

Behavioral Health Coordinating Council Meeting

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

February 5, 2026



Agenda

Roll Call

Call to Order

Recovery Speaker

Action Items

- November 20, 2025 Meeting Minutes
- Nominating Committee Appointments

BHCC Initiative Updates

- MATCH

Supportive Housing Advisory
(SHARE) Committee
Resource and Policy
Recommendations for 2025

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, Inc.

Action Items:

- November 20, 2025 Meeting Minutes

Action Items:

- Nominating Committee Appointments

BHCC Initiatives

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Georgia Department of Behavioral Health & Developmental Disabilities

Heather Stanley
MATCH Program Director

February 5, 2026





BE INSPIRED

Milestones

MATCH State Committee and Clinical Team

This past quarter, several milestones have been achieved:

- Partnership with GMAP project, **Emily Rubin**, and MATCH has completed the 1st cohort of **SCERTS** training level 1, and the 2nd cohort level 1 started in January 2026
- **Unite Us-** We have seen an increase in Unite Us Referrals
- **Arianne Weldon**, MATCH State Committee Chair, has introduced new members to the State Committee and Clinical Team
- Evaluation team, MATCH Sustainability workgroup and MATCH Staff are exploring return on investment insights and cost shifts to ensure the future of MATCH

MATCH Partnership



The SCERTS Model (Level 1 and Level 2):
An evidence-based framework designed to enhance emotional well-being in autistic and neurodivergent children and adolescents

Presenter: Emily Rubin, MS, CCC-SLP
Co-Author, The SCERTS Model



The Model:

- SCERTS® (Social Communication, Emotional Regulation, Transactional Support).

Approach:

- A developmental, relationship-based, and evidence-based framework.

Target Population:

- Autistic children/adolescents and those with diverse social-emotional learning profiles.

Partnership:

- Hosted in collaboration with the **Georgia Mental Health Access in Pediatrics Program (GMAP)**.

MATCH New Membership

- Teal Benevides, PhD, MS, OTR/L, FAOTA

Department of Community & Behavioral Health Sciences
School of Public Health
Augusta University

- Maliha (Leah) Haider-Bardill

Autism Project Manager
DBHDD Office of Crisis and Transition Services

- Heather Rowles

Executive Director
Multi-Agency Alliance for Children, Inc. (MAAC)

- Sandra Corbin

Chief Programs Officer
Multi-Agency Alliance for Children, Inc. (MAAC)



BE INFORMED

MATCH Clinical Update

January 2026 Programmatic Data

- 12 youth with complex needs have been staffed in MATCH Clinical Team
 - Total: 96 youth
- DBHDD MATCH staff have reviewed and approved 16 youth for admission into one of the six MATCH pilot programs.
 - Total: 416 plus youth
- DBHDD MATCH Staff provided TA and Support for 20 non-MATCH youth



BE EXCEPTIONAL

Impact Snapshot: The Value of MATCH
Investment

Pilot Impact and Success: Hillside Intensive In-Home

Sustaining Stability and Reducing Hospitalization Rates (2024-2026)

- **Proven Diversion from Acute Care:**

Keeping children with complex needs in their homes and out of hospitals, crisis units, and psychiatric facilities

- **Before:** 70% of incoming clients have a history of hospitalization (Average: 2 per client)
- **During:** 97% didn't need hospitalization during treatment
- **After:** 86% of clients remained hospital-free 90 days after concluding services

- **Exceptional Family Satisfaction**

- 100% of guardians reported being treated in a courteous and friendly manner
- 94% of families would recommend Hillside's services to others

ASD/IDD Pilot Financial Comparison:

Devereux Short Term Transition (STTP) vs Out-of-State Placement

	Daily Rate
Devereux STTP Program (MATCH) In other states, Devereux operates programs similar to Georgia's STTP services.	\$801.10 \$1,543/day for individuals not attending school \$2,257/day for individuals attending school

Other out-of-state facilities that offer inpatient/residential treatment for ASD services:

- Springbrook (South Carolina): \$825/day
- Nexus (Texas): \$2,600-\$3,000/day
- Cumberland (Virginia): \$1,100/day

In-state MATCH placements advance Georgia's commitment to family stability and system accountability by providing localized continuity of care, which improves youth outcomes and mitigates long-term system costs

Program Impact and Return on Investment: Youth Villages Intercept

Data from North Carolina, Oklahoma, and Massachusetts consistently demonstrate that Intercept delivers superior clinical outcomes at approximately **50% of the cost** of traditional institutional care.

Clinical Outcomes and Stability

Intercept consistently achieves high rates of long-term stability for high-risk youth. Across multiple state evaluations, the program reported:

- **ED Boarding Solution:** In Massachusetts, **71%** of high-risk youth served by the program reduced pediatric psychiatric boarding in EDs and experienced no further suicidal ideation, self-harm, or hospitalization.
- **Placement Stability:** **84% to 97%** of youth remain living at home or independently one year after discharge.
- **Education Engagement:** Over **90%** of participants are attending school, have graduated, or earned a GED at the one-year follow-up.
- **Legal Diversion:** **91% to 98%** of youth have no further involvement with the criminal justice system post-discharge.
- **Treatment Dosage:** **94%** of families remain engaged for at least 60 days, ensuring the minimum therapeutic dose is achieved

Financial Impact and Cost Savings

- Georgia Intercept: **\$16,500** per episode compared to PRTF: **\$116,860** per episode
 - **Daily rate of \$125 vs \$649.22**

The intercept service model has significantly reduced the burden on state budgets:

- The average daily rate range is \$115 to \$170, depending on the state
- **Direct Cost Comparison:** The average cost per Intercept episode is **\$15,000**, compared to **\$30,000** for residential services in Massachusetts.
- **Oklahoma ROI:** Generated **\$2,684,516** in savings per **100** youth compared to E-level PRTF (Psychiatric Residential Treatment Facility) care.
- **North Carolina Projections:** Realized **\$2.1 million** in cost-savings by discharging 82% of episodes to non-residential community services without crisis follow-ups

Expand Specialized Services:

Fund in-state ASD/IDD residential options and trauma-focused programs.

Justification

- **58%** of individuals referred to the MATCH Clinical Team had an ASD diagnosis
- Of the individuals with ASD who were referred to the MATCH Clinical Team,
 - **64%** experienced an escalation in behavioral symptoms despite community care prior to MATCH referral
 - **49%** reported a lack of access to specialized care within the state
 - **20%** reported being denied admission to PRTF/CSU services due to an ASD/IDD diagnosis

Strengthen Cross-agency Coordination

Justification

- MATCH case review services are designed to prevent individuals from out-of-home placements such as PRTFs and CSUs. **Interestingly, the most common type of entity referring to the MATCH Clinical Team is PRTFs/CSUs**, which are experiencing challenges with discharge planning/placement for individuals with complex needs.
 - **15% of all referrals to the MATCH Clinical Team come from PRTFs/CSUs**
 - High PRTF/CSU referral rates suggest they experience challenges in discharge planning/placement and show the need for faster cross-agency coordination and rapid response pathways.
- MATCH pilots demonstrate potential impact for strengthened coordination
 - Enhanced ED navigation through MATCH View Point Health ED pilot reduced **ED readmission rates to ~8%**
 - **70% of individuals discharged** from residential and in-community pilot programs were discharged to a lower level of care
 - **75% of individuals served** in residential and in-community pilots demonstrated a decrease in treatment disruptions due to behavior.
 - **MATCH eligibility criteria include** a requirement that individuals served have a history of treatment disruptions and are at imminent risk of additional disruptions, such as out-of-home placement.

Youth Villages Intercept Financial Impact

Georgia Intercept cost: **\$16,500** per episode vs PRTF: \$116,860 per episode

- **Daily rate of \$125 vs \$649.22**

Intercept has reduced the burden on state budgets:

- **Intercept Cost Difference:** Approx. **50% of the cost** institutional care
 - Average daily rate range is \$115 to \$170, depending on the state (Massachusetts, Oklahoma, North Carolina)
- **Direct Cost Comparison:** The average cost per Intercept episode is **\$15,000**, compared to **\$30,000** for residential services in Massachusetts.
- **Oklahoma ROI:** Generated **\$2,684,516** in savings per 100 youth compared to PRTF care.
- **North Carolina Projections:** **\$2.1 million** in cost-savings by discharging 82% of episodes to non-residential community services without crisis follow-ups

Youth Villages Intercept Clinical Outcomes

Clinical Outcomes and Stability (Massachusetts)

- **ED Boarding Solution:** 71% reduction in pediatric psychiatric boarding in EDs
- **Clinical Stability:** 71% experienced no further suicidal ideation, self-harm, or hospitalization
- **Placement Stability:** 84% to 97% of youth living at home or independently one year post-discharge.
- **Education Engagement:** Over 90% of youth are attending school, have graduated, or earned a GED one year post-discharge.
- **Legal Diversion:** 91% to 98% of youth have no further involvement with the criminal justice system post-discharge.
- **Treatment Dosage:** 94% of families remain engaged for at least 60 days and receive therapeutic dose



SHARE Report to BHCC on Supported Housing in Georgia

2026 Recommendations

February 5, 2026

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The Supported Housing Advisory Committee for Residential Experiences was created by DBHDD
“to advise the Department on matters relating to supported housing and supported housing services

1. To identify barriers to creating and sustaining supported housing and provide recommendations to the Department to address these barriers.
2. To recommend improvements to the Department for existing programs.
3. To provide recommendations of “best practices” to improve quality of services.
4. To facilitate communication among Department staff, providers of services, service recipients, parents/guardians/advocates of people receiving services, and other public and private entities involved in delivering services.
5. To facilitate collaboration and coordination among public and private housing and service providers.

The structure of the Committee was intended to reflect “DBHDD’s long-term commitment to housing as an essential part of the recovery continuum in Georgia.” Input and advice was expressly directed to extend far beyond implementation of the *Olmstead* Settlement Agreement between the State and the US DOJ.

Members Bring Diverse Expertise and Perspectives

- DBHDD Office of Supportive Housing and other Office
- DCA Special Housing Initiatives and Other Offices
- Department of Community Supervision
- Providers of Housing and Supportive Services
- Atlanta Legal Aid Society
- Georgia Advocacy Office
- Georgia Supportive Housing Association
- Corporation for Supportive Housing
- Consumer Advocates
- Disability Advocates
- Continuum of Care Agencies
- Community Service Boards
- Others

What Is Supportive Housing?

- Supportive housing combines affordable housing assistance with voluntary tailored support services that help people who face the most complex challenges live independently with stability and dignity. Those challenges present complex barriers to housing, including unemployment, mental illness, substance use disorder, history of incarceration, long-term homelessness, one or more disabilities, survivors of domestic violence, youth exiting foster care, re-entry from jail or prison, and other challenges.
- Supportive housing is a cost-effective and data-driven solution that addresses the needs of chronically homeless people and other vulnerable populations for permanent housing that reduces involvement in high-cost crisis response systems such as emergency rooms, interactions with law enforcement and incarceration, and emergency shelters.
- Supportive Services are designed to build independent living and tenancy skills and connect people with community-based healthcare, treatment, and employment services.
- Supportive Housing is a three-legged stool relying on
 - Housing Availability
 - Housing Subsidies
 - Supportive Services

SHARE Committee 2026 Recommendations

The SHARE Committee was created by DBHDD to advise the Department on supportive housing, to engage with other agencies and organizations, to identify barriers to creating and sustaining supportive housing and recommend ways to address them, to provide resource and policy recommendations, and for other purposes.

Support Funding for PSH and Homelessness Responses

- Appropriate increased funding to the Georgia Housing Voucher Program (GHP) for vouchers, supports, and program operations to address unmet need for supportive housing and wrap around services.
- Governor has recommended:
 - \$9.3 Million to DBHDD for Georgia Housing Voucher Program to fund 404 new vouchers and supportive services for chronically homeless people with severe and persistent mental illness under Olstead Settlement Agreement with US DOJ. (FY 2027 Budget)
 - \$50 Million to DCA for one time funding for flexible local grants to local governments and non-profits offering matching funds for transitional housing, emergency shelter, street outreach, support services for MH and substance use treatment (FY 2026 Amended Budget)

Identify and Work to Address Unmet Need for PSH

- Use accurate state specific data to measure the unmet need for SH.
- Adopt measurable goals to gradually eliminate the unmet need for SH.
- Work to address the needs of populations outside the scope of the *Olmstead Settlement Agreement*.
- Continue and expand work through DCA and DBHDD to develop a strong network of housing and support service providers to meet the needs of this population statewide.
- Advocate for increased funding for PSH to address unmet need.
- Address gaps to strengthen outreach to unsheltered homeless, people in institutions, people leaving prisons and jails, etc.

Maximize Access to Federal Funds for Supportive Housing

- Foster Youth – Fostering Youth to Independence Vouchers
- Low Income Housing Tax Credits to support construction of PSH
- Expand Medicaid
- HCBS Medicaid waiver for non-institutional MH services- **SB 428**
- Strengthen and expand SOAR supports for eligible people to receive benefits that support access to PSH
- Pursue new opportunities

Recognize Shifts and Reductions in Federal Funding Priorities and Prioritize Use of State Funds to Fill Those Gaps, Aligned with Established Best Practices

- Ensure that populations needing long term permanent housing can access housing and services.
- Utilize state resources to supplement federal programs and funding to meet the need for services not reimbursed by Medicaid, to cover housing for those not served by federal Housing Choice Vouchers, to prevent homelessness, etc.
- Put policies in place to prevent loss of housing and services in the event of loss or reduction of federal funds.

Ensure Sustainability for Existing Supportive Housing

- Support annual appropriations to GHVP that meet the demands of inflation and rising costs of rent and services to avoid erosion of the number of clients able to be served and address growth tied to increased need.
- Ensure provider rates are adequate.
- Perform a rate study of community residential rehabilitation (CRR) to provide for sustainability and increase capacity. CRR serves a population that cannot be served in traditional shelters and is important to assist people exiting institutional settings, including the forensic population.

Continue to Measure and Evaluate the Effectiveness of SH and Related Cost Savings to Public Systems

Oppose criminalization of homelessness. (Oppose HB 295)

Expand housing access for those impacted by Justice system.

Strengthen in-reach initiatives to connect people exiting jail or prison, and who have a behavioral health needs or substance use disorder, with housing and services (i.e., GHVP, PSH) to aid reentry and community integration.

- Increase funding for jurisdictions seeking support for re-entry in-reach services.
- Increase and fund housing that provide a short-term bridge to stability upon release prior to securing permanent housing.
- Initiate in-reach re-entry connection efforts earlier, at least 12 months in advance for housing and services.

Seek Recurring Appropriations to Establish and Maintain a Statewide *Supportive Services Transformation Fund (SSTF)*

- **Supportive Services Grants:** Provide funds for non-Medicaid eligible services for DBHDD service providers to provide non-time-limited services that assist individuals with disabling behavioral or physical health conditions who are homeless, at risk of homelessness, or are unnecessarily institutionalized so they can maintain housing stability and improved quality of life.
- **Capacity Building:** Provide resources for technical assistance and capacity building, including training and staff compensation, allowing service providers to develop and sustain high-quality service delivery systems and build administrative capacity to leverage and bill Medicaid as is appropriate and feasible.
- **Evaluation of Need:** Allocate funds to conduct a statewide supportive housing needs assessment and evaluate the outcomes of the Supportive Services Grant program. This helps the state assess current investments, understand supportive housing and services gaps, and track the grant program's progress.



Thank You!

Elizabeth J. Appley
Chair, SHARE Committee

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Closing Comments

Next BHCC Meeting:

May 14th, 2026

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Georgia Department of Behavioral Health & Developmental Disabilities

