

Behavioral Health Coordinating Council Meeting

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

August 6th, 2024



Agenda

Roll Call

Call to Order

Recovery Speaker

Action Items

- May 2, 2024 Meeting Minutes

BHCC Initiative Updates

- Mindworks Georgia
 - MATCH
-

APEX Update

Next Meeting Date

Roll Call

Chelsee Nabritt

Board and Special Project Manager

Call to Order

Kevin Tanner

Commissioner

Recovery Speaker

Alexia Jones

Action Items:

- May 2, 2024 Meeting Minutes

BHCC Initiatives

Mindworks Georgia

Renee Johnson, Executive Director, Mindworks GA
Center of Excellence for Children's Behavioral Health
August 6, 2024



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Georgia Department of Behavioral Health
& Developmental Disabilities

Overview

Executive
Committee




Mindworks
Highlights

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*
- **Mary Lauren Salvatore**, *Assistant Director Office of Whole Child Supports, GA_DOE*
- **Maxine Elliott**, *Deputy Executive Director - Service, Delivery & Administration Medical Assistance Plans Division, GA_DCH*
- **Shaun Johnson**, *Caregiver and Well-Being Coordination Section Director, GA_DFACS*

Mindworks Executive Committee

VISION: We exist to connect the dots of the behavioral health system to improve access and outcomes for Georgia families.

- **Access to public data** to enable us to show who, where and what services (by codes) children are receiving. 
- **Identifying state policies and regulations that are found to create barriers** to the data sharing and integration needed to align critical data from programs and services for children and families to identify service gaps and create opportunities for analysis and research. 
- Analyzing what other states are doing well with creating functional data warehouses (**staff and technology**). 
- **Bridging relationships** with key state and local stakeholders (*e.g. Georgia's Cross Agency Child Data System (CACDS) and The Georgia Data Analytics Center (GDAC)*) to leverage existing resources and avoid duplication of efforts.

Workgroups & Co-Leads

Equitable Access

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

Purposeful Funding

Vacant
Vacant

Whole Person Health

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

Sustainable Workforce

Thandiwe Harris (*DBHDD*)
Hannah Schelle (*DBHDD*)

System Evaluation

Christa Payne (*COE*)
Vacant

EVALUATION UPDATE: THREE LEVELS OF EXPLORATION

System Accountability

- Track progress of strategies outlined in the state plan for the System Evaluation workgroup
- Assess impact and outcomes of strategies
- Identify strengths and challenges of the Mindworks system

Process Evaluation of Mindworks Workgroups

- Assess satisfaction, perceptions, and knowledge
- Identify strengths, challenges, and gaps

Progress Tracking of Workgroup Activities

- Track progress of strategies outlined in the state plan for workgroups
- Assess impact and outcomes of strategies
- Identify strengths and challenges in each workgroup focus area

EVALUATION FRAMEWORK: RESULTS BASED ACCOUNTABILITY



- Used by communities to improve the lives of children, families, and communities
- Used by agencies to assess and improve program performance and service delivery

Key Activities

- Build out SOC state plan strategies to include specific key performance indicators (KPI).
- Developing roadmaps on steps to achieve strategies and KPIs.
- Collect and evaluate data.



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Georgia Department of Behavioral Health & Developmental Disabilities

Heather Stanley, ATR-BC, LPAT

MATCH Program Director, Office of Children, Young Adults and Families

Dr. Kristi L. Burk, AAS, BCJ, MS

Interim Director, Office of Children, Young Adults, and Families



Multi-Agency Treatment for Children (MATCH)

MATCH Legislation (House Bill 1013)

- The state MATCH team shall facilitate collaboration across state agencies to explore resources and solutions for complex and unmet treatment needs for children in this state and to provide for solutions, including both public and private providers, as necessary.
- The state agencies and entities represented on the state MATCH team shall coordinate with each other and take all reasonable steps necessary to provide for collaboration and coordination to facilitate the purpose of the state MATCH team.

MATCH Planning Committee Recommendations (May 2023)

VISION: Georgia's children and youth with complex behavioral health challenges, and their families, will receive the services and supports **when, where and how they need them**, with attention to cultural and linguistic needs:

- **Access to a pool of available funds** utilized to start several pilot projects identified by preliminary service gaps.
- **MATCH pilot projects** are undergoing evaluation through the Center of Excellence at Georgia State University Health and Policy Center.
- Incorporate the **voices** of key state and local stakeholders into the design of MATCH. Ongoing State MATCH Committee meetings and COE evaluation team administered survey for State MATCH Committee members to ensure their voice and input.
- **Designated authority to make temporary exceptions** to identified state policies and regulations that create barriers to accessing the most appropriate treatment options that are not met at the local level.
- **Document state policies and regulations that are found to create barriers** to needed treatment options in order that required exceptions do not become the default solution in lieu of implementing systems change.
- **Avoid** creating an alternate or additional bureaucracy.

MATCH Continuum of Care

Continuum of Care			
In-Home with Guardian Support	Out-of-Home, Reunification not an Option	Step-Down	Community (Long-Term)
Urgent Care (MATCH)		Transitional Home Pilot (MATCH)	BRIGHT Homes (DBHDD)
Emergency Department Pilot (MATCH)			
High-Fidelity Wraparound (DBHDD)			
Respite (DBHDD)			

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

MATCH Continuum of Care

Continuum of Care	
Step-Down	Community (Long-Term)
Transitional Home Pilot <input checked="" type="checkbox"/>	BRIGHT Homes (DBHDD) <input checked="" type="checkbox"/>

To address gaps between levels of care for transition age young adults

Devereux Transitional Home


To provide transitional support for males between the ages of 18 and 21 with a diagnosis of an intellectual disability with concurrent serious behavioral and psychiatric concerns and/or Autism Spectrum Disorder. **To date, 7 individuals have been admitted, 2 have been discharged to host homes, 4 individuals currently in the program, 1 referral pending**

BRIGHT Homes

Provides specialized residential services for young adults who require structured support to achieve and enhance their recovery and wellness, increase self-sufficiency and independence, while maintaining community integration. (MATCH informed IDD funded intervention)

Currently: 1 individual in residence

MATCH Continuum of Care

Continuum of Care	
In-Home with Guardian Support	Out-of-Home, Reunification not an Option
Emergency Department Pilot 	

Intent: To embed connection coordinators from View Point Health within the ED at Children’s Healthcare of Atlanta to reduce boarding and speed access to care.

MATCH Continuum of Care

Continuum of Care	
In-Home with Guardian Support	Out-of-Home, Reunification not an Option
Urgent Care	

To address gaps or system barriers for youth and families

Urgent Care

Intensive in-home, housing plus care, temp ops

- Model review
- Pilot implementation

MATCH Pilot Updates

Agency	Intervention Type	Amount	Stage	Youth Served
Other Projects (3,237,444)				
CHOA/VPH	Emergency department pilot	\$300,000	Implementing	0
Devereux	Step down treatment program	\$2,937,444	Implementing	7 served, 5 currently enrolled, 1 referrals pending (Ages 18,19, 20, 21)

MATCH Pilot Updates

Agency	Intervention Type	Amount	Stage	Youth Served
Urgent Care Funds (\$5,383,771.86)				
Unite Us	Care coordination IT platform	\$402,840	Contract in development	n/a
Positive Growth	Housing + Treatment	\$701,748	Implementing	n/a
Wellroot	Intensive in home, in community	\$255,200	Implementing	12
Youth Villages	Intensive in home, in community	\$824,900	Contract Executed under review/revision	0
Murphy-Harpst	Respite	\$120,055	Contract Developed sent to the provider	n/a
Hillside	Urgent care beds	\$537,160	Contract Executed	0
Pathways Center for Behavioral and Development Growth	Temp Ops	\$955,868.86	Contract in development	n/a
Hillside	Intensive in home DBT	\$1,568,000	Contract in development	n/a
				n/a

MATCH Clinical Team Updates

- MATCH Clinical Team Staffed to date: 36
- Non-MATCH Clinical Team staffing attended: 70+
 - Individuals with commercial insurance
 - Individuals without dual diagnosis or who are not demonstrating behaviors consistent with a diagnosis.
- Average Referrals one – six months
 - We have experienced an increase in referrals; the current rate is an average of SIX a month, a rise from an average of TWO a month
- In need of a new GADOE Clinical Team member
- Exploring opportunities to provide coordination and support for MATCH Clinical Team staffed children, young adults, and individuals.
Potential opportunity to expand CPS-P supports.

MATCH Criteria

Original MATCH Criteria	Modified MATCH Criteria
Dually Diagnosed	Behaviors consistent with diagnosis in lieu of diagnosis
Age 0-17	Age 0-21, if DFCS or DJJ involved
Hospital/ED/CSU involvement in the past	Community or current treatment options demonstrating opportunities for additional support
Multi-system involved- state agencies	Expanded system involvement to include safety net providers, Local Education Agencies Local Interagency Planning Teams, Corrections and others

Trends and Strategic Planning Opportunities

- Preliminary trends:
 - Increased referrals that only contain Behavioral Health Diagnoses and behaviors in lieu of diagnosis since criteria changes
 - Increased referrals with individuals experiencing difficulties with Reactive Attachment Disorder and Borderline Personality Disorder
 - Increased need for intense trauma-focused care (residential and community-based for adults (18+) and children (<18) in state
 - Emerging need for in-home childcare from skilled therapeutic professionals without parent or adult supervision present.
- Strategic Planning Opportunities:
 - Long-term sustainability options
 - MATCH Capacity as interest and usefulness continues to grow

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Georgia Department of Behavioral Health & Developmental Disabilities

Layla I. Fitzgerald, M.S.

Director of Community Programs, Office of Children,
Young Adults and Families



SBMH and Why it matters

- Of the 3.8 million U.S. adolescents who reported a major depressive episode in the past year, nearly **60% did not receive any treatment.**
- Of those who do get help, **nearly two-thirds receive help only in school settings.**

School-based Mental Health (SBMH) and Why GA Apex Matters



Schools are a natural setting

Care provided in a safe and familiar setting



Early detection and connection to services

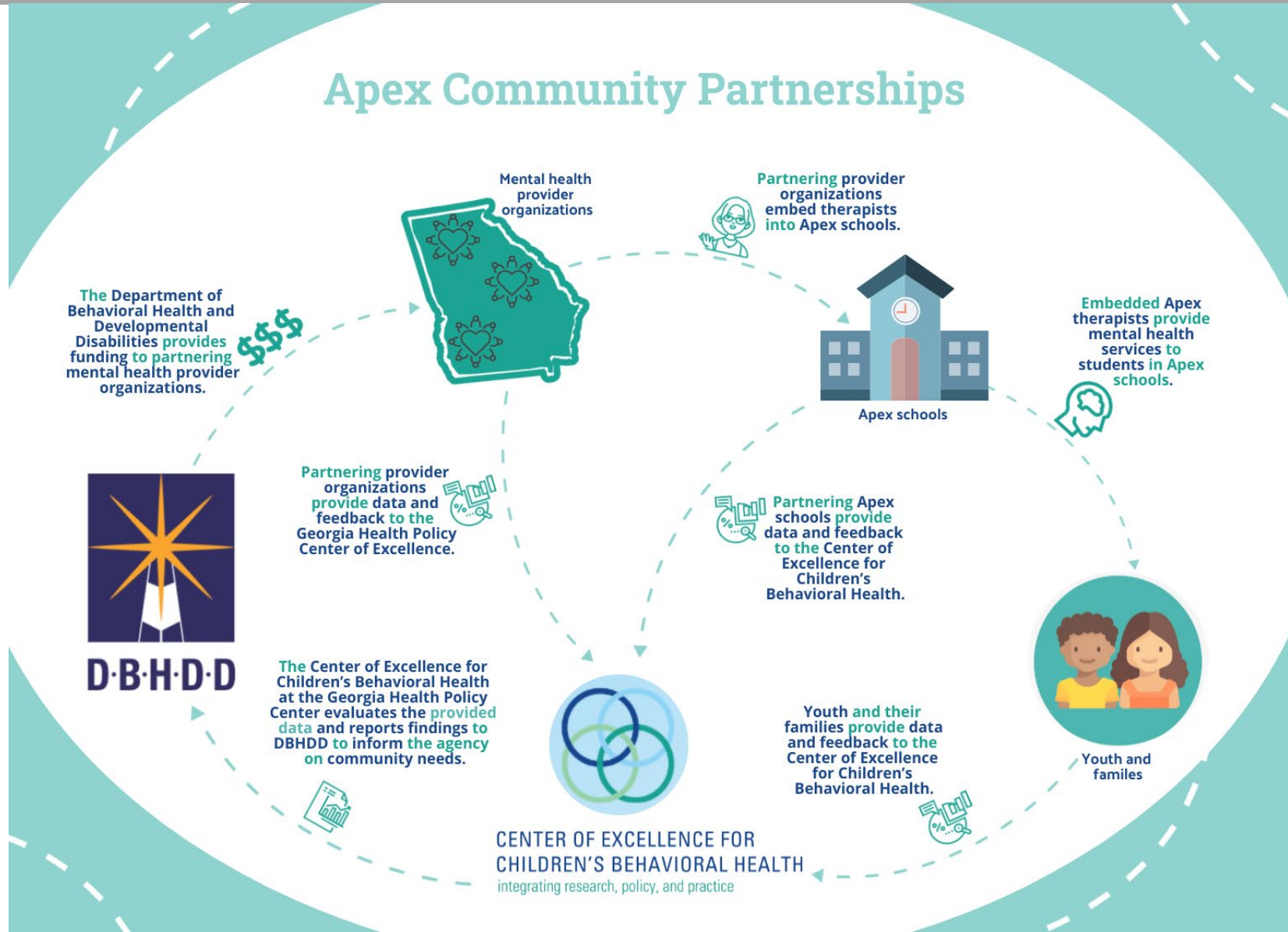
Leveraging positive school relationships to advocate for better mental health



Reduces barriers to care

Reduces stigma and **increases access to care**

Connecting the Dots:



Apex Continued

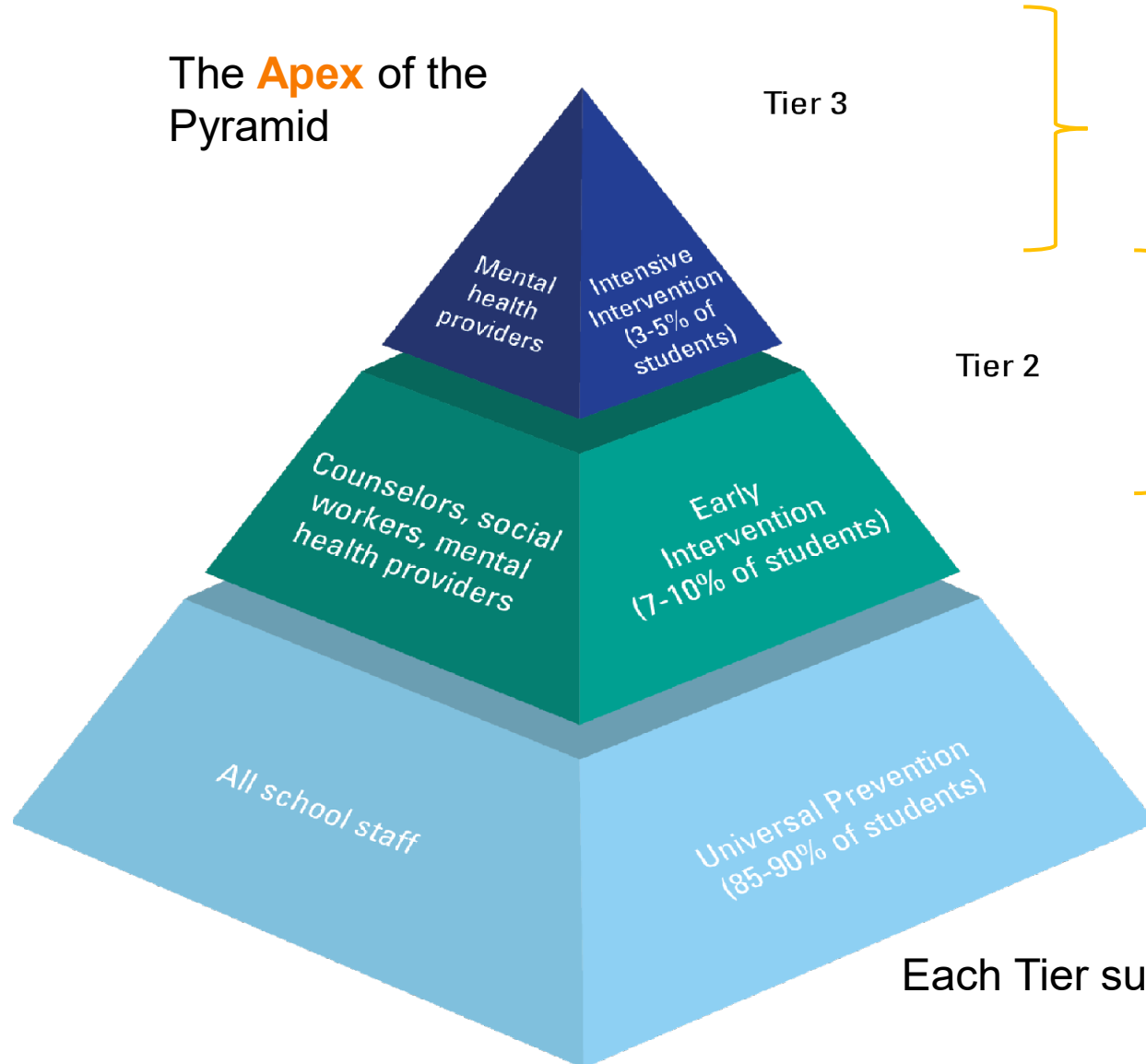
Programmatic Goals

- **Detection:** Provide early detection of child and adolescent behavioral health needs
- **Access:** Increase access to mental health services for children and youth
- **Coordination:** Sustain increased coordination between Georgia's community mental health providers and local schools/school districts in their service areas



Apex Continued

The **Apex** of the Pyramid



Examples Include:

- Individual Therapy
- Crisis Intervention
- Behavioral Assessment

Examples Include:

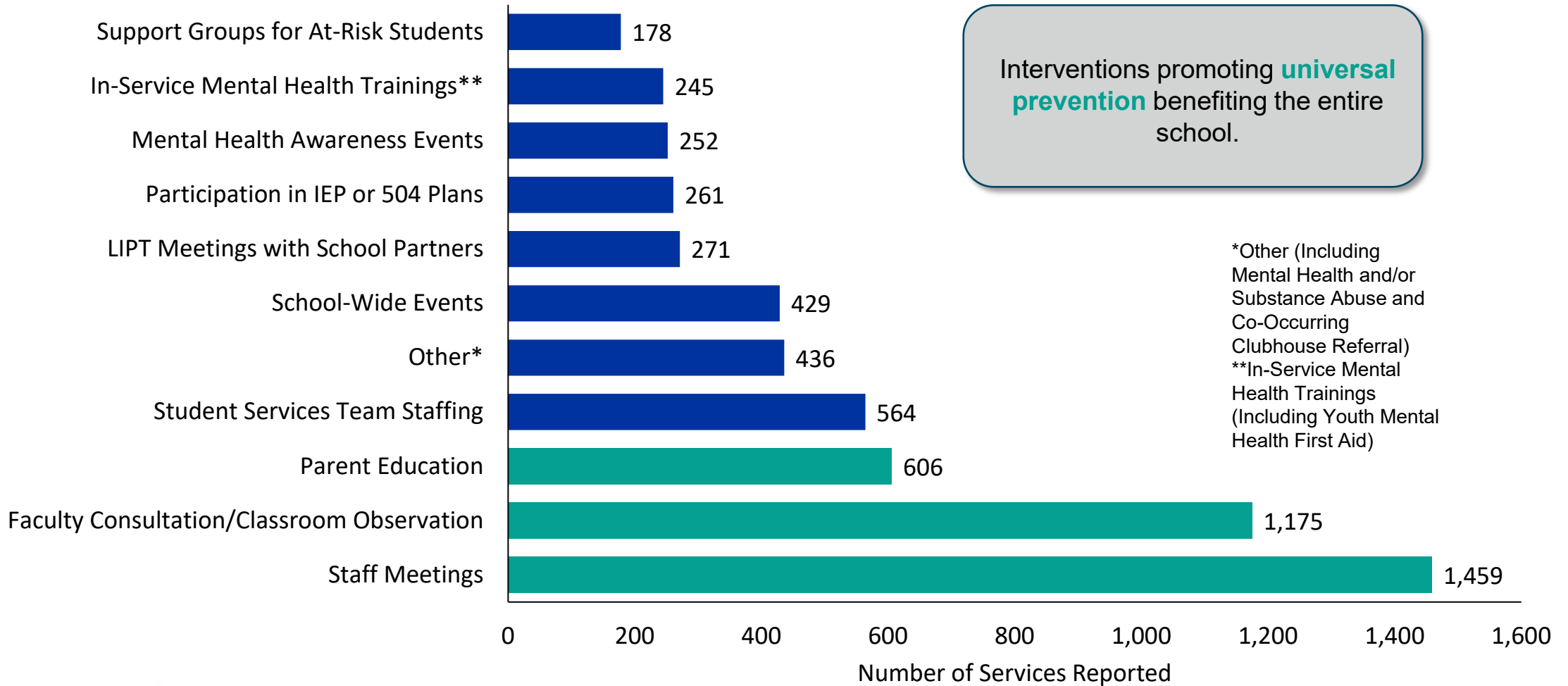
- Group Therapy
- Targeted Screening
- Skills Training

Examples Include:

- Mental Health First-Aid Training
- Mental Health Awareness Events
- Anti-Bullying Campaigns

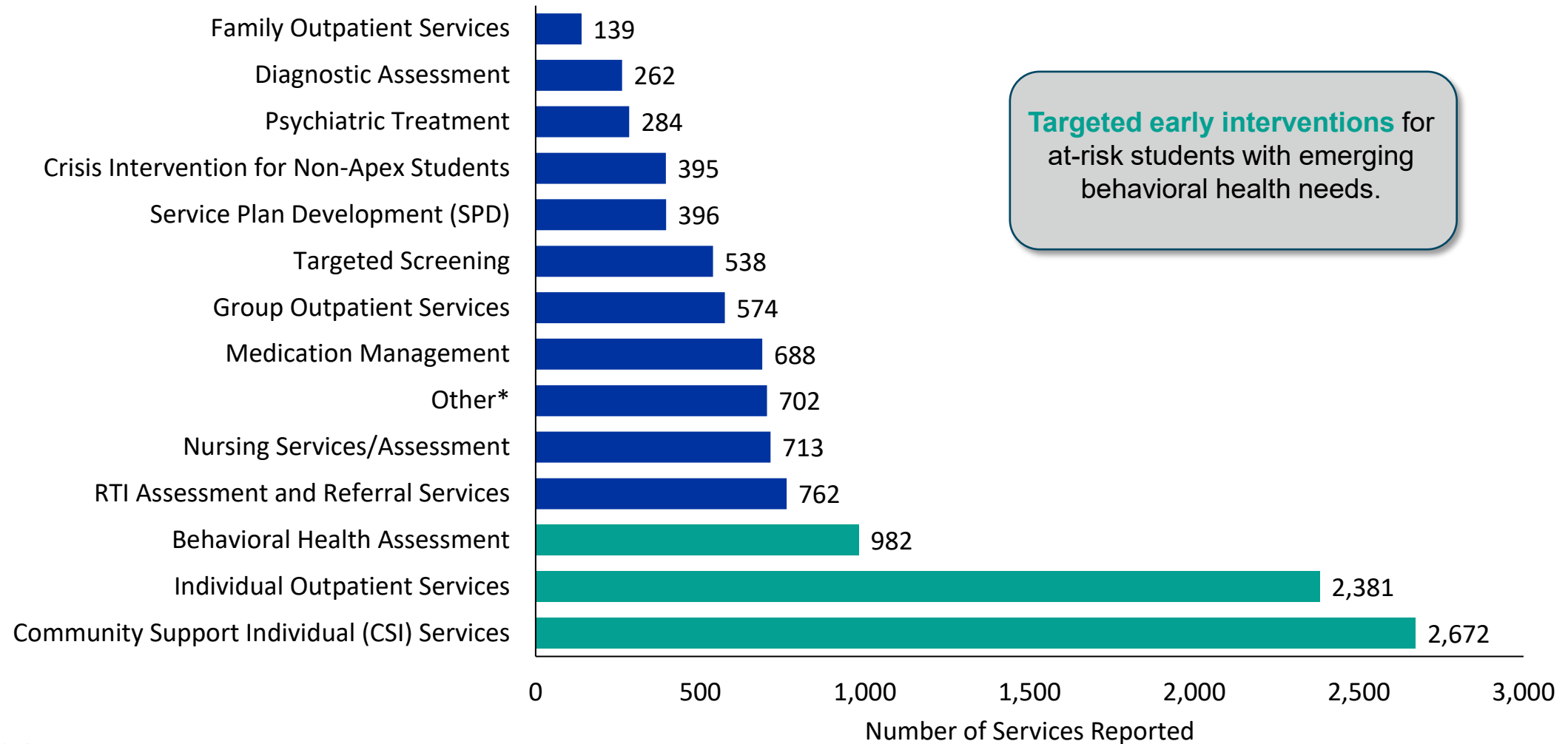
Each Tier supports and relies on the one above it.

Tier 1 – Universal Prevention



Note: Tier 1 numbers refer to the number of universal prevention activities provided in Apex schools. The number of students impacted would be closer to the Apex school enrollment number of 540,035 students.

Tier 2 – Early Intervention

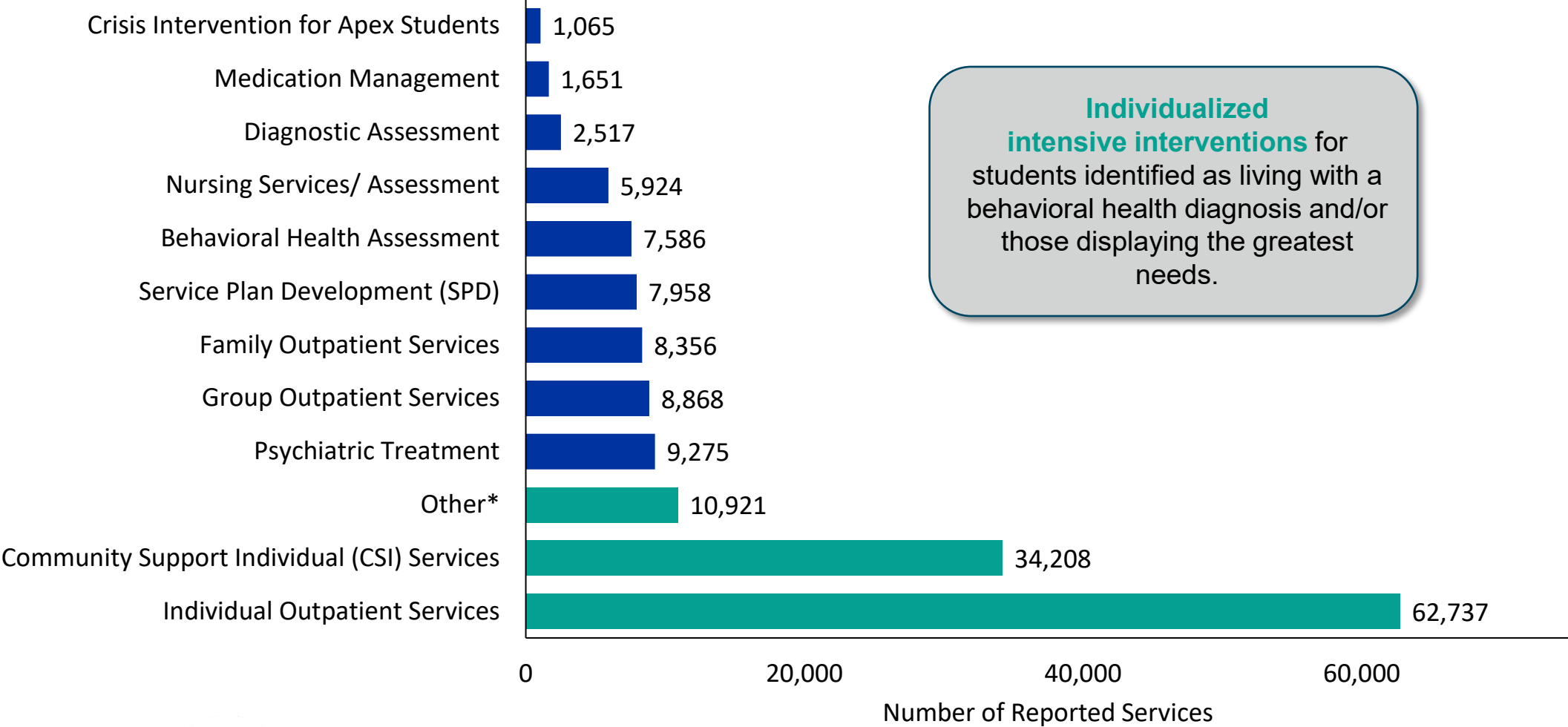


Targeted early interventions for at-risk students with emerging behavioral health needs.



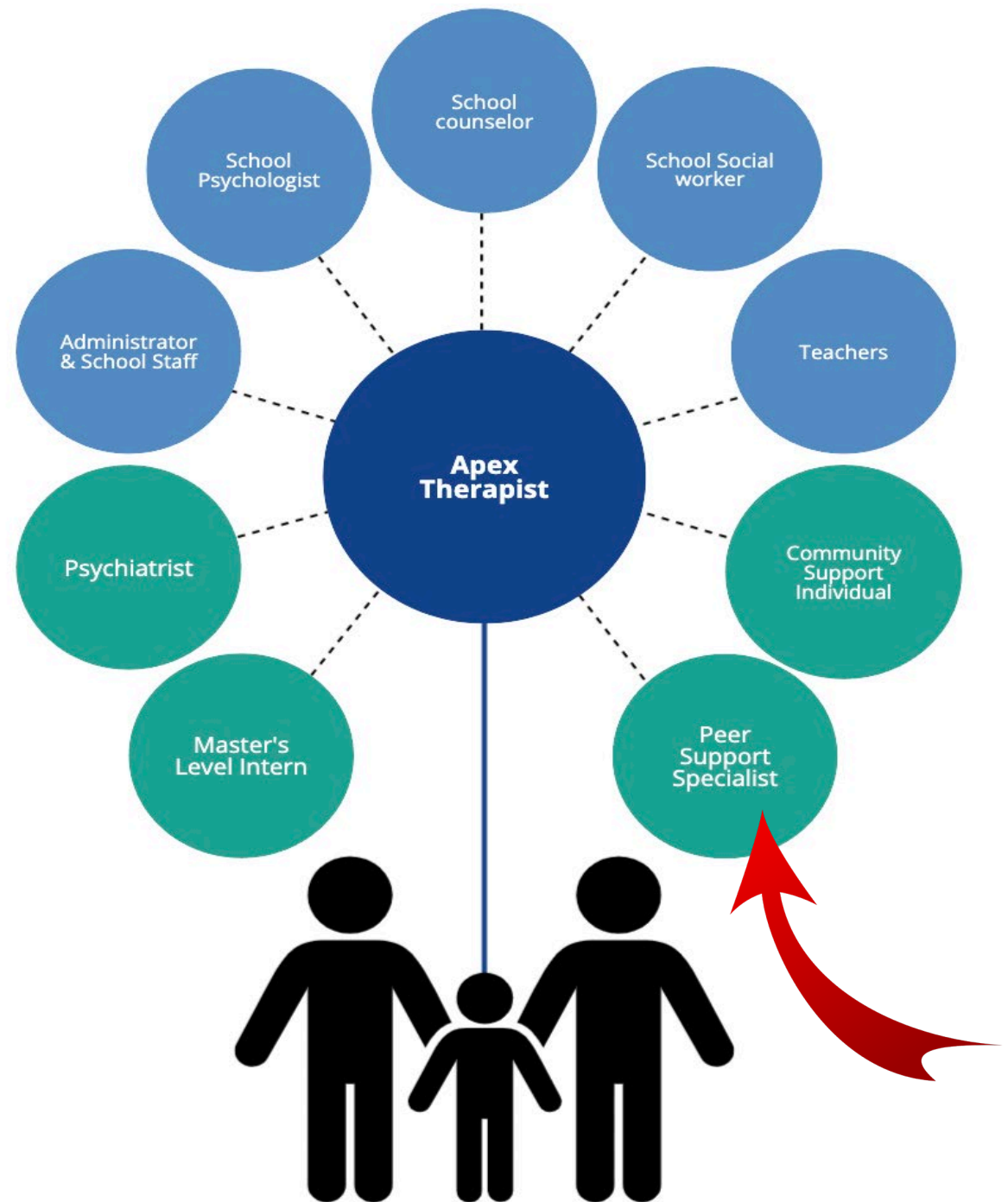
*Other (Including Mental Health and/or Substance Abuse and Co-Occurring Clubhouse Referral)

Tier 3 – Intensive Intervention



*Other (Including Intensive Customized Care Coordination, Intensive Family Interventions, & RTI Assessment and Referral Services)

**An example of
School-based Mental
Health Collaboration:
The Georgia Apex
Ecosystem:**



Apex Journey

Identify potential Apex student



1

Depression and conduct are the top referral reasons

Make a referral



2

School counselors make 75% of all Apex referrals

Respond to Apex referral



3

41% of first time services are mental health assessments

Follow up with appropriate mental health services



4

62,737 individual outpatient services were provided in year 8 (2022-2023)

Celebrate wins



7

97% Apex therapists report having a positive impact on their students mental health

Improvement in family well-being



6

73% of parents report improvement in family life

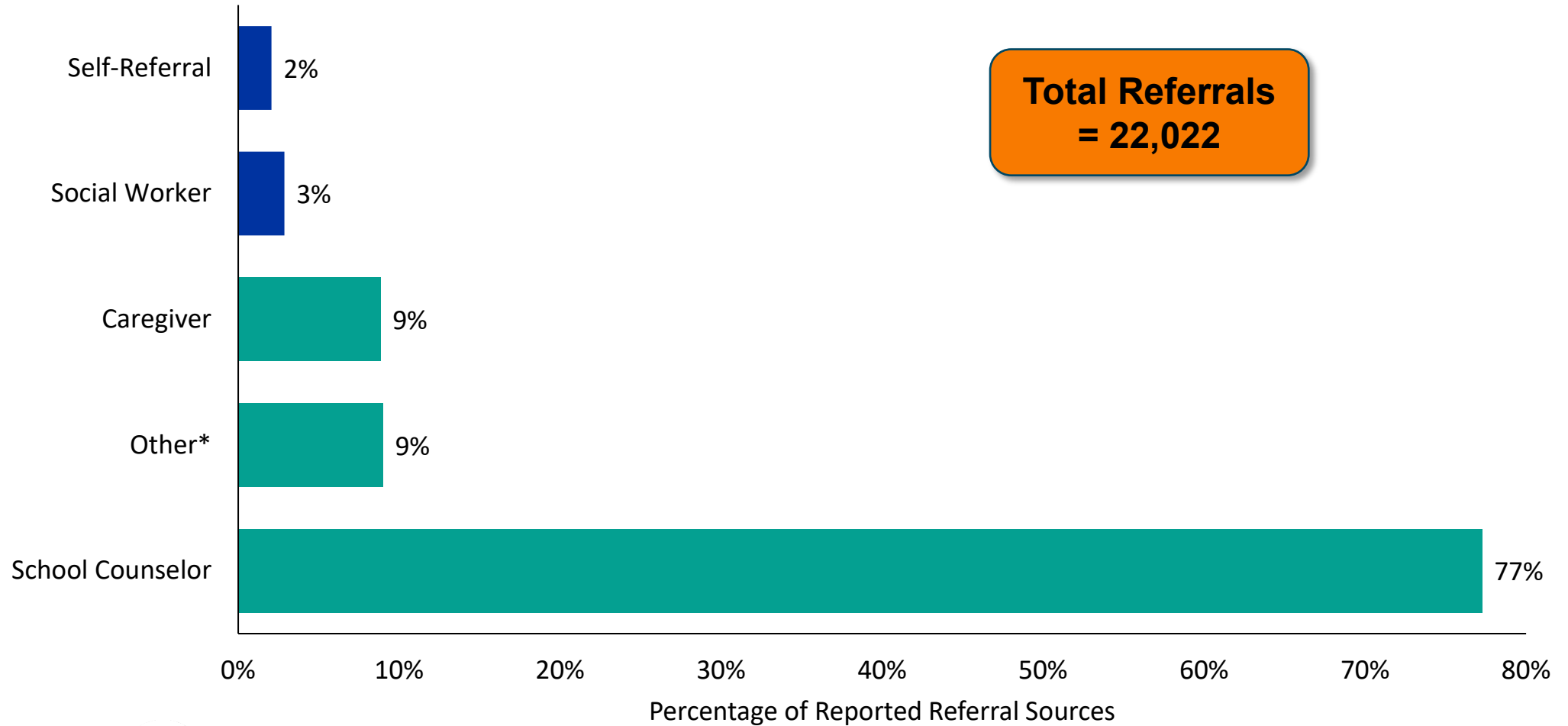
Improvement in child well-being



5

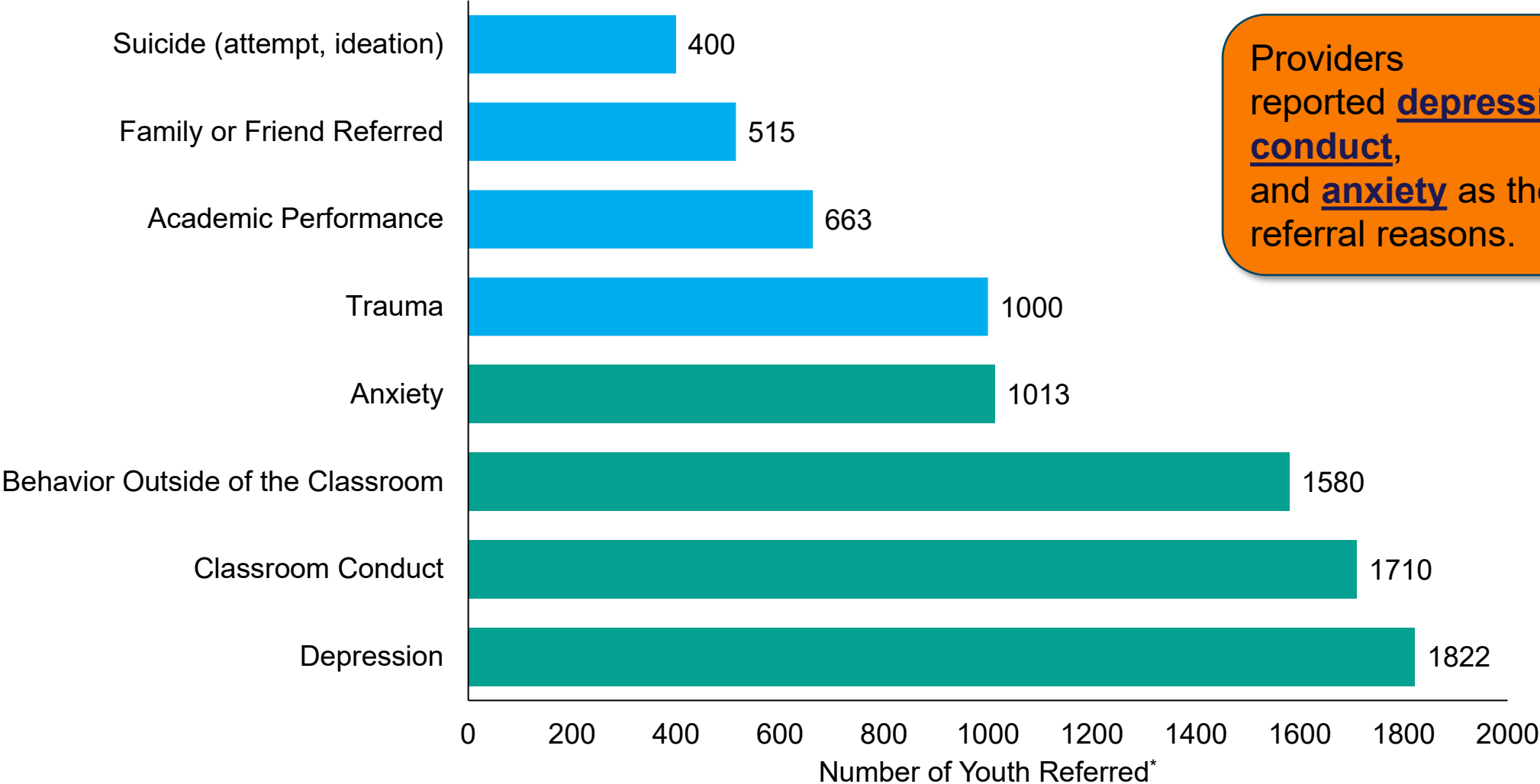
62% of students improved on a measure of needs and strengths

Apex Referral Sources



*Other (Including School Support Staff, Local Interagency Planning Team (LIPT), Nurse, School Administration, State Entity, Primary Care Provider, Outpatient Provider, & Teacher)

Top Apex Referral Reasons

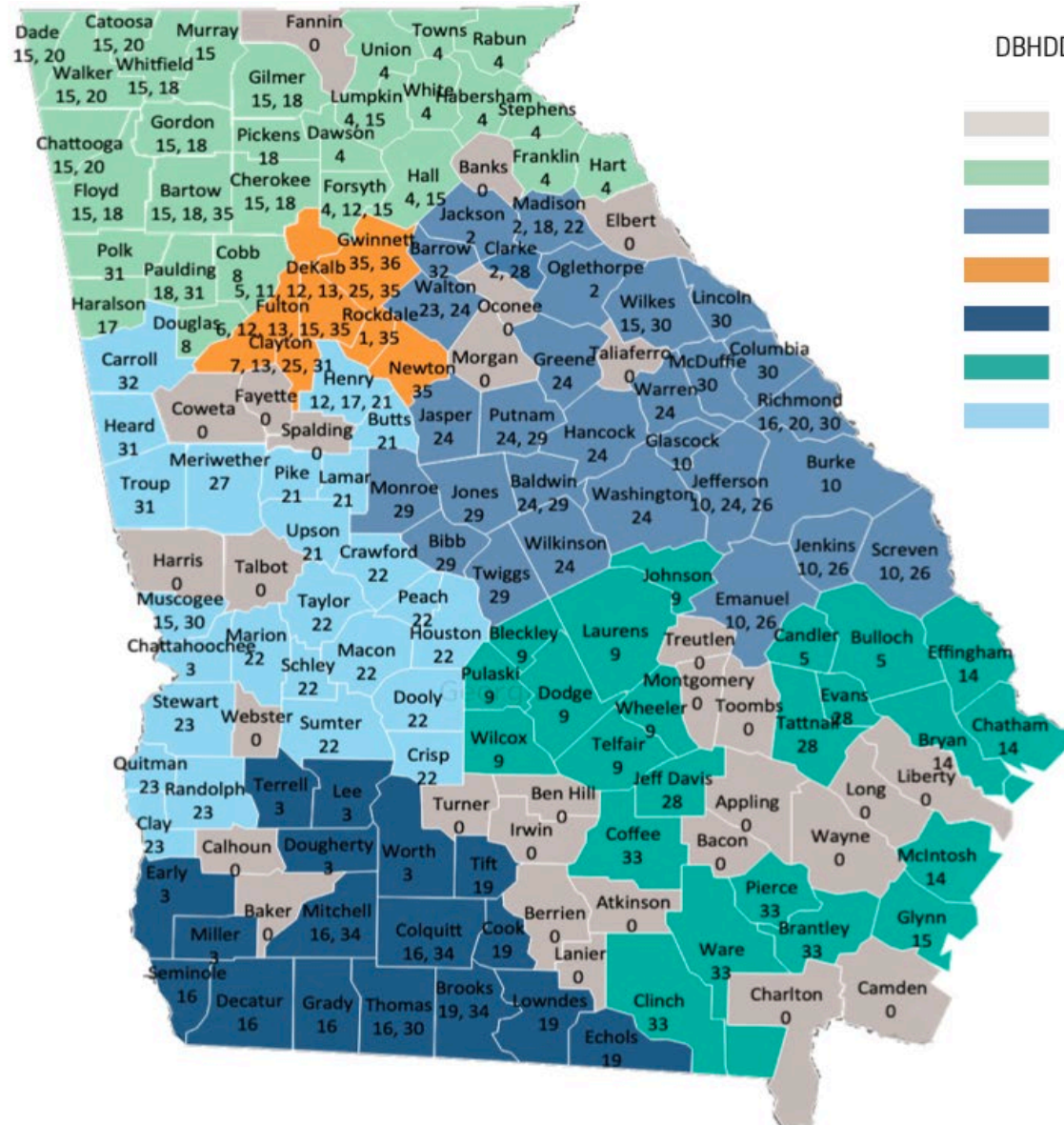


Providers reported depression, conduct, and anxiety as the top referral reasons.



*The number of youth referred in each category is not the total number of youth referred; providers are asked to list numbers for their top three referral reasons only

DBHDD Regional Representation



DBHDD Regions

- No Apex schools
- Region 1
- Region 2
- Region 3
- Region 4
- Region 5
- Region 6

- **6 Regions**
- **129 Counties**
- **147 School Districts**
- **738 Schools**

Georgia Apex Providers by Region

Region 1

Avita Community Partners
Cobb CSB
Family Ties Enterprises
Georgia Hope
Haralson Board of Health
Highland Rivers Health
Lookout Mountain Community Services
Tanner Medical Center

Region 2

Advantage Behavioral Health Systems
CSB of Middle Georgia, Ogeechee Division
Oconee Center CSB
River Edge Behavioral Health Center
Serenity Behavioral Health System
The Social Empowerment Center

Region 3

Academy for Family Empowerment
CHRIS 180
Clayton Center CSB
DeKalb CSB
Family Ties Enterprises
Georgia Hope
Odyssey Behavioral Health
View Point Health
View Point Health – ATL

Region 4

Aspire CSB
Georgia Pines CSB
Legacy Behavioral Health Services
Vashti Center

Region 5

Care Partners
CSB of Middle Georgia
Gateway Behavioral Health Services
Pineland DBHDD
Unison Behavioral Health

Region 6

Family Ties Enterprises
Georgia Hope
McIntosh Trail CSB
Middle Flint Behavioral Healthcare
New Horizons Behavioral Health
Pathways Center
Tanner Medical Center

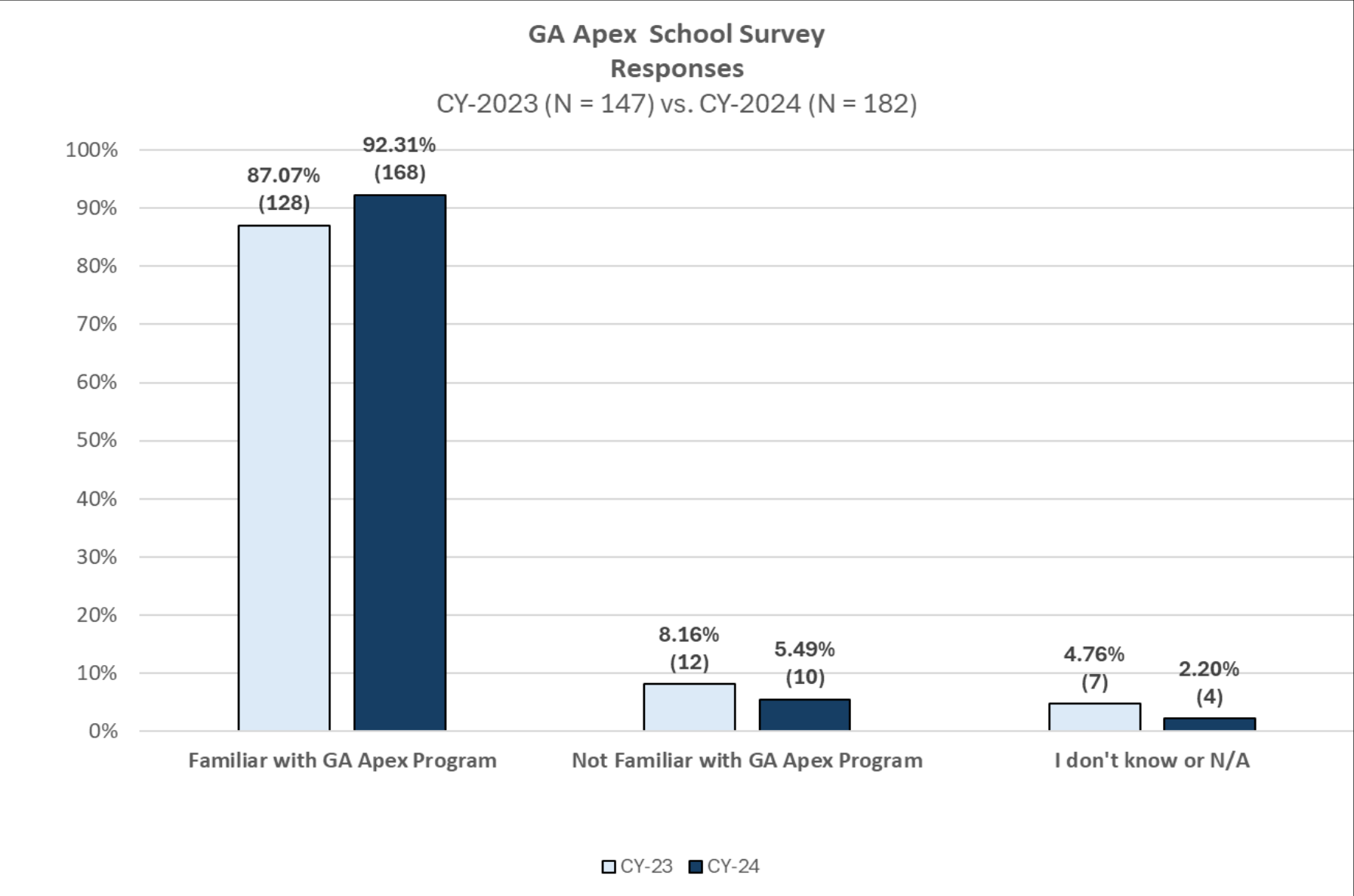
Embedding Mental Health Providers Within Schools



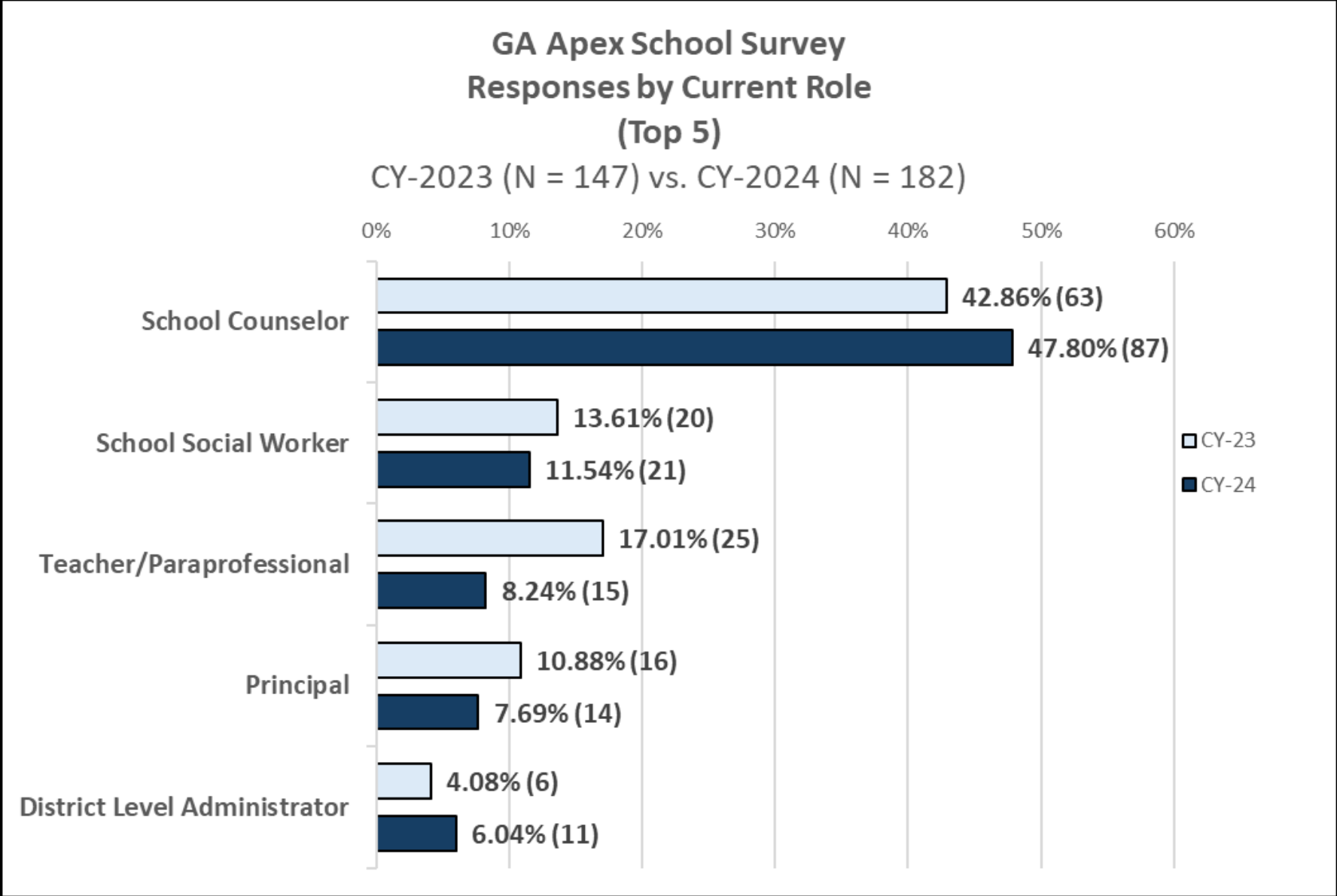
Indicators of the providers' **integration into the school**, which influences **successful program implementation**. All providers reported **one or more** indicators in **one or more** schools. Each square indicates providers endorsing for one or more schools.

School Counselor Maintains Communication 97%	Administration Maintains Communication 70%	Part of Disciplinary Team 70%	Teachers Maintain Communication 67%
Dedicated Workspace 82%			
Attends Staff Meetings 79%	Issued a School ID 41%	Included in Electronic Communications 29%	
		Issued School Email Address 29%	

GA Apex Survey Responses Received

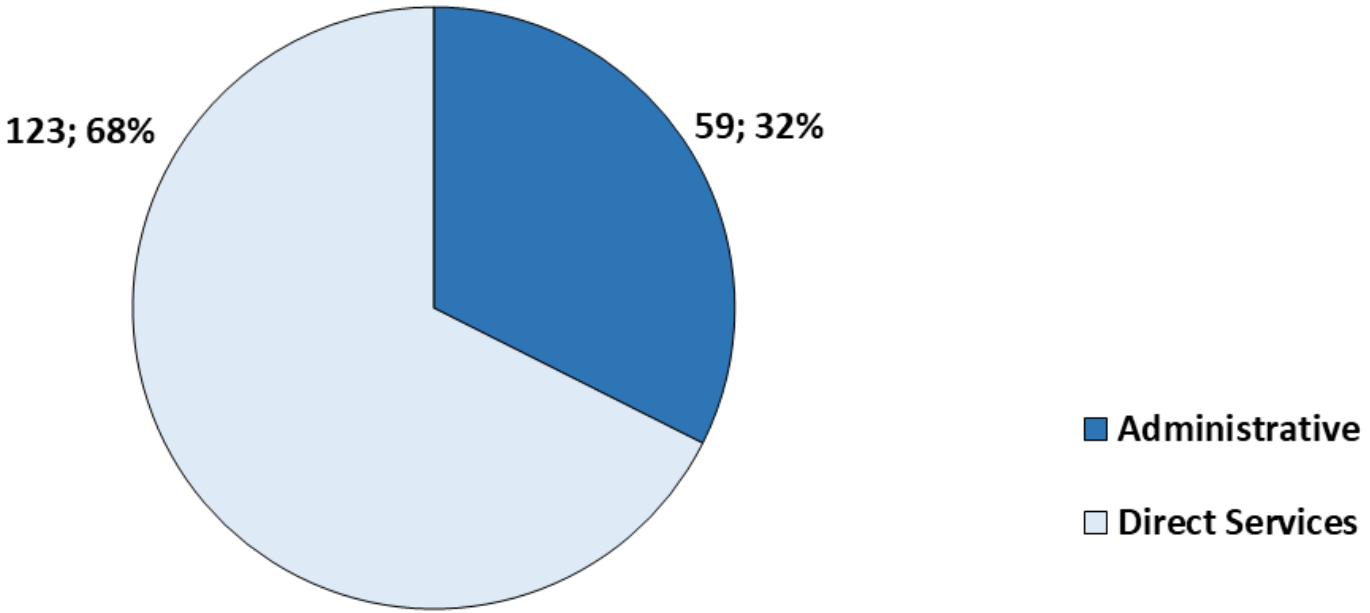


Responses by Current Role



Responses by Current Role

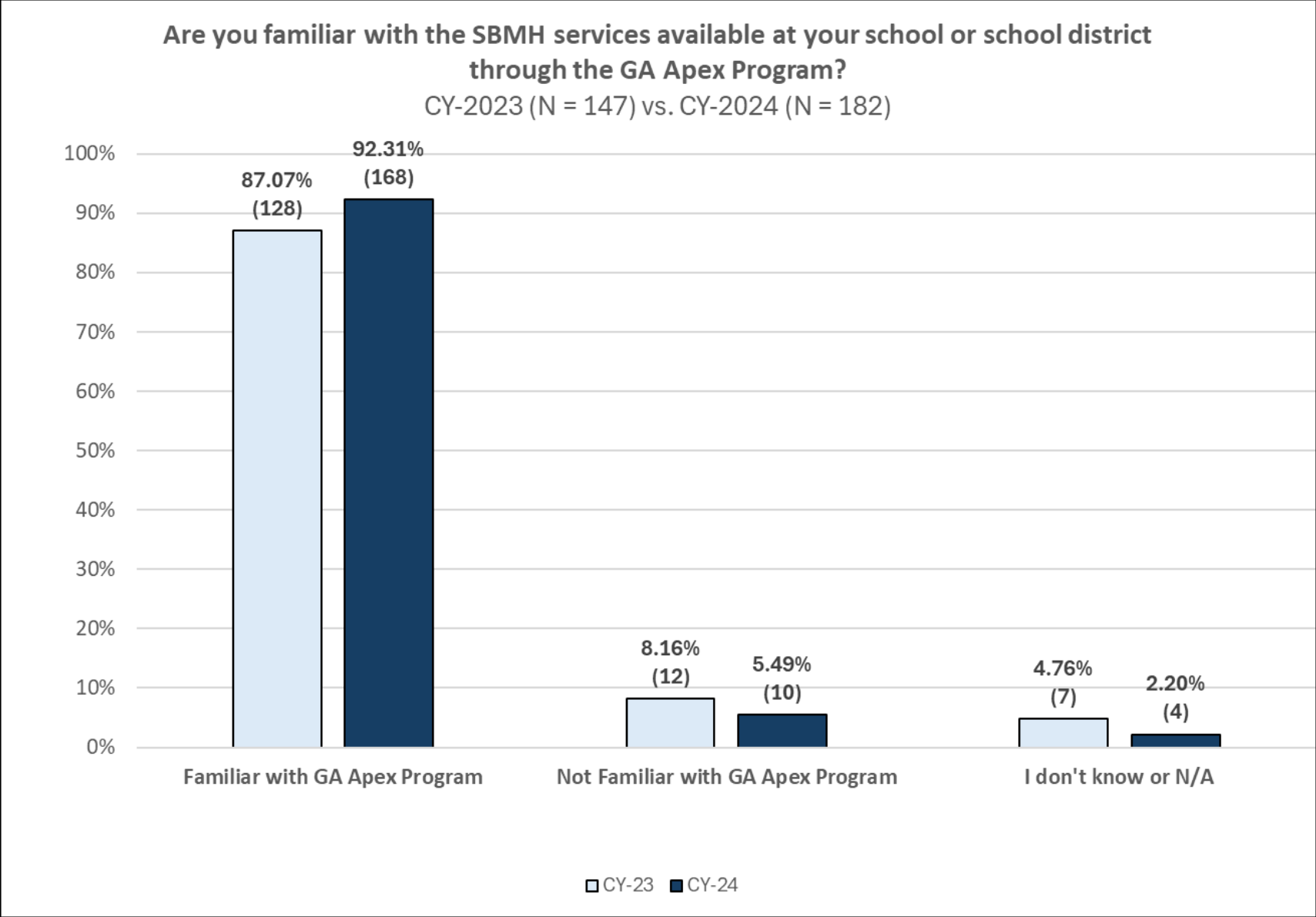
GA Apex Program School Survey
Responses by Role
Administrative vs. Direct Services
3/20/2024 - 5/31/2024 (N = 182)



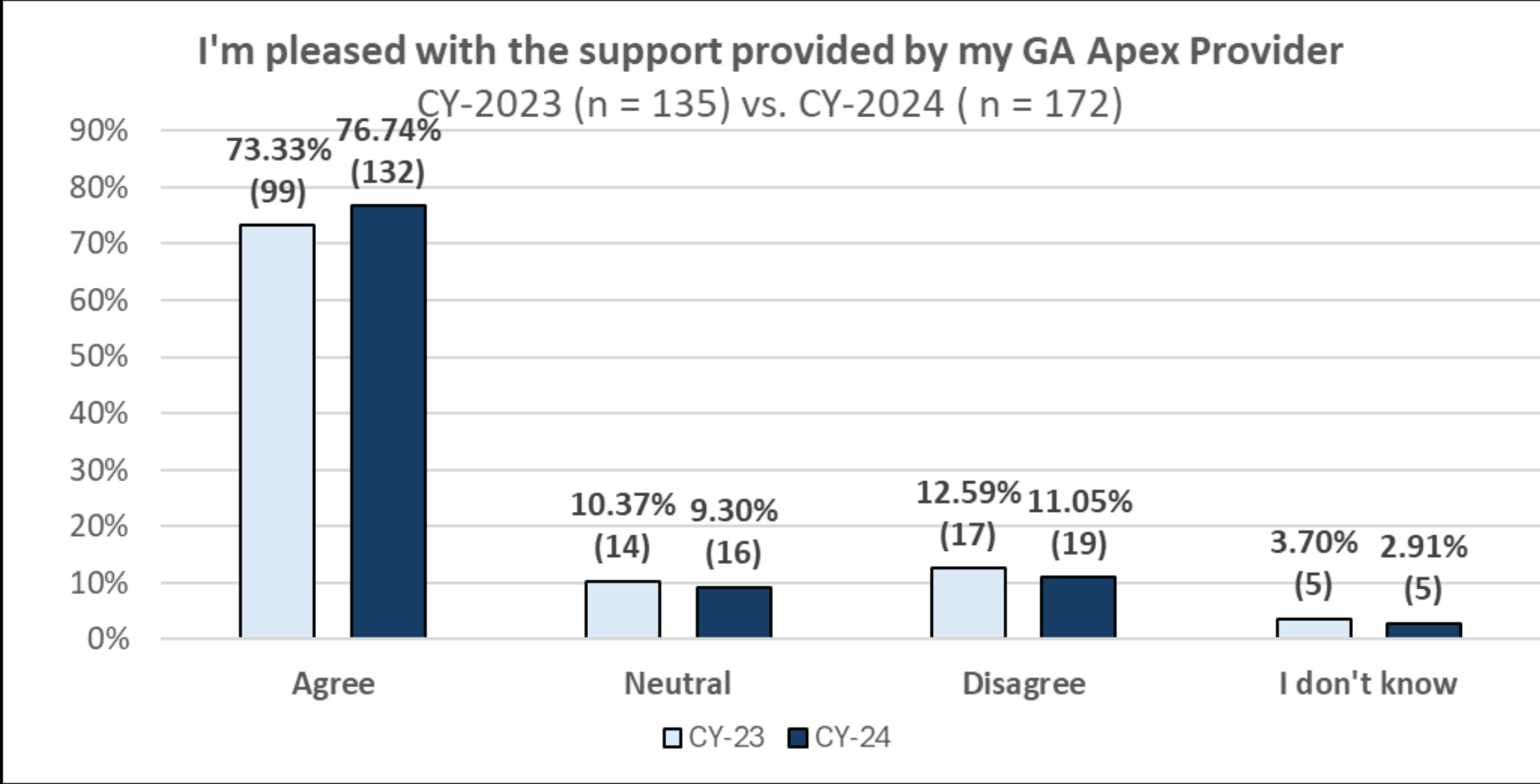
- Administrative:**
- Principal
 - Assistant Principal
 - Other School Staff
 - Director of Student Support Services
 - District Level Administrator
 - Superintendent
 - Other School District Staff

- Direct Services:**
- School Counselor
 - School Social Worker
 - Teacher / Paraprofessional

Familiarity with GA Apex Program



Support Provided by GA Apex Provider



Three Performance Measures:

**Increase in
Attendance**

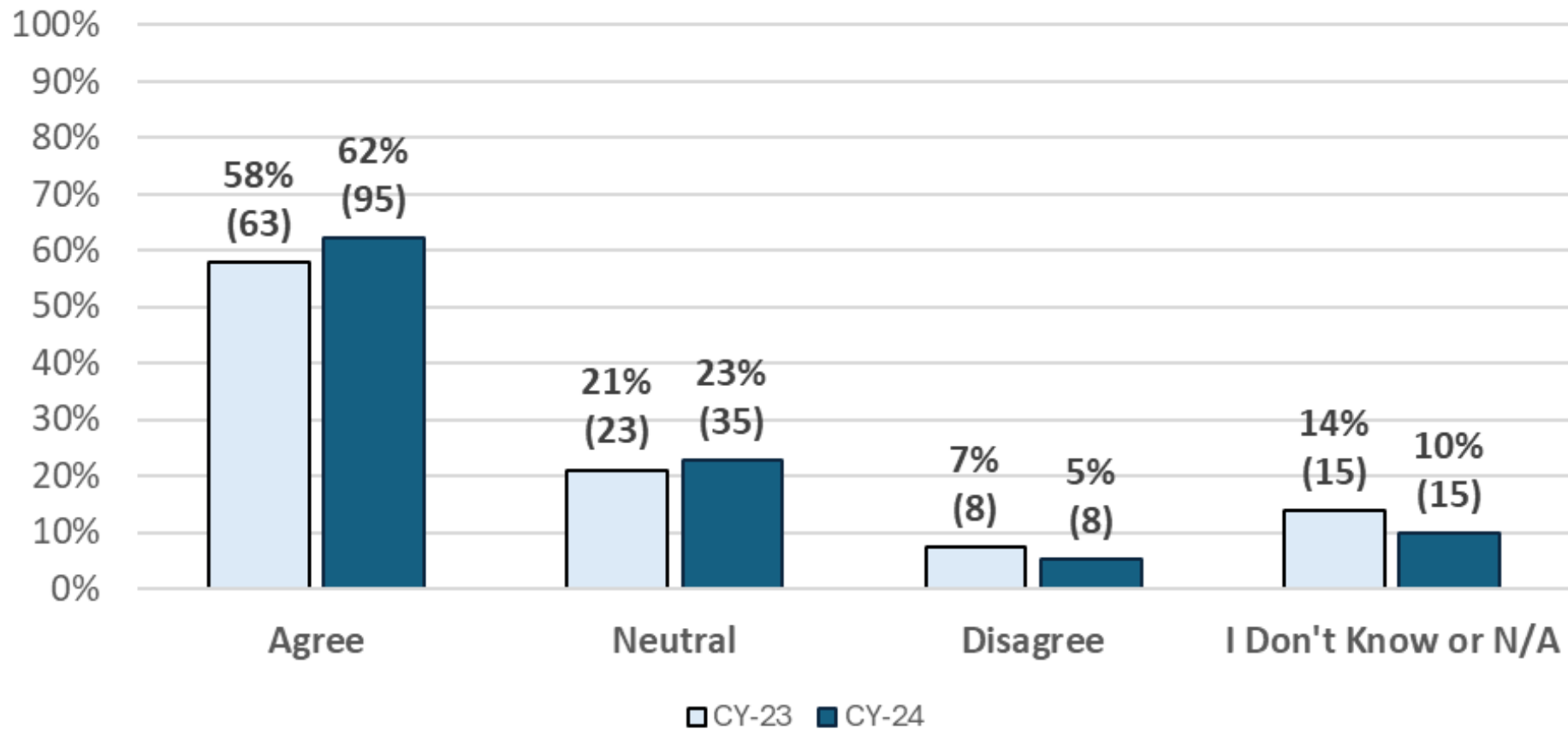
**Decrease in
Discipline
Incidents/
Referrals**

**Increase in
Academic
Performance**

Student's Attendance

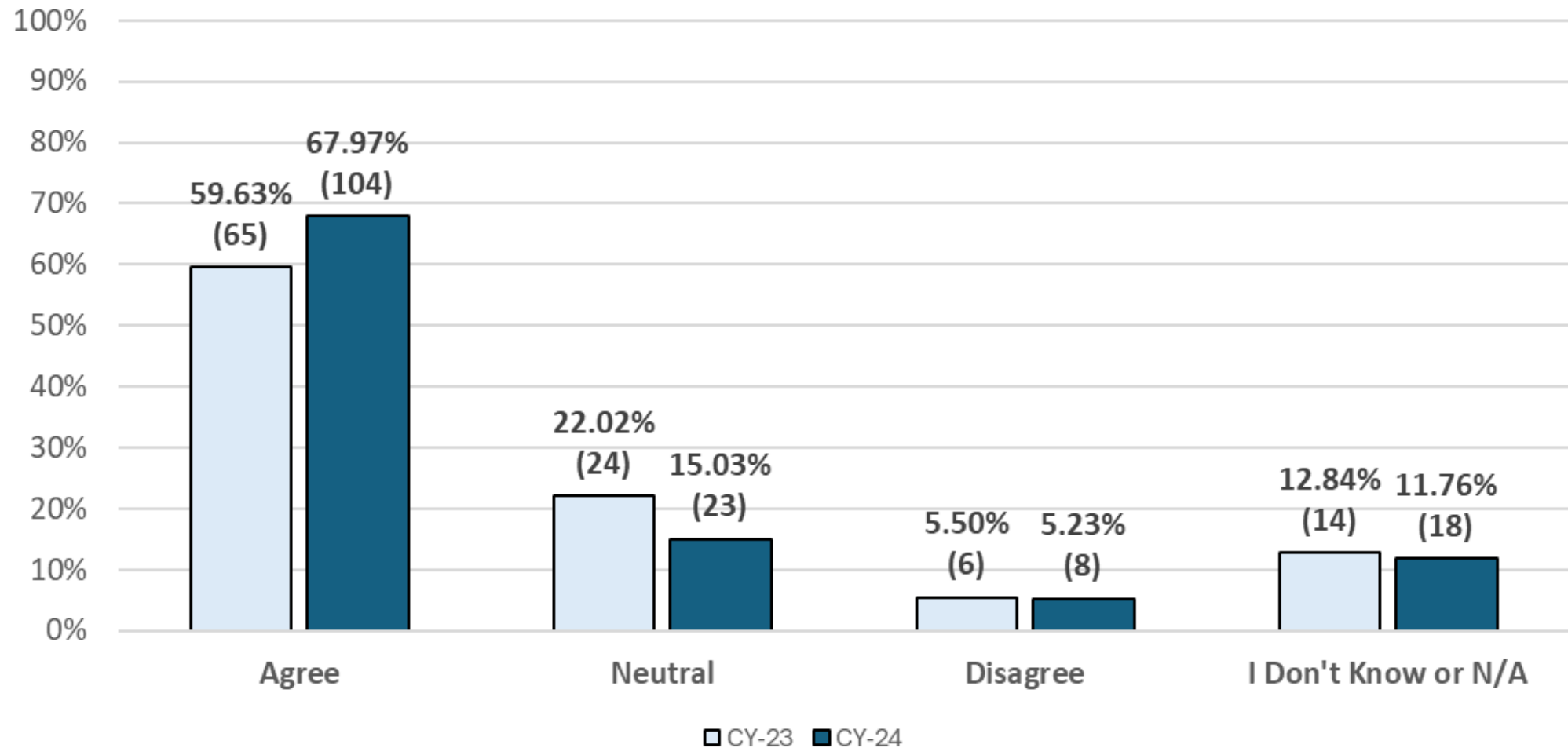
These students have had an increase in their attendance
(classroom seat time).

CY-2023 (n=109) vs. CY-2024 (n=153)



Classroom and School Activities Involvement

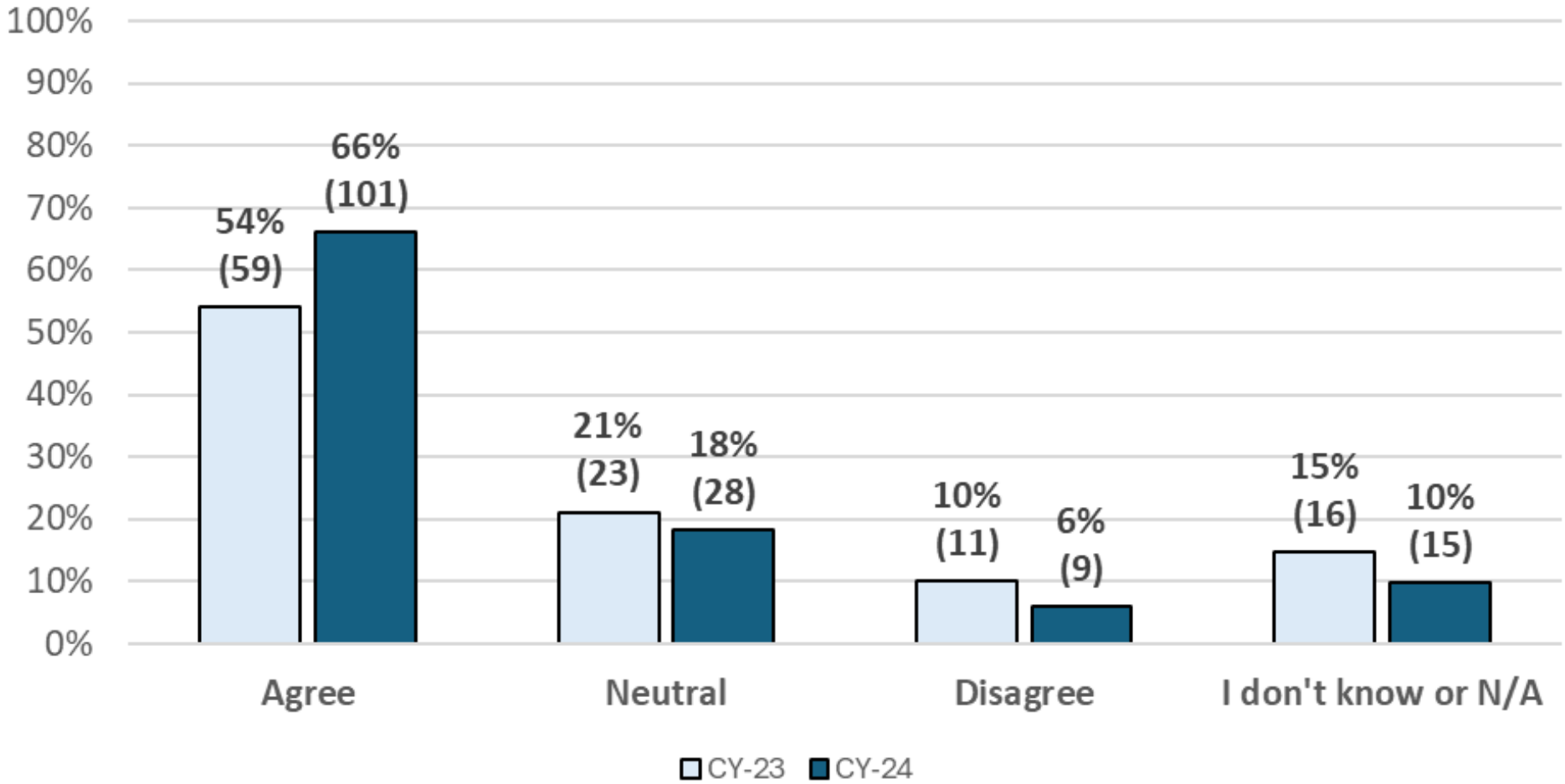
These student(s) are more involved in classroom and school activities.
CY-2023 (n=109) vs. CY-2024 (n=153)



Student's Discipline Referrals

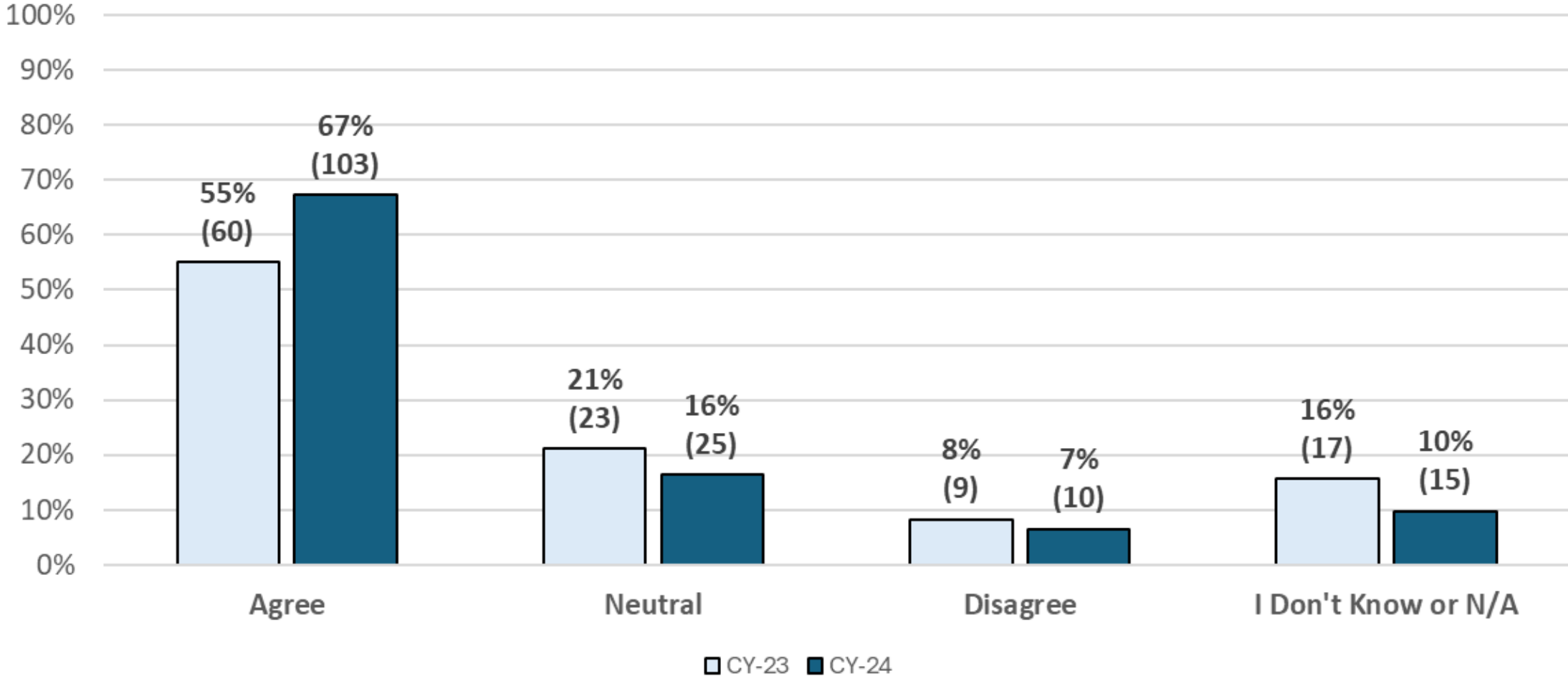
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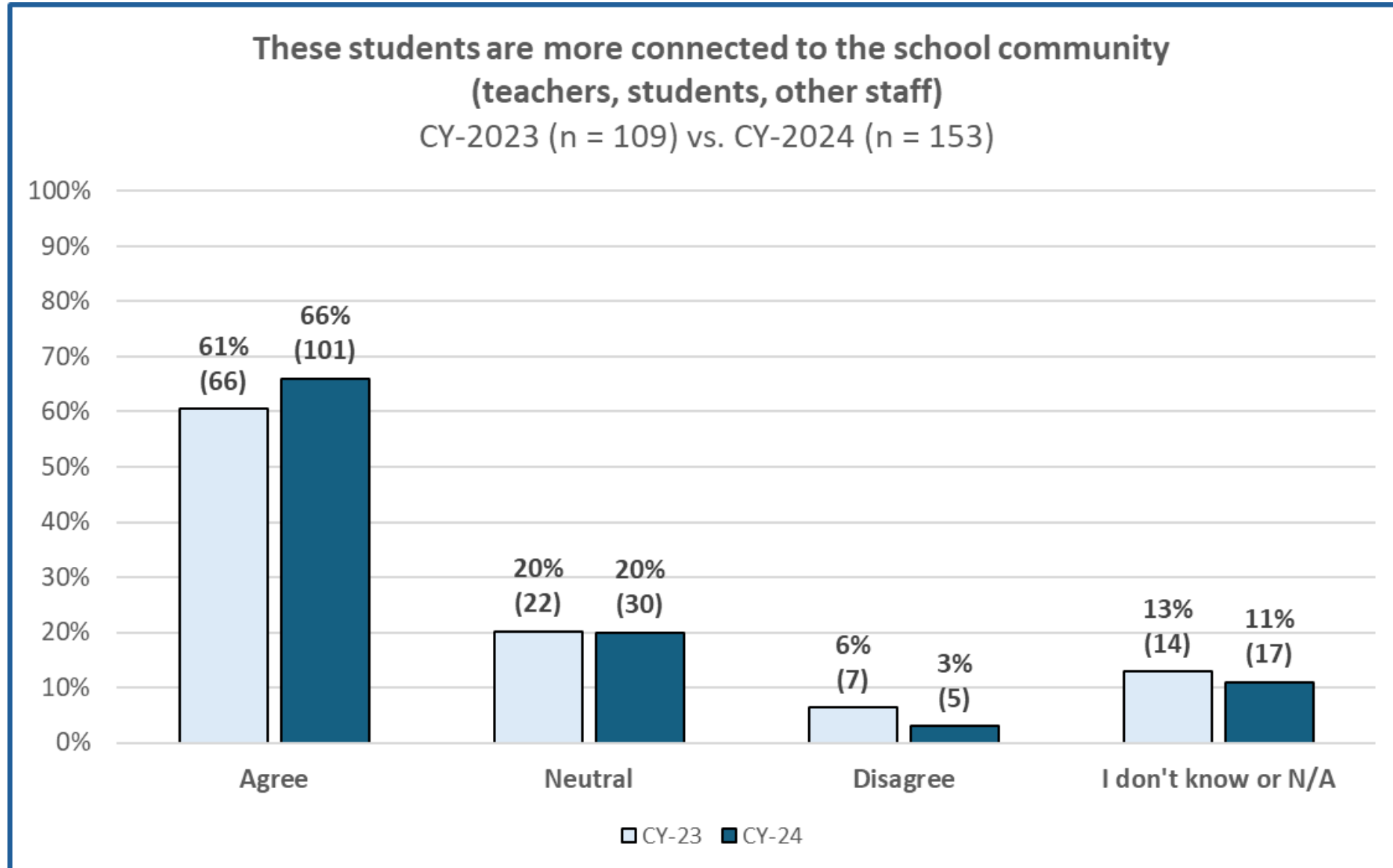


Student's Academic Performance

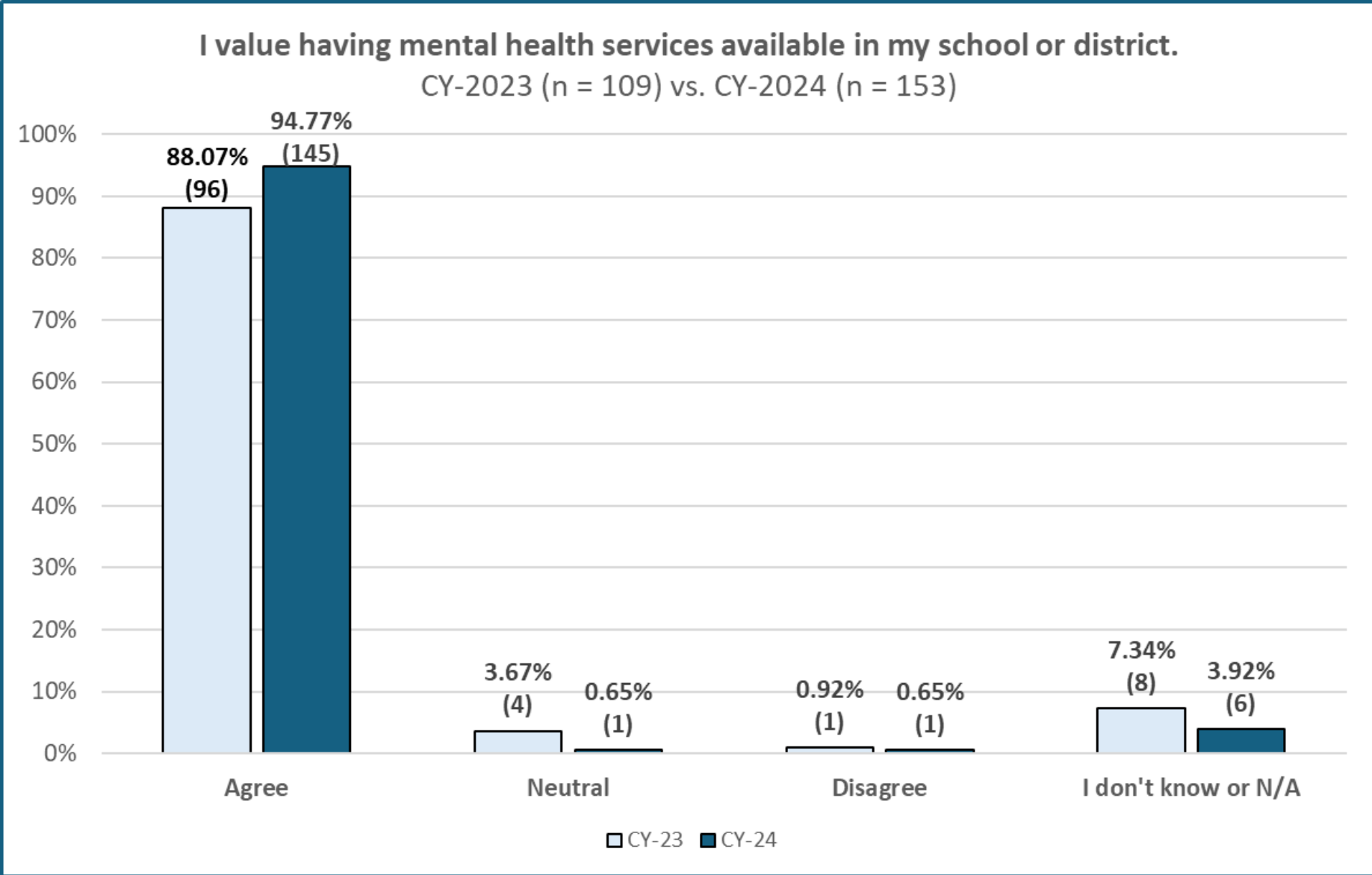
These students have shown an increase in their academic performance.
CY-2023 (n=109) vs. CY-2024 (n=153)



Student's Connection to School Community

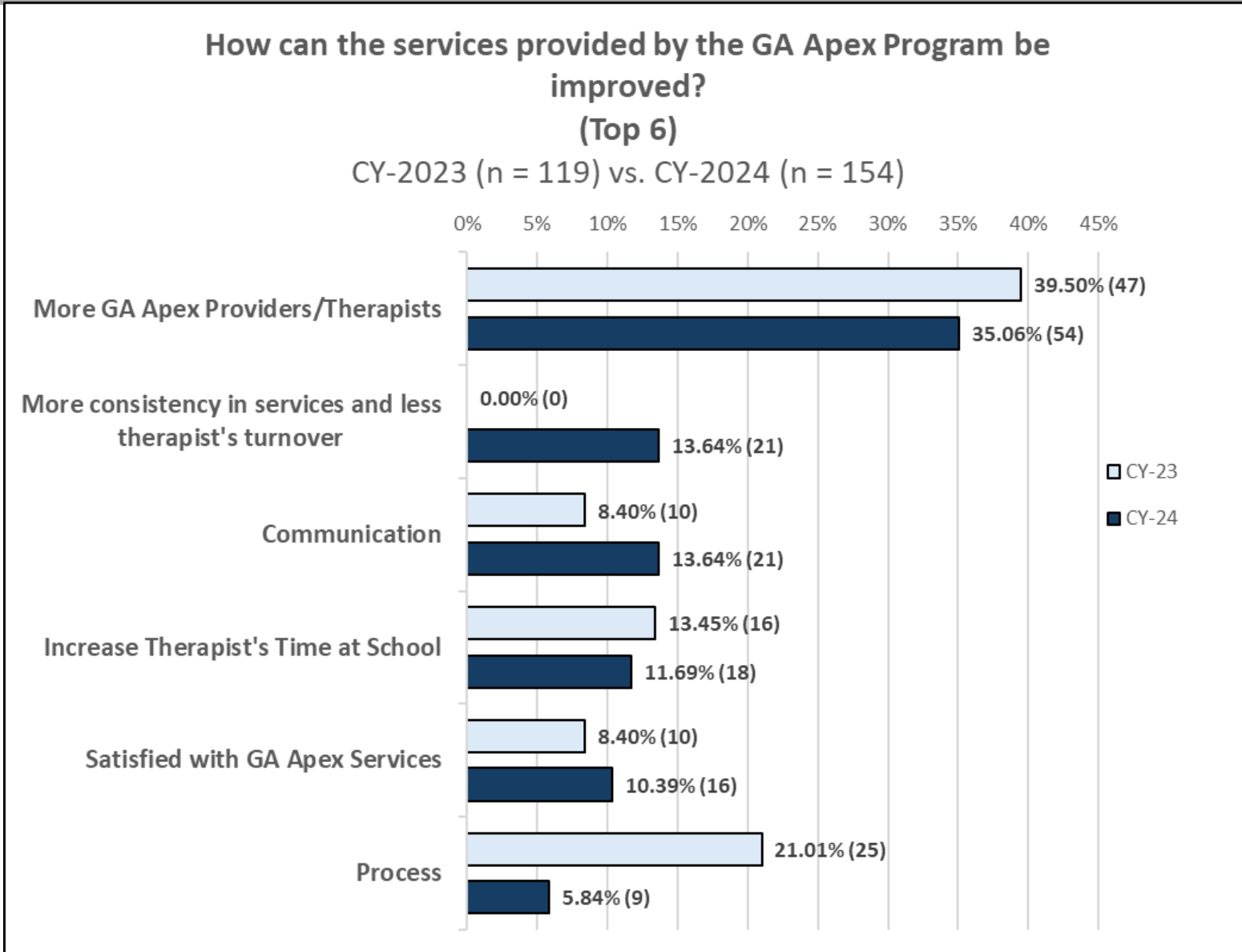


Satisfaction with Having MH Services at School

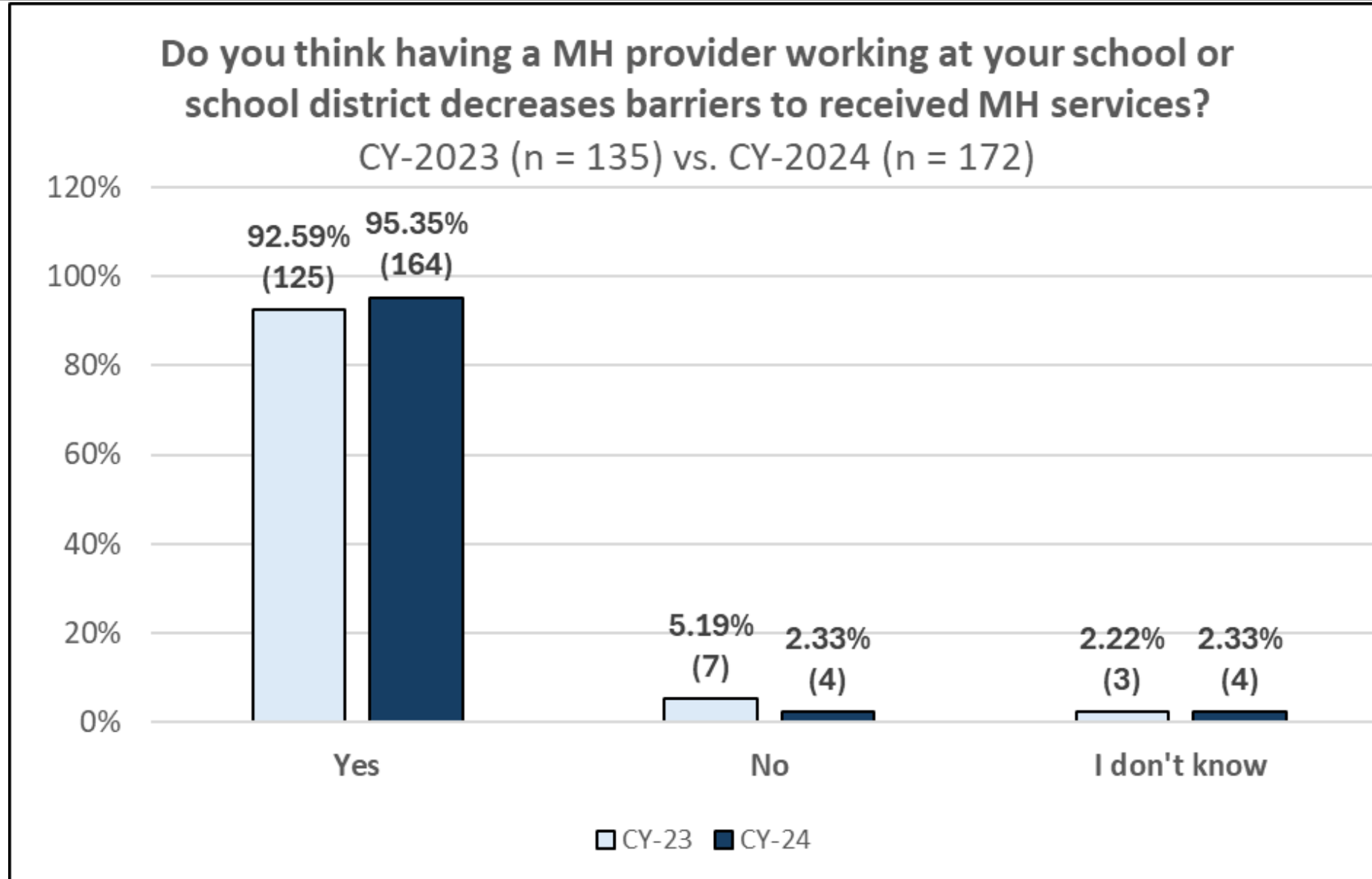


Barriers to GA Apex SBMH Program

Improvement Opportunities Feedback (Top 6)



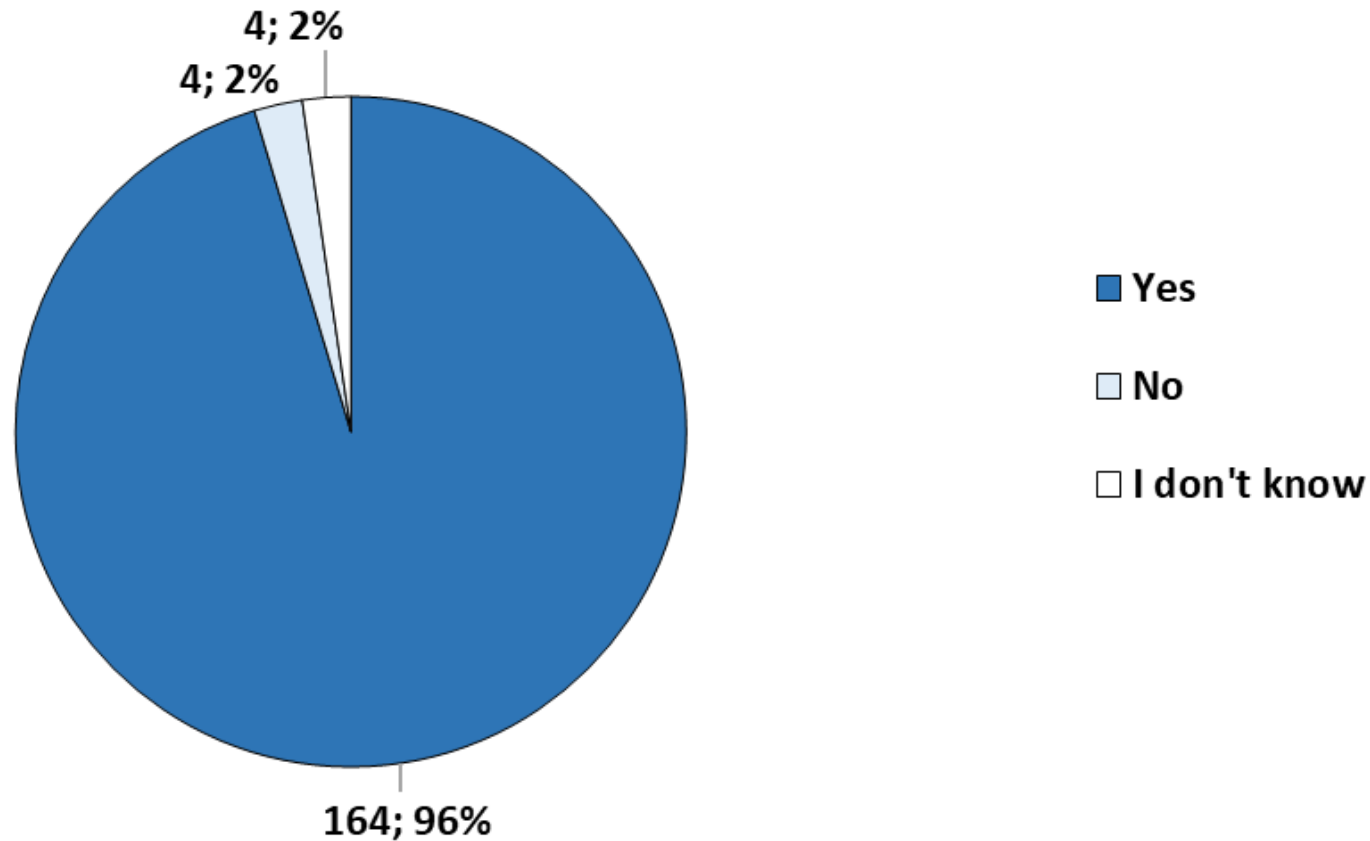
Barriers to Receive MH Services



Barriers to Receive MH Services

Do you think having a MH provider working in your school or district decreases barriers to receive MH services?

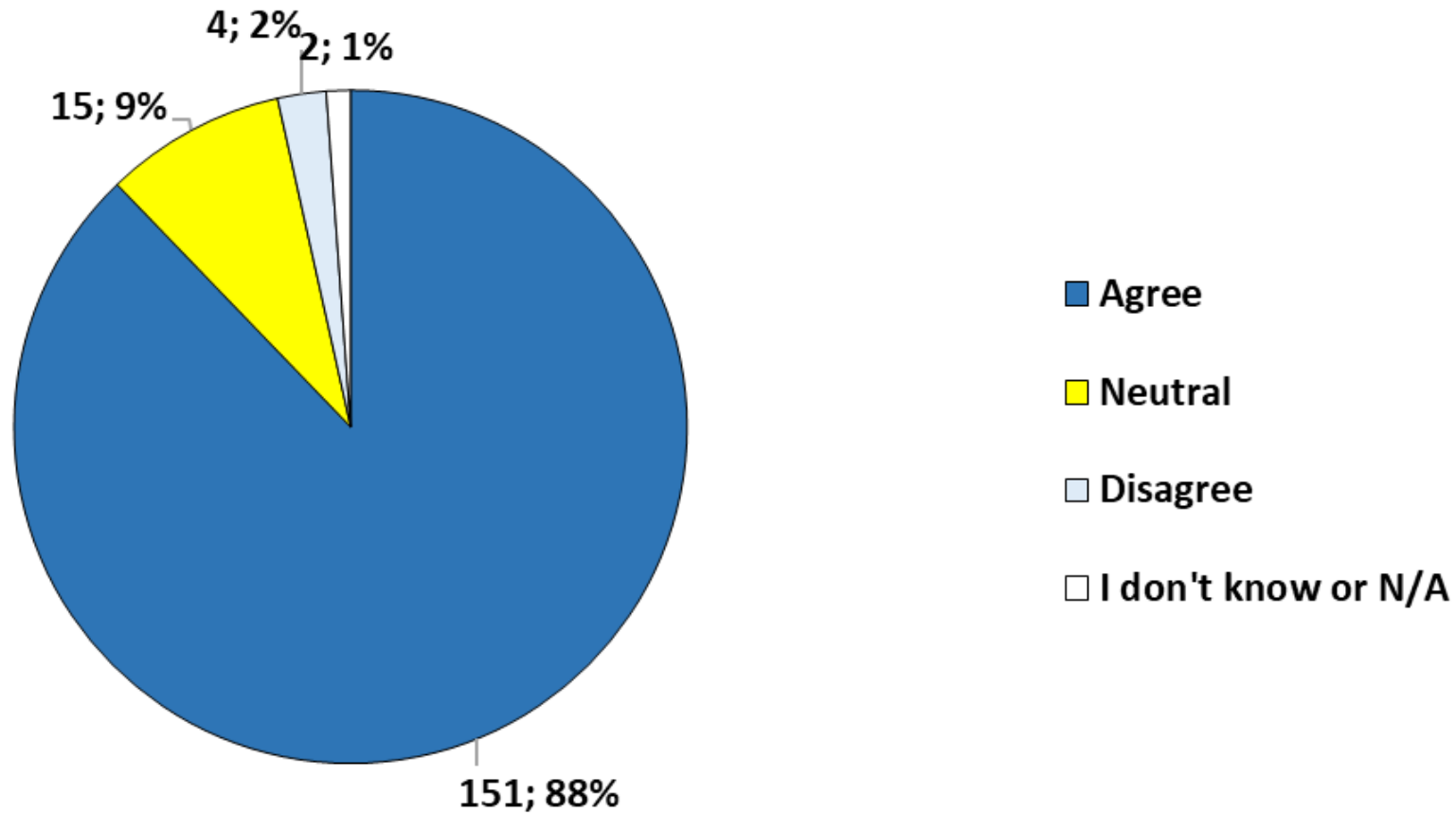
3/20/2024 - 5/31/2024 (n = 172)



Recommending GA Apex Program to other Schools/Districts

I would recommend having a GA Apex Program provider(s) to other schools or districts.

3/20/2024 - 5/31/2024 (n = 172)

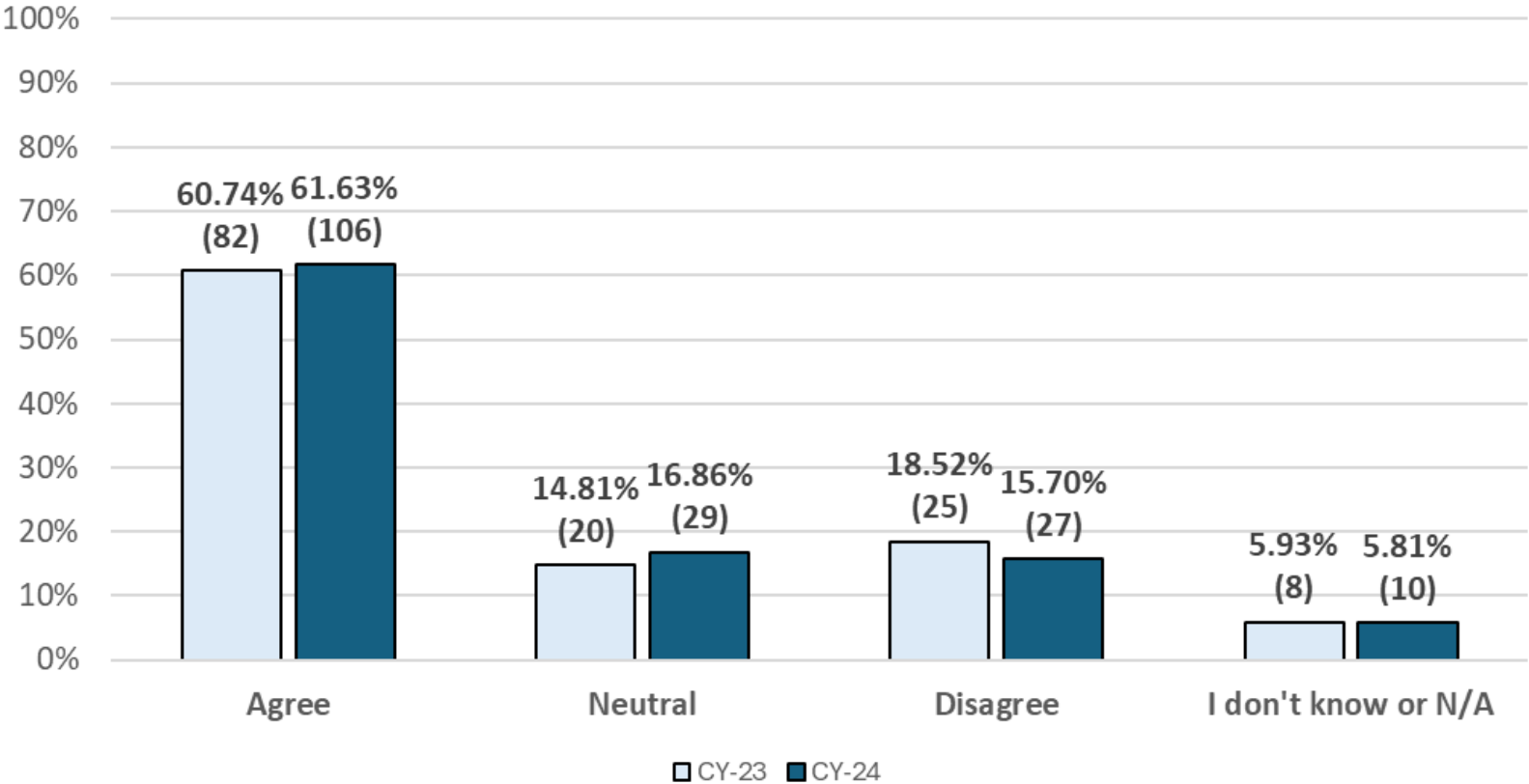


Beyond the GA Apex Program Services

Identifying Youth in Need of MH Services

The GA Apex Program service providers work with the school personnel to effectively identify youth who present or are at risk for presenting emotional and/or behavioral difficulties.

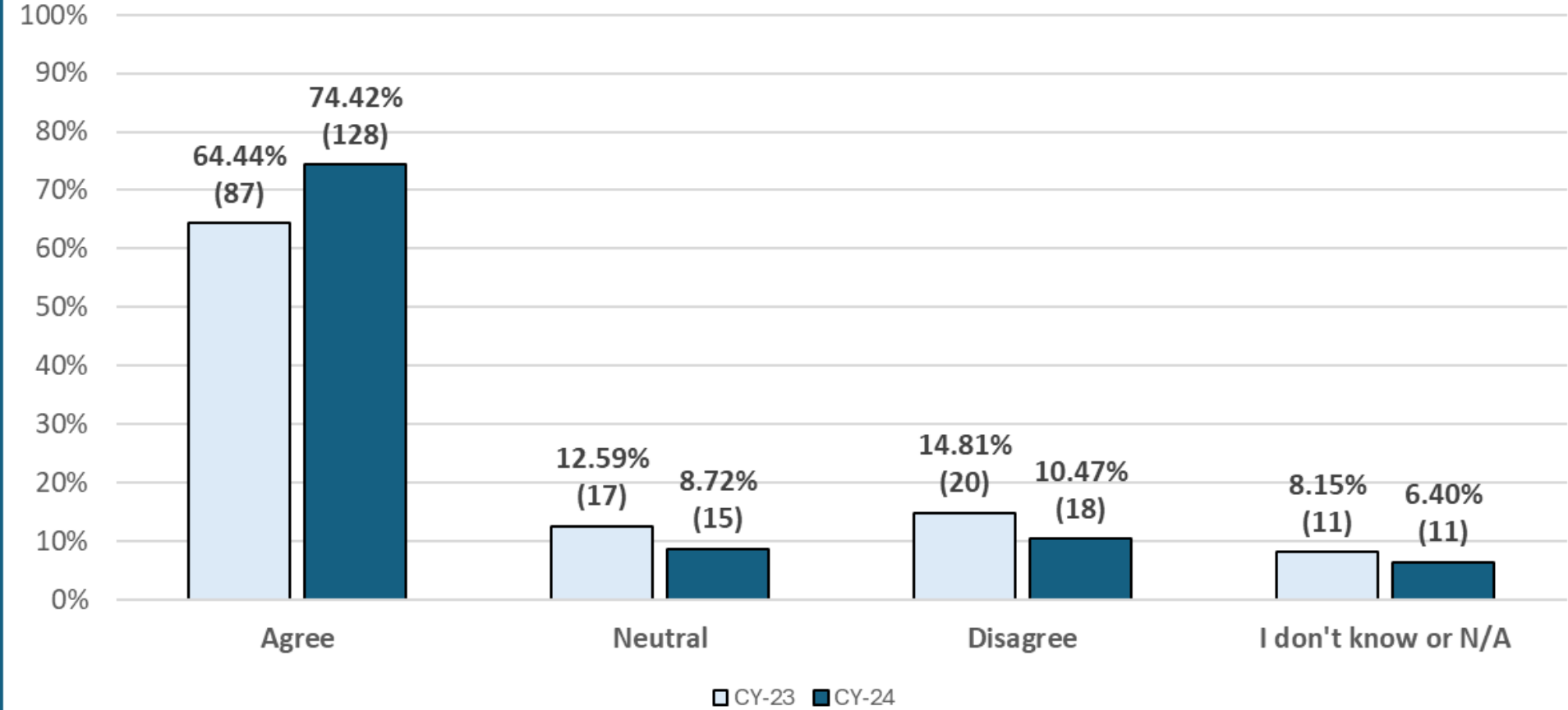
CY-2023 (n = 135) vs. CY-2024 (n = 172)



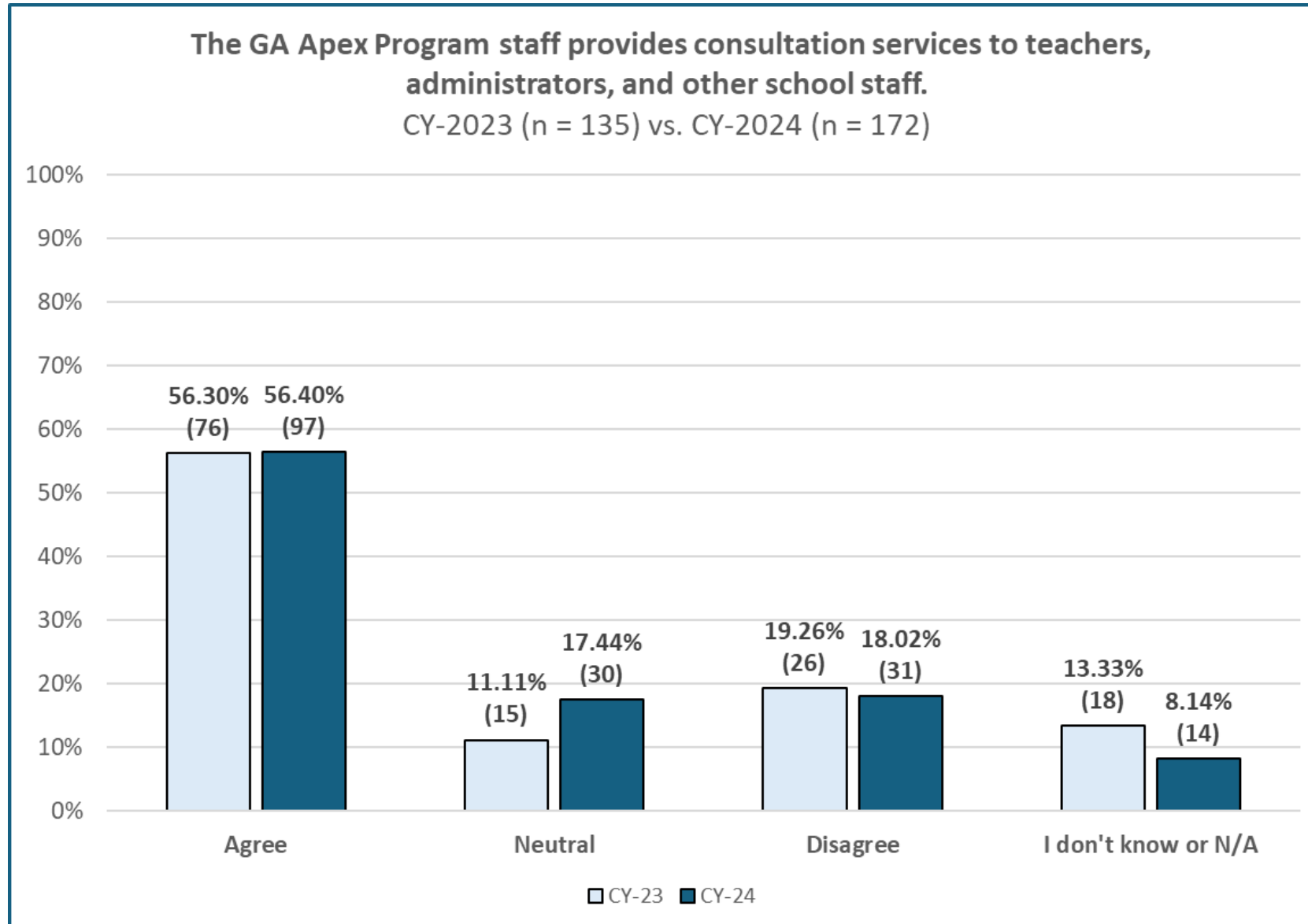
Coordinated Efforts to Ensure Youth in Need Receive Services

The GA Apex Program staff coordinates efforts with school-employed MH professionals to ensure that youth who need services receive them and to avoid service duplication.

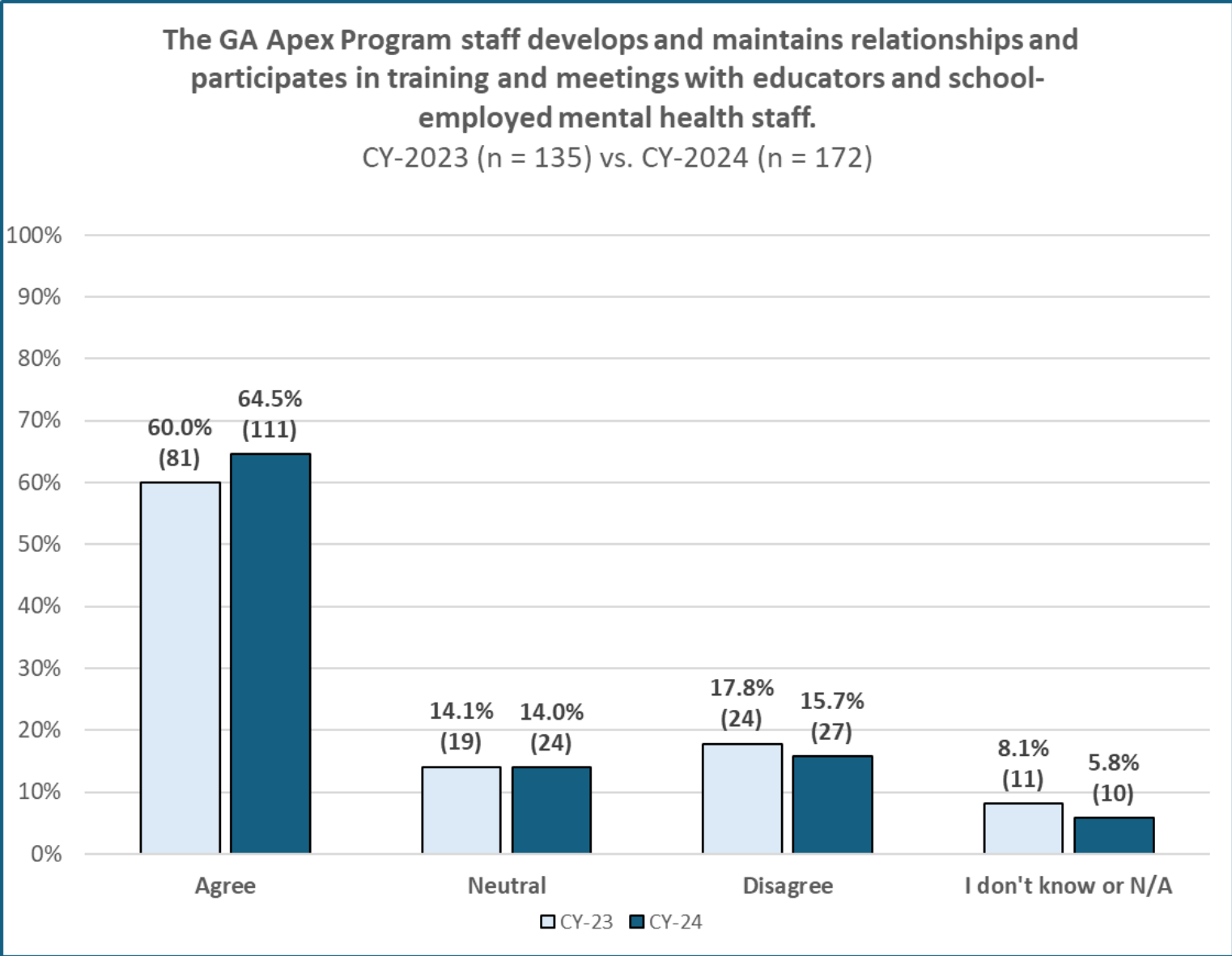
CY-2023 (n = 135) vs. CY-2024 (n = 172)



Consultation Services to School Staff



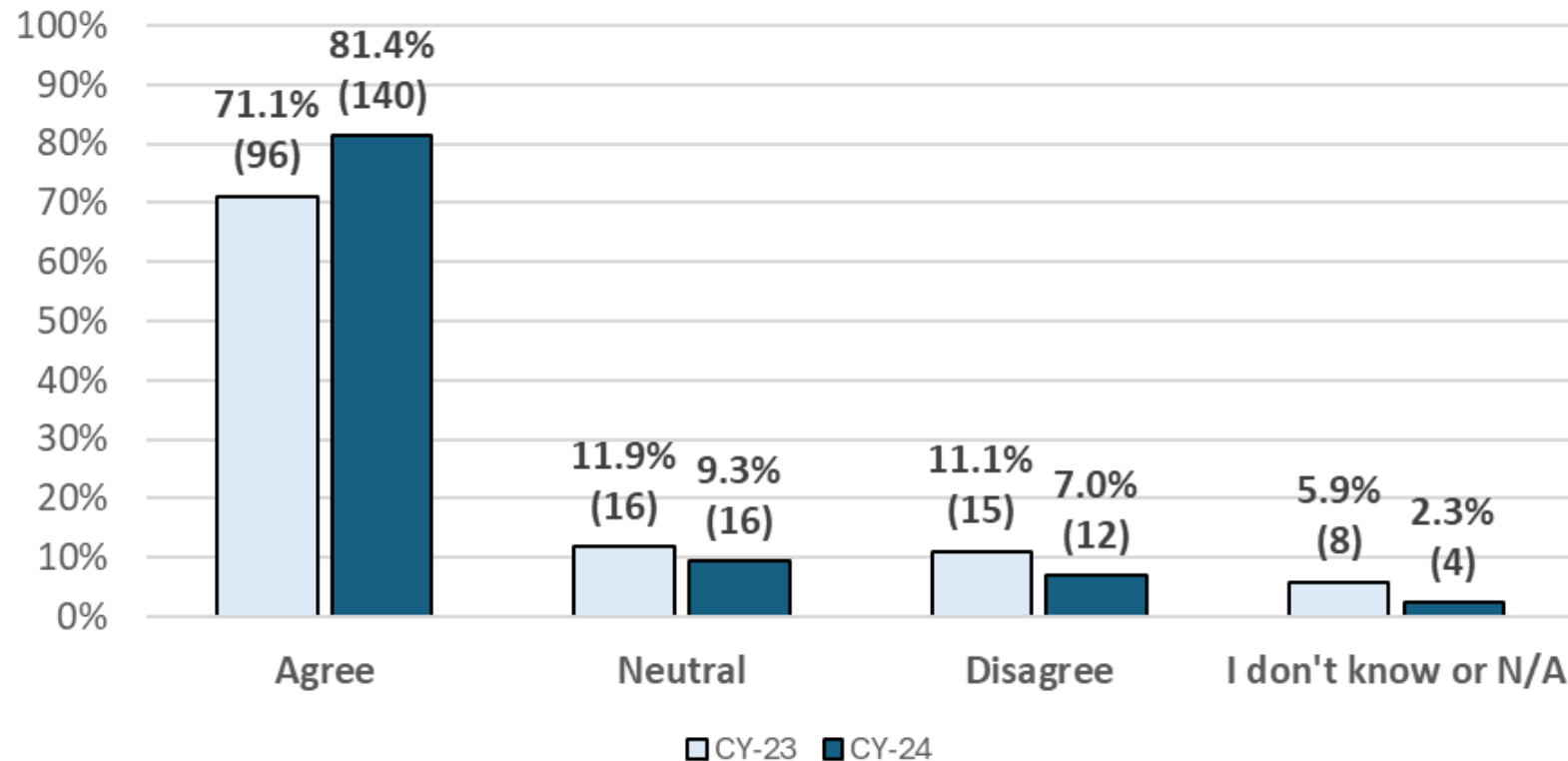
Relationships, Trainings and Meetings with School-Employed MH Staff



MH Services Rationale and Barriers to Learning

Teachers, administrators, and school staff understand the rationale for MH services within their school and are educated about which specific barriers to learning these services can address.

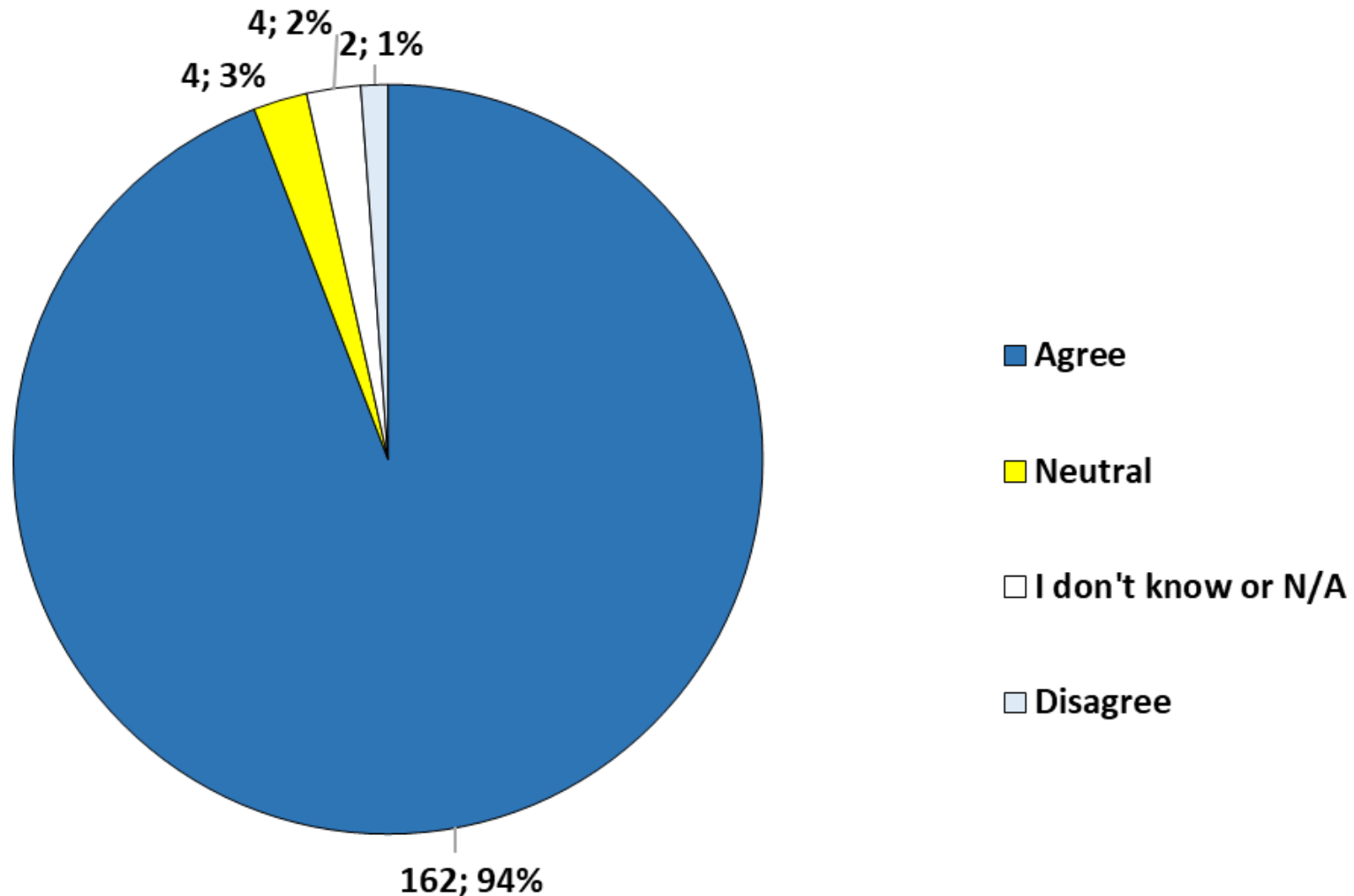
CY-2023 (n = 135) vs. CY-2024 (n = 172)



GA Apex Program Perceived Value

I value having the GA Apex Program available in my school or district.

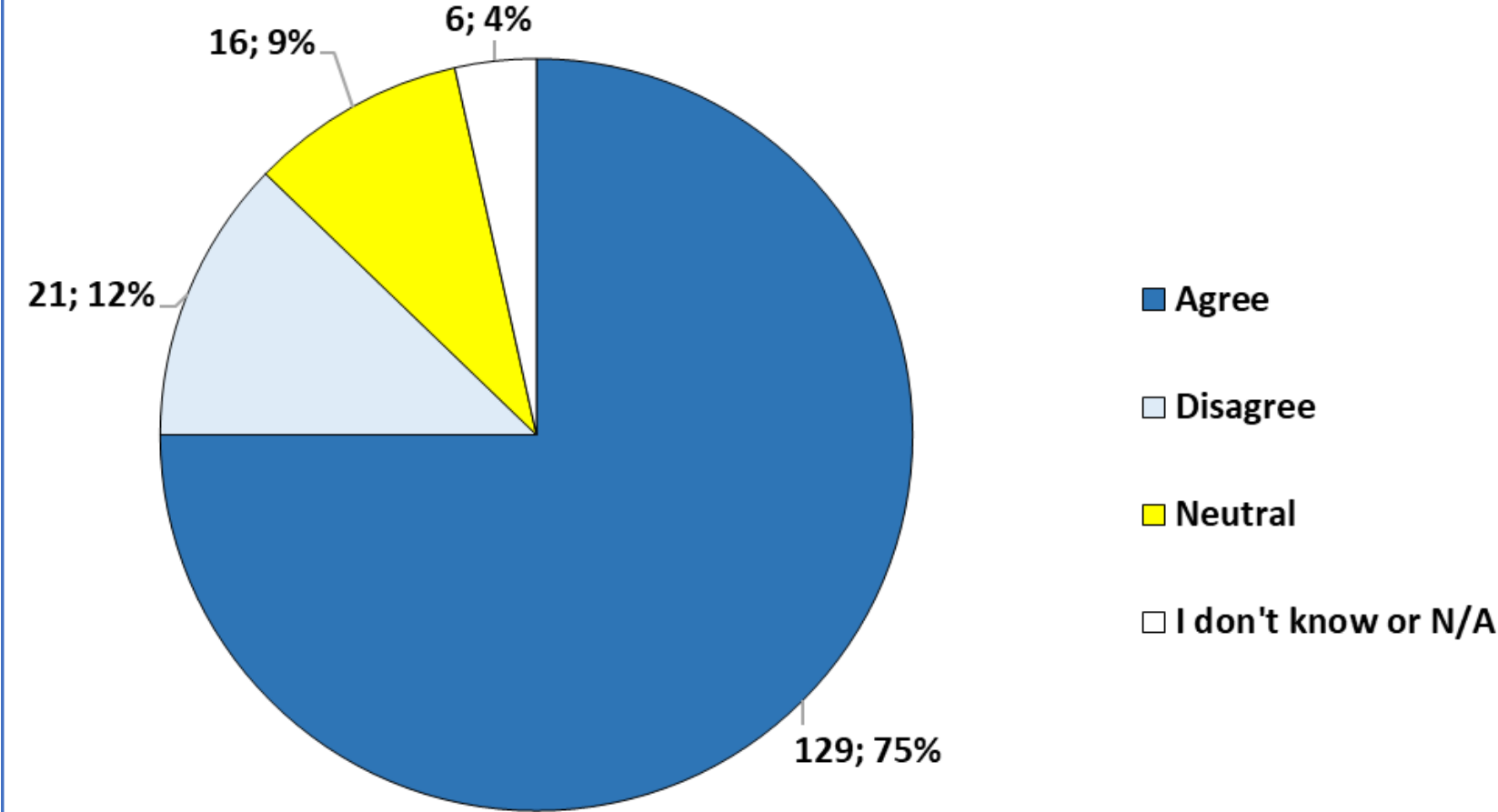
3/20/2024 - 5/31/2024 (n = 172)



GA Apex Program Perceived Satisfaction

I'm satisfied with the support provided by the GA Apex Program provider(s).

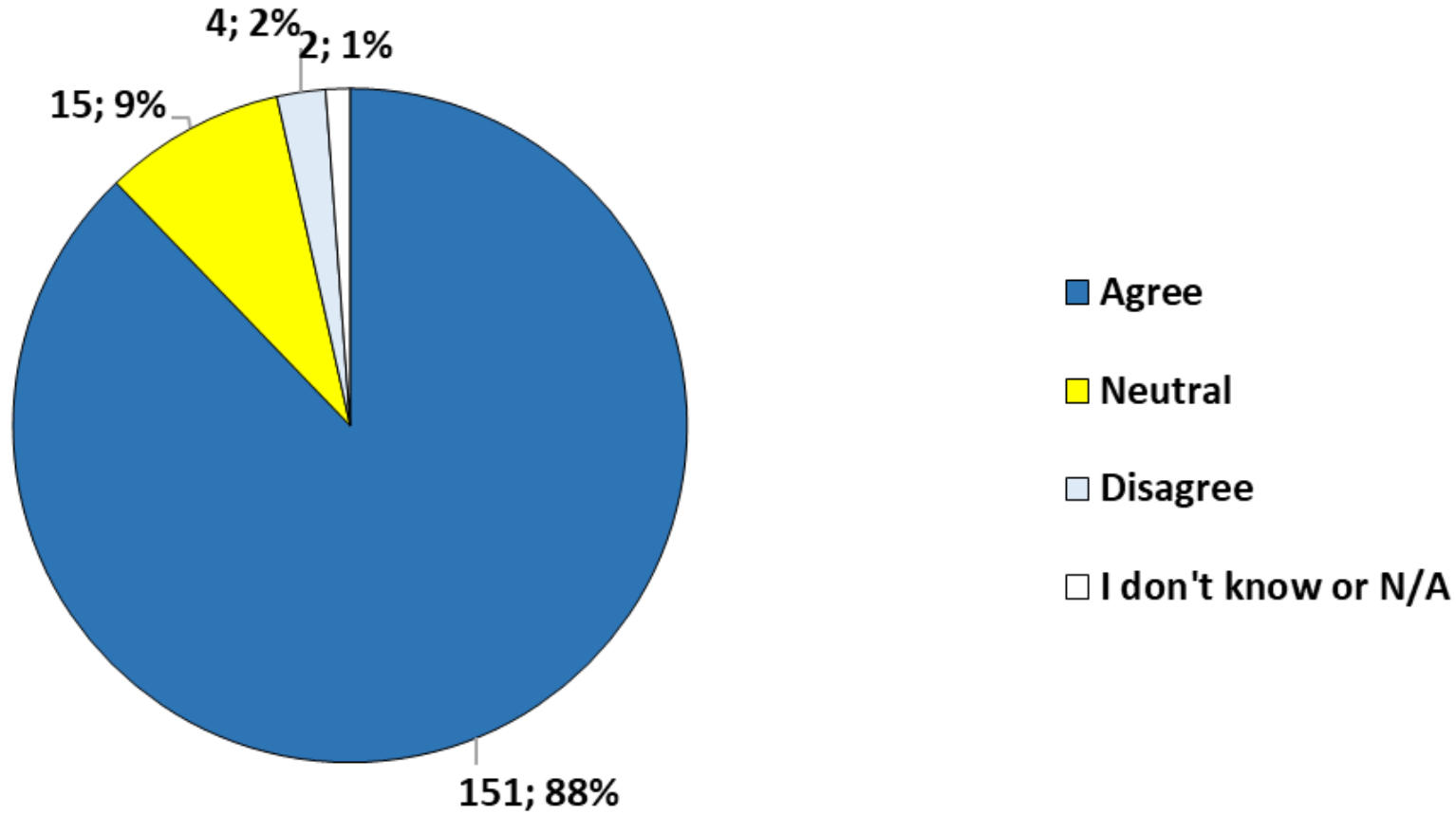
3/20/2024 - 5/31/2024 (n = 172)



Recommending GA Apex Program to other Schools/Districts

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3/20/2024 - 5/31/2024 (n = 172)



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Georgia Department of Behavioral Health & Developmental Disabilities



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Closing Comments

Next BHCC Meeting:

November 5th, 2024

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities



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