Behavioral Health Coordinating Council Meeting

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

August 6, 2026

D·B·H·D·D

Agenda

Roll Call

Call to Order

Recovery Speaker

Action Items

- May 14, 2026 Meeting Minutes

BHCC Initiative Updates

- Mindworks Georgia
- MATCH

GREAT Health Program Overview

Next Meeting Date

Roll Call

Chelsee Nabritt
Board and Special Project Manager

Call to Order

Kevin Tanner
Commissioner

Recovery Speaker

Lewis Ponzo
Substance Misuse Prevention and Mental Health Promotion
Director, DBHDD

Action Items:

- May 14, 2026 Meeting Minutes

BHCC Initiatives

MINDWORKS GEORGIA




RENEE JOHNSON
Executive Director

BHCC EXECUTIVE UPDATE

BUILDING GEORGIA'S CHILDREN'S BEHAVIORAL HEALTH INFRASTRUCTURE

August 6, 2026

Georgia Department of
Behavioral Health &
Developmental Disabilities

mindworks GEORGIA
THRIVING OUTCOMES START HERE

Executive Summary

1. Strengthened statewide alignment

Mindworks has focused on strengthening the infrastructure needed to support BHCC's shared vision for a coordinated children's behavioral health system.

2. Built system infrastructure

Advanced governance, funding, data, and collaboration tools that support long-term system transformation.

3. Accelerated implementation

Expanded statewide initiatives that improve coordination, workforce capacity, and community-based implementation.

4. Advanced accountability

Developed new approaches to measuring system performance, outcomes, and return on investment.

Georgia now has stronger statewide coordination, better decision-support tools, and greater capacity to advance shared statewide behavioral health priorities.

The Value of a Statewide Collaborative Backbone

A statewide collaborative backbone that strengthens coordination, implementation, and accountability.

- No single agency can build a comprehensive children's behavioral health system alone.
- Mindworks serves as Georgia's collaborative backbone, bringing together state agencies, providers, communities, families, youth, and other partners to align strategy, strengthen infrastructure, support implementation, and measure progress toward shared outcomes.
- Mindworks creates value by transforming independent agency efforts into coordinated statewide action.

Building the Foundation for System Transformation

Strategic Alignment Integrated planning across the system

- Aligned workgroup priorities with shared statewide goals
- Refined Executive Committee priorities to support coordinated implementation
- Strengthened governance and strategic direction

Infrastructure Building statewide capacity

- Advanced Funding Framework 2.0
- Expanded statewide Environmental Scan
- Continued development of shared data and dashboard infrastructure

Implementation Supporting action across Georgia

- Expanded Local Interagency Planning Teams (LIPTs)
- Advanced MATCH implementation
- Continued statewide workforce, IECMH, and GMAP initiatives

Accountability Measuring progress differently

- Developed Return on Investment (ROI) framework
- Advanced shared performance measurement
- Strengthened evaluation and continuous quality improvement

Turning Strategy Into Action Across Georgia:

Mindworks supports statewide implementation by connecting policy, practice, and partnerships.

Advancing Data-Informed Decision Making Environmental Scan, Funding Framework & Dashboard Development

- Expanded statewide understanding of needs and resources
- Advanced tools to support strategic planning and funding decisions
- Continued development of shared data infrastructure

Impact: Leaders have better information to guide policy, investment, and system improvement.

Strengthening Local Systems
Local Interagency Planning Teams (LIPTs)

- Expanded leadership and engagement across local communities
- Strengthened cross-sector collaboration among behavioral health, education, child welfare, juvenile justice, and family partners
- Supported local implementation aligned with statewide priorities

Impact: Stronger local coordination leads to more responsive and connected systems of care.

Strengthening Statewide Partnerships
Cross-Agency Collaboration

- Increased coordination across state agencies and partner organizations
- Continued engagement of youth, families, providers, and community leaders
- Strengthened alignment between statewide priorities and local implementation

Impact: Collaboration accelerates progress and helps ensure efforts are coordinated rather than fragmented.

Building a Stronger Workforce
Workforce Development & IECMH

- Expanded statewide training and technical assistance
- Continued implementation of Infant and Early Childhood Mental Health consultation
- Supported professional development that strengthens the behavioral health workforce

Impact: A more prepared workforce improves access to high-quality, evidence-informed care for children and families.

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Shared Tools for Better Decisions

Developing shared resources that strengthen planning, investment, implementation, and accountability across Georgia.

Measuring Collaborative Value

Examples:

- 9 state agencies actively contributing to Funding Framework 2.0
- Philanthropy engaged for the first time
- Executive Committee strengthened and aligned
- Local Interagency Planning Teams expanded
- Cross-agency planning aligned around shared priorities
- Those are **collaboration outcomes**, not program outcomes.

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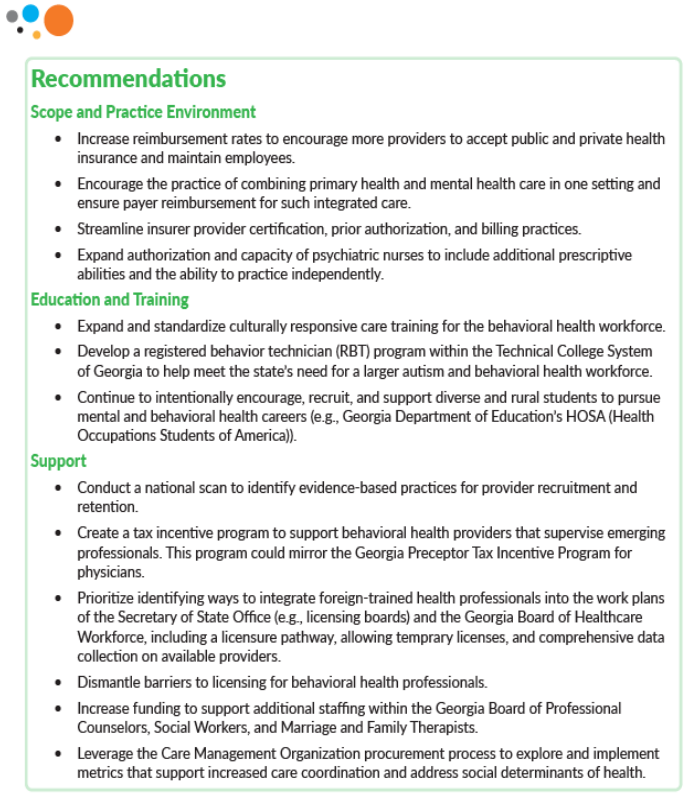
Key Accomplishments Since May

Strategic Alignment	HMA and Mindworks plans aligned
Shared Infrastructure	Funding Framework 2.0 completed
Decision Support	Interactive dashboard developed
System Accountability	ROI framework established
Community Leadership	LIPTs expanded statewide
Cross-Agency Collaboration	50 plus partners convened

Strategic Policy & Systems Integration



Recommendations

Scope and Practice Environment

- Increase reimbursement rates to encourage more providers to accept public and private health insurance and maintain employees.
- Encourage the practice of combining primary health and mental health care in one setting and ensure payer reimbursement for such integrated care.
- Streamline insurer provider certification, prior authorization, and billing practices.
- Expand authorization and capacity of psychiatric nurses to include additional prescriptive abilities and the ability to practice independently.

Education and Training

- Expand and standardize culturally responsive care training for the behavioral health workforce.
- Develop a registered behavior technician (RBT) program within the Technical College System of Georgia to help meet the state's need for a larger autism and behavioral health workforce.
- Continue to intentionally encourage, recruit, and support diverse and rural students to pursue mental and behavioral health careers (e.g., Georgia Department of Education's HOSA (Health Occupations Students of America)).

Support

- Conduct a national scan to identify evidence-based practices for provider recruitment and retention.
- Create a tax incentive program to support behavioral health providers that supervise emerging professionals. This program could mirror the Georgia Preceptor Tax Incentive Program for physicians.
- Prioritize identifying ways to integrate foreign-trained health professionals into the work plans of the Secretary of State Office (e.g., licensing boards) and the Georgia Board of Healthcare Workforce, including a licensure pathway, allowing temprary licenses, and comprehensive data collection on available providers.
- Dismantle barriers to licensing for behavioral health professionals.
- Increase funding to support additional staffing within the Georgia Board of Professional Counselors, Social Workers, and Marriage and Family Therapists.
- Leverage the Care Management Organization procurement process to explore and implement metrics that support increased care coordination and address social determinants of health.

Voices' In-Depth Child and Adolescent Behavioral Health Workforce Resources

- An Analysis of Georgia's Child and Adolescent Behavioral Health Workforce
- Sustaining Georgia's Child and Adolescent Workforce through Supervision
- Licensing Barriers for Foreign-trained Behavioral Health Professionals
- Whole Child Primer, 3rd Edition

- Partnered with Voices for Georgia's Children to conduct a landscape analysis of Georgias children's behavioral health workforce.
- Aligned Mindworks strategic plan with state policy initiatives and integrated into workplan.
- Strengthened BHCC's ability to respond to emerging policy opportunities through timely analysis and cross-agency collaboration.

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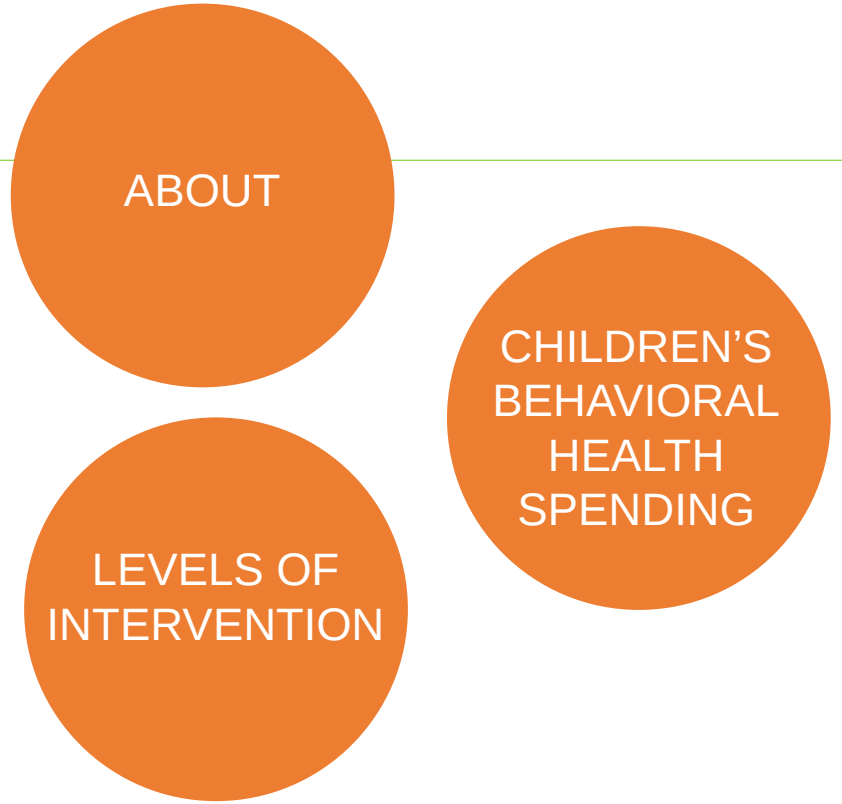
Partner Involvement

- Georgia Department of Behavioral Health and Developmental Disabilities
- Georgia Department of Community Health
- Georgia Department of Early Care and Learning
- Georgia Department of Education
- Georgia Department of Human Services, Division of Family and Children Services
- Georgia Department of Juvenile Justice
- Georgia Department of Public Health
- Georgia Mental Health Funders Collaborative
- Georgia Vocational Rehabilitation Agency

Dashboard Component



Our Funding Framework for Children 2.0

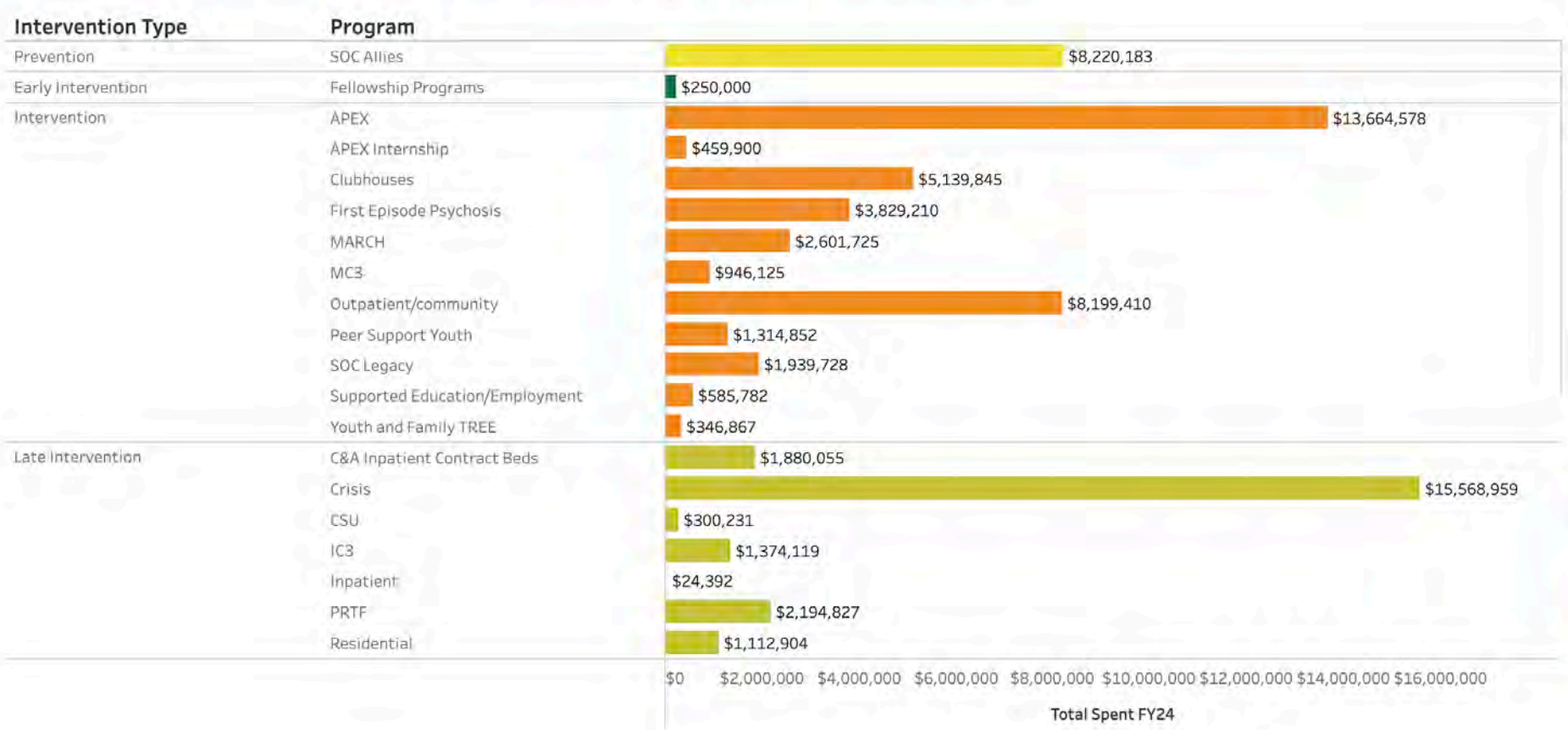
Understanding how we measure spending across Georgia's Behavioral Health System of Care

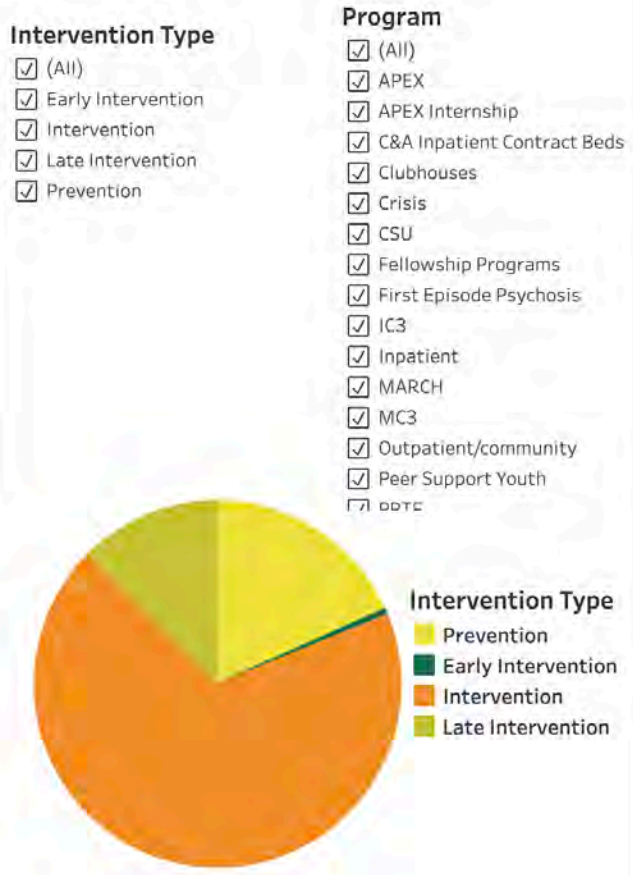
July 2026

- Public-facing dashboard with interactive data visualizations
- Interactive features include the ability to filter by agency and level of intervention

CHILDREN'S BEHAVIORAL HEALTH SPENDING

Georgia Department of Behavioral Health and Developmental Disabilities





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Moving Forward—Together

The Next Phase of System Transformation

- Strengthen statewide governance
- Advance shared accountability and ROI
- Expand data-informed decision-making
- Continue aligning investments through the Funding Framework
- Support sustainable implementation across Georgia

As BHCC leaders, your continued partnership is essential to:

- Champion cross-agency collaboration.
- Use shared data and tools to inform decision-making.
- Continue aligning investments around shared priorities.
- Sustain a statewide System of Care that improves outcomes for Georgia's children and families.

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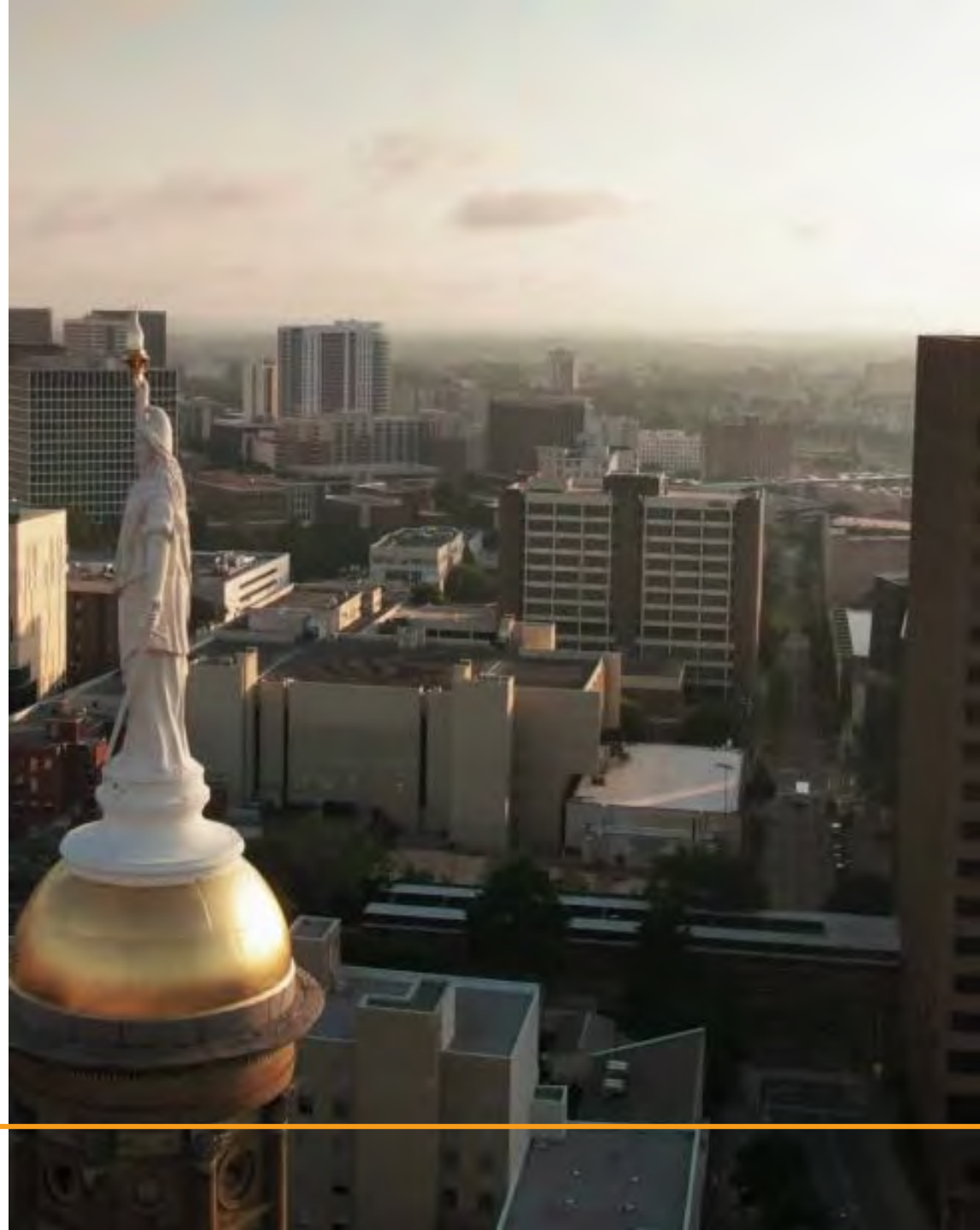
Multi Agency Treatment for Children (MATCH) Update

August 6, 2026

Danielle Fish,
Clinical Specialist, Office of Children, Young Adults, and Families

Arianne Weldon
MATCH State Committee Chair



Multi-Agency Treatment for Children (MATCH) Overview

Leadership & Strategy:

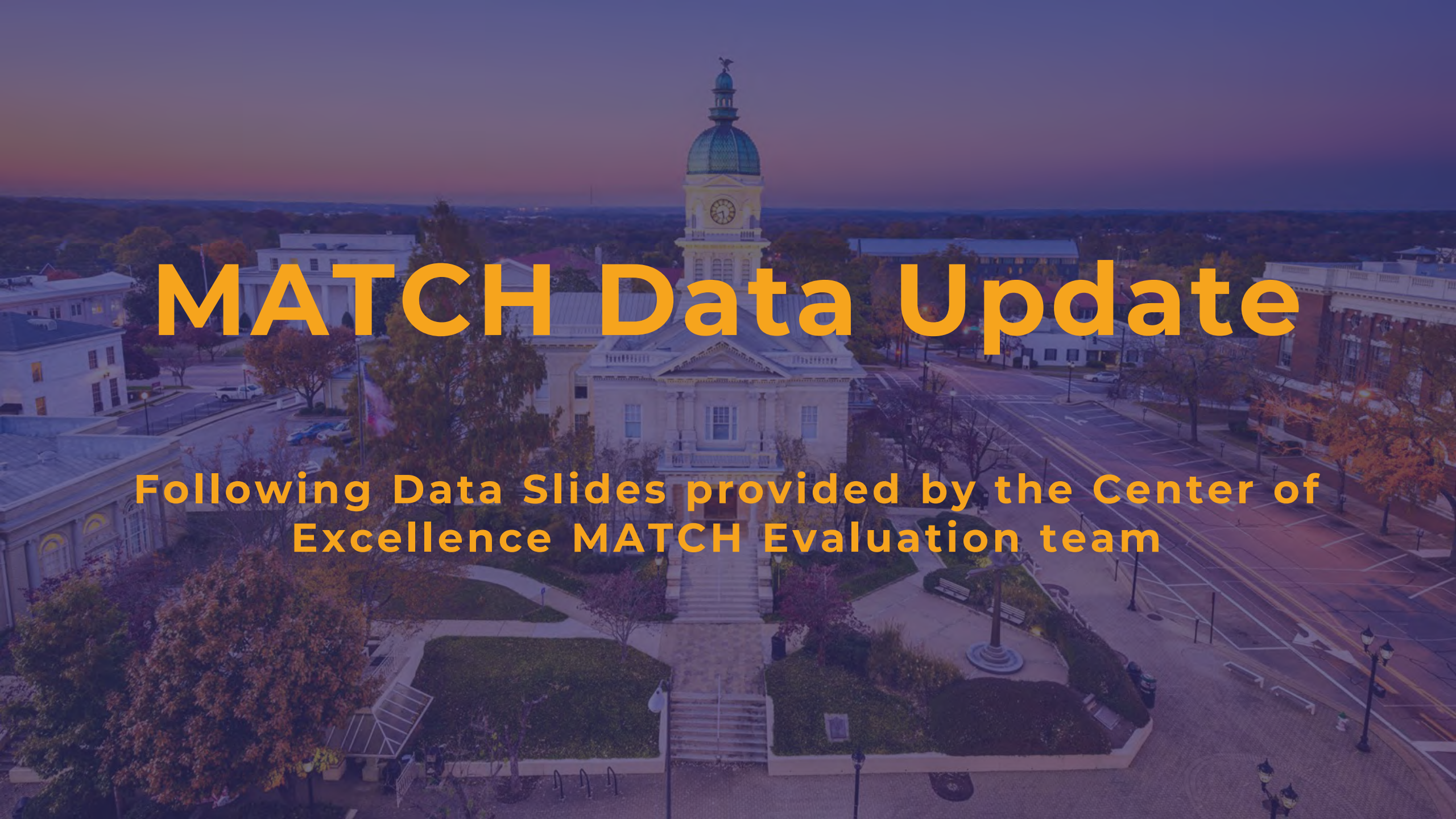
- Phase 2 is underway with new Chair Arianne Weldon, alongside a new CQI framework to meet HB 1013 mandates

Funding & Contracts:

- The Sustainability Workgroup is piloting long-term funding solutions.
- All pilot contracts shift to the federal fiscal year starting October 1, 2026

Operations:

- Q2 meeting was held June 29th
- Clinical Team continues bi-weekly case staffing (Tuesdays, 9 AM) for youth with complex needs.



MATCH Data Update

Following Data Slides provided by the Center of Excellence MATCH Evaluation team

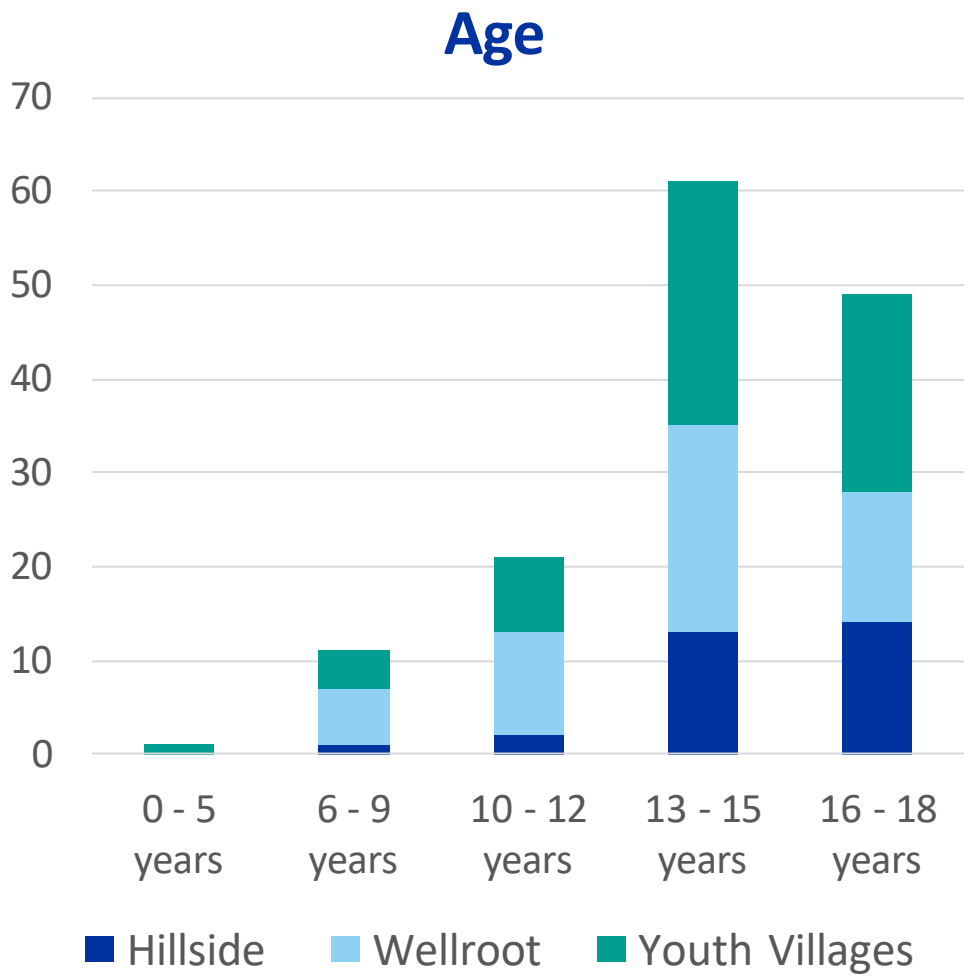
System Gaps Identified and Being Addressed through **MATCH**

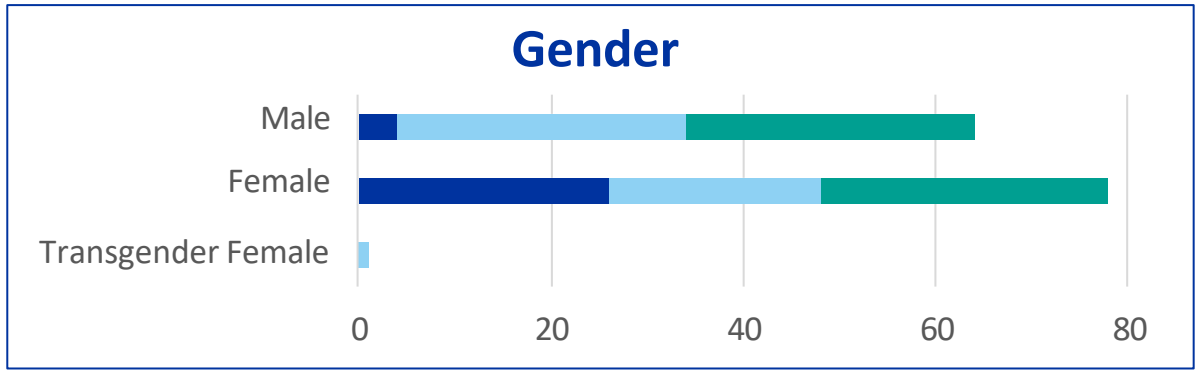
MATCH identifies system-level gaps and aligns targeted solutions to ensure timely, appropriate care.

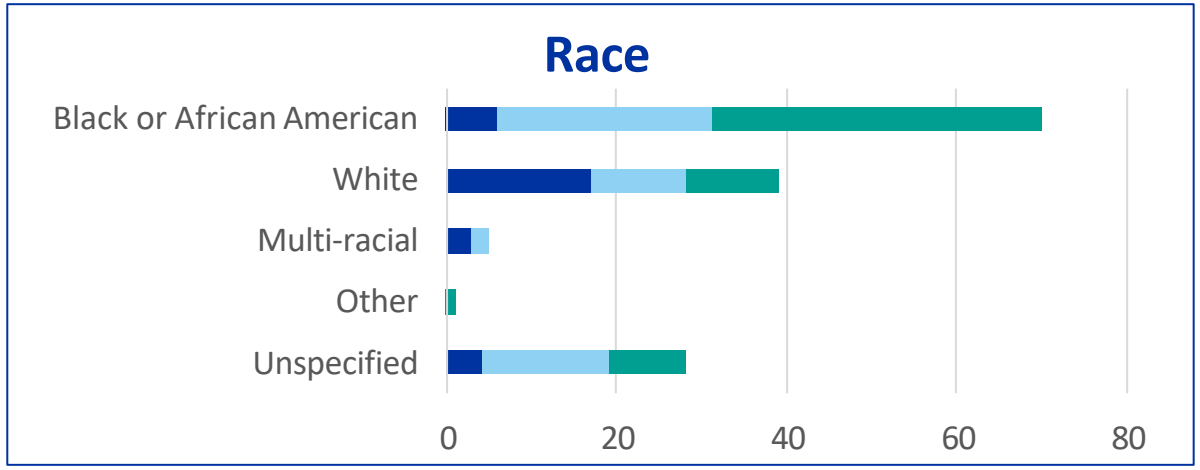
System Gaps	MATCH Solutions
Families stuck in EDs without navigation support 	*Addressed by* **View Point Health** *ED Navigation* 
Lack of respite options for youth in crisis 	*Addressed by* **Murphy-Harpst** *Respite Care* 
Lack of transitional care for young adults with IDD/ASD 	*Addressed by* **Devereux** *Short-Term Transition Program* 
Youth awaiting residential placement without safe alternatives 	*Addressed by* **Hillside** *Urgent Care Beds*
Limited Medicaid-reimbursable intensive in-home therapy options 	*Addressed by* **Wellroot FFT** | **Hillside IIH** | **Youth Villages**

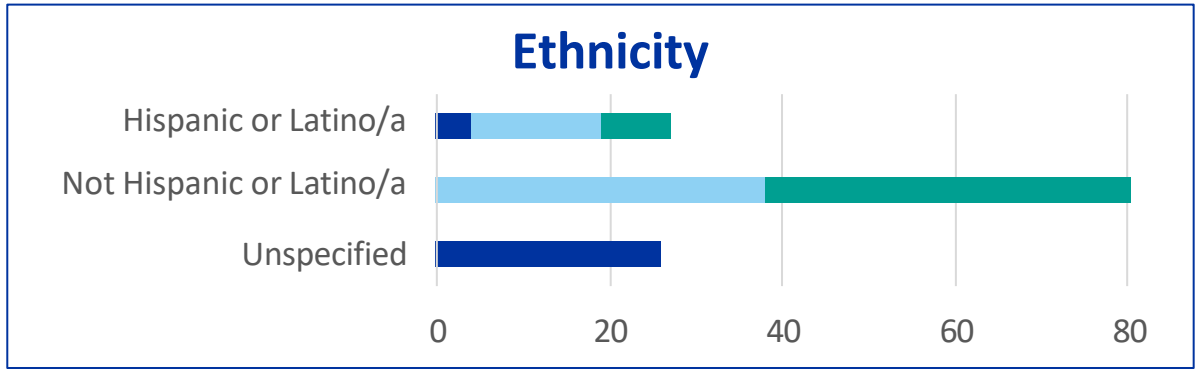
MATCH *strengthens Georgia's behavioral health system by identifying gaps and aligning targeted, coordinated solutions.*

Who Pilots Serve

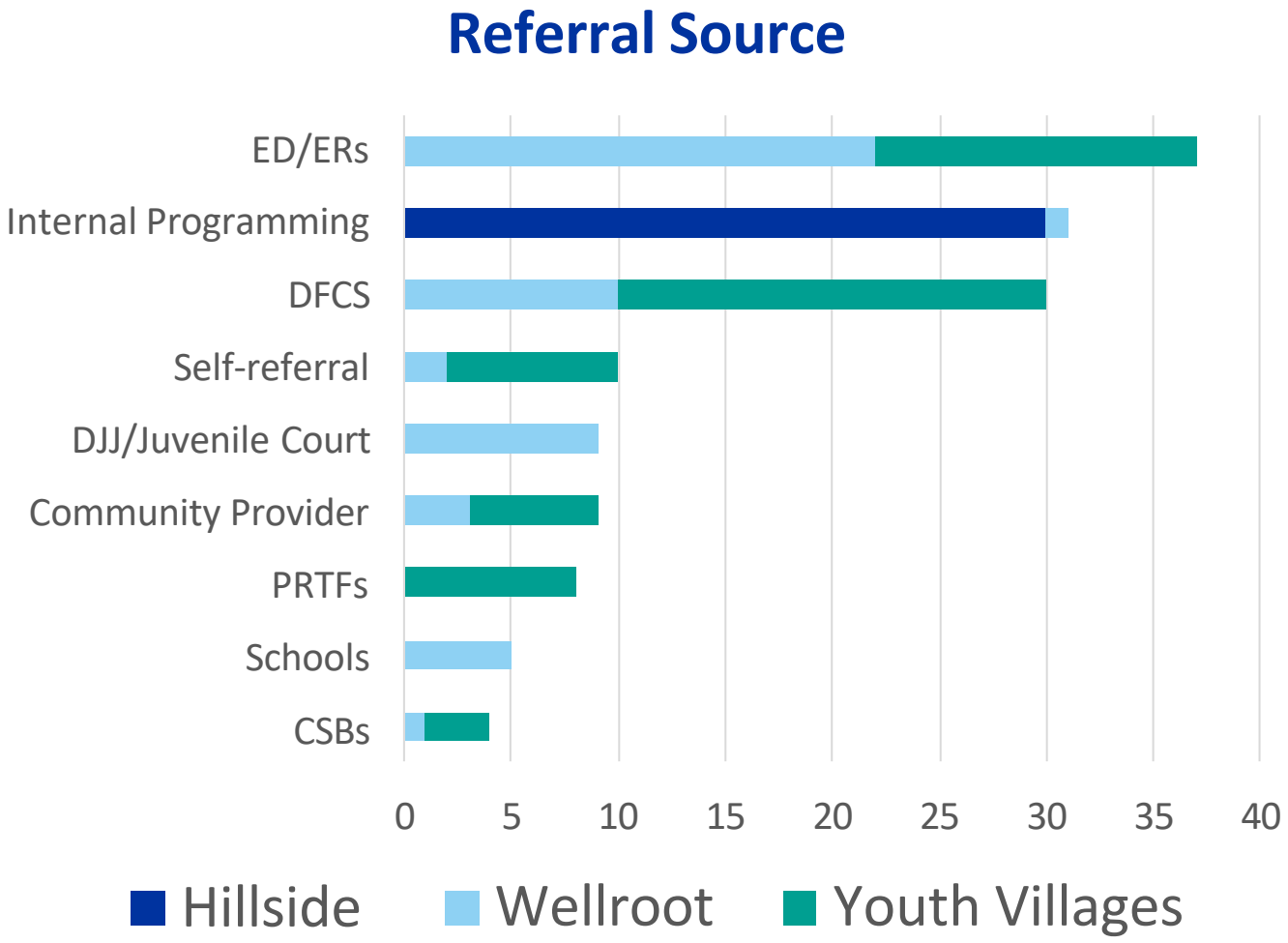


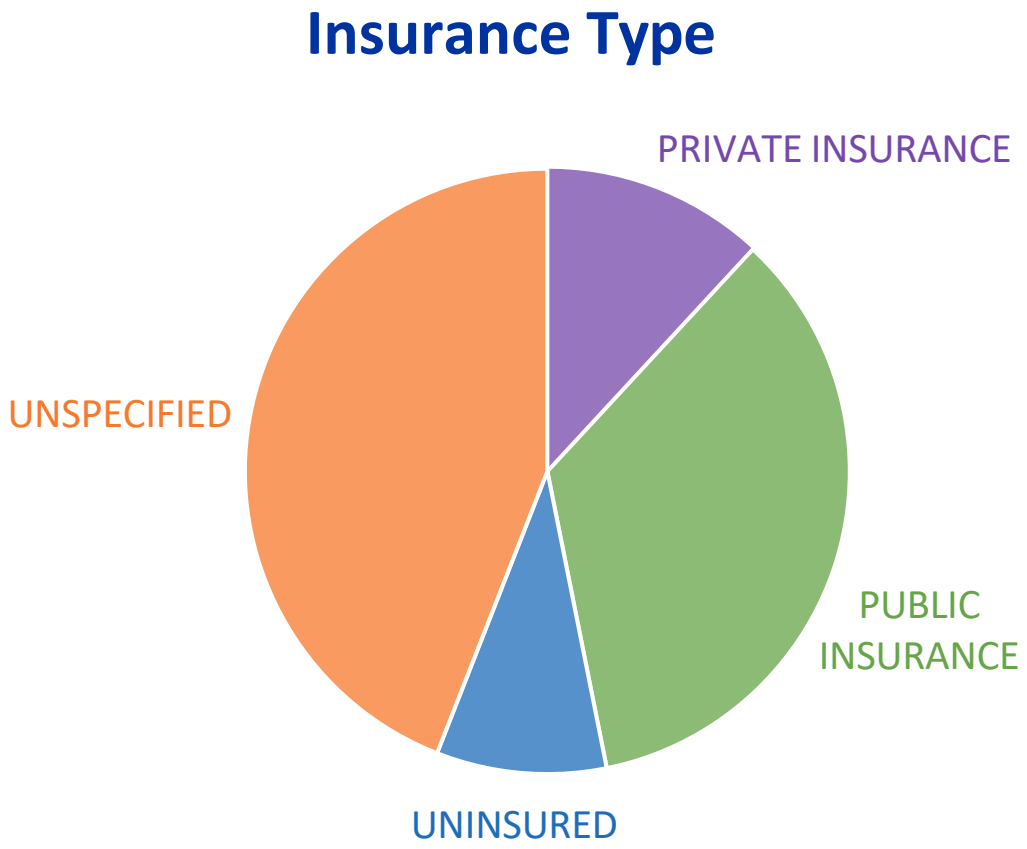






Referral Pathways & Insurance Type





Discharge Outcomes by Pilot

Hillside

23

clients discharged

78% Goals Achieved

Wellroot

39

clients discharged

56% Goals Achieved

Youth Villages

48

clients discharged

81% Goals Achieved

- Goals achieved
- External circumstances
- Placement in higher level of care
- Client/family refused further service
- Internal circumstances

How Well: Family Satisfaction Scores

High FSS scores indicate that Wellroot is delivering FFT

Across 52 Wellroot FFT clients,

The Average FSS Score was **4.44** *****

Discharged to Lower Level of Care

Number of clients served

52

Number of clients discharged

15 Dropped Out

38%(n = 15) *opted not to continue services*

24 Lower Level of Care

62%(n=24)

discharged to lower level of care (famity intact)

MATCH Next Steps

HB 1013- Two-part mandate to facilitate collaboration across state agencies and identify policy and system changes in a continuous Quality Improvement

Phase 2 & CQI Integration

Launching **Phase 2** under new Committee Chair **Arianne Weldon**.

Rolling out a robust **Continuous Quality Improvement (CQI)** framework to meet all statutory requirements.

Sustainable Funding & Contracting

Funding Strategy: Developing a long-term mechanism via the Sustainability Workgroup.

Contract Alignment: Transitioning all service pilots to the Federal Fiscal Year (**effective Oct 1, 2026**).

Clinical Operations (MCT)

Case Staffing: Active bi-weekly reviews for youth with unmet complex needs (**Tuesdays @ 9:00 AM**).

MATCH Part 2

A Structured Analytical Process for Continuous Learning and Improvement

Overview | August 2026

Part 2 establishes a process to examine patterns across cases, surface contributing factors and missed opportunities, and translate insights into targeted structural and operational improvements

MATCH has a two-part purpose

PART 1 + PART 2 TOGETHER

1 **Part 1 — Individual, service-level**
Addresses the complex and unmet treatment needs of children through coordinated, multi-sector and multi-agency treatment planning and service delivery.

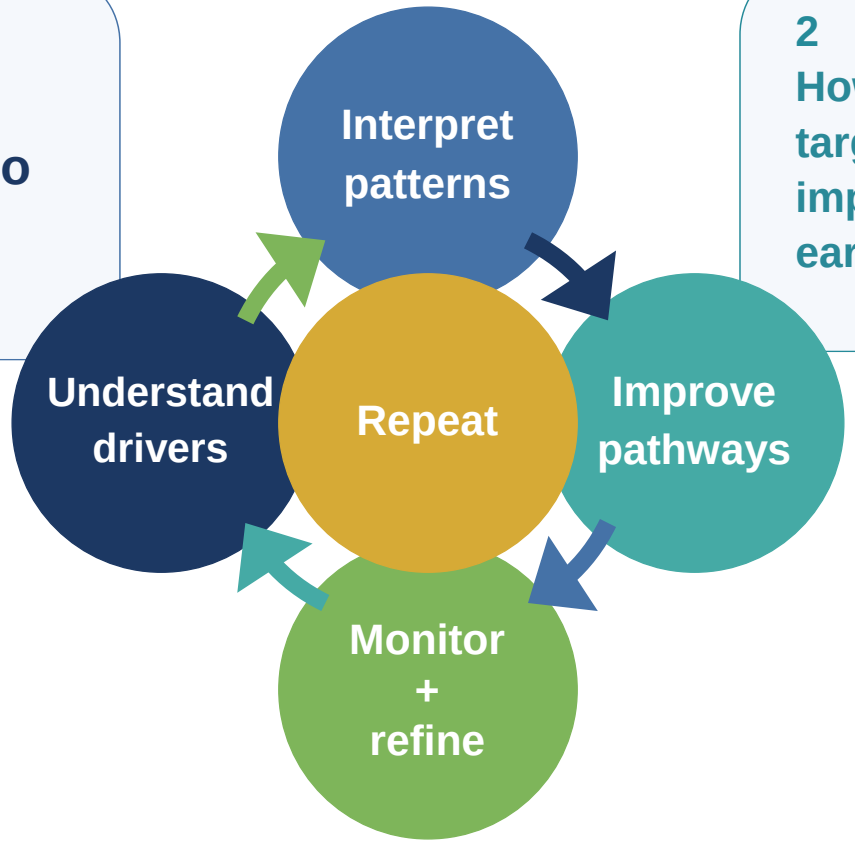
2 **Part 2 — Population-based, system-level**
Identifies systemic drivers and population-level conditions contributing to MATCH inquiries, referrals, and clinical team staffings within the defined MATCH population.

Part 1 addresses individual service coordination; Part 2 identifies patterns within the MATCH population to inform systemic structural & operational improvement.

Two questions that drive action in the learning cycle

The goal is not analysis alone—but earlier, more effective prevention, early identification, and intervention upstream

1
What systemic drivers and population-level conditions lead to MATCH inquiries, referrals, and clinical team staffings?



2
How do we translate these insights into targeted structural & operational improvements to strengthen prevention, early identification, intervention?

MATCH Part 2

From case experience to system insight

Five domains guide the analysis through a missed opportunity lens

FIVE DOMAINS OF INQUIRY

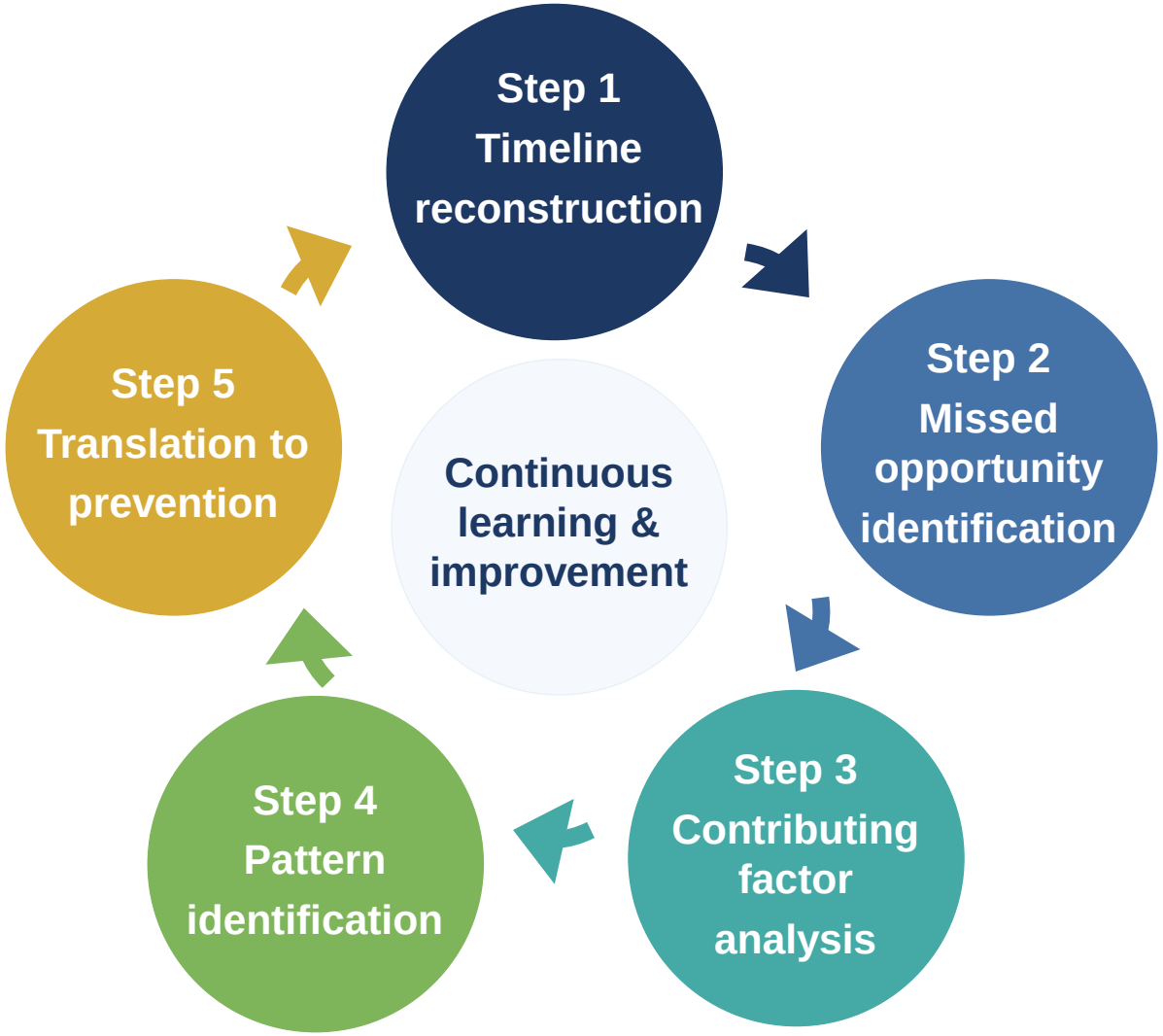
1	2	3	4	5
Population	**Drivers**	**Pathways**	**System Gaps**	**Prevention**
Who?	Why now?	How did they get here?	Where did the system fall short?	What could have been different?

WHAT WE EXAMINE ACROSS THE FIVE DOMAINS

- Who is coming to the attention of MATCH—and what distinguishes inquiries, referrals, and staffings
- Why escalation is happening now, including the gap between early signals and crisis
- How children and families arrived at this point
- Where breakdowns or missed opportunities occurred
- What could have been different to prevent or mitigate escalation

The analytical process is iterative, not linear

Each step feeds the next, and the final step returns the work to improved prevention, practice, and renewed analysis.



MATCH Part 2

What MATCH Part 2 produces

OUTPUTS

Case maps
Reconstructed timelines and breakdown points

Gap reports
Structural and operational barriers

Escalation insights
Missed opportunities and system friction

Decision resources
Tools and guides for informed action

KPIs
Indicators to track progress and impact

Reform tracking
Shared framework for monitoring change

What success looks like over time

OUTCOMES HORIZON

Short-term
Greater transparency
Shared priorities
Sharper intervention points

Intermediate
Stronger responsiveness
Improved capacity
Sustainable reform

Long-term
Improved population outcomes
Continuous learning culture
Prevention-oriented system


Success Story

Youth Villages Intercept

Youth Villages Intercept Success Story

Questions?

GREAT Health Program Overview

Emily Hatchett

Department of Community Health

August 6, 2026

The GREAT Health Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of the Rural Health Transformation Program, a financial assistance award totaling $218,862,169.63 with 100% funded by CMS/HHS. The contents are those of DCH and do not necessarily represent the official views of, nor an endorsement by, CMS/HHS, or the U.S. Government.

Transforming health for rural populations in rural places, for rural progress.

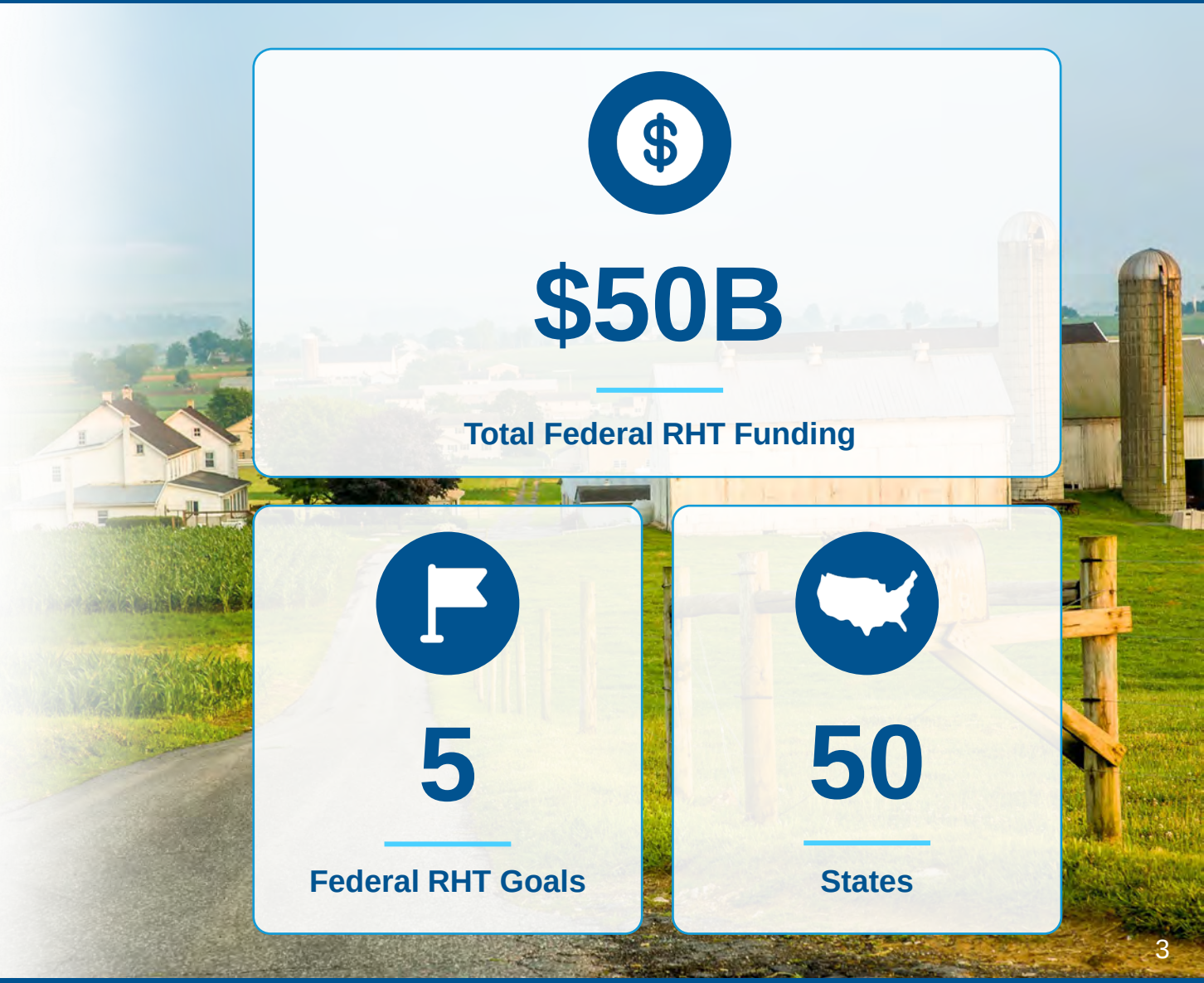
GEORGIA RURAL HEALTH TRANSFORMATION

What is the Rural Health Transformation (RHT) Program?

FEDERAL RURAL HEALTH TRANSFORMATION

A federal initiative supporting long-term transformation in rural healthcare.

Administered by the Centers for Medicare & Medicaid Services (CMS), the Rural Health Transformation (RHT) Program supports state-led strategies to improve healthcare access, outcomes, workforce capacity, innovation, and long-term sustainability in rural communities over a five-year demonstration period.



$50B

Total Federal RHT Funding

5

Federal RHT Goals

50

States

What is GREAT Health?

TRANSFORMING HEALTH FOR RURAL POPULATIONS IN RURAL PLACES, FOR RURAL PROGRESS.

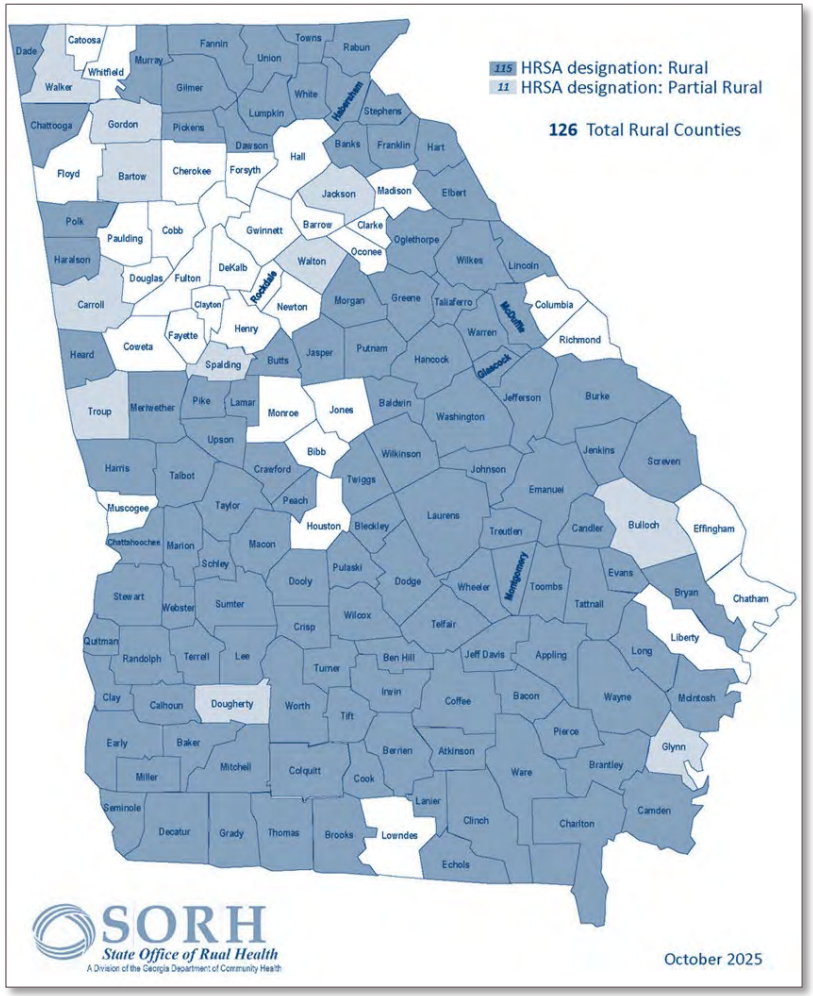
Georgia's Rural Health Transformation Program led by the Department of Community Health.

The Georgia Rural Enhancement and Transformation of Health (GREAT) Health Program serves **millions of Georgians** across **126 rural and partially rural counties** to expand access, improve outcomes, and support value-based care opportunities across Georgia.

$218.8M
Year 1 Funding

5
Initiatives

29
Strategies



Four GREAT Health Goals

Shaped by rural community input, the GREAT Health goals focus on sustainable, long-term improvements to health systems and outcomes across rural Georgia.

Improve Health Outcomes

Advance prevention and coordinated care

Increase Access to Care

Expand access to high-quality healthcare services

Strengthen Rural Healthcare Systems

Build resilient and sustainable rural health systems

Support Long-Term Financial Sustainability

Prepare providers for value-based care success

Five GREAT Health Initiatives

GEORGIA RURAL HEALTH TRANSFORMATION

1

Transforming for a Sustainable Health System in Rural Georgia

Prepares rural hospitals and clinics to succeed in a multi-payer value-based care model aligned with CMS's AHEAD* Model, improving outcomes and financial stability.

2

Strengthening the Continuum of Care in Rural Georgia

Expands behavioral health, public health, and emergency response systems to address root causes of disease and improve coordination across care settings.

3

Connecting to Care to Improve Healthcare Access in Rural Georgia

Increases access through telehealth, mobile services, and new care delivery models that bring care closer to rural communities.

4

Growing a Highly Skilled Healthcare Workforce in Rural Georgia

Builds and sustains a pipeline of healthcare professionals through training, incentives, and rural placement programs.

5

Leveraging Technology for Healthcare Innovation in Rural Georgia

Enhances care delivery through Electronic Medical Record systems, cybersecurity, AI, and digital tools that enable data-driven population health management.

**Achieving Healthcare Efficiency through Accountable Design (AHEAD)*

Program Timeline: From Application to Current Progress

GEORGIA RURAL HEALTH TRANSFORMATION

1

JULY 4, 2025

H.R. 1 Signed into Law

Congress passed H.R.1, commonly referred to as the One Big Beautiful Bill Act, creating the Rural Health Transformation Program.

2

AUGUST 11-29, 2025

Georgia Public Input Process

DCH accepted public input through town halls and an online application form to inform Georgia's application.

3

NOVEMBER 4, 2025

Georgia Application Submitted

The state's Rural Health Transformation application was submitted to CMS. Available online: https://greathealth.georgia.gov/georgias-application.

4

FEBRUARY 10, 2026

Funding Released

DCH received notice from CMS that funds were released and granting activities could proceed.

5

2026 - PRESENT

Funding Opportunities Released & Work Begins

Funding opportunities released on a rolling basis, including competitive grants. Grantees begin implementing projects.

Next Steps & How to Stay Involved

1

Review Initiative Information

Explore goals, strategies, activities, and outcomes for each initiative on the GREAT Health website.

2

Prepare for Future Application Phases

Competitive applications are posted on the DCH website as they are available.

3

Stay Connected

Visit **greathealth.georgia.gov** for program updates, funding opportunities, and related materials.

Stay Connected with GREAT Health

Visit our online hub
greathealth.georgia.gov

Email us
greathealth@dch.ga.gov

Connect with us on LinkedIn
Georgia-department-of-community-health

Transforming health for rural populations in rural places, for rural progress.

Rural Health Transformation Updates: DBHDD Initiatives

Presented by:
Ashleigh Caseman, Director, Office of Medicaid Coordination

August 6, 2026

Rural Health Transformation Program

Georgia Rural Enhancement And Transformation of Health (GREAT Health) Program

- 5 initiatives based on the five strategic goals of the RHT Program:
  - Transforming for a Sustainable Health System
  - Strengthening the Continuum of Care
  - Connecting to Care to Improve Healthcare Access
  - Growing a Highly Skilled Healthcare Workforce
  - Leveraging Technology for Healthcare Innovations
- Each initiative has various strategies to help achieve the overall goal.

29

Total RHTP Projects Awarded Funding in Georgia

3

RHTP Projects Led by DBHDD

Rural Telepsychiatry

Project Overview

Key Challenge: Due to the lack of access to psychiatrists, rural primary care providers, including pediatricians and obstetricians (OBs), are often the front-line for detecting and treating behavioral health conditions, though they have limited training in the conditions.

Innovative Care Solution: Begin pediatric telepsychiatry training program through DBHDD. This initiative will use the Project ECHO model in partnership with pediatric psychiatrists to train rural physicians and advanced practice providers via telehealth on treating complicated cases, including medication management and linkage to patient-centered resources.

Estimated Funding: $1,000,000 total /$200,000 in Budget Period 1

Project Details

Target Launch Date: October 1, 2026

Impacted Rural Regions: Statewide

Year 1 Milestones

Completed Activities:

- Partner & Provider Outreach

In Progress & Upcoming Activities:

- Development of Program Structure
- Registration & Attendance Processes
- Faculty Identification
- Cohort Announcement Communications
- Finalize Contract with MSM
- Cohort 1 Logistics Finalization
- Cohort 1 Launch

Transportation to Treatment

Project Overview

Key Challenge: Individuals experiencing acute mental and behavioral crises in rural areas face significant travel distances to appropriate facilities and need safe transport to treatment, a task that often falls to law enforcement who have limited mental health training.

Innovative Care Solution: Building on success in Region 4, this initiative provides safe transportation for individuals experiencing acute mental and behavioral health crises. It is designed to reduce delays in care, decrease reliance on law enforcement for transport, and create a more dignified, trauma-informed pathway to treatment.

Estimated Funding: $3,750,000 total/ $750,000 in Budget Period 1

Project Details

Target Launch Date: October 6, 2026

Impacted Rural Regions: Four Region 1 Counties – Fannin, Gilmer, Pickens, Murray

Year 1 Milestones

Completed Activities:

- Region 1 Protocol Development

In Progress & Upcoming Activities:

- Regional Readiness Assessment
- Region 1 Partnership Development
- Finalize Contract with CSB
- Van Procurement and Setup
- Staffing & Operations
- Training and Operational Preparation
- Full Launch in Region 1

Rural Dental Unit

Project Overview

Key Challenge: Rural access to primary, dental, behavioral, and preventive care; Urgent need for services, such as substance use treatment, cancer screenings, and alternatives to emergency department overuse.

Innovative Care Solution: Deploy a mobile dental unit to expand access to essential oral health services to adults with intellectual and developmental disabilities who face persistent barriers to care. In partnership with Community Service Boards and local providers, the initiative will deliver coordinated, disability-competent care closer to where patients live and establish a scalable model for reducing oral health disparities.

Estimated Funding: $1,500,000 total/ $1,500,000 in Budget Period 1

Project Details

Target Launch Date: October 15, 2026

Impacted Rural Regions: Region 2

Year 1 Milestones

Completed Activities:

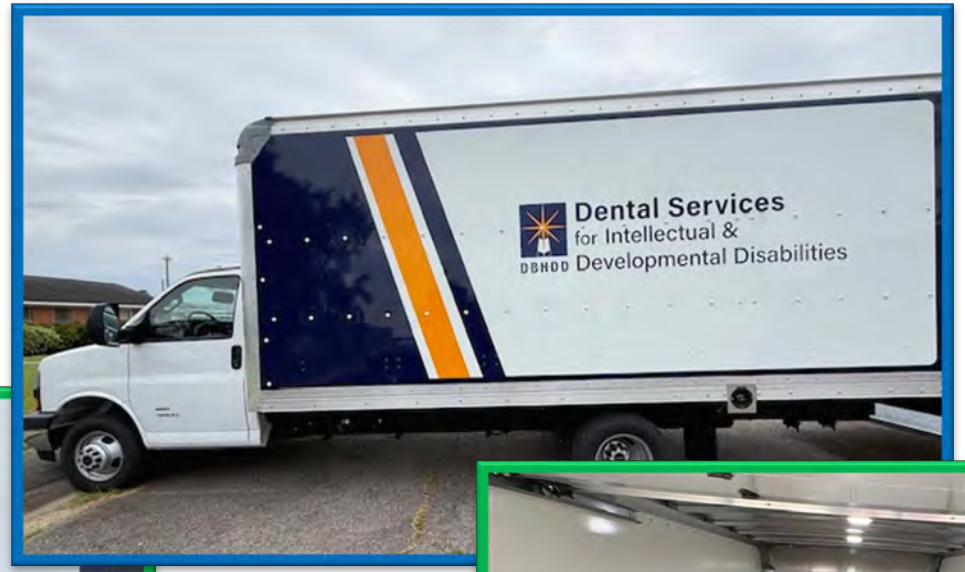
- Finalize Contract with Dental Unit Vendor
- Procure Dental Unit

In Progress & Upcoming Activities:

- Outfit Dental Unit
- Finalize Region 2 Partner Sites
- Finalize Administrative Systems
- Staffing & Training
- Full Launch in Region 2

Rural Dental Unit

DBHDD received its new mobile dental unit through the Rural Health Transformation Program.



GEORGIA
RURAL HEALTH TRANSFORMATION

Thank you!

Questions?

Transforming health for rural populations in rural places, for rural progress.

Closing Comments

Next BHCC Meeting:

November 19th, 2026

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

D·B·H·D·D