

Behavioral Health Coordinating Council Meeting

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

May 8, 2025



Agenda

Roll Call

Call to Order

Recovery Speaker

Action Items

- February 11, 2025 Meeting Minutes

Mental Health Conditions –
Maternal Mortality

BHCC Initiative Updates

- Mindworks Georgia
 - MATCH
-

Next Meeting Date

Roll Call

Chelsea Nabritt

Board and Special Project Manager

Call to Order

Kevin Tanner
Commissioner

Recovery Speaker

Jen Banathy

Georgia Mental Health Consumer Network

Action Items:

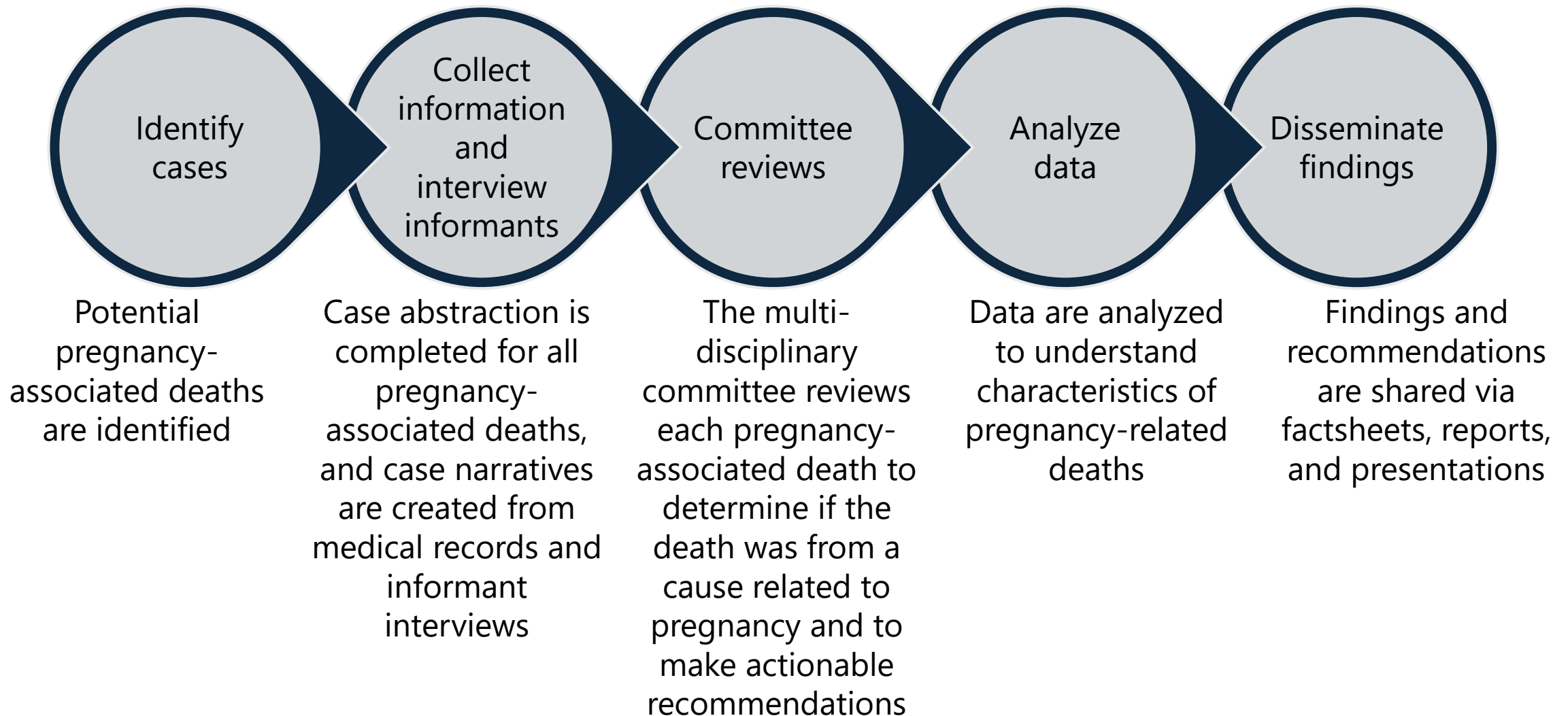
- February 11, 2025 Meeting Minutes

Mental Health Conditions

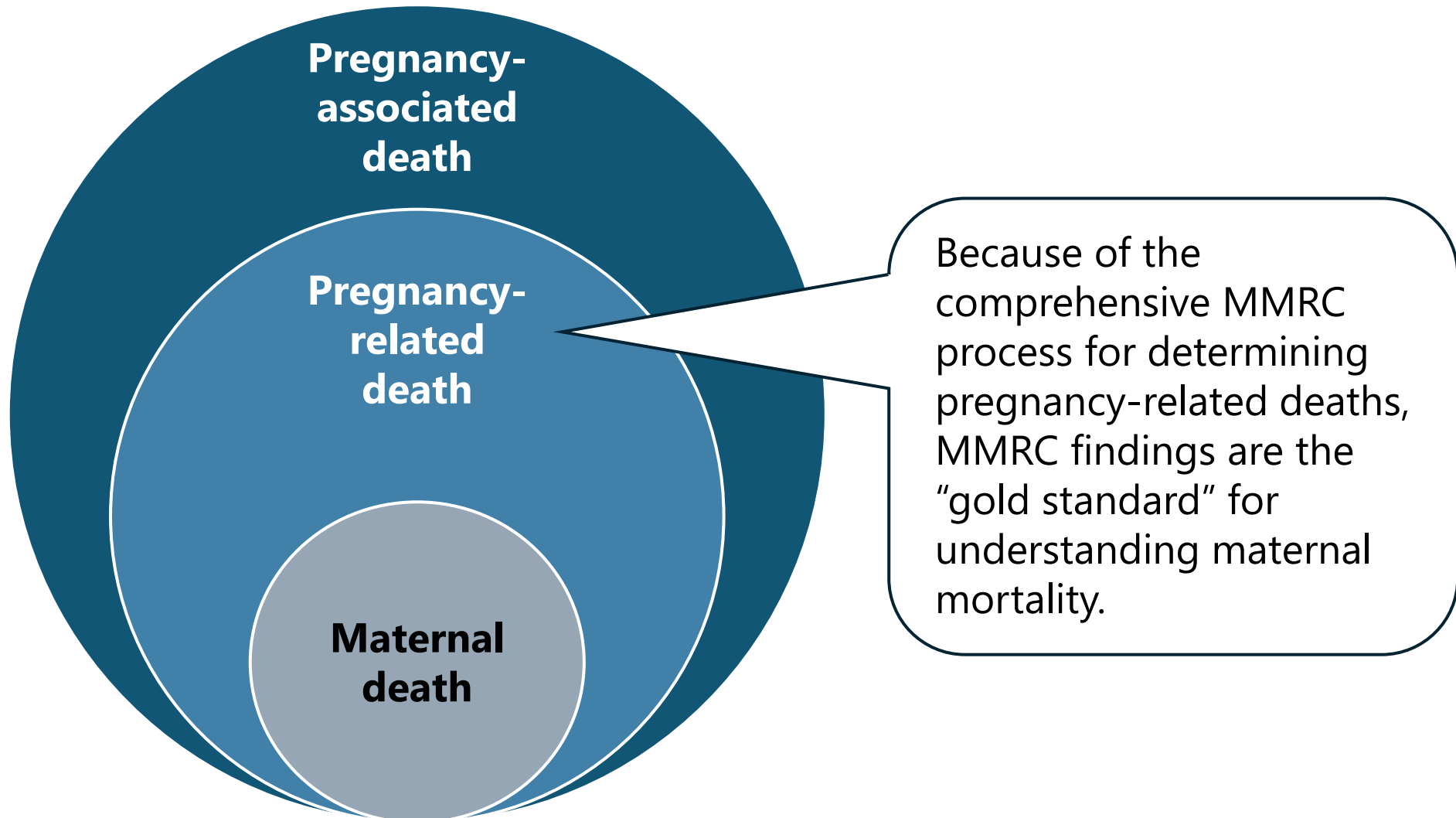
Maternal Mortality

Behavioral Health Coordinating Council / Katie Kopp, MPH / May 8, 2025

CDC's Maternal Mortality Review Process Followed



Pregnancy-Related Deaths: Deaths during or within a **year** of pregnancy from **causes related to pregnancy**.



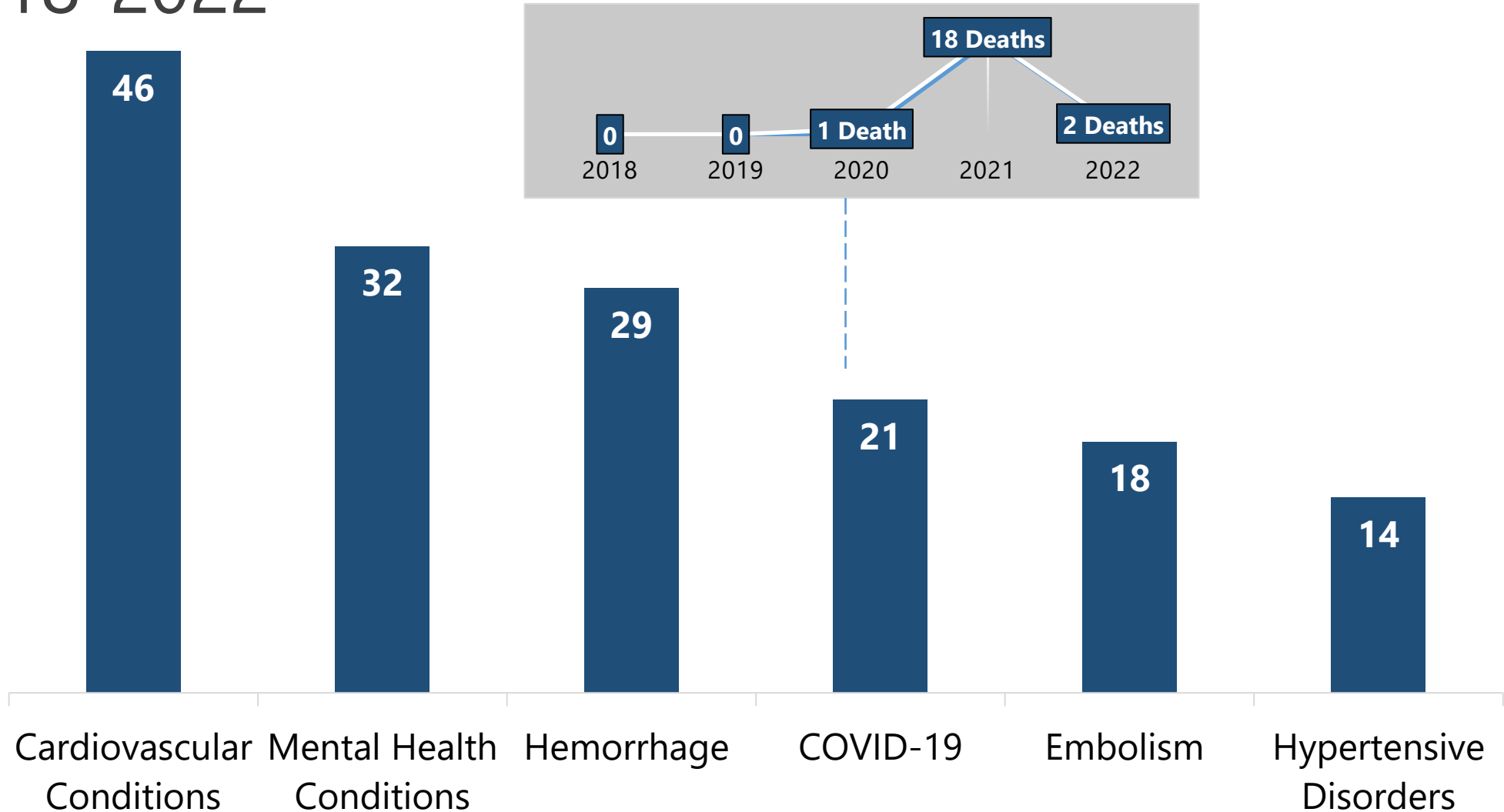
Pregnancy-Related Deaths

Criteria for Suicide and Unintentional Overdoses

- Pregnancy Complication
 - Increased pain attributable to pregnancy or postpartum leading to self-harm or drug use (cesarean incision perineal tear pain)
 - Traumatic event in pregnancy or postpartum leading to self-harm or increased drug use
- Chain of Events Initiated by Pregnancy
 - Depression diagnosed in perinatal period resulting in suicide
 - Relapse leading to overdose due to decreased tolerance
 - Inability to access treatment due to pregnancy
- Aggravation of Underlying Condition by Pregnancy
 - Preexisting depression exacerbated in the postpartum period

Leading Causes of Pregnancy-Related Deaths 2018-2022

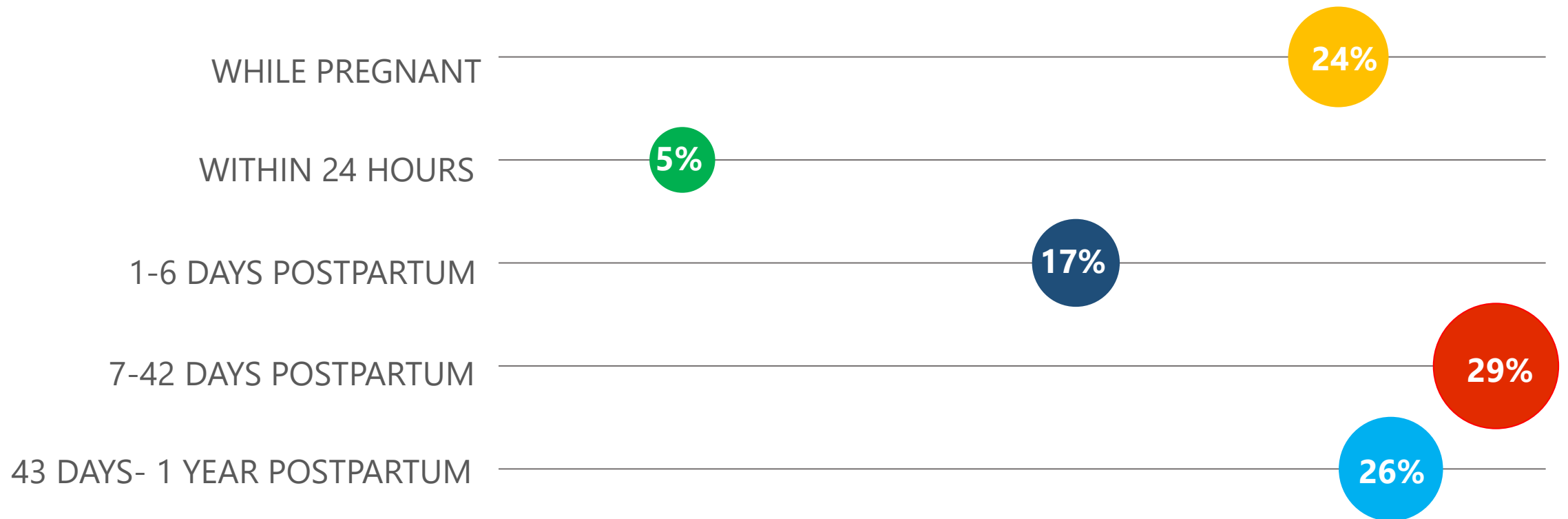
Number of Pregnancy-Related Deaths



Data Source: Maternal Mortality Review Information Application (MMRIA) & Maternal Mortality Review Committee (MMRC)

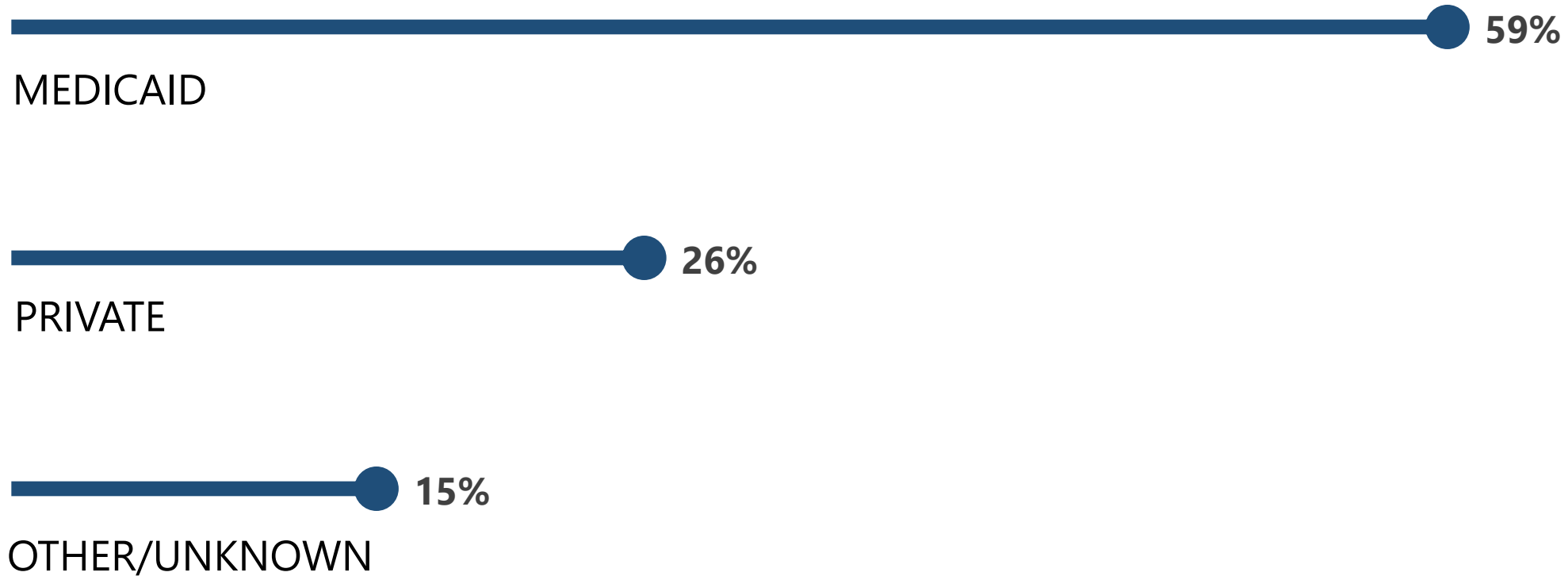
Pregnancy-Related Deaths: Timing

2019-2021, n133



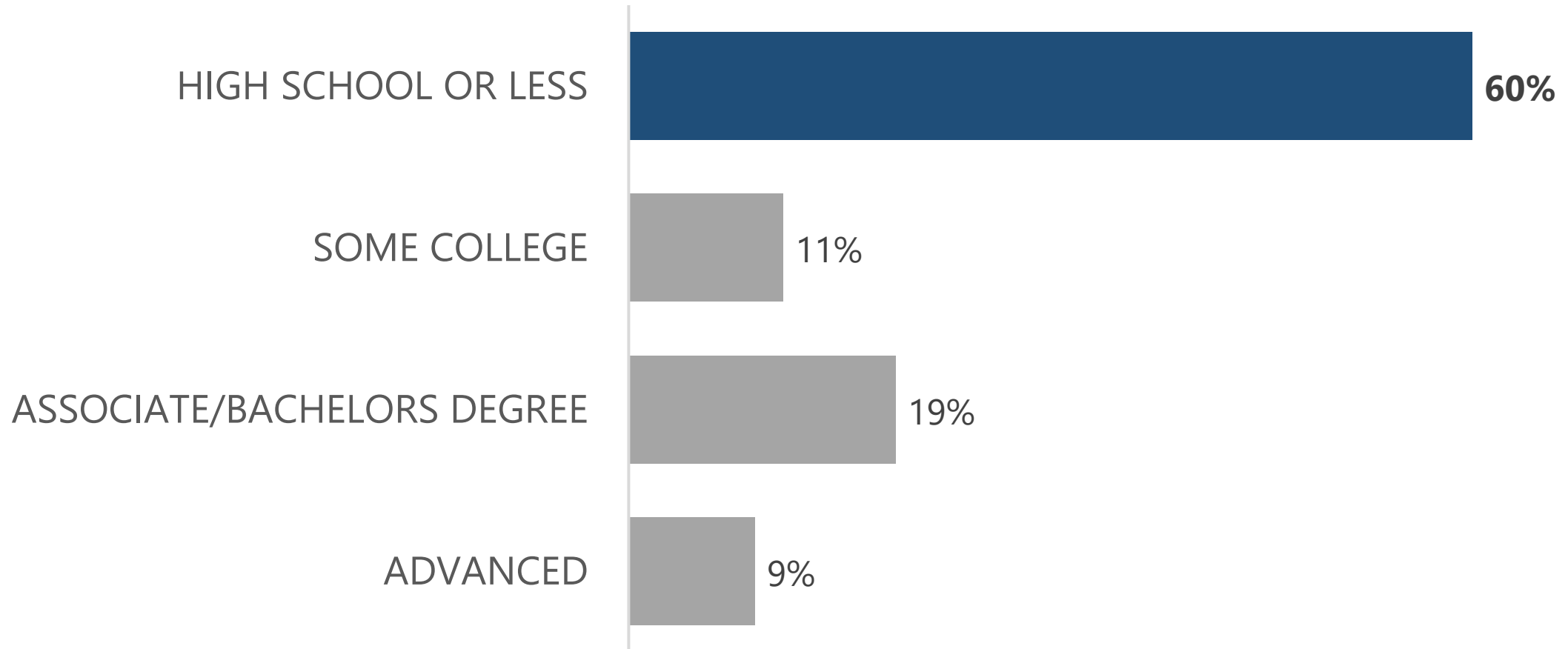
Pregnancy-Related Deaths: Medical Coverage

2019-2021, n=133



Pregnancy-Related Deaths: Education

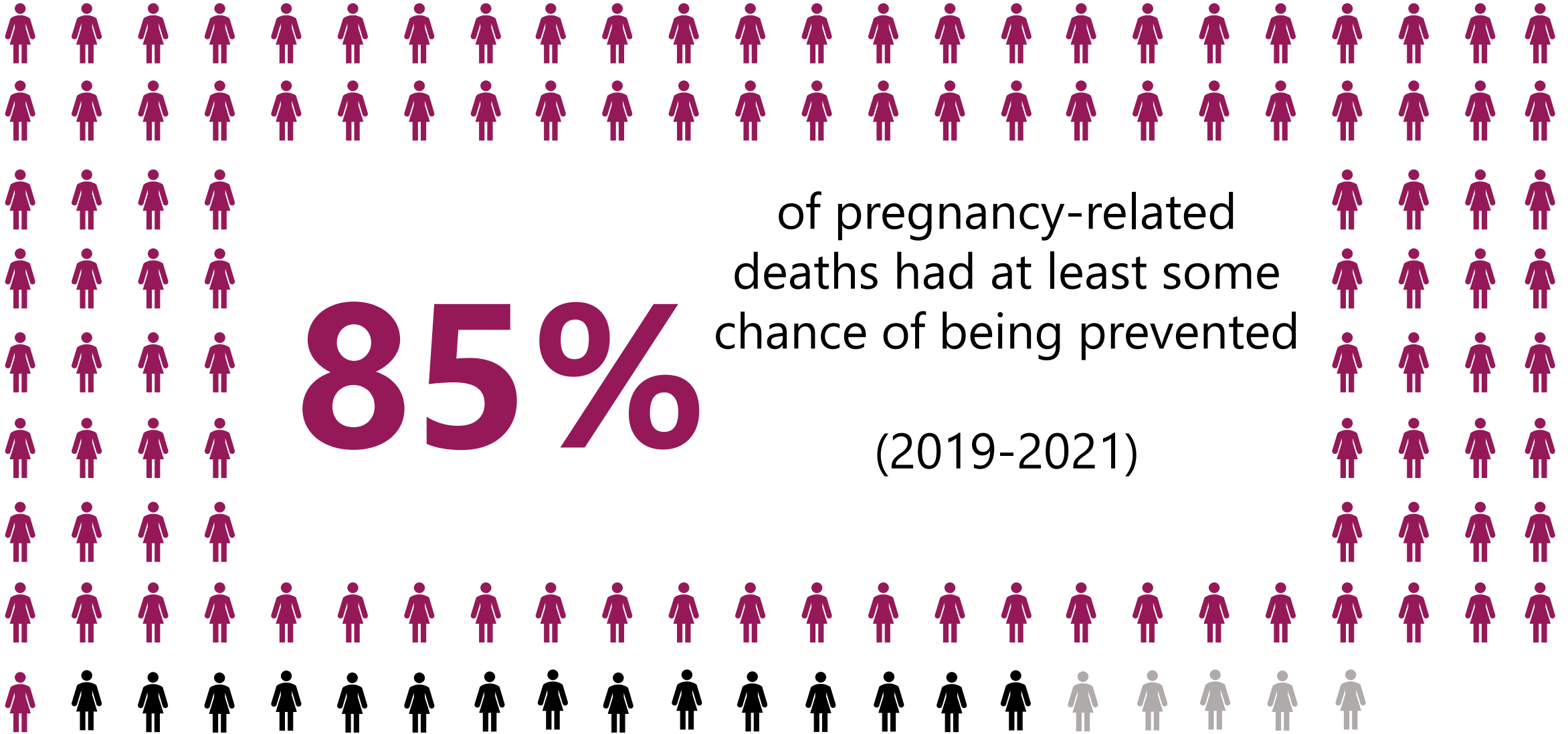
2019-2021, n=132



*Education level was unknown for one pregnancy-related death

85%

of pregnancy-related
deaths had at least some
chance of being prevented
(2019-2021)



113 PREGNANCY-RELATED
DEATHS HAD AT LEAST SOME
CHANCE OF BEING PREVENTED



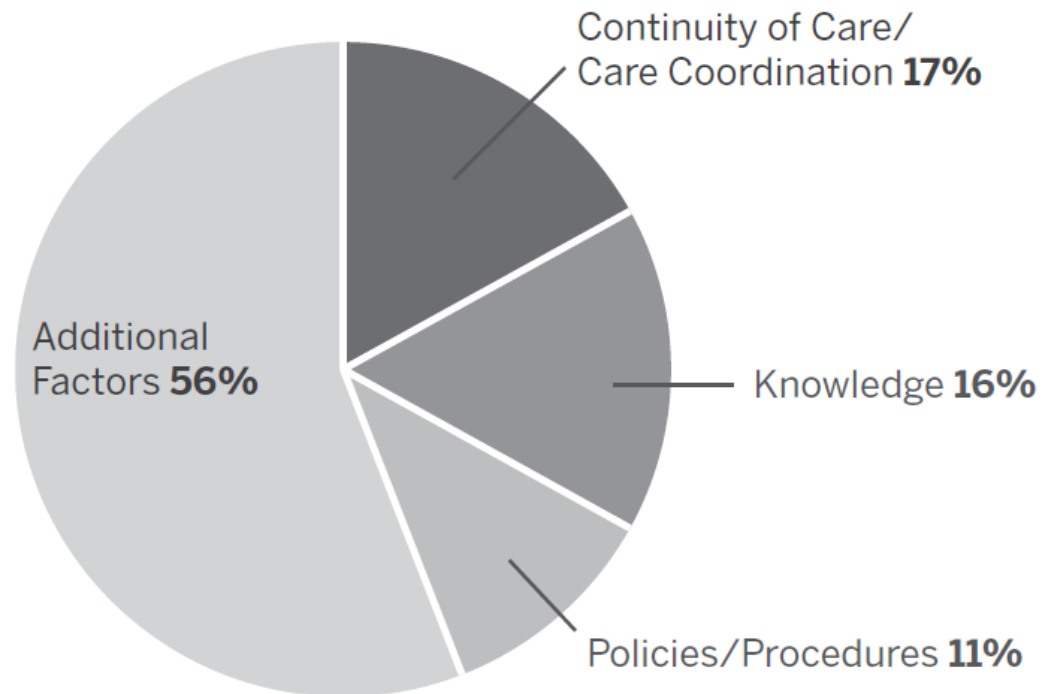
15 PREGNANCY-RELATED
DEATHS HAD NO CHANCE
OF BEING PREVENTED



5 PREGNANCY-RELATED
DEATHS WERE UNABLE TO
BE DETERMINED

Contributing Factors

Figure 31 Factors Contributing to Pregnancy-Related Mental Health Deaths, Georgia, 2021



Continuity of Care/Care Coordination

- There was a lack of care coordination between all providers.
- Patients needed regular care throughout the first year postpartum.
- The correctional system did not have medical care immediately available.
- Behavioral health care was not integrated into obstetric care.
- Providers did not consult with psychiatry when indicated.

Knowledge

- Families needed more education on postpartum depression signs and symptoms.
- Families were not involved in safety plan development to educate the family and ensure the home environment was safe.
- Providers did not thoroughly address substance use disorders during pregnancy.
- Patients and families needed more education on mental health resources.

Policies/Procedures

Facility lacked basic policies or infrastructure germane to the individual's needs:

- Individuals were easily able to obtain firearms.
- Providers assessed for intimate partner violence with the partner in the room.
- There were no policies and procedures in place to refer individuals with a positive score on depression screenings to treatment.
- Hospitals discharged patients prior to stabilization.

Additional Factors

Access/Financial Barriers

- Patients lacked access to mental health treatment during pregnancy.
- Individuals were not able to see a therapist due to financial barriers.
- Individuals experienced barriers to accessing mental health care while incarcerated.

Outreach to Community Organizations

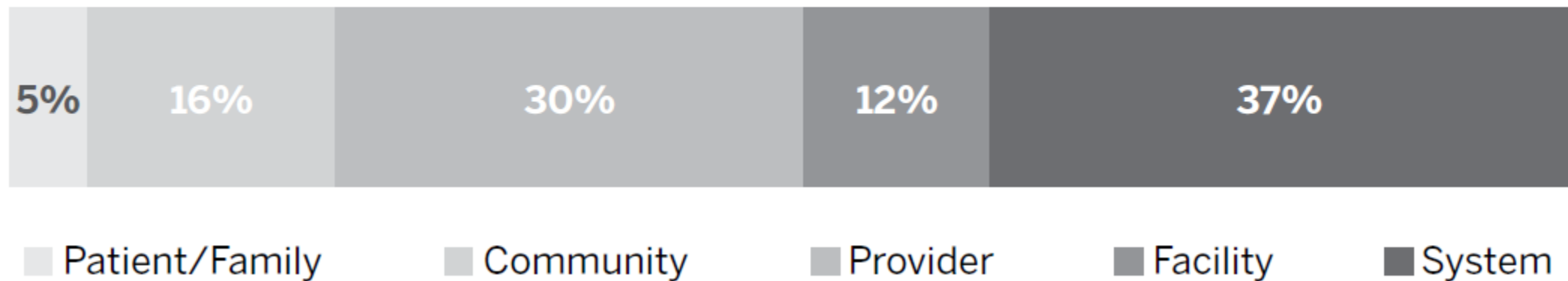
- Patients lacked grief support services after infant loss
- Patients needed community programs and resources, including peer support groups and home visiting services.

Violence

- Intimate partner violence contributed to an individual's mental health challenges.

Recommendations for Prevention

Figure 32 MMRC Recommendations for Pregnancy-Related Mental Health Deaths, Georgia, 2021



Recommendations for Providers

- Patient education on postpartum depression
- Follow-up through one year postpartum
- **Consult with psychiatrist or PEACE for Moms**
- Coordinate obstetric and mental health care
- Implement trauma-informed assessment and care
- Safety plan with patients and families
- Screen for IPV and mental health conditions in all care settings and refer for treatment

Recommendations for Facilities

- Conducting risk assessment and safety planning prior to discharge
- Implementing trauma-informed protocols for assessing and responding to intimate partner violence

Recommendations for Communities

- Peer support groups
- Culturally responsive services for survivors of intimate partner violence
- Community education on perinatal mood and anxiety disorders

Recommendations for Systems

- Case management up to one year postpartum
- Care coordination up to one year postpartum
- Increased access and coverage for support services, including peer support specialists, doulas, community health workers, home visitors, patient navigators, and case managers
- Establishment of perinatal psychiatry inpatient program
- Increased Medicaid reimbursement for psychotherapy
- Adequate medical and mental health care in the correctional system

DPH Initiatives

- PEACE for Moms provides perinatal psychiatrists who consult with primary care providers and obstetricians on medication management during the perinatal period. The program also offers skills groups to prevent perinatal depression.
- Postpartum Support International, Georgia Chapter launched a program in 2024 to fund therapy sessions for individuals with mental health conditions during pregnancy and postpartum.
 - 1,209 funded therapy sessions
 - Scholarship funding for 12 providers to complete PMH-C exam
 - 350 providers trained in 3 years

Questions?

For more information, please contact:

Katie Kopp, MPH

Director, Maternal Programs

Office of Women's Health

(404) 551-5970

kaitlyn.kopp@dph.ga.gov

BHCC Initiatives

Mindworks Georgia

Renee Johnson, Executive Director, Mindworks GA
Center of Excellence for Behavioral Health and Wellbeing
May 8, 2025



Georgia Department of Behavioral Health
& Developmental Disabilities

Overview

2024-2026
Strategic Plan
Implementation
Update

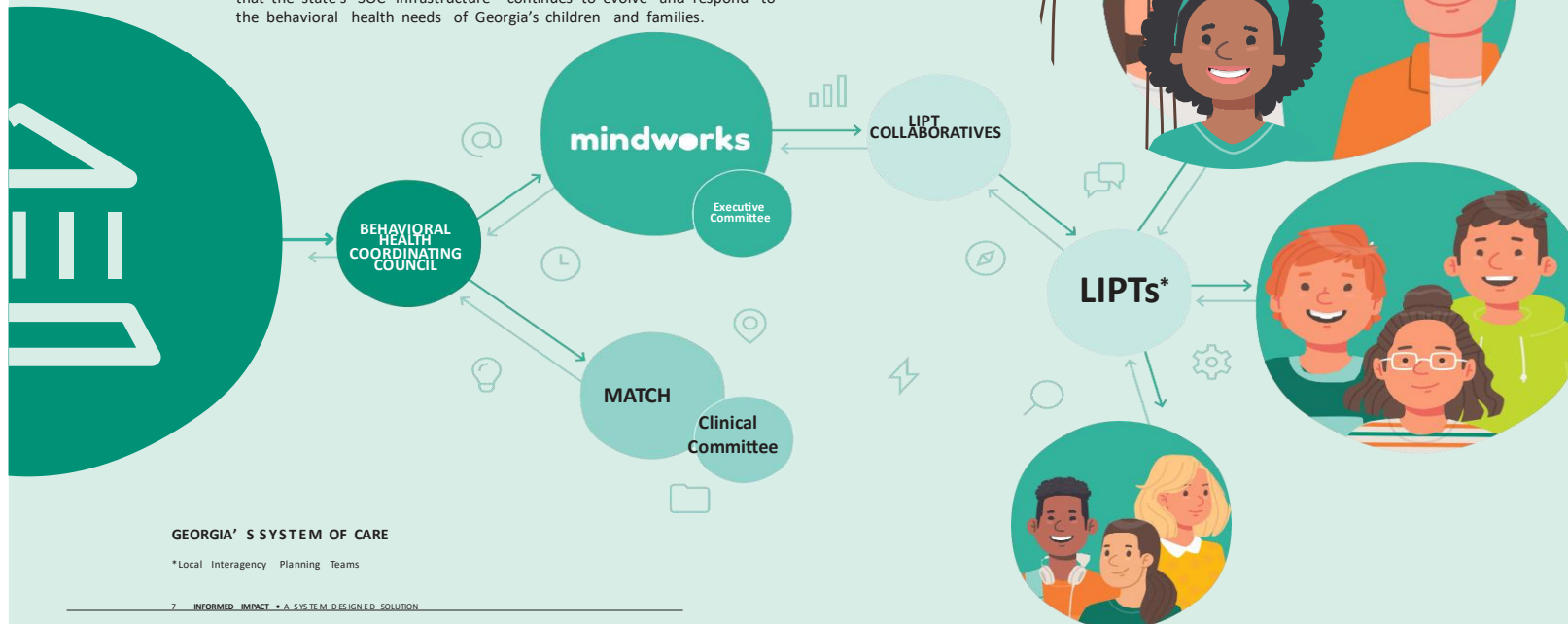
Next Steps

The Georgia System of Care

Informed Impact

Our promise to deliver *informed impact* is predicated on Georgia's System of Care (SOC) infrastructure. Silos are eliminated as we open a continuous collaboration flow and communication loop between the highest echelons of Georgia state government to beneficiaries. The work, as a result, is humanized as intents are monitored along the way to confirm realities at the service level.

This systems-level thinking, and action allows us to rally around shared goals. Sustained investment in this robust framework will help ensure that the state's SOC infrastructure continues to evolve and respond to the behavioral health needs of Georgia's children and families.



Mindworks Executive Committee

- **Adrian Johnson**, *Deputy Director, Division of Behavioral Health, GA_DBHDD*
- **Ann DiGiralomo**, *Director, Behavioral Health and COE, Georgia Health Policy Center*
- **Bonnie Hardage**, *Executive Director, Jessie Parker Williams Foundation*
- **Dahlia Bell Brown**, *Program Officer, Robert W. Woodruff Foundation*
- **John Constatino**, *Chief, Center for Behavioral and Mental Health, Children's Healthcare of Atlanta*
- **Judy Fitzgerald**, *Executive Director, Voices for Georgia's Children*
- **Laura Lucas**, *Infant & Early Childhood Mental Health Director, DECAL*
- **Lisa Mantz**, *Deputy Commissioner, Division of Treatment and Care, GA_DJJ*
- **VACANT, GA_DOE**
- **Maxine Elliott**, *Deputy Executive Director - Service, Delivery & Administration Medical Assistance Plans Division, GA_DCH*
- **Michael Smith**, *Director of Behavioral Health, GA_DCH*
- **VACANT, GA_DFACS**

Mindworks Convenings by the Numbers

Meeting Type	Meeting Count	Avg # of Attendees	# of Agencies	# of Person-Hours
Mindworks Collaborative	9	58	31	1313
Workgroups				
Equitable Access	7	16	13	112
Sustainable Workforce	5	10	10	49
Whole Person Health	5	11	10	55
Purposeful Funding	9	10	9	122
System Evaluation	8	8	5	78
TOTAL MEETING COUNT	43		TOTAL PERSON-HOURS	1729



EQUITABLE
ACCESS



SUSTAINABLE
WORKFORCE



WHOLE- PERSON
HEALTH



PURPOSEFUL
FUNDING



SYSTEM
EVALUATION

Priorities

The thought of complex systems-level change can at times feel overwhelming. The sheer number of moving parts and players can make it difficult to understand what matters most and where a good starting point might be to affect change. Near-term tasks and responsibilities can obscure a vision for a brighter future when the stress of decision-making and deadlines loom daily. To address this complexity, we have prioritized the path ahead to ensure that decisions, resources, and efforts are focused to accomplish our goals.

Workgroups & Co-Leads

Equitable Access

Jewell Gooding (*Silence the Shame*)
Bhavini Solanki-Vasan
(*Amerigroup*)

Purposeful Funding

Ashleigh Caseman (DBHDD)
Alex Fontana (DBHDD)
Cody Whitlock (DCH)
Emily Yona (DCH)

Whole Person Health

Anthony Catlin (DBHDD)
Callan Wells (*GEEARS*)

Sustainable Workforce

Thandiwe Harris (DBHDD)
Hannah Schelle (DBHDD)

System Evaluation

Christa Payne (COE)

Equitable Access

Objective 1	Increase awareness of and counteract stigma toward mental and substance-use disorders
Objective 2	Reduce barriers to care
Objective 3	Advance expanded roles and capacity of child-serving state agencies and community-based organizations in prevention and early intervention

Equitable Access Progress Tracking

OBJECTIVE 1	Increase awareness of and counteract stigma toward mental and substance-use disorders	STATUS
Strategy 1a	Promote evidence-based two-generational whole-school, whole-community, whole-child approaches that provide parents, educators, school staff, and childcare providers access to training on how to communicate effectively about behavioral health	In Progress
ACTION 1	Create and disseminate a user-friendly toolkit that includes evidence-based resources, messaging strategies, and best practices for communicating about mental and substance-use disorders ➤ This action item aligns with the 2024 BHRIC Children and Adolescents priority recommendation to expand the implementation of family-integrated care	Started
ACTION 2	Provide community education and establish training pathways that aligns with 2Gen components to identify gaps and opportunities for new initiatives	Not Started
ACTION 3	Identify and leverage existing campaigns, (e.g., Mental Health Awareness Month, Free Your Feels campaign) that utilizes social media, local events, and educational workshops aimed at raising awareness about mental health and counteracting stigma	Started

Equitable Access Progress Tracking

OBJECTIVE 1 (continued)	Further mental health literacy through outreach, training, and technical assistance	STATUS
Strategy 1b	Analyze and publicize data on key topics	<i>In Progress</i>
ACTION 1	Create a comprehensive inventory of community-based organizations and clinicians serving ages 0-21 in Georgia offering education, resources linkages	Started
ACTION 2	Create a comprehensive toolkit that includes informational resources, educational materials, and best practices for mental health literacy targeting infants, youth, young adults, and families, including guides, infographics, videos, and training modules	Started
ACTION 3	Finalize the target audience for needed mental health literacy so that materials are specific to that group as well as ensure a collective message/language	Not Started

Equitable Access Progress Tracking

OBJECTIVE 1 (continued)	Further mental health literacy through outreach, training, and technical assistance	STATUS
Strategy 1c	Conduct statewide training and capacity building on how ACEs impact and drive poor behavioral health outcomes across Georgia's System of Care	<i>Not Started</i>
ACTION 1	Develop a Statewide Training Curriculum on ACEs using existing resources and partnerships	Not Started
ACTION 2	Recruit community leaders, educators, and healthcare providers who are committed to mental health awareness and can act as local champions to facilitate training in their communities	Not Started

Equitable Access Progress Tracking

OBJECTIVE 1 (continued)	Further mental health literacy through outreach, training, and technical assistance	STATUS
Strategy 1d	Establish a youth and family council for the state	<i>Not Started</i>
ACTION 1	Draft a charter outlining the goals, responsibilities, and eligibility criteria for the council	Not Started
ACTION 2	Conduct outreach to at least 5 existing youth and family councils to identify best practices and analyze potential funding sources for family compensation	Not Started

Equitable Access Progress Tracking

OBJECTIVE 2	Reduce barriers to care	STATUS
Strategy 2a	Further screening for social drivers of health and other barriers that hinder care coordination and develop enhanced referral mechanisms	<i>Not Started</i>
ACTION 1	Identify evidence-based screening tools that assess social drivers of health (SDOH) and the organizations that utilize them ➤ <i>This action item aligns with the 2024 BHRIC SDOH Advisory Committee priority recommendation to invest in screening tools and closed loop referral systems</i>	Not Started
ACTION 2	Design and implement a community outreach campaign to educate families and youth about available resources, the importance of addressing social drivers of health, and how to access care	Not Started

Equitable Access Progress Tracking

OBJECTIVE 2 (continued)	Reduce barriers to care	STATUS
Strategy 2b	<i>Promote culturally competent outreach and community responses through a multidisciplinary, 24/7 model of care to improve behavioral health outcomes throughout the state</i>	<i>Not Started</i>
ACTION 1	Utilize CLAS standards as the method to train providers and community organizations about cultural competence within their organizations	Not Started
ACTION 2	Develop a comprehensive plan where each MindWorks member organization commits to getting trained and ensuring annual CLAS trainings with their organization	Not Started
ACTION 3	Encourage organizations to distribute customer surveys to assess cultural competence. These surveys can enhance future surveys and provider/organization training	Not Started

Equitable Access Progress Tracking

OBJECTIVE 3	Advance expanded roles and capacity of child-serving state agencies and community-based organizations in prevention and early intervention	STATUS
Strategy 3a	<i>Review and highlight statewide community-based prevention and early intervention resources</i>	<i>Not Started</i>
ACTION 1	Form a subcommittee from the workgroup to identify and catalog existing community-based prevention and early intervention resources statewide, including directories of services, programs, and agencies	Not Started
ACTION 2	Create and enforce a quarterly reporting mechanism for stakeholders to update the database with new resources or changes to existing services	Not Started

Equitable Access Progress Tracking

OBJECTIVE 3 (continued)	Advance expanded roles and capacity of child-serving state agencies and community-based organizations in prevention and early intervention	STATUS
Strategy 3b	<i>Promote screenings and early intervention activities in non-clinical targeted settings such as schools, child development centers, FQHC's and other community settings</i>	<i>Not Started</i>
ACTION 1	Collaborate with the Infant and Early Childhood Mental Health (IECMH) taskforce to promote to schools, child development centers, and community organizations to integrate standardized screening tools for behavioral health into their existing protocols	Not Started
ACTION 2	Collaborate with the Georgia Association of Infant Mental Health (GA-AIMH) to promote training on the use of screening tools, how to engage youth and families in discussions about behavioral health, and how to facilitate referrals to appropriate resources	Not Started

Sustainable Workforce

Objective 1	Foster a vibrant and diverse behavioral health workforce
Objective 2	Enhance capacity building
Objective 3	Assess behavioral health workforce needs

Sustainable Workforce Progress Tracking

OBJECTIVE 1	Foster a vibrant and diverse behavioral health workforce	STATUS
Strategy 1a	Engage communities in system-of-care planning, outreach, program development and evaluation	<i>In Progress</i>
ACTION 1	<p>Work with DBHDD partners and 0-3 serving professionals to facilitate engagement (focus groups, interviews, etc.) with current peer workforce and peers involved in DBHDD's Community of Practice to identify challenges, opportunities for growth, and what has been done so far</p> <p>➤ <i>This action item is aligned with the 2024 BHRIC priority recommendation to strengthen Georgia's peer support workforce</i></p>	Started

Sustainable Workforce Progress Tracking

OBJECTIVE 2	Enhance capacity building	STATUS
Strategy 2a	<i>Promote coordinated behavioral health training across the child-serving workforce</i>	<i>In Progress</i>
ACTION 1	Examine children's (0-3 to adolescent) BH training alignments and gaps via updating the State Children's Mental Health Workforce Development Plan (Matrix of Training); Determine trends	Started
ACTION 2	Develop a coordinated learning management system (LMS) for the child-serving BH workforce (Expand on Georgia THRIVE LMS)	Not Started
Strategy 2b	<i>Further, expand behavioral health career pathways and mentoring programs</i>	<i>In Progress</i>
ACTION 1	Certification of community health workers ➤ <i>HB 291 legislation introduced during 2025 legislative session</i>	Started

Sustainable Workforce Progress Tracking

OBJECTIVE 2 (continued)	Enhance capacity building	STATUS
Strategy 2c	<i>Support interstate licensure simplification</i>	<i>Not Started</i>
ACTION 1	Interstate compact for school psychologists and other professions and its effects on Georgia BH WF – Produce a communication on the updates ➤ <i>Aligns with BHRIC Workforce Subcommittee recommendation</i> ➤ <i>HB 81 legislation passed during the 2025 legislative session</i>	Not Started
ACTION 2	Regularly evaluate the licensure landscape ➤ <i>Last reviewed by BHRIC Workforce Subcommittee in 2024</i>	Not Started

Sustainable Workforce Progress Tracking

OBJECTIVE 3	Assess behavioral health workforce needs	STATUS
Strategy 3a	<i>Identify, quantify, and describe the behavioral health workforce throughout the state</i>	<i>In Progress</i>
ACTION 1	Develop one-pager on how the Behavioral Health workforce is affected by the system of care	Started
ACTION 2	Update the Child and Adolescent Behavioral Health workforce document created in 2022	Started
Strategy 3b	<i>Pursue state plan amendments in collaboration with DCH for new provider classes and expanded scope and settings for interns and associates</i>	<i>Not Started</i>
ACTION 1	TBD	N/A

Whole Person Health

Objective 1

Increase care coordination to ensure that children and families can move seamlessly across the continuum of care

Objective 2

Expand the integration of mental and primary care services in primary care clinics across the state

Objective 3

Support whole person health of the behavioral health workforce

Whole Person Health Progress Tracking

OBJECTIVE 1	Increase care coordination to ensure that children and families can move seamlessly across the continuum of care	STATUS
Strategy 1a	<i>Highlight collaborative best practices across youth-serving agencies, including mental health agencies, child welfare, juvenile justice, education, public health, care management organizations, and pediatric primary care</i>	<i>In Progress</i>
ACTION 1	Make policy change recommendations to make these systems easier to navigate	Started
ACTION 2	Identify a clear and consistent definition of ‘care coordination’	Not Started

Whole Person Health Progress Tracking

OBJECTIVE 2	Expand the integration of mental and primary care services in primary care clinics across the state	STATUS
Strategy 2a	<i>Promote evidence-based best practices to support integrated mental and primary care services</i>	<i>In Progress</i>
ACTION 1	Assess the integration of behavioral health into pediatric visits through a pediatric provider survey	Started
ACTION 2	Create a comprehensive resource for partners and providers to integrate behavioral health into primary care. Include provider training resources for specialized needs (e.g. dual diagnoses, chronic disease, IDD) ➤ <i>Aligns with the 2024 BHRIC Children and Adolescent recommendation to meet children and families where they are by providing mental health services at pediatric appointment</i>	Started
Strategy 2b	<i>Launch targeted learning communities across provider communities working with the DBHDD and the DCH to adopt integrated behavioral health practice and standardized reimbursement policies</i>	<i>Not Started</i>
ACTION 1	TBD	N/A

Whole Person Health Progress Tracking

OBJECTIVE 3	Support whole person health of BH workforce	STATUS
Strategy 3a	<i>Address the morale of our BH workforce, acknowledging that our children are only as healthy as the BH workforce</i>	<i>In progress</i>
ACTION 1	Assess morale of BH workforce, including primary care providers	Started
Strategy 3b	<i>Consider the obstacles that prevent people from becoming MH providers (supervision, internships, etc.)</i>	<i>Not Started</i>
ACTION 1	Partner with Sustainable Workforce workgroup	Not Started

Purposeful Funding

Objective 1	Expand revenue generation
Objective 2	Increase funding and revenue source diversity
Objective 3	Foster shared alignment and accountability

Purposeful Funding Progress Tracking

OBJECTIVE 1	Expand revenue generation	STATUS
Strategy 1a	<i>Advance increased federal matching funds</i>	<i>Not Started</i>
ACTION 1	Evaluation of work that is already happening	Not Started
ACTION 2	Evaluation of what gaps exist within current Medicaid matching	Not Started
ACTION 3	Create a crosswalk of any policies that impact the ability to get matching funds	Not Started
Strategy 1b	<i>Support investment in the growth and development of community behavioral health providers</i>	<i>Not Started</i>
ACTION 1	Identify and map areas where there are behavioral health provider shortages and identify funding opportunities to support the expansion of providers.	Not Started

Purposeful Funding Progress Tracking

OBJECTIVE 2	Increase funding and revenue source diversity	STATUS
Strategy 2a	<i>Identify philanthropic support to demonstrate new approaches or to cover gaps like capital projects</i>	<i>In Progress</i>
ACTION 1	Conduct an environmental scan of grant-funded innovations in GA that could use additional funding	Not Started
ACTION 2	Create a best practices roadmap for consideration of new projects	Not Started
ACTION 3	Conduct a landscape analysis of philanthropies that serve children's behavioral health and increase awareness of those philanthropies	Started
Strategy 2b	<i>Pursue grants and other short-term funding to complement Medicaid</i>	<i>Not Started</i>
ACTION 1	Identify areas where Medicaid needs to be complemented, and identify area of focus for the group	Not Started

Purposeful Funding Progress Tracking

OBJECTIVE 2 (continued)	Increase funding and revenue source diversity	STATUS
Strategy 2c	<i>Explore collaborative funding opportunities involving the private sector</i>	<i>In Progress</i>
ACTION 1	Update the blending, braiding, and layering brief created in 2023	Started
Strategy 2d	<i>Ensure providers understand operational practice for billing evidence-based practices</i>	<i>Not Started</i>
ACTION 1	Further explore the operational and technical aspects of implementing behavioral health for FQHCs, strengthening the role of FQHCs as part of the public network	Not Started

Purposeful Funding Progress Tracking

OBJECTIVE 3	Foster shared alignment and accountability	STATUS
Strategy 3a	<i>Develop return on investment (ROI) metrics for training the workforce and for behavioral health services</i>	<i>Not Started</i>
ACTION 1	Expand revenue generation, opportunities for philanthropy to facilitate trainings, technical assistance based where the needs are, reinvigorate training crosswalk, crosswalk Resilient GA's work ❖ <i>Partnering with the Sustainable Workforce workgroup</i>	Not Started
Strategy 3b	<i>Produce updated BH financial mapping report</i>	<i>In Progress</i>
ACTION 1	Update state agency spending to reflect the most recently available data	Started
ACTION 2	Assess if it is possible to include private funding in mapping report	Started
ACTION 3	Assess if possible to include cost modeling	Not Started

System Evaluation

Objective 1	Improve mental health and substance-use services by enhancing program monitoring, evaluation, and continuous quality improvement
Objective 2	Monitor and analyze care management organization data
Objective 3	Monitor progress towards the Mindworks Strategic Plan

System Evaluation Progress Tracking

OBJECTIVE 1	Improve mental health and substance-use services by enhancing program monitoring, evaluation, and continuous quality improvement	STATUS
Strategy 1a	<i>Access and leverage the All-Payer Claims Database and the Georgia Data Analytics Center to support evaluation</i>	<i>In Progress</i>
ACTION 1	Determine how to access All-Payer Claims Database	Started
ACTION 2	Ensure engagement from key stakeholders with the workgroup (representation from analyst or data architect)	Started
ACTION 3	Secure DUA for use of data	Started

System Evaluation Progress Tracking

OBJECTIVE 1 (continued)	Improve mental health and substance-use services by enhancing program monitoring, evaluation, and continuous quality improvement	STATUS
Strategy 1b	<i>Analyze and publicize data on key topics</i>	<i>In Progress</i>
ACTION 1	Check in with other Mindworks group representatives and the Executive Team to determine key topics	Not Started
ACTION 2	Identify relevant data for analysis and establish appropriate DUA or BAA for data use	Started
ACTION 3	Determine the appropriate dissemination method and leverage existing networks and resources	Not Started

System Evaluation Progress Tracking

OBJECTIVE 2	Monitor and analyze care management organization data	STATUS
Strategy 2a	<i>Publish annual care management organization report card with dedicated focus on youth behavioral health utilization, outcomes, and recommendations</i>	<i>In Progress</i>
ACTION 1	Conduct environmental scan of other available utilization data sources and what information is collected ➤ <i>This action item aligns with the 2024 BHRIC priority recommendation to increase agency cross-collaboration and continue efforts toward data sharing</i>	Started
ACTION 2	Identify the performance measures for inclusion in annual report card ➤ <i>This action item aligns with the 2024 BHRIC priority recommendation to study programs, practices, and services that need improvement</i>	Started
ACTION 3	Determine the appropriate dissemination method(s) and leverage existing networks and resources	Not Started
ACTION 4	Leverage existing efforts and partner with stakeholders/existing network	Started

System Evaluation Progress Tracking

OBJECTIVE 3	Monitor progress towards the Mindworks Strategic Plan	STATUS
Strategy 3a	<i>Create a toolbox to track and monitor progress of workgroups</i>	<i>In Progress</i>
ACTION 1	Set performance measures – with consultation from workgroups (chairs and co-chairs, and SOC support persons)	Started
ACTION 2	Develop progress tracking tool for each workgroup (consider platforms, technology limitations, and capabilities across agencies)	Started
ACTION 3	Develop a mechanism (e.g., visual, dashboard, or newsletter) that can be shared throughout Mindworks	Not Started

Data Crosswalk

Data Details						Agency Utilization			
Data Source	General Description			Data Elements		Agency	Purpose		
DCH EASE	Owned by the Georgia Department of Community Health. It is a cloud data warehouse used for reporting and data visualization.								
DPH Suicide Data	Database Information					Database Contact Info			
	Data Source	Latest Data Update Date	Data Source Link	Data Accessibility (i.e., public or private)	Notes (e.g., secondary data dashboards)	Contact Organization	Contact Name	Contact Role	Contact Email
	DCH EASE		Office of Analytics and Program Improvement Georgia Department of Community Health	Private	Seems you need to be a partner to have access. There is a way to submit a data request for eligibility and claims data for the Medicaid or State Health Benefit Plan programs.	Office of analytics and program improvement			
	DPH Suicide Data	N/A	https://dph.georgia.gov/health-topics/injury-prevention-program/suicide-prevention#:~:text=Suicide%20Prevention%20initiatives%20through%20Comprehensive%20Suicide%20Prevention%20(CSP)&text=In%202022%2C%20there%20were%201%2C626,causes%20of%20injury%2Drelated%20deaths.	Private	https://www.cdc.gov/suicide/resources/prevention.html	Georgia Department of Public Health	Jinny Jang	Suicide Prevention Program Manager	Jinny.Jang@dph.ga.gov

>

Compiled Database

<

>

Compiled Databases

State Data

Claims Data

Federal Data

Local Data

National Data

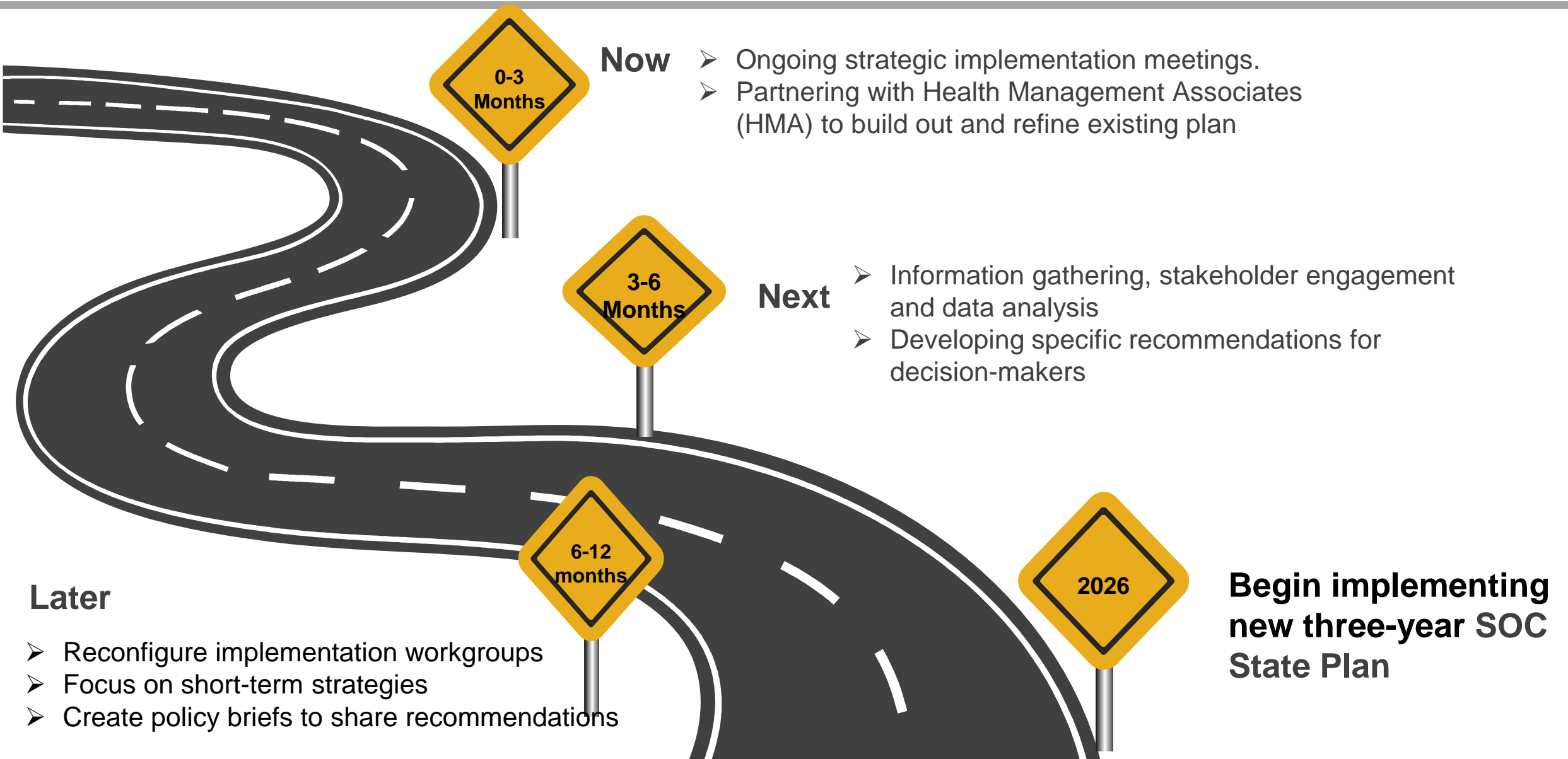
+

:

<

> Compiled Datab

Next Steps



Work Plan	2025						
	M	J	J	A	S	O	N
Project Governance							
Workplan development, updates, reporting	■	■	■	■	■	■	
Meeting scheduling and collaterals	■	■	■	■	■	■	
Task 1 Information Collection and Analysis							
Analyze prior stakeholder engagement and source documents	■						
Catalogue goals, objectives, strategies and organize thematically	■						
Review and Analyze catalogue		■					
Conduct state and national best practices scan	■	■					
Review other statewide initiatives for alignment/gaps	■	■					
Vet analysis with Advisory Team		■	■				
Task 2 Stakeholder Engagement							
Visioning Roundtables to collect input on updates and enhancements (2-3)		■	■				
In-depth interviews (3-4)			■				
Organize and review input with Advisory Team			■				
Vetting of recommended solutions: survey and/or stakeholder presentation with feedback (1-2)					■		
Task 3 Plan Development							
Drafting of strategic plan - 1st draft				■			
Strategic Planning Sessions with Advisory Team				■	■		
Drafting of strategic plan - 2nd draft					■	■	■
Development of evaluation framework						■	■

Project Timeline

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Heather Stanley ATR-BC, LPAT
MATCH Program Director

May 8, 2025



A close-up, shallow depth-of-field photograph of a hand reaching out from the right side of the frame. The hand is light-skinned and appears to be holding something small and white. In the background, a person in a white lab coat with a stethoscope is visible but out of focus. The overall tone is professional and caring.

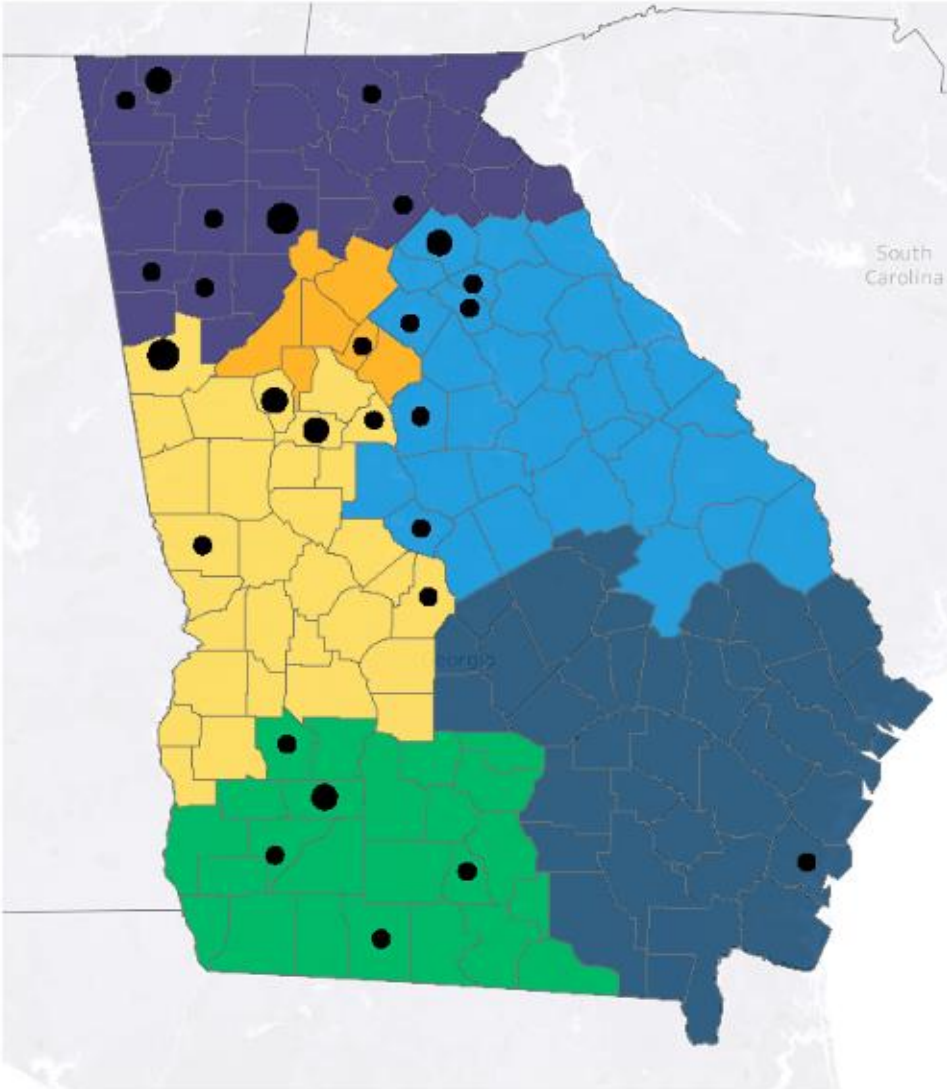
BE CARING

**MATCH Clinical Team
After Action Report**

Overview

- 157 youth inquires
- 64 of these youth had full MATCH Clinical Team (MCT) staffing
 - 1st staffing August 2023 (approximately 1.5 year timespan)
- 37 MATCH Clinical Team Meetings held
- 52 additional meetings (outside of MCT) for youth inquiries and some follow-ups to MATCH Clinical Team staffing
- Over 1250 email communications (average 8 per youth inquiry)

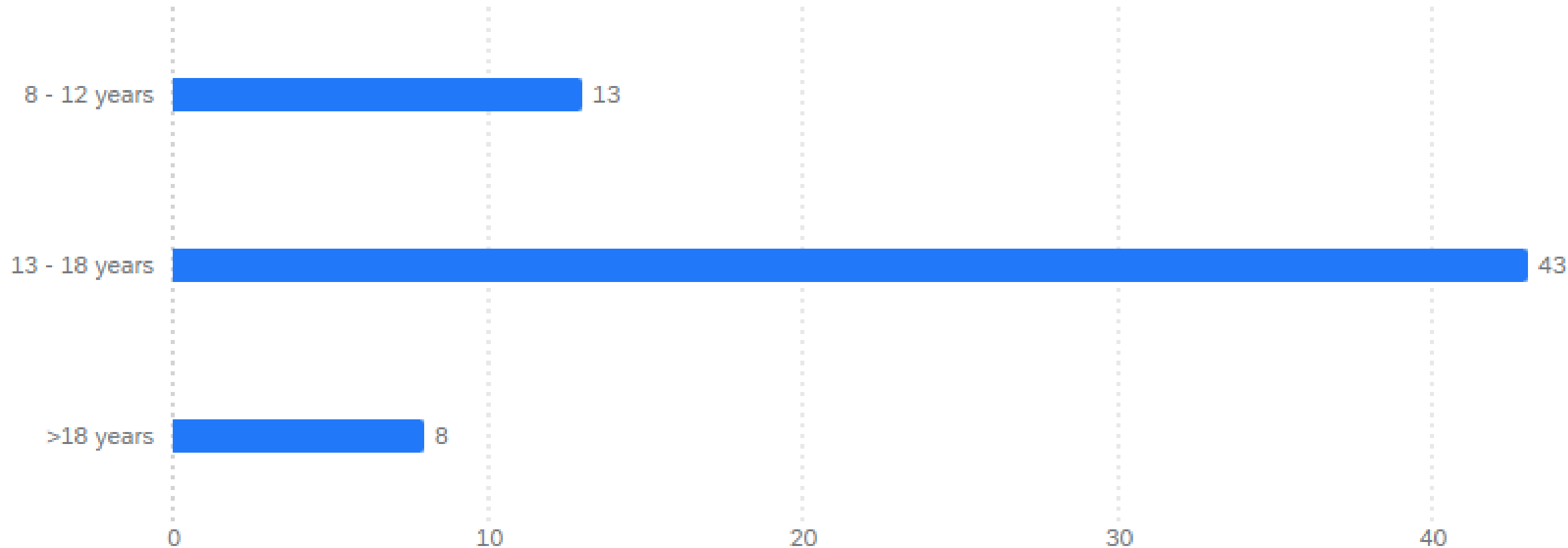
Staffed Youth County of Residence



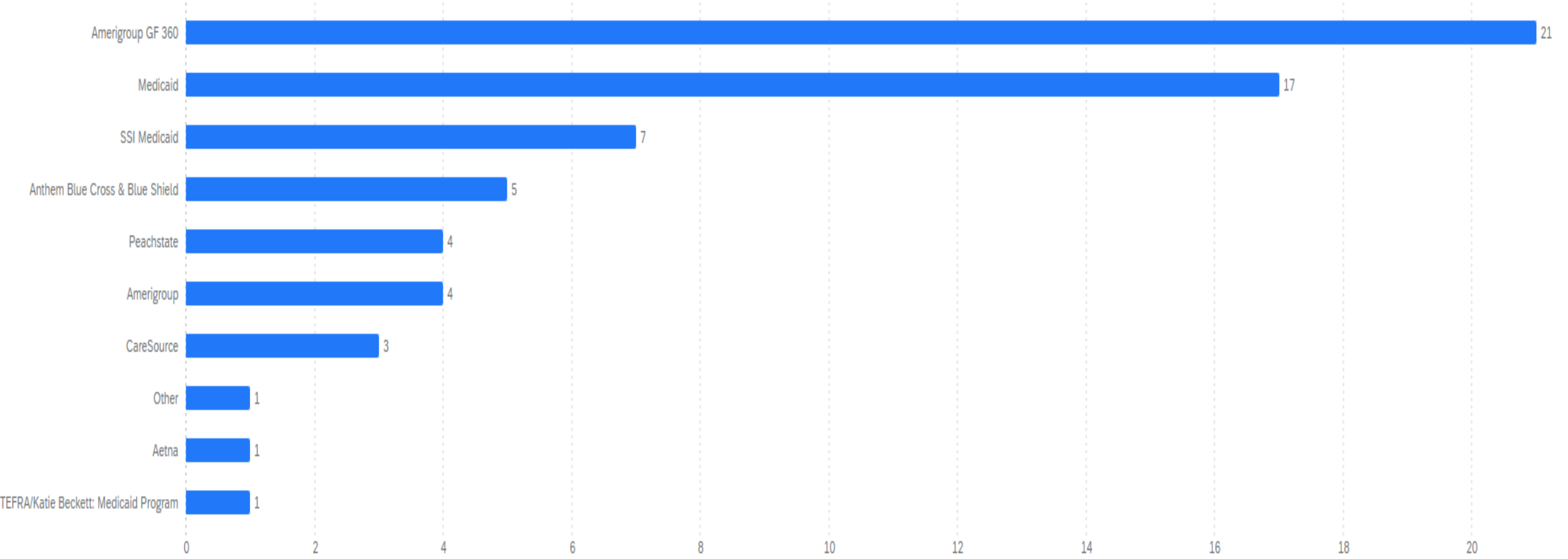
MATCH Youth at a Glance

- 64 youth staffed
- 36 male, 26 female, 2 other
- 35 Caucasian, 26 African American, 6 unknown, 1 other

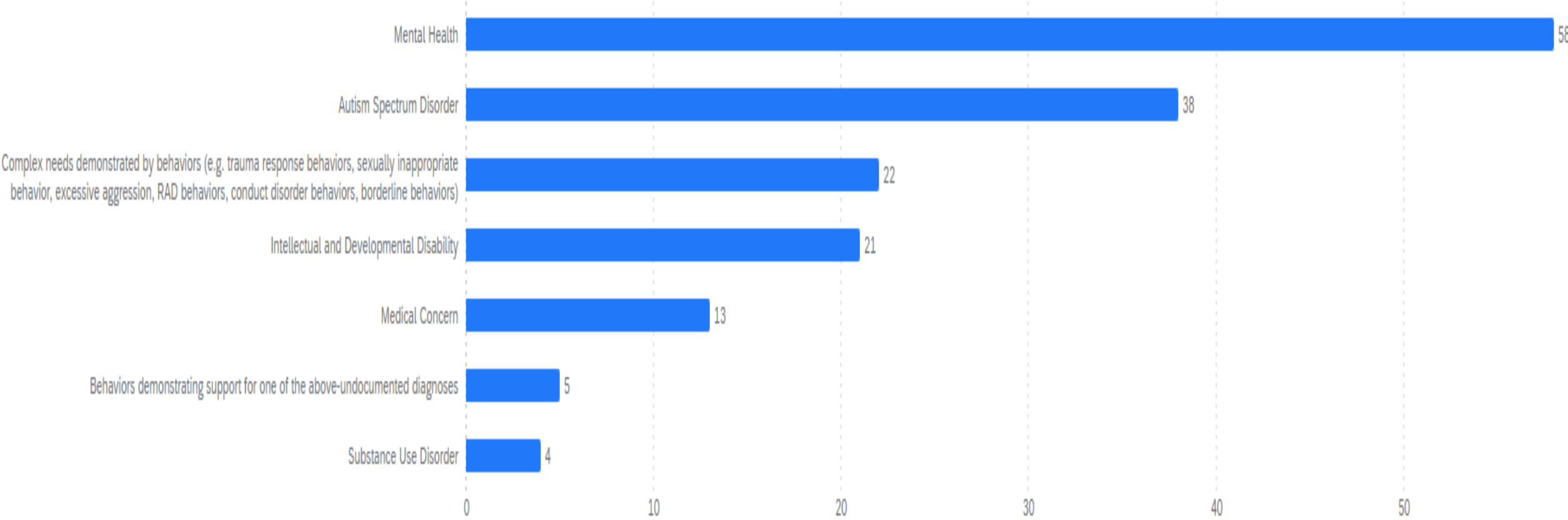
Youth's Age Range



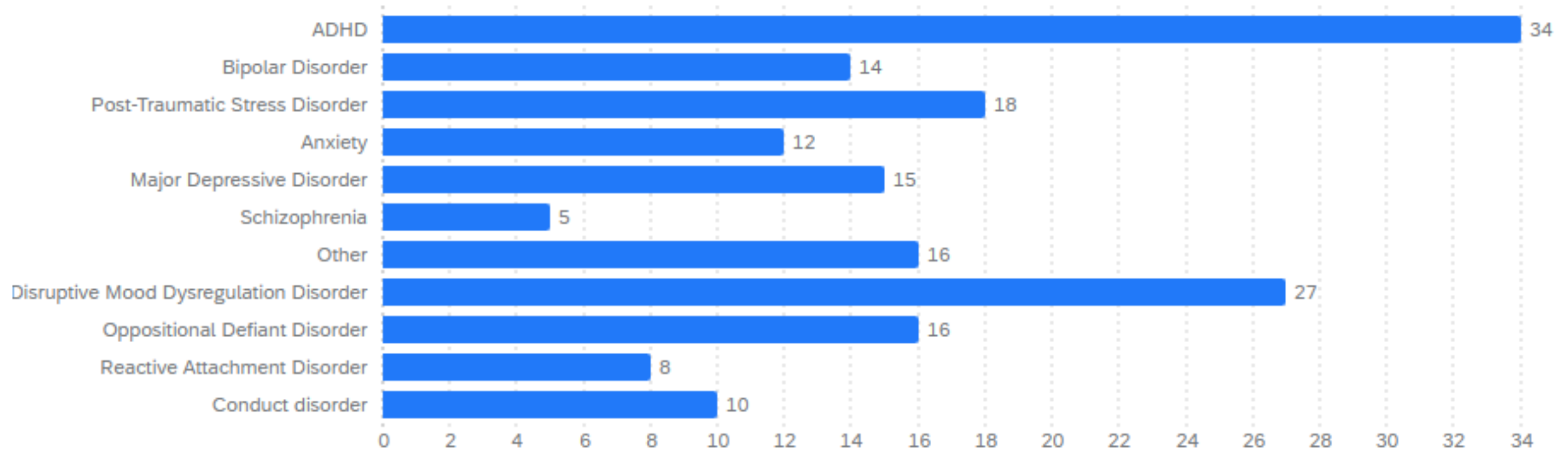
Youth's Insurance Provider



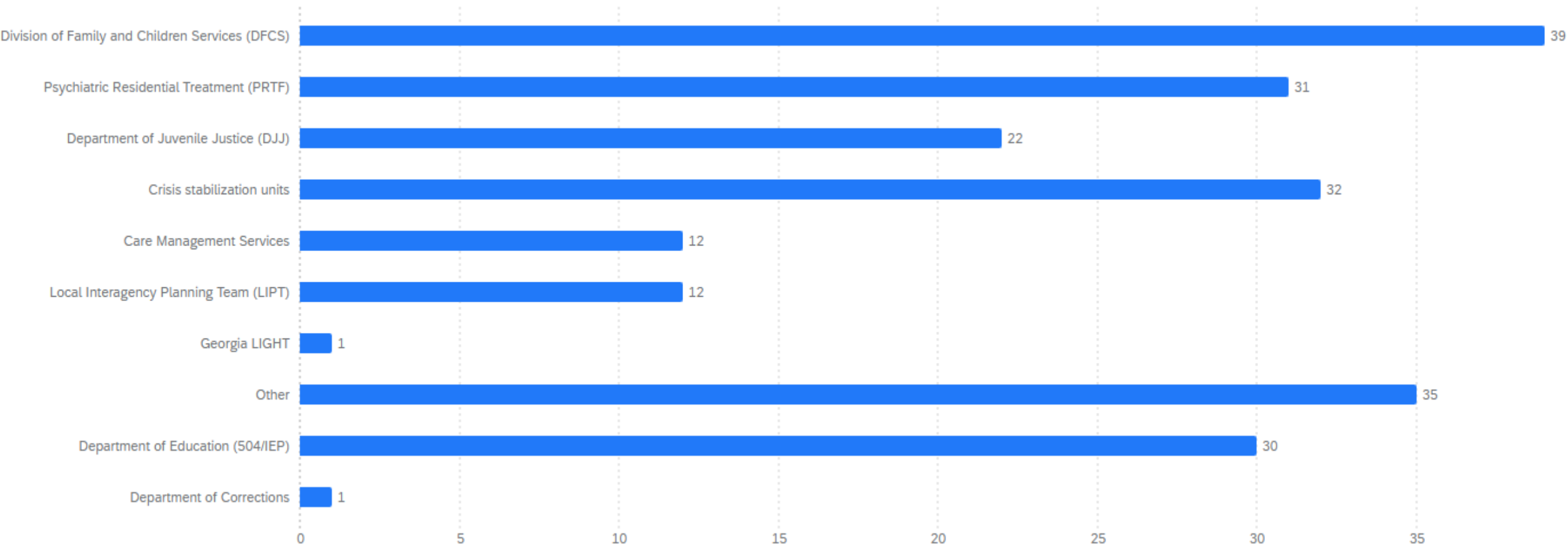
Youth by Diagnosis



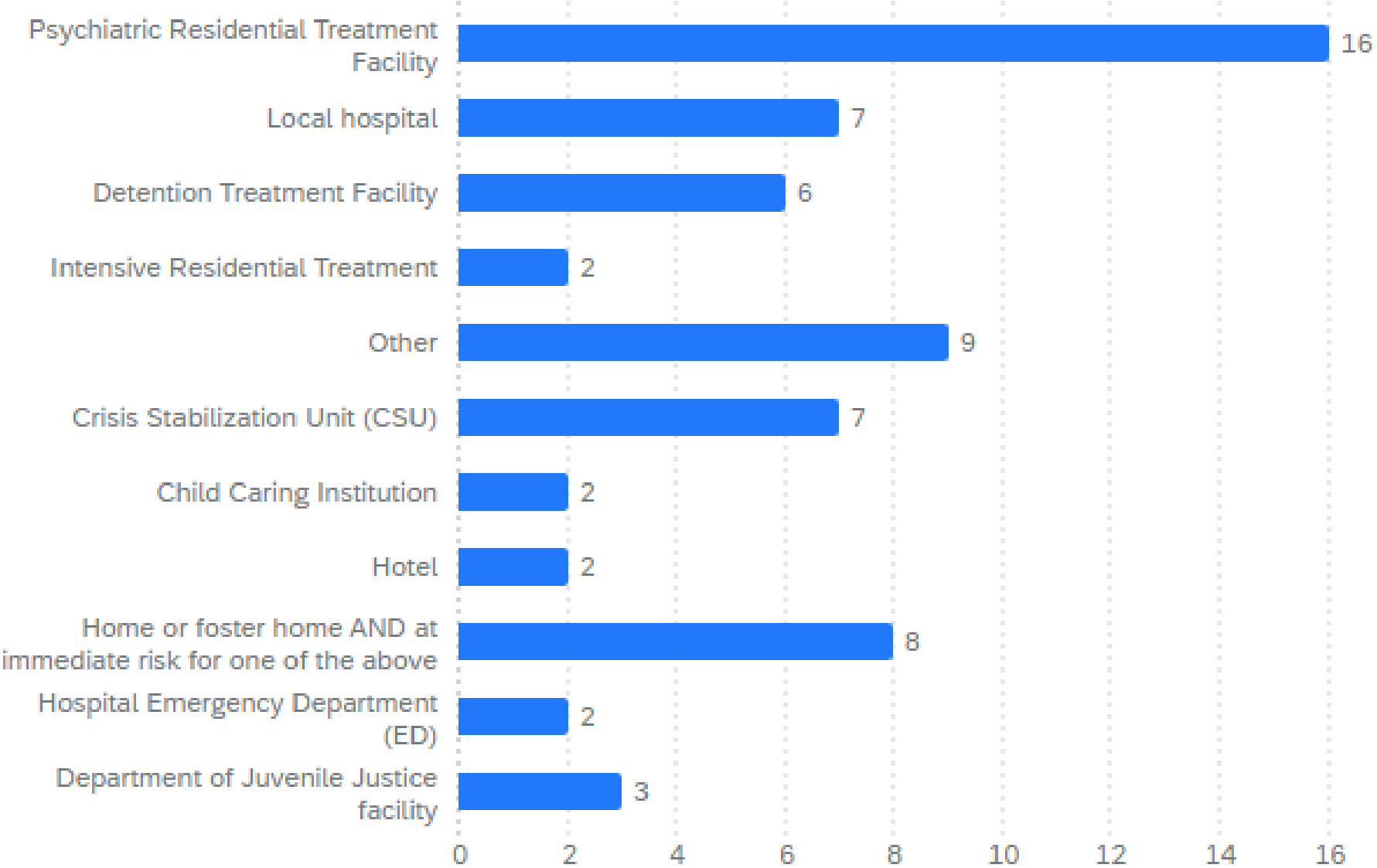
Youth by Mental Health Diagnosis



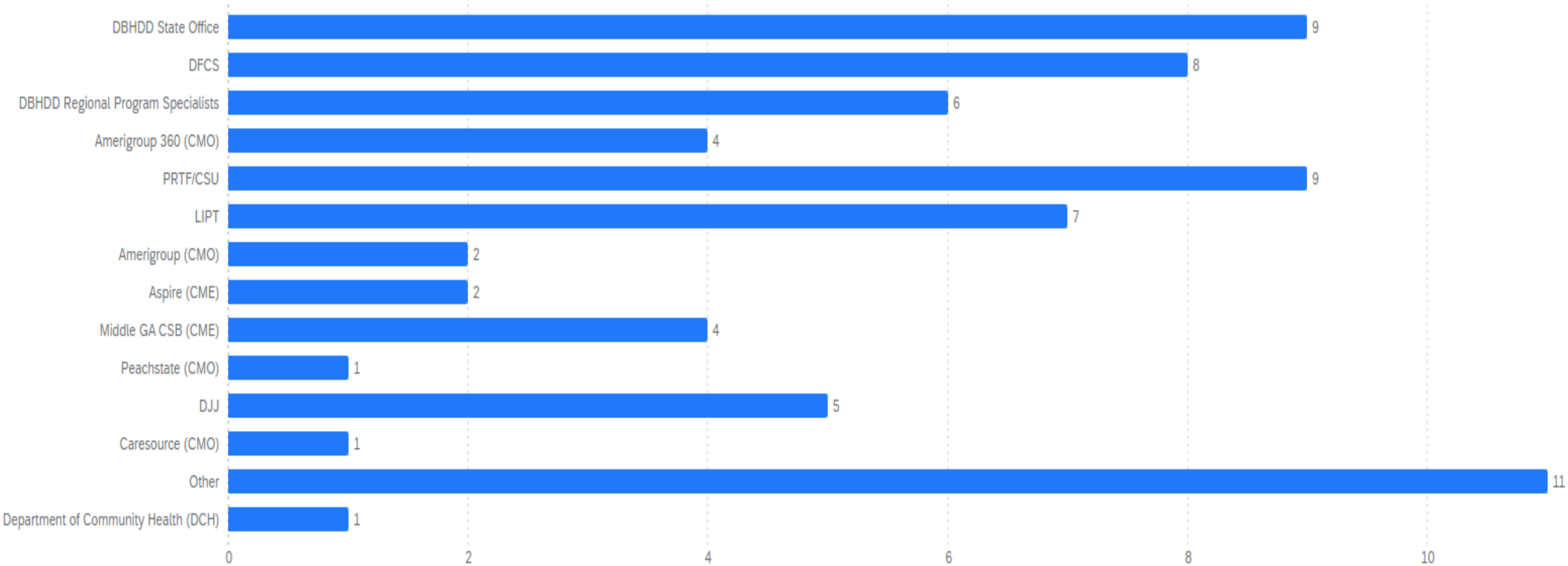
Youth by Agency/Program Involvement



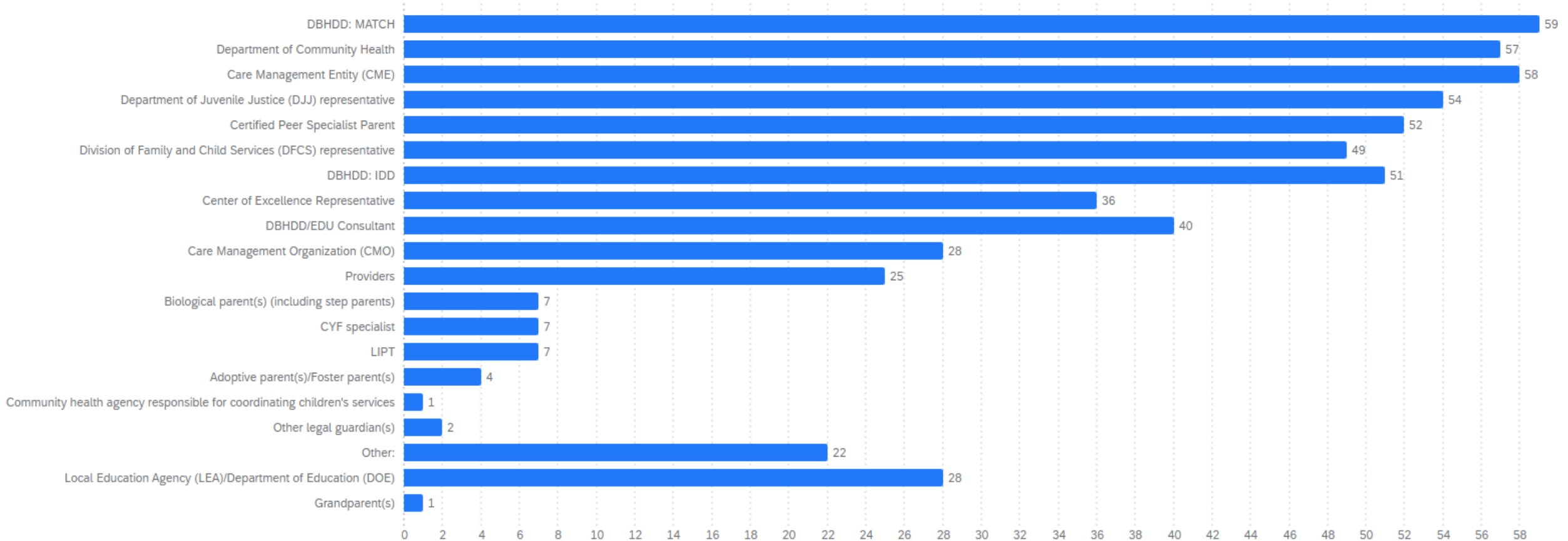
Youth by Placement Type at Time of Referral



Referral Sources of Staffed Youth



MATCH Clinical Team Attendees



A close-up photograph of a hand holding a blue pen, poised to write on a spiral-bound notebook. The notebook's pages are white, and the black spiral binding is visible on the left. The background is a soft, out-of-focus brown.

BE INFORMED

**MATCH Clinical Team
Pilot Data**

MATCH Family Tree

340
Individuals
Served

MATCH CLINICAL
TEAM
N= 65

MATCH STAFF
N= 2

DEVEREUX
SHORT TERM
TRANSITION
PROGRAM
n = 11

WELLROOT
FUNCTIONAL
FAMILY
THERAPY
n = 31

CHOA VIEW
POINT
HEALTH
n = 183

Hillside
Assessment
Bed *n = 3*
In Community
DBT *n = 11*

Youth Villages
Intercept
n = 34

Murphy
Harpst
n = 2

NOTE: Terminology and data elements tracked may vary by pilot due to various tracking tools used.

MATCH Clinical Team

Service Description

Comprised of individuals from state agencies, peer lead organizations, and the DBHDD safety net providers that serve children and youth with complex behavioral health needs (DBHDD, DCH, DFCS, DJJ, DOE,CME, FSO)

Service Purpose

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 and determines and implements the best course of action to meet those needs.

Documents the policies, practices, and gaps in the service continuum that most commonly create barriers to access to needed services by children, youth, and young adults with complex treatment.

Referral Information	Count
Youth Inquires	157
Youth Staffed	64
Youth reviewed for pilot admissions	299

MATCH Staff

Description

Two DBHDD OCYF MATCH Staff:

Program Director Heather Stanley ATR-BC, LPAT

Clinical Specialist Danielle Fish APC

Staff Involvement	Count
MATCH Clinical Team Meetings	37
Meeting involvement outside of MCT	52
Additional Communication	Over 1250 email communications (average of 8 per youth inquiry)

Devereux Short Term Transition Program (STTP)

Program Description

STTP focuses on increasing desired behavior and assisting individuals in achieving their personal goals. Devereux staff acknowledge the strengths of individuals and encourage them to use their skills. The STTP program emphasizes prevention and teaching to support successful functioning in the community. The population served by the STTP is comprised of 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 (ASD).

Pilot Purpose

Support individuals served in the development of the appropriate skills needed to live in a long-term placement.

Referral Information	Count
Referrals Submitted	n = 20
Referrals Accepted	n = 15
Individuals Enrolled	n = 11
Treatment Information	Count (%)
Individuals exceeding the recommended 6 month stay	n = 4 (36%)
Individuals successfully transitioned/graduated/connected to services	n = 5

Wellroot Functional Family Treatment (FFT)

Program Description	<i>Wellroot serves youth and their families, ensuring that youth and families in crisis remain in their home and community. Wellroot is providing an intensive, evidence-based individual and family services program, FFT.</i>
Pilot Purpose	<i>This pilot aims to expand intensive community therapeutic services through an evidence-based practice of FFT.</i>

Referral Information	Count (%)
Referrals Submitted	n = 31
Referrals Accepted	n = 31
Individuals Enrolled	n = 8
Treatment Information	Count (%)
Length of Stay	2 - 5 months
Individuals successfully transitioned/graduated/connected to services	n = 17

CHOA / View Point Health

Program Description *View Point Health uses High Fidelity Wraparound trained staff to provide coordinated care support and outreach, preventing extended stays in the ED and/or recurring ED visits at CHOA.*

Pilot Purpose *This pilot aims to provide coordination support for youth and families entering the ED for behavioral health challenges.*

Referral Information	Count
Referrals assessed with no additional connections needed	n = 46
Referrals assessed connected to System of Care services	n = 67
Referrals assessed connected to MATCH services	n = 53

NOTE: Evaluation tools are under development that will track follow-ups.



BE CAPABLE

Barriers Observed

Top Opportunities for System Growth



Development of more specialized treatments in state

Verification process for denial reasons

Development of housing options for families with children under 18

Development of more in-state C&A inpatient options

CSU and PRTF programming for co-occurring ASD and DD diagnosis

A close-up, shallow depth-of-field 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 soft-focus green landscape, suggesting a park or trail. The text "BE INSPIRED" is overlaid on the left side of the image.

BE INSPIRED

**MATCH Clinical Team
Recommendations**

Top Recommendations

Family Support
Organization

PRTFs

Care
Management
Entities

Application for
COMP NOW
waiver

Intensive
Trauma
Focused
Treatment

Intensive In-
Home Family
Therapy

ABA Therapy

ASD CSU and
ASD crisis
homes

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities



Closing Comments

Next BHCC Meeting:

August 5th, 2025

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

