring complex medical issues
- Increase or expand intensive community-based therapeutic services; lack of availability of Intensive Family Interventions (IFI) across the footprint of the state

- Expand age ranges for PRTF's (minimum ages)
- Expand age ranges/services for ASD crisis services (CSU and crisis homes)
- Increase access to specialized care for Reactive Attachment Disorder (RAD)
- Increase access to specialized care for individuals exhibiting inappropriate sexual behaviors
- Increase access to PRTF's for 18–21-year-olds
- Need increased options to prove medical necessity for PRTF authorization when psychological evaluation is not available

Pilot Programs

A top-down view of several people's hands in business attire (white and light blue shirts) assembling a square puzzle of white pieces on a wooden table. The text "Pilot Programs" is overlaid on the left side of the image. The puzzle is partially completed, with several pieces missing and being held by the hands around it. The wooden table has a prominent grain pattern.

Pilot/Provider	Description
 Children's Healthcare of Atlanta & Viewpoint Health	<p>This pilot aims to provide coordination support for youth and families entering ED for behavioral health challenges. The Coordination provider is a Community Service Board provider under DBHDD.</p>
 Devereux Georgia STTP	<p>This pilot aims to provide extended support and community integration for male individuals ages 18-21 living with I/DD and behavioral health challenges in a safe and secure location. This type of step-down program has not been available in GA.</p>
Hillside - Assessment Bed	<p>This pilot aims to expand the capacity of PRTF access for individuals needing admission and further assessments to gain admission. Two beds available: one male and one female, ages 5-18.</p>
Hillside In community DBT	<p>This pilot aims to expand the capacity of the in-community treatment array in GA. This pilot is expanding the coverage area and license level of staff providing this service. Serves ages 5-18 and works with the whole family. DBHDD pilot funding is used as a last resort payor for this service.</p>

Pilot/Provider	Description
Murphy Harpts Respite	This pilot aims to expand respite services' geographical coverage and allow for non-DFCS custodial youth to access.
Pathways Center for Behavioral and Developmental Growth Temp Opps C&A	This pilot aims to provide temporary observation services to Children and Adolescents in a Crisis Stabilization Unit setting. Currently, GA does not have this service option for C&A support.
Unite Us	A closed-loop, web-based referral, and coordination platform to increase access, efficiency, and coordination efforts for LIPTs, MATCH Clinical Team members, and connected providers.
Wellroot - Functional Family Therapy	This pilot aims to expand intensive community therapeutic services by using functional family therapy, an evidence-based practice. At this time, CMOs do not have a contract with this provider.
Youth Villages - Intercept	This pilot aims to increase intensive in community therapeutic services and current coverage area. This provider has other contracts with DFCS and CMOs to provide Intercept in limited geographical areas.
Positive Growth - Community Residential Rehabilitation	This pilot aims to create an expanded therapeutic plus residential treatment options. This provider is currently approved as a DBHDD Tier 2 plus provider. Will serve ages 16-21, both male and female.



A close-up photograph of a person's hands gripping the black handlebars of a blue bicycle. The person is wearing a white shirt. The background is a blurred green field, suggesting an outdoor setting. The text "BE INSPIRED" is overlaid on the left side of the image.

BE INSPIRED

Success Stories

State Agency Collaboration

- The MATCH state committee has developed two additional workgroups:
 - Sustainability Workgroup
 - CMO Coordination Workgroup
 - Both are multi-agency supported
 - Focused on sustainability and the need for follow-up and coordination.
- MATCH State Committee and Clinical Team have seen an overwhelming response, acceptance, and usefulness from all state agencies and subject matter experts involved.

Well Root Functional Family Therapy

- The client came in struggling to express themselves to family and others, the family appeared to be disconnected
 - The youth: 11 years old
 - There were 5 people in the home, including the youth
 - The family worked on improving communication, problem-solving, and incorporating emotional regulation
- The family's engagement in the program resulted in the youth being able to communicate about difficult things and advocate for themselves in other areas, the mom being able to manage her emotions and not project her fears onto the youth, and the family became more connected as they agreed to have consistent family dinners/check-ins on Tuesdays going forward. The family volunteered to share their progress for Wellroot's Welcome Home Gala

Successes:

Kayla: Still Standing

Still Standing



Georgia Department of Veterans Service



Veteran Mental Health Initiatives

Commissioner Trish Ross
Ed.D, Colonel USAF, Retired

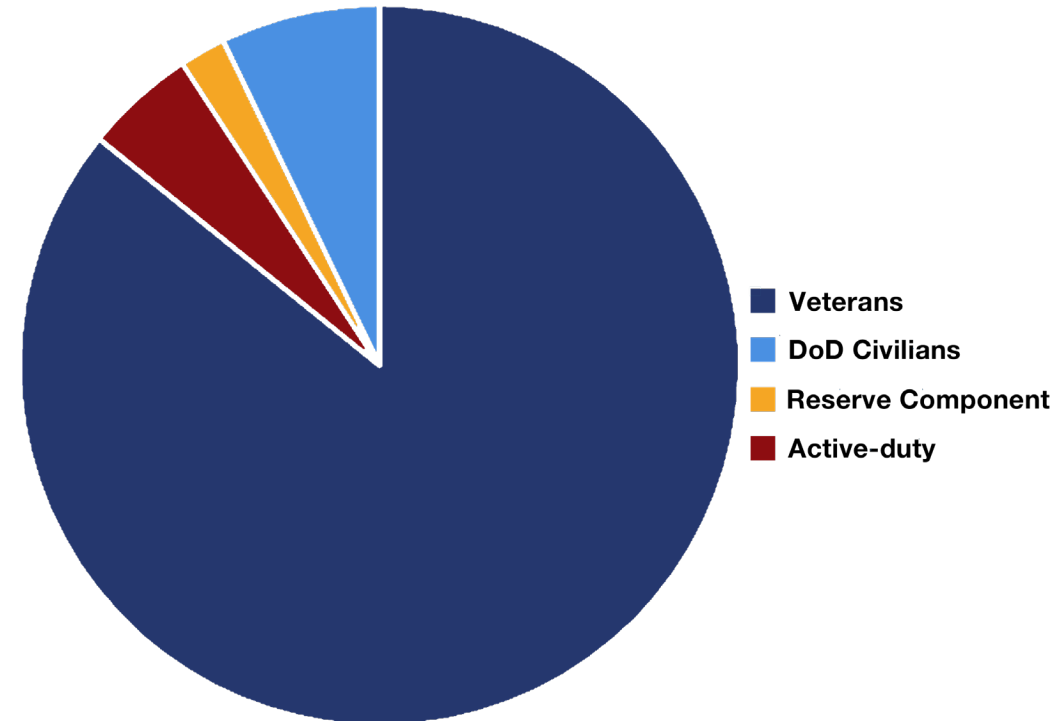
Veteran Population

- Estimated 656,509* (Based on VA-engaged veterans) VA estimates this is only 60% of the population = 1,094,182
- Military Population
 - 63,391 Active-duty personnel
 - 26,451 Reserve/National Guard
 - 124,079 DoD Personnel
 - 91,278 military family members (Military one-source)

Total military-affiliated population = 1,399,381 or

12.7% of Georgians

Military-affiliated Population



- Veterans represent 8.98% of the adult civilian population
 - 63% are between the ages of 18-65 (working age) with 37% over 65
 - 15% are Women veterans (compared to 11.7% nationally)
 - Georgia anticipated to go from 7th nationally to 4th in veteran population by 2053 (Behind TX, FL, and CA)

Georgia War Veterans Homes



Subacute Funding



- Mental/Behavioral Health a priority for Georgia, **yet veterans are a forgotten population**
- **Georgia ranks 48th in access to mental health** care due to cost & treatment centers (Forbes, 2024)
- Would provide **Med/psych services for the entire campus**
- Requires \$1M in startup costs, operational in ~6 months
- \$17M facility funded by the VA (~\$11M)* and state (~\$6M) – required use for veterans; total of 73 beds
- If not utilized, the VA could require **repayment**
- This need is growing, both in our older veterans (28 currently in the homes have behavioral issues) and younger veterans who have faced 3 decades at war
- Anticipate with the right therapy and programs, a subset could reintegrate back into families/communities
- Caring for only aged veterans is no longer feasible; many require mental/behavioral health services
- Cognitive decline results in behavioral health issues for those who have experienced trauma*

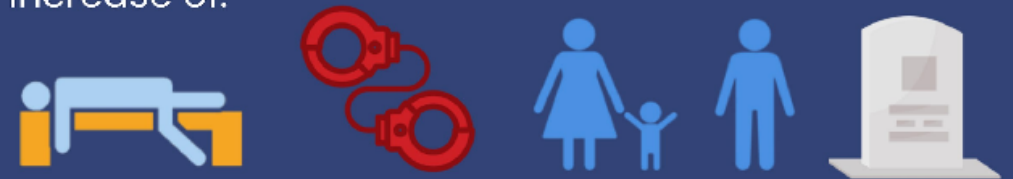
Why should Georgia invest in state War Veteran Homes and mental/behavioral health?

Veterans are at **greater risk** of mental and behavioral health disorders. Georgia **does not currently have** a resource to serve this population.

The Subacute Therapy Unit will provide support to the entire GWVH-Milledgeville campus and a **separate Med-Psych facility** for Georgia's veterans.

Veterans today are returning home with complex physical, mental, and behavioral health needs after fighting in decades of combat.

Failing to provide these services would result in an increase of:

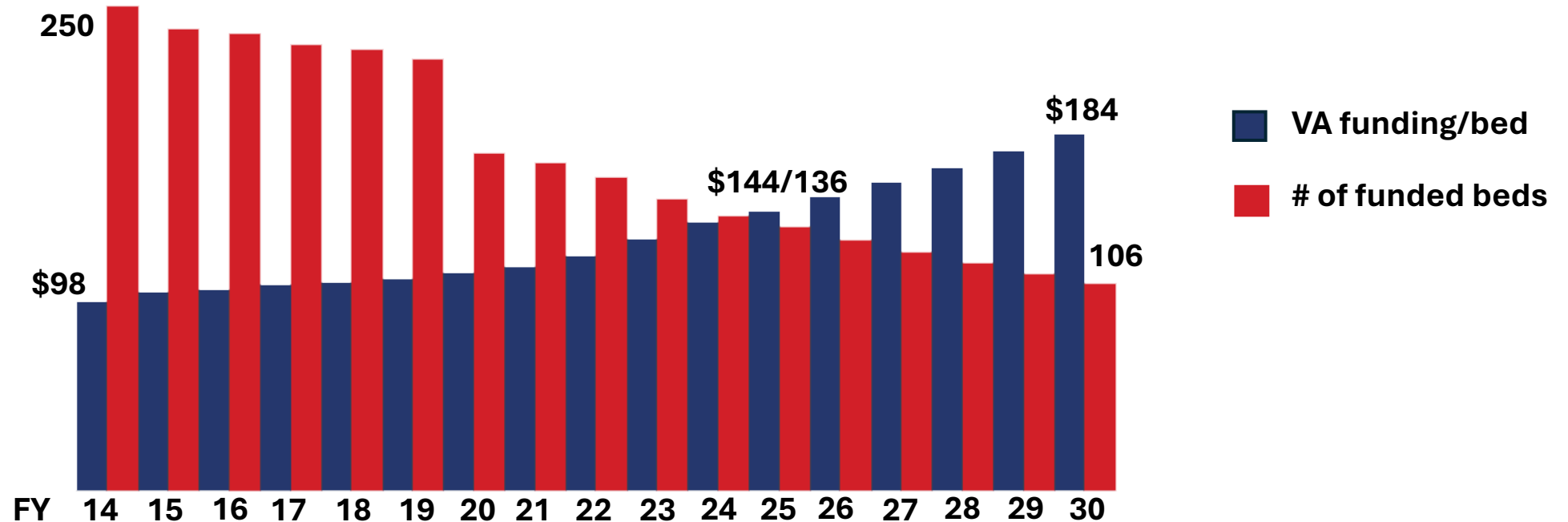


Homelessness Justice Involvement Family strain Suicide

Legislative Intent – OCGA § 38-4-54



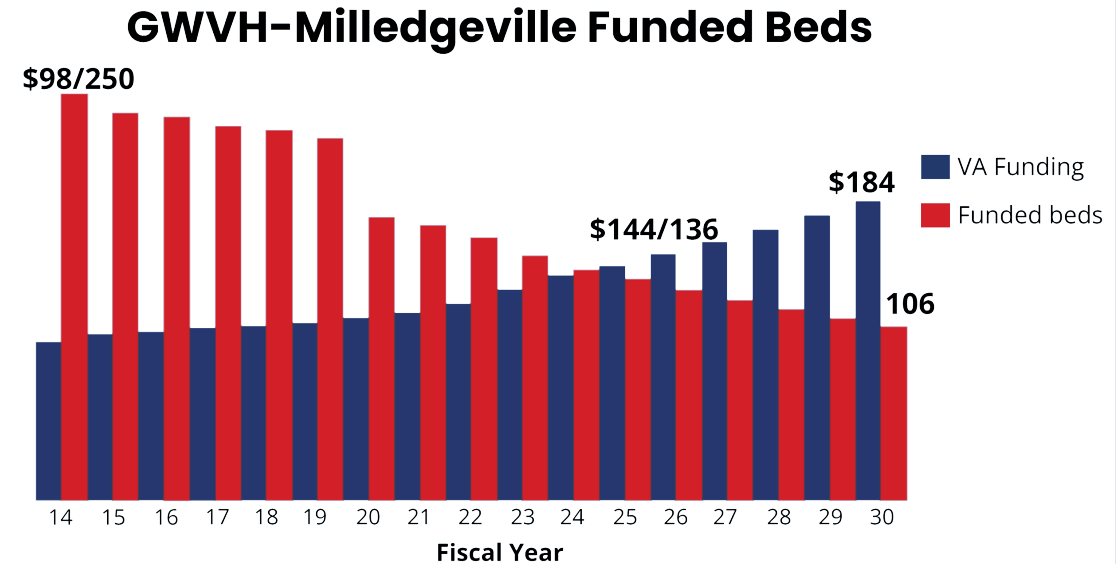
"All federal funds received by the Veterans Service Board and paid into the state treasury are continually appropriated to the Veterans Service Board in the exact amounts, for the care and support of disabled war veterans, as received from the federal government. This is not intended as a limitation upon the power of the General Assembly to make such **additional appropriation to provide for the care and support of disabled veterans as it may from time to time see fit to make.**"



GWVH Funding Justification



- Over the last decade healthcare costs have risen 63%*
- State appropriations have not increased for the Georgia War Veterans Homes (Milledgeville and Augusta) for **over a decade**
- The state must fund **at least 50% of patient costs** with the remainder funded by the VA and as of FY13, daily patient fees
- Results: **50% decrease in patient beds and \$8.3M in lost federal funding**
- According to VA projections, Georgia is meeting **13%** of its obligation to Georgia Veterans while surrounding states are at or approaching 100% (AL, SC, NC, TN)
- Without increasing funds based on inflation, patient beds will continue to decline
- Even with ADA renovations and a reduction of patients per room for infection control, Augusta is at 63% occupancy and Milledgeville is at 48%
- VA requires the homes to operate at **90% capacity**, and not doing so puts approval for new homes (construction funded at 65% by the VA) at risk
- Senate report indicated the need for 1500 more beds at homes in south, north Georgia and metro Atlanta
- **Both** homes maintain **waiting lists** without marketing the facilities



Legislative Intent – OCGA § 38-4-54



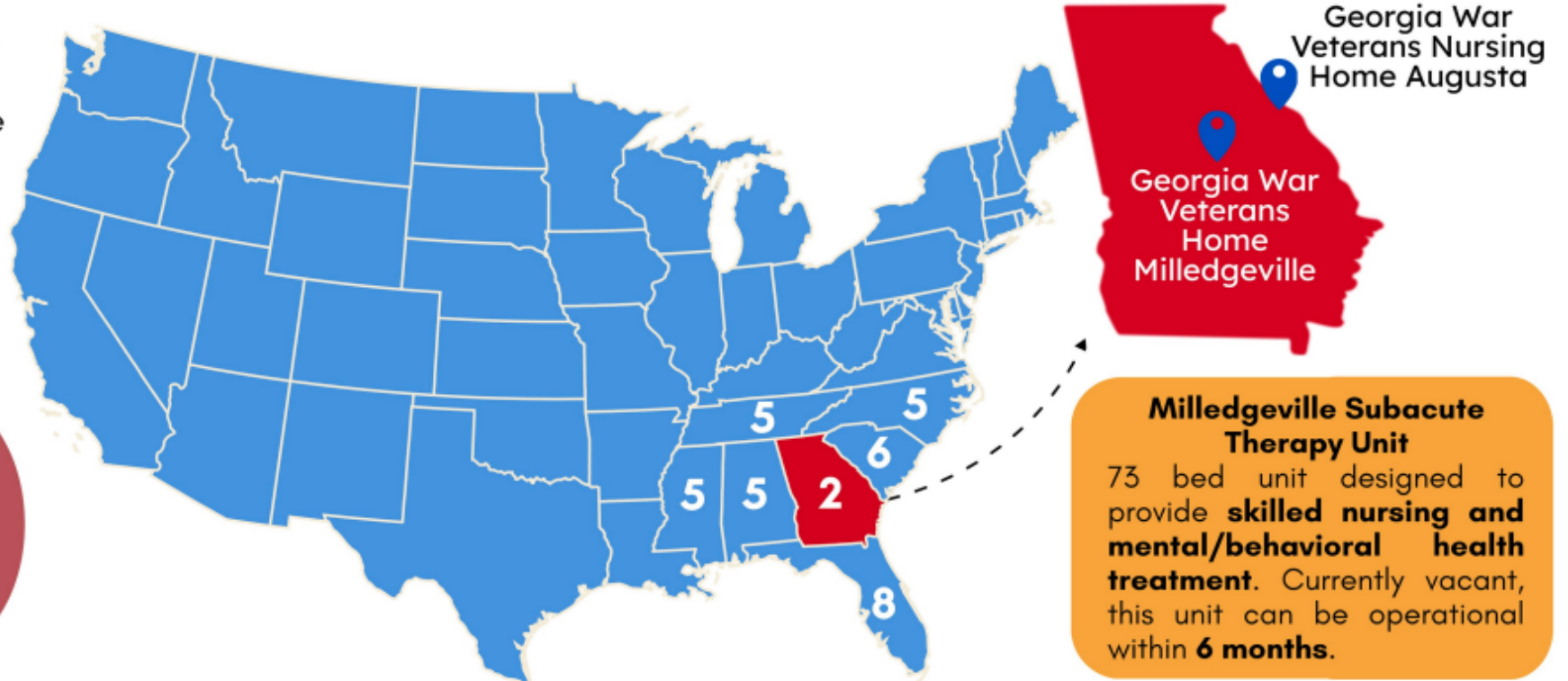
The current capacity of the two GDVS homes is **486 beds**, yet only **54% or 262 beds** are fully funded by the state and occupied by veteran patients. VA will provide State Home Per Diem (SHPD) funding for **1,975 beds** in Georgia. **90% or greater occupancy** is needed to bill and collect full SHPD.

Stagnant state appropriations have not kept pace with rising healthcare costs and federal reimbursement increases.

Consequences:

- Reduction in veterans able to be served
- Increased costs passed to veteran residents

GDVS requesting **\$1.5M** for increased costs in healthcare.



Milledgeville Subacute Therapy Unit

73 bed unit designed to provide **skilled nursing and mental/behavioral health treatment**. Currently vacant, this unit can be operational within **6 months**.



Formula funding of **~5% increase per year** to match healthcare increases.



Requesting **\$1M** in startup funds.

Suicide Prevention



Suicide Prevention Coordinator

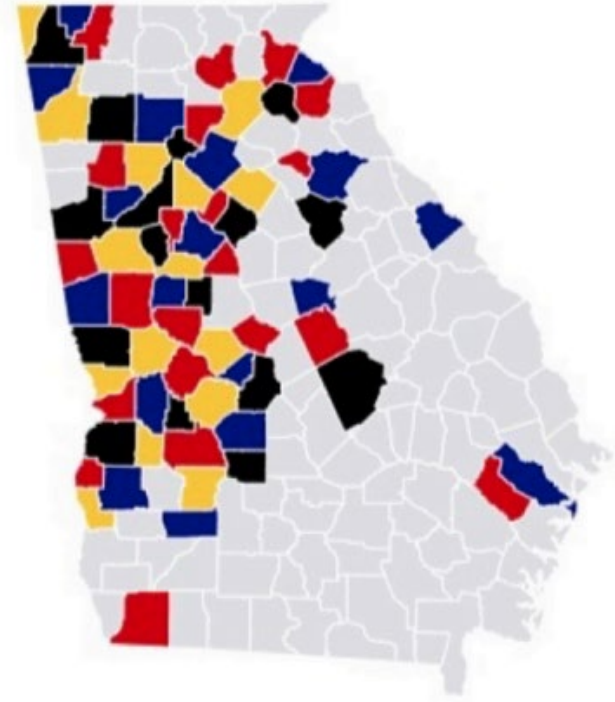
Approved/Hired 1 July 2022

Impact

- In 2023/2024, held/participated in 133 events, reached 12,000+ Servicemembers, Veterans and their families
- 73 veterans identified as high or moderate risk and referred within 24 hours to the VA or community partners
- Total of 961 reached by the coordinator and clinical team
- Suicide Prevention Summit
 - 56% increase in participation
 - 150 people, 65 counties, 5 hrs CEUs

Funding

- Only state receiving all three years of funding for the SSG Fox suicide prevention grant (~\$2,250,000 total)
- Additional VA grant of ~\$500,000 for Suicide Mortality Reviews
 - Working cross agency with **Kennesaw State, DPH, DBHDD, GBI** (Medical Examiners) and Coroners on Veteran Suicide Mortality Reviews



Mental and Behavioral Health



FY25

Steven A. Cohen Military Family Clinic – Hinesville

Clinical services in-person and via telehealth for military, veterans and their family members

- Jan – Sept 2024 served 218 new patients and provided 1,810 services
- Additional services include: Same-day crisis counseling, group therapy, suicide prevention education, trauma informed care, and military cultural competency training in the community

Emory Healthcare Veterans Program – Atlanta

- Intensive 2-week outpatient program including prolonged exposure therapy, trauma informed psychotherapy, group therapy and holistic wellness classes
- 75% of patients see a 30% or more drop in PTSD symptoms or depression and the majority (80%) maintain those gains at subsequent follow-ups
- Served 179 veterans and active duty (Jan – Sep 2024)
- 687 calls from prospective patients = 17% increase over the prior 6 months



Mental and Behavioral Health



FY25

About Face – USA, Forsyth

- New grantee – Will extend their current care provisions to additional families in need. This includes expanding existing relationships with culturally competent behavioral health providers to reach more communities, as well as implementing additional tele-behavioral health services.



Advancement for Military and Emergency Service Research Center - Kennesaw State University

- New grantee - Will provide behavioral health services to service members, veteran and their families incoming providing multiple sessions each week through their clinical services team Funds will be used to enhance the Center's telehealth capabilities to provide support to more veterans and families in different areas of the state, in addition to promoting in-person outreach activates to enhance resource availability support.



KENNESAW STATE
UNIVERSITY
CENTER FOR THE ADVANCEMENT
OF MILITARY AND EMERGENCY
SERVICES RESEARCH

*All grantees are required to use the Unite US system

Unite Us



Overall Impact: 15,000 served



Total Impact

- More than **16,000 total social need-specific Cases** created for nearly **15,000 clients** since launch.
- **6 proactive outreach campaigns** have contributed to **610 additional clients** being served.
- All **6 proactive outreach campaigns** have **surpassed national average engagement rates**, indicating high engagement from GDVS members.

Efficiency Trends

- The **percentage of accepted Referred Cases** has been **consistently high (+90%)** since launch, and continued to **climb in Q3 2024, reaching 92%**.
- The **Case Resolution Rate** has been **constantly above 90%**, reaching **97% in Q3 2024**.

Volume & Service Types

- **Case volume in Q3 2024 outpaced the previous quarter** despite expectations of slower months.
- Top **service types continue to be Income Support, Education, and Housing & Shelter**.
- As temperatures drop in GA, **more cases are being created for Housing & Shelter** needs, especially for Emergency Housing.

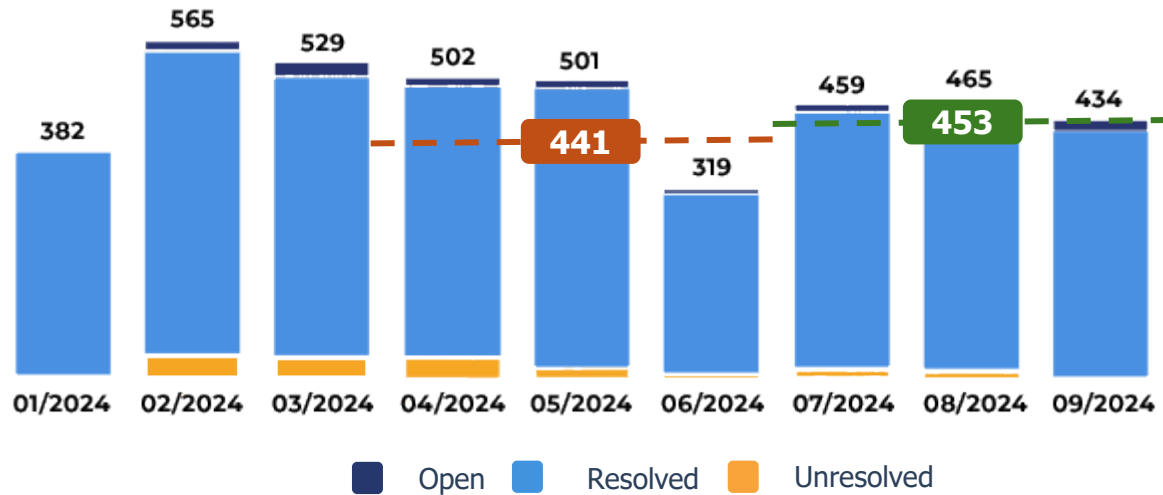
Partner Adoption

- **OWD, WorkSource, and Rapid Response** organizations were the **most engaged TSCG partner group** on the platform in **Q3 2024**.
- Several **TCSG organizations** saw **higher levels of platform engagement in Q3 2024**, most notably **OWD Region 2**.

Case Volume Over Time



Monthly Case Volume



Q3 2024 outpaced the prior quarter in terms of **average monthly case volume**. While **Income Support and Education** maintained their position as **highly sought after needs**, more cases were created for **Emergency Housing** than in previous periods. **Emergency Housing Cases** increased from 11 in Q1-Q2 2024 combined to 26 in Q3 2024 alone (+136%)

Top Service Types by Case Volume

Service Type Ranking	Service Type (Top Service Subtype)	
	Q1 - Q2 2024	Q3 2024
1	Income Support (54%) Veterans Pension & Disability Benefits	Income Support (55%) Veterans Pension & Disability Benefits
2	Education (32%) Educational Support Services	Education (35%) Educational Support Services
3	Housing & Shelter (5%) Rent/Mortgage Payment Assistance	Housing & Shelter (7%) Emergency Housing

Source: Unite Us Platform Data from 1/1/2024 to 9/30/24.
Includes data for Cases that originated from GDVVS, VECTR, TCSG, OWD, and GDVVS Network Hub Premium Support

Referred Case by Acceptance



GDVS and Partner Entities Referred Case Details in Q3 2024

91%

Accepted referred cases accepted within 4 or fewer days

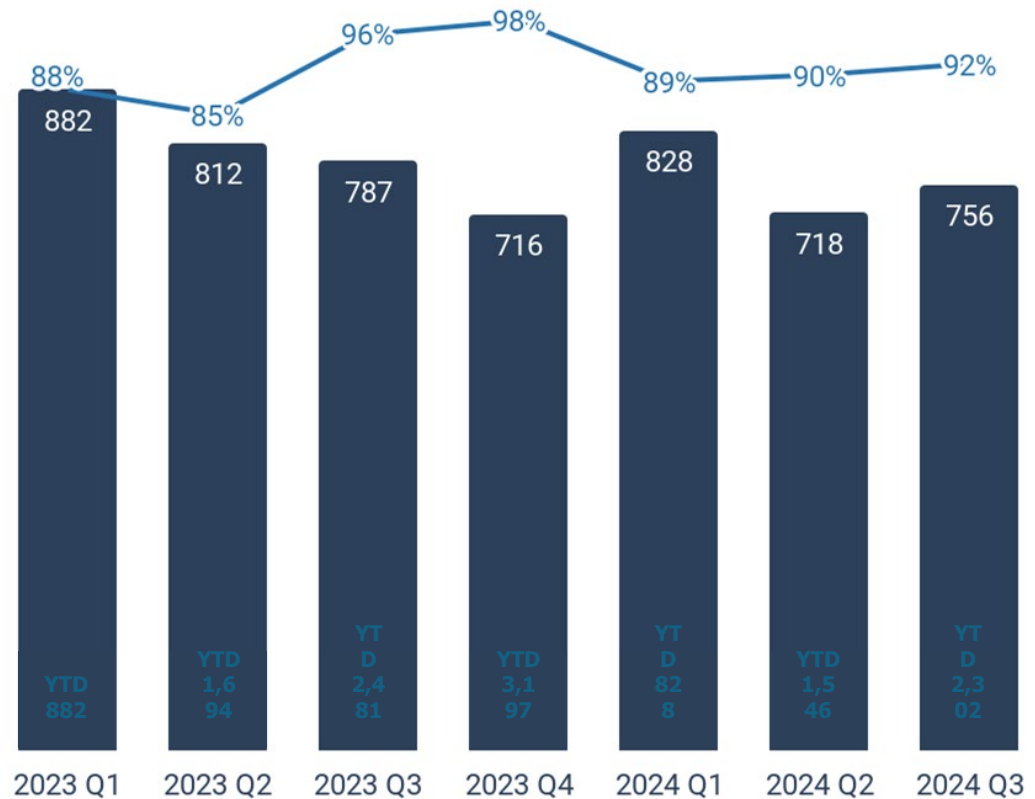
99%

Accepted referred cases accepted without rejections

The percentage of **accepted Referred Cases** has been **consistently high (+90%)**, and **continued to climb in Q3 2024**.

The **majority of referred cases were for Income Support services**. The **average time to acceptance** for these Referred Cases was **just 1.1 days**.

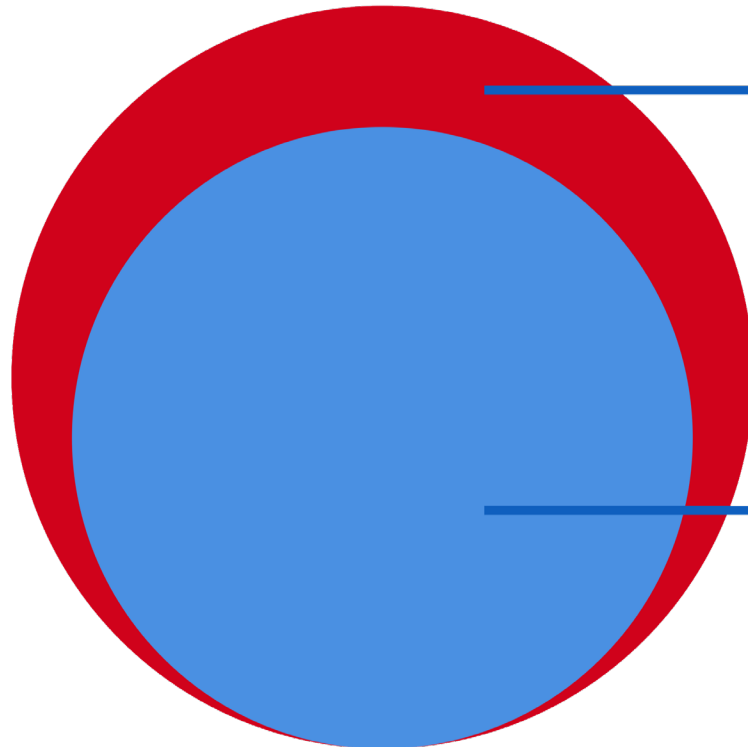
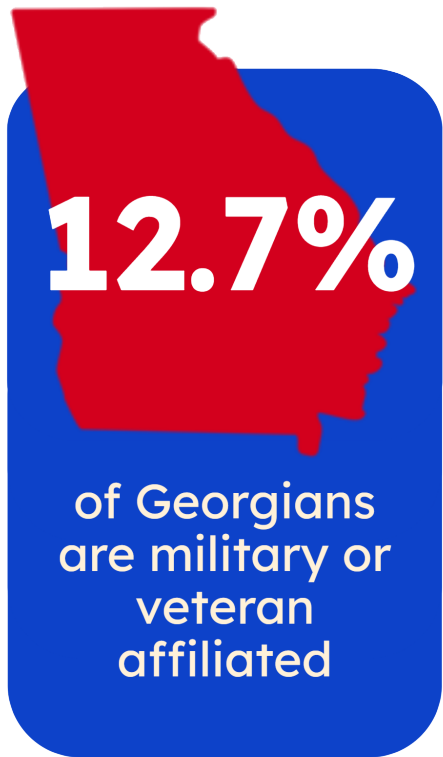
GDVS - Warner Robins received a **high volume of Referred Cases** from **Georgia VECTR Center** and **accepted all 5,149 Referred Cases**.



■ # Referred Cases — Acceptance Rate

Source: Unite Us Platform Data from 1/1/2023 to 9/30/24.
Includes data for cases that originated from GDVS, VECTR, TCSG, OWD, and GDVS Network Hub Premium Support

Overall Impact



\$7,413,248,000

Total Compensation, Pension, and educational payments received by Georgia veterans in Federal FY23

\$5,189,273,000

Compensation, Pension, and educational payments received by veterans with GDVVS assistance

Questions?



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Georgia Department of Behavioral Health & Developmental Disabilities



Closing Comments

Next BHCC Meeting:

May 8th, 2025

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Georgia Department of Behavioral Health & Developmental Disabilities

