

Behavioral Health Reform and Innovation Commission C&A BH Subcommittee

BE D·B·H·D·D

**Georgia Department of Behavioral Health &
Developmental Disabilities**

**Division of Behavioral Health
Brenda Cibulas, APRN, BC, CGP
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June 20, 2024



Today's Updates

DBHDD child and adolescent appropriations

Multi-agency Treatment for Children (MATCH)

Georgia's System of Care State Plan

Certified Community Behavioral Health Clinics (CCBHC)

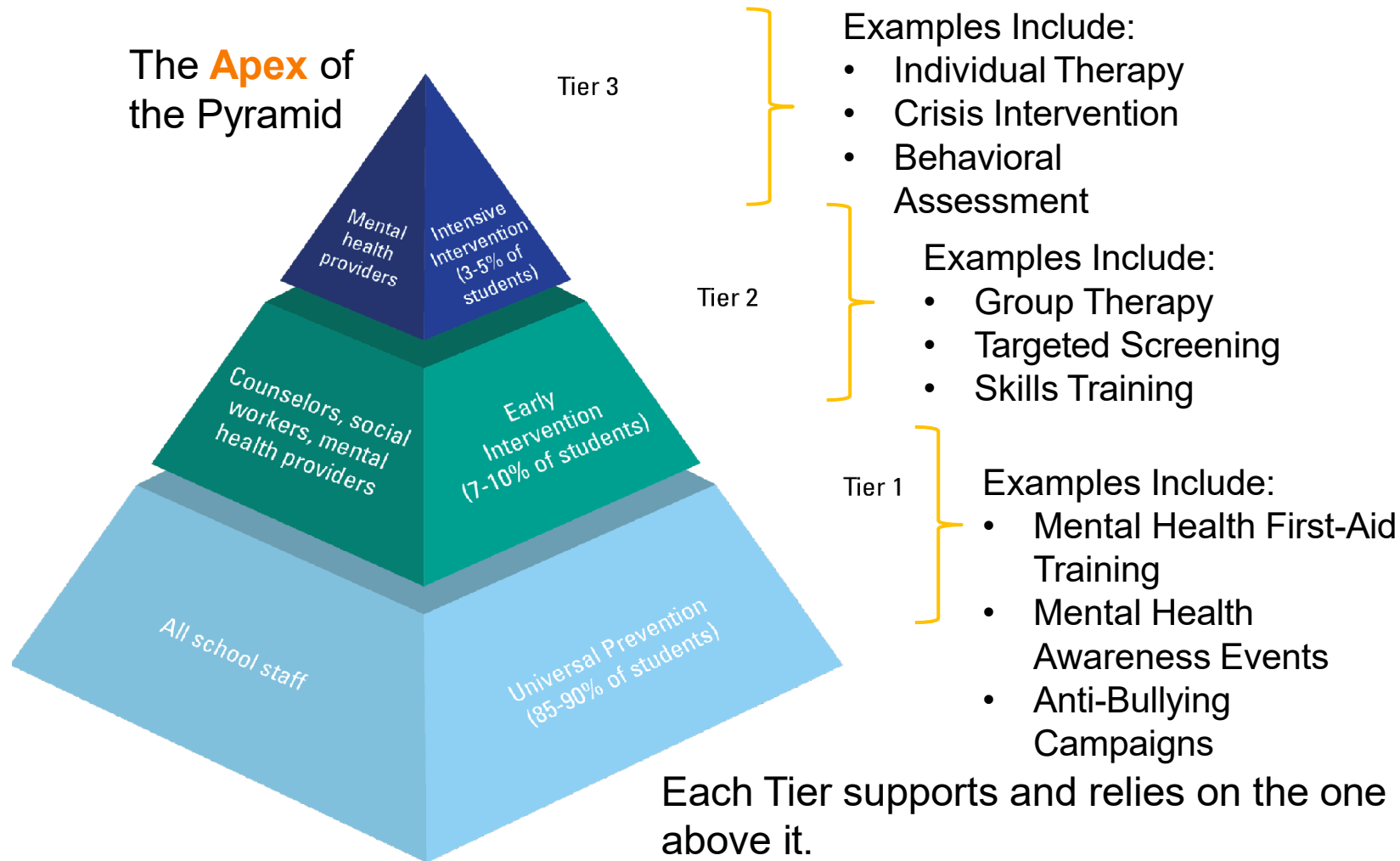
2024 Legislative Session:
DBHDD C&A Mental Health
Appropriations

Apex Programmatic Goals

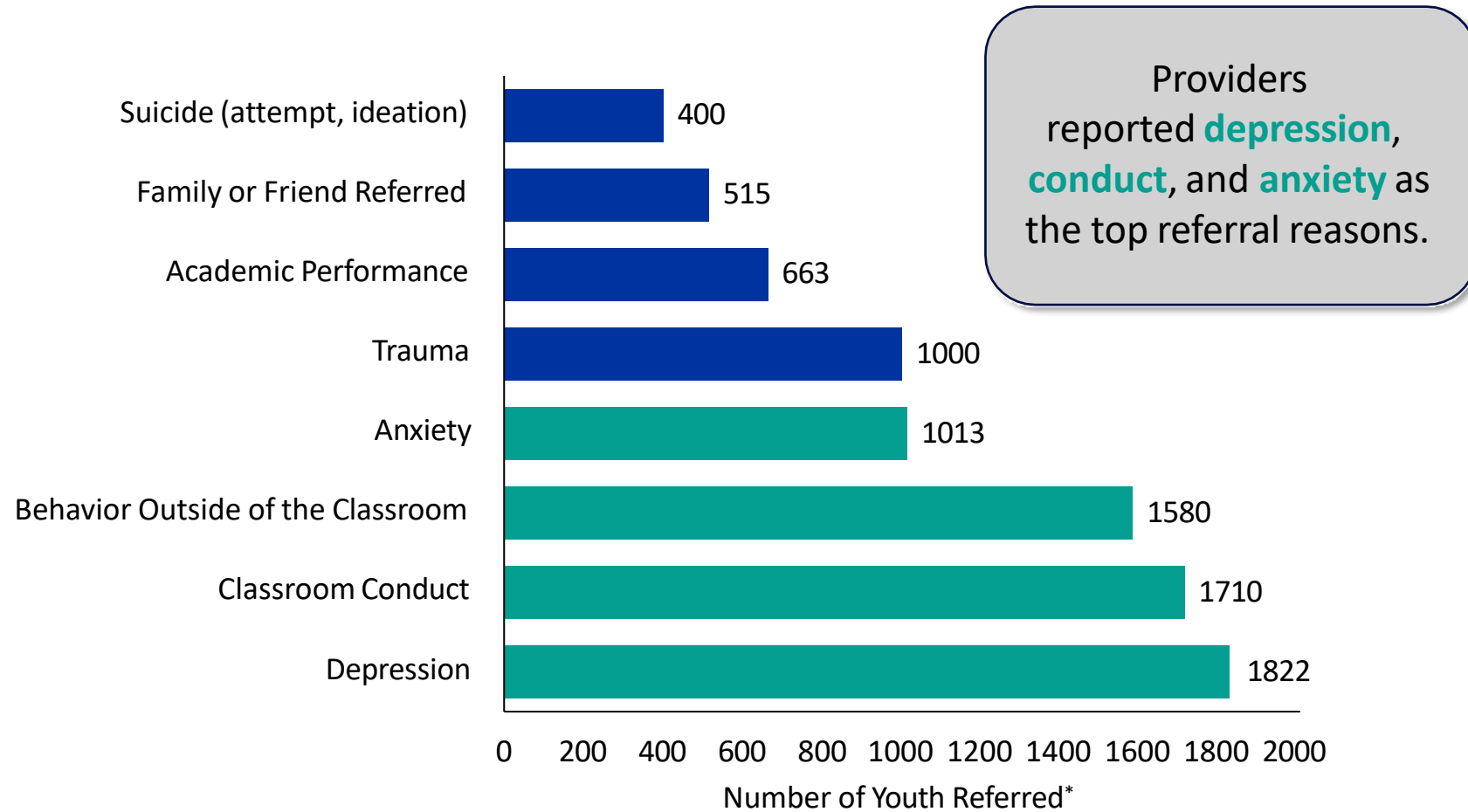
- **Detection:**
Provide early detection of child and adolescent behavioral health needs
- **Access:**
Increase access to mental health services for children and youth
- **Coordination:**
Sustain coordination between Georgia's community mental health providers and local schools/school districts in their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



Core Apex Model (Three-Tiers)



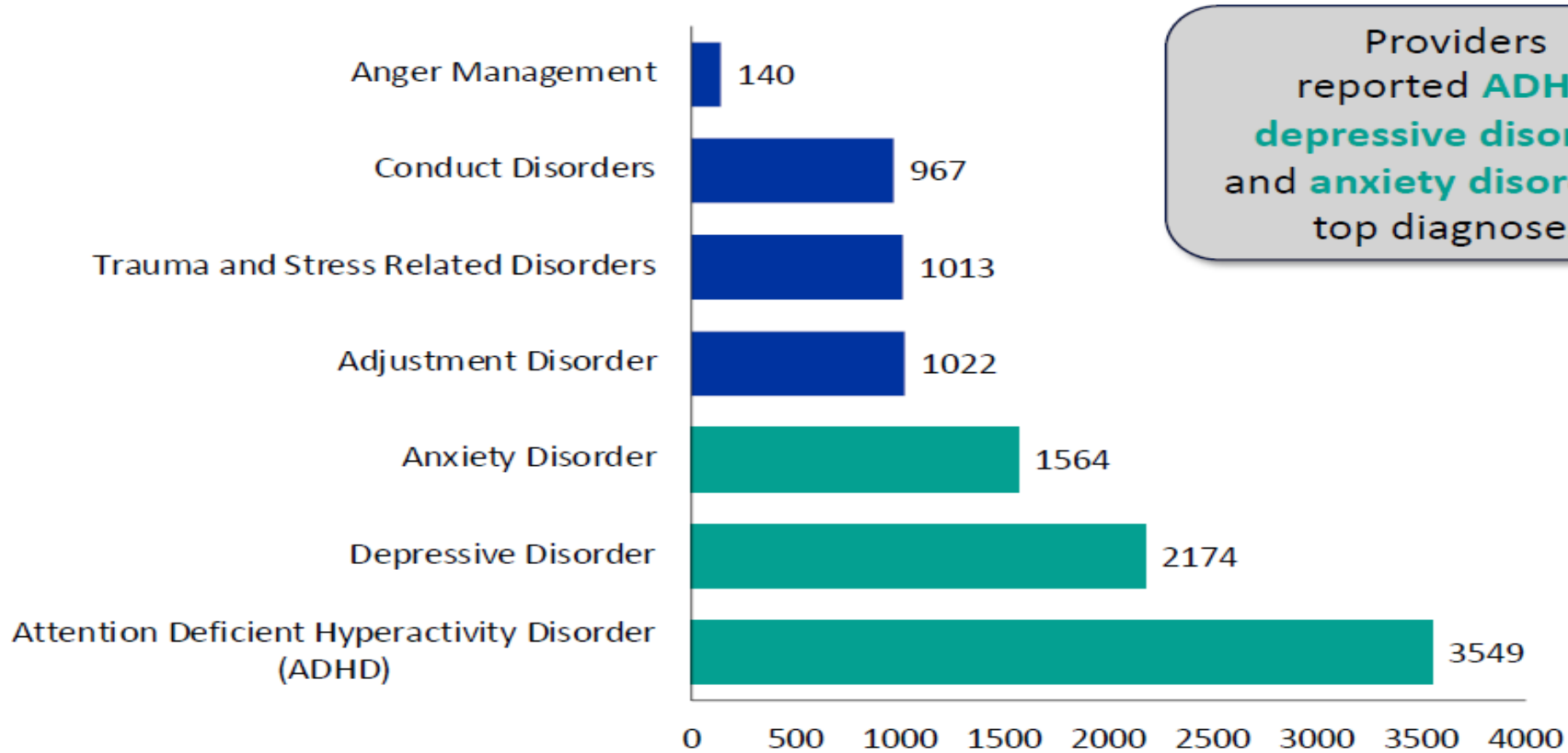
Apex Referral Reasons



*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

Source: YES 2023

Apex Student Diagnoses



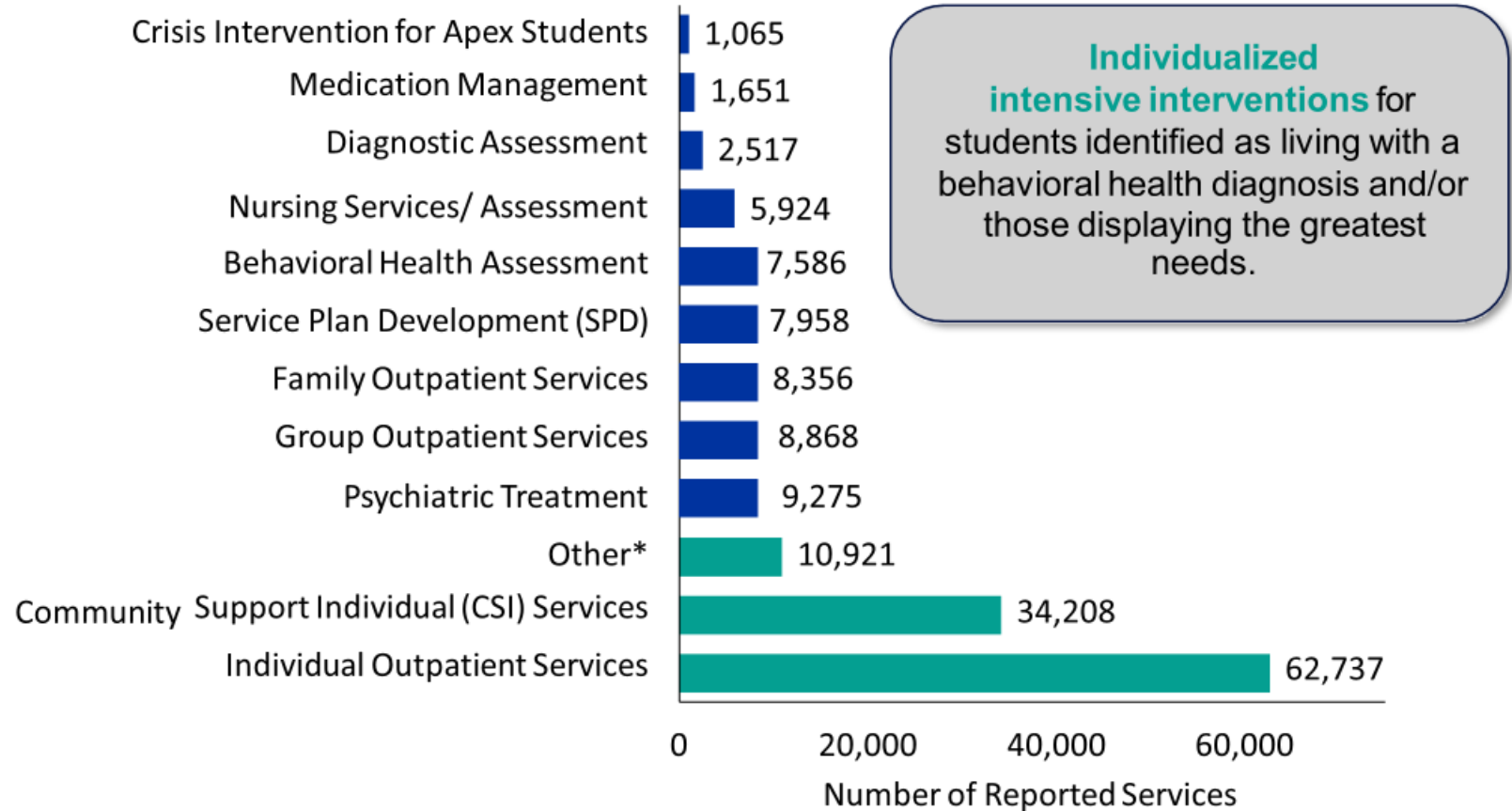
Providers reported **ADHD**, **depressive disorder**, and **anxiety disorder** as top diagnoses.



*The number of youth diagnosed in each category is not the total number of youth diagnosed, providers are asked to list numbers for their top three diagnoses only

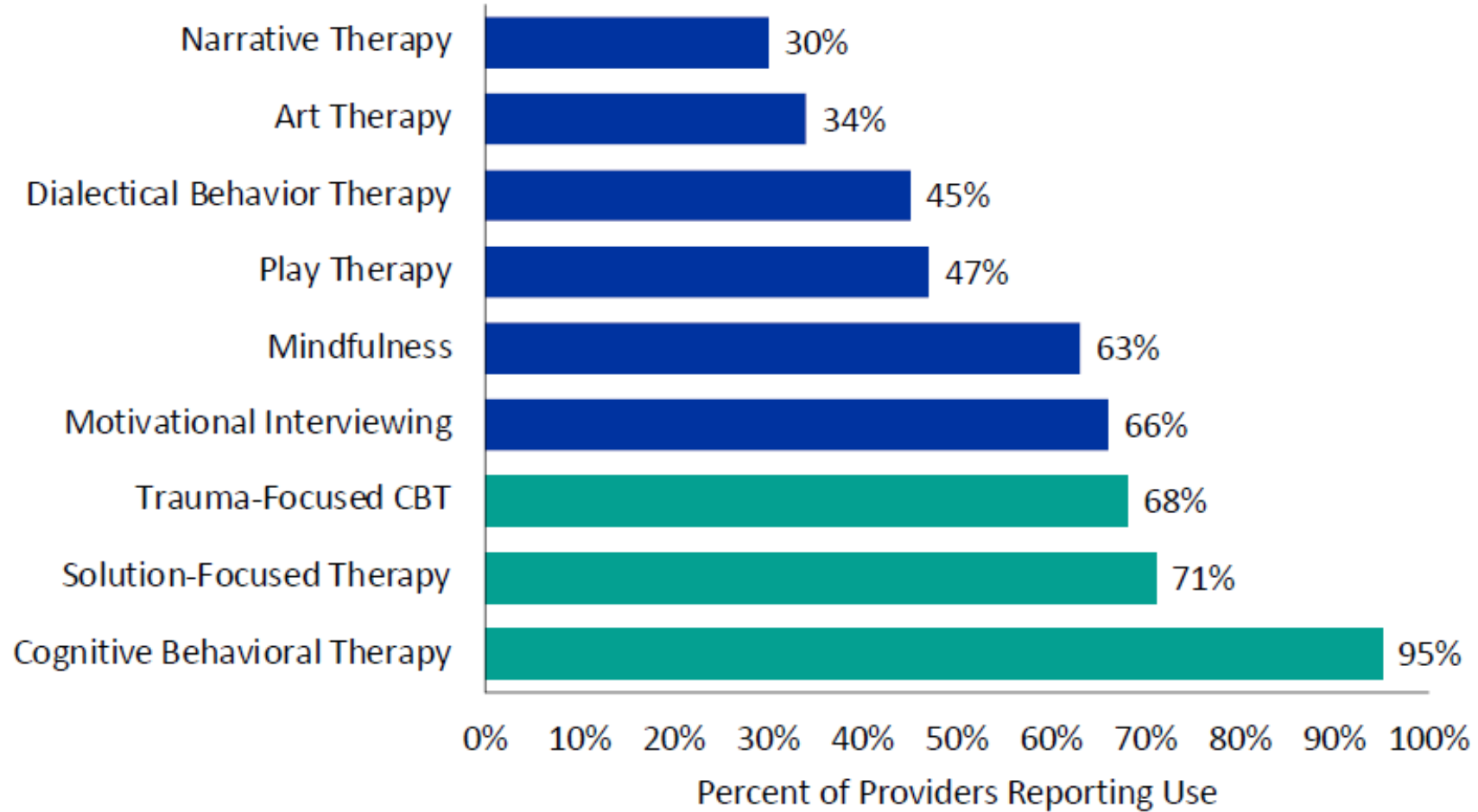
Source: YES

Tier 3 – Intensive Interventions



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

Evidenced-based Practices Implemented



Source: YES 2023

Apex Telemedicine Expansion



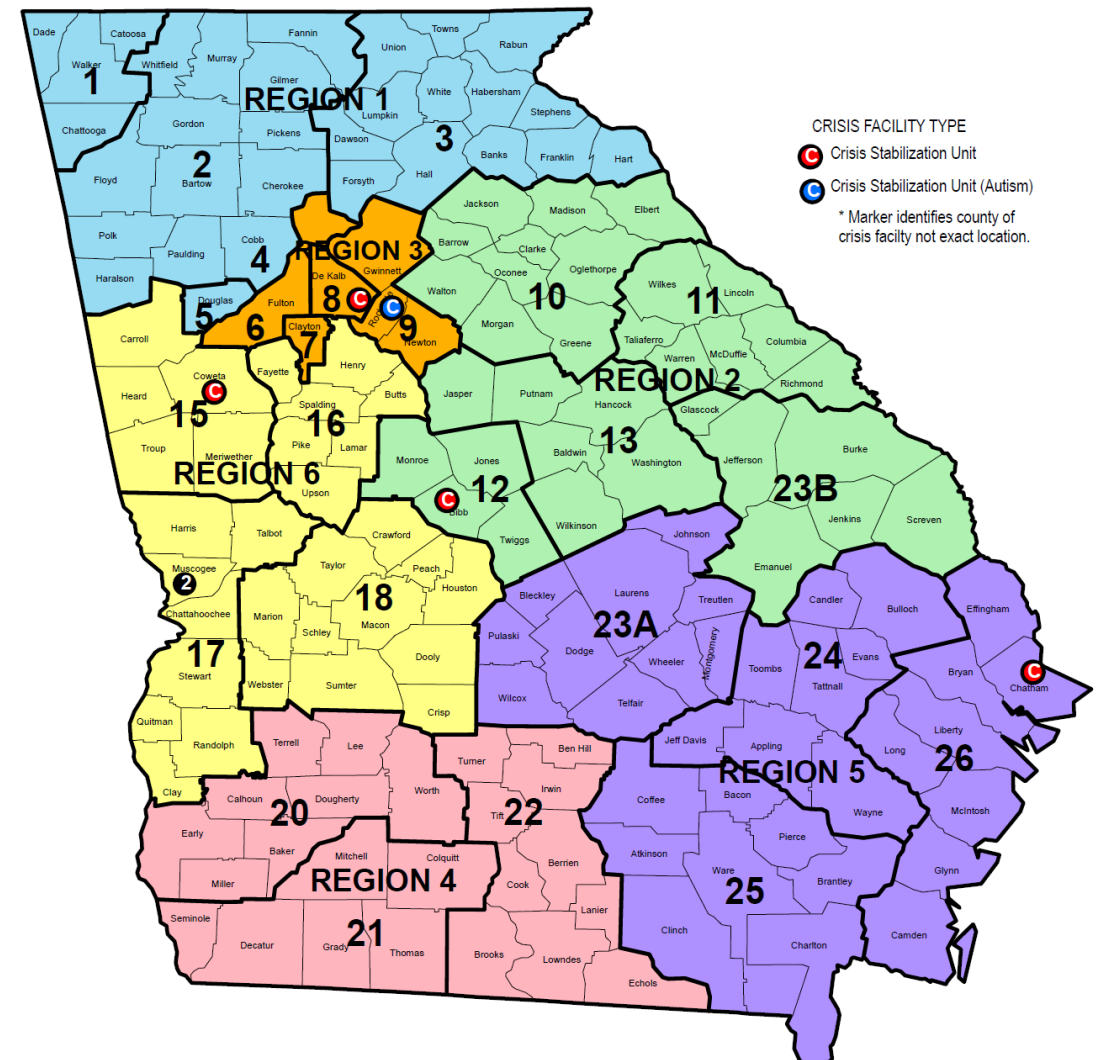
During the 2024 legislative session, lawmakers added **\$1 million to the FY 2025 Apex budget to expand telemedicine services.**

Three models are under consideration:

1. Contract with DBHDD enrolled core provider(s) with telemedicine capacity
2. Direct grants to school districts
3. Direct grants to Regional Education Service Agencies (RESAs)

New Purpose-Built C&A Crisis Stabilization Unit

- Crisis stabilization services provide a residential alternative to or diversion from inpatient hospitalization, offering psychiatric stabilization and withdrawal management services.
- Temporary observation is a facility-based intervention that provides a physically secure and medically safe environment during which an individual in crisis is further assessed, stabilized, and referred to the next appropriate level of care (generally within 24 hours).



Multi-Agency Treatment for Children (MATCH): Progress Update on Committee Recommendations

MATCH: Founding 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** to enable the provision of treatment services in a timely manner for children and youth with complex treatment needs that are not met at the local level.
- **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.
- Adequately invest in MATCH infrastructure (**staff and technology**).
- Test MATCH structure and process using **pilot projects** prior to full roll-out.
- Incorporate the **voices** of key state and local stakeholders into the design of MATCH.
- **Avoid** creating an alternate or additional bureaucracy.

MATCH Planning Committee Recommendations (May 2023)

Phase I

State-level MATCH Infrastructure

- Behavioral Health Coordinating Council ✓
- State MATCH Team ✓
- State MATCH Clinical Team ✓

Phase II

Pathway to Care

O.C.G.A. § 49-5-225

Local Interagency Planning Teams (LIPTs)

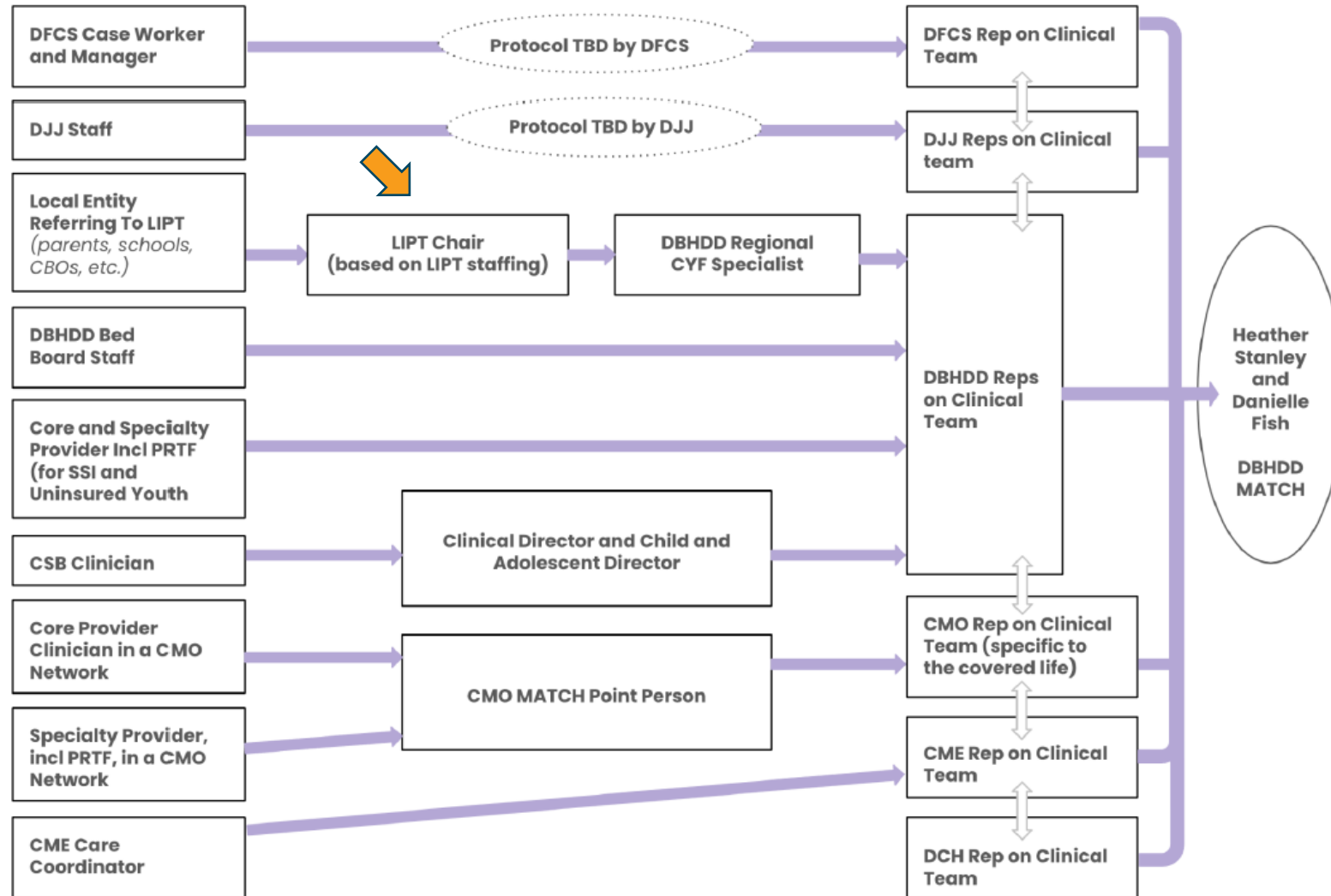
Mandated members:

- Community mental health agency
- Division of Family & Children Services
- Department of Juvenile Justice
- Department of Public Health
- Local Education Agency
- Georgia Vocational Rehabilitation Agency

MATCH Clinical Team (MCT)

- Comprised of clinicians, certified peer specialists, and administrators, from the state agencies, family support organizations, and DBHDD safety net providers (DBHDD, DFCS, DJJ, DCH, DOE, care management entities, family support organizations)
- Staffed by DBHDD MATCH program staff.
- Review and recommend supports and services for referrals of children and youth whose complex behavioral treatment needs could not be met at the local level, determine and implement the best course of action to immediately address needs.
- Holds standing meeting every two weeks, and emergency meetings as needed.
- Complete after-action report for each youth staffed.
- Collect and evaluate data.

MATCH No “Wrong Door” Referral Pathway



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 Pilot Updates

Agency	Intervention Type	Stage
Urgent Care Funds (\$5,762,556)		
Unite Us	Care coordination IT platform	Contract in development
Positive Growth	Housing + Treatment	Contract in development
Wellroot	Intensive in home, in community	Implementing
Youth Villages	Intensive in home, in community	Contract in development
Murphy-Harpst	Respite	Contract in development
Hillside	Urgent care beds	Contract in development
Other Projects (\$3,237,444)		
CHOA/VPH	Emergency department pilot	MOA finalized, implementation to begin soon
Devereux	Step down treatment program	Implementing

**Child and Adolescent
Strategic Plan
§49-5-220**



Behavioral Health
Coordinating Council

O.C.G.A.
§37-2-4



mindworks

Executive
Committee

LIPT
COLLABORATIVES

O.C.G.A.
§37-1-20

MATCH
Clinical Committee



LIPTs*

O.C.G.A.
§49-5-225



Collaborators – Georgia Non-profits

- American Academy of Pediatrics - Georgia Chapter
- Appleseed Center for Law and Justice
- Association of Community Service Boards
- Early Education Alliance for Ready Students
- Family Connection Partnership
- Head Start Association
- Parent Support Network
- Jesse Parker Williams Foundation
- Mental Health America of Georgia
- National Alliance on Mental Illness
- Resilient Georgia
- Robert W. Woodruff Foundation
- Silence the Shame
- The Carter Center
- Together Georgia
- United Way of Greater Atlanta
- Voices for Georgia's Children

Collaborators – Georgia State Agencies

- Council of Juvenile Court Judges
- Department of Behavioral Health and Developmental Disabilities
- Department of Community Health
- Department of Early Care and Learning
- Department of Education
- Department of Human Services
- Department of Juvenile Justice
- Department of Public Health
- Vocational Rehabilitation Agency

Collaborators – Additional Partners

- Care Management Entities (CME)
 - Aspire CME, CSB of Middle Georgia CME, View Point Health CME, WinGeorgia CME Universities
- Family/Youth Agencies
 - Georgia Superior Court Clerks' Cooperative Authority, and Juvenile Court of Cobb County
- Managed Care Organizations
 - Amerigroup, CareSource, and Peach State Health Plan
- Federal Partners
 - Centers for Disease Control and Prevention
- Children's Health System
 - Children's Healthcare of Atlanta

Equitable Access

Goal

Advance behavioral health equity by elevating evidence-based policies that address disparities, access to services, and work to ensure that every individual can be as healthy as possible.

Objectives

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

Sustainable Workforce

Goal

Advance the development of resources, policies, and innovative solutions to recruit, develop, retain, and diversify Georgia's behavioral health workforce.

Objectives

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

Whole-Person Health

Goal

Advance endeavors that fundamentally restructure the way care is delivered to support better outcomes and experiences for children and young adults who need access to quality behavioral health services.

Objectives

1. Increase care coordination to ensure that children and families can move seamlessly across the continuum of care.
2. Expand the integration of mental health services and primary-care across the state.

Purposeful Funding

Goal

Explore opportunities to diversify funding and generate new revenue, including leveraging Medicaid programs to innovate behavioral health coverage, delivery, and payment models to reach Georgia's families with disproportionately high needs.

Objectives

1. Expand revenue generation.
2. Increase diversity of funding and revenue sources.
3. Foster shared alignment and accountability.

System Evaluation

Goal

Advance evidence-based decision making and ongoing evaluation to enhance Georgia's System of Care services and supports.

Objectives

1. Improve mental-health and substance-use services by enhancing program monitoring, evaluation, and continuous quality improvement activities.
2. Monitor and analyze care management organization data.

Mindworks Georgia Contact Info

- Executive Director - Renee Johnson, MPA
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- www.mindworksga.org

Certified Community Behavioral Health Clinics (CCBHCs)

What is a Certified Community Behavioral Health Clinic?

A Certified Community Behavioral Health Clinic (CCBHC) is a specially designated clinic that provides nine types of services, with a focus on providing 24-hour crisis care, evidence-based practices, care coordination with local primary care and hospital partners, and integration with physical health care.

CCBHC Certification Considerations

1. Meet certification criteria; and
2. Prospective payment rate approval.

Federal requirements included in DBHDD's certification

- **Staffing** – Credentialed, trained, and competent;
- **Availability and Accessibility of Services** – Same-day based on need;
- **Care Coordination** – Person-centered, formal partnerships, information sharing;
- **Quality Reporting** – Clinic-led measures and state-led measures defined by SAMHSA;
- **Scope of Services** (Will discuss on the next slide); and
- **Organization Authority, Accreditation and Governance** – National accreditations.

Georgia CCBHC Required Accreditations

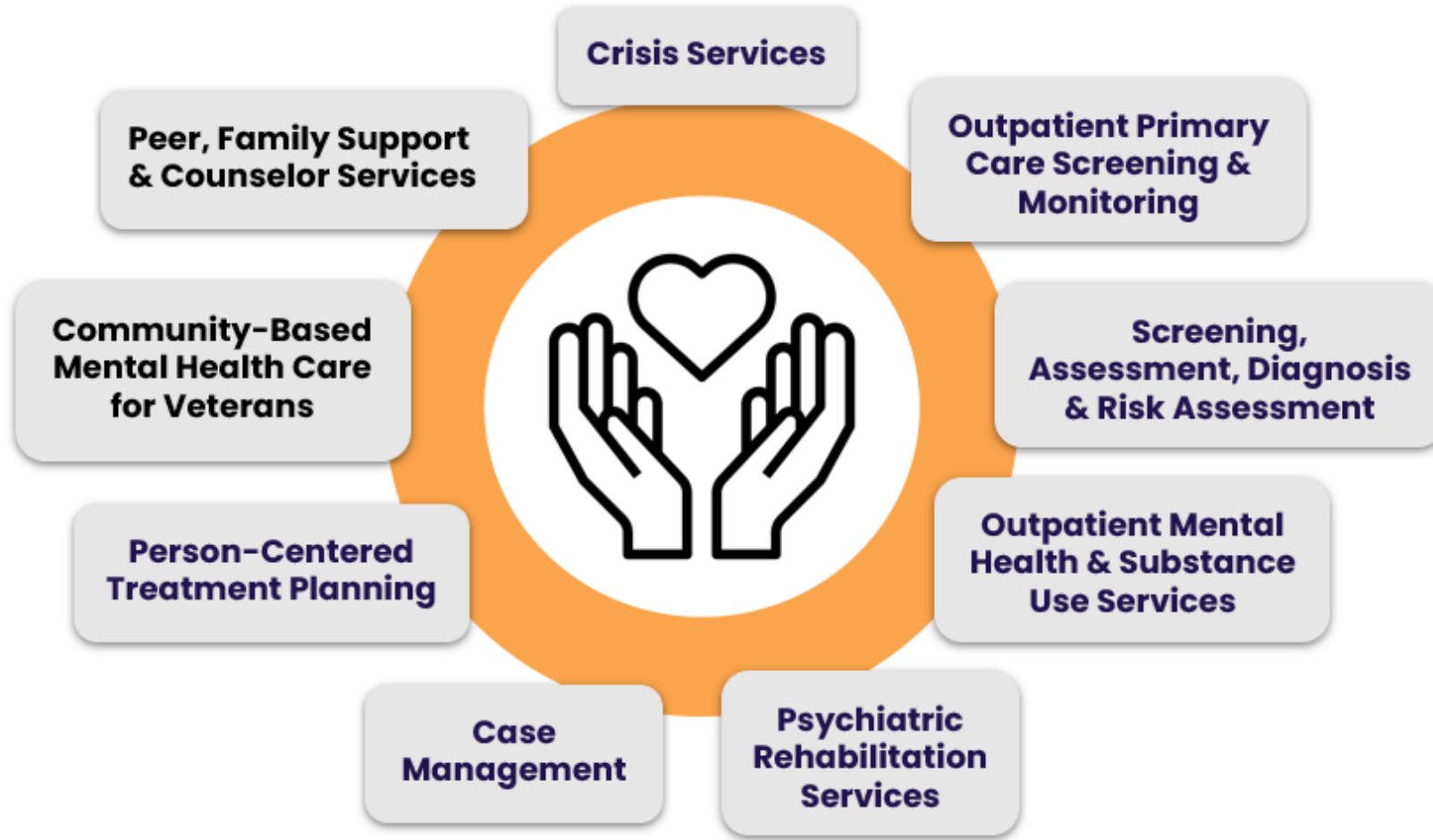
One of the following:

- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Council on Accreditation of Services for Families and Children (COA)
- The Council on Quality and Leadership (CQL)
- The Joint Commission (TJC)

AND

- National Association for Dually Diagnosed (NADD)

CCBHC Services



Prospective Payment System (PPS)

Prospective Payment System (PPS) is a method of reimbursement in which payment is made based on a predetermined, fixed amount. The CCBHC PPS supports clinics' costs of expanding services and increasing the number of clients they serve, while improving clinics' flexibility to deliver client-centered care. This differs from the current Fee-for-Service payment system in which a provider is paid a set rate for each unit of service delivered.

Georgia CCBHC Rate Setting Methodology

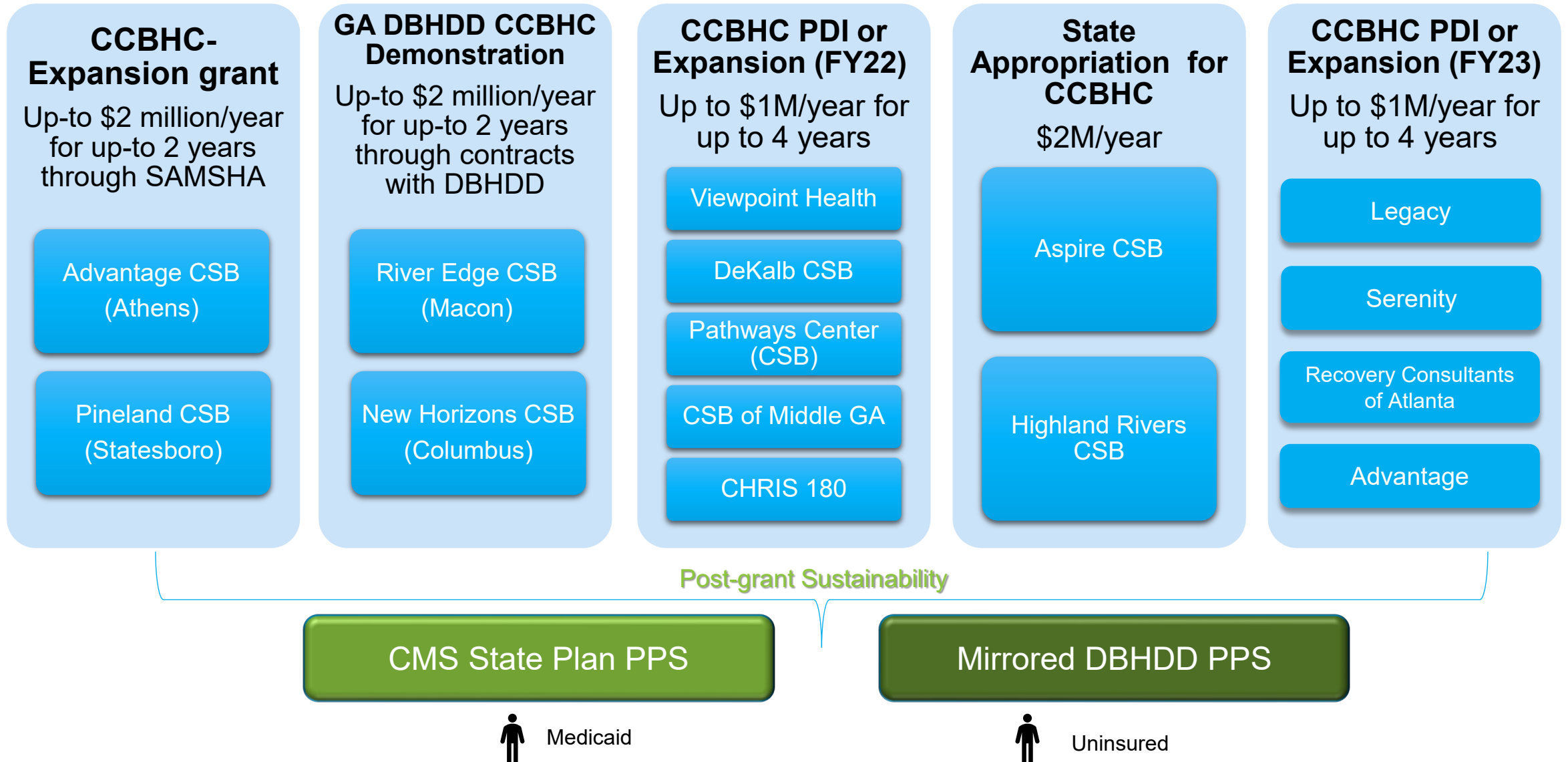
PPS Rate 1

- Per-encounter rate set based on a cost report that documents a clinic's allowable costs and qualifying patient encounters on a daily basis over a year. The costs are divided by the number of qualifying encounters to arrive at a single rate which is paid to the clinic each time a daily encounter occurs, regardless of the number or intensity of services provided.
- In places with Medicaid managed care, states may either make up the difference between managed care payments and PPS through a periodic reconciliation process or require managed care organizations to pay the PPS rate.
- Requires rebase of rate for CCBHC with actual cost data after the first year and at least every three years thereafter.

CCBHC Cost Report

- Completed annually by the CCBHC to identify historical actual costs and anticipated costs.
- Utilized to determine the unique PPS Rate 1 for the CCBHC initially and for rebasing.

Developmental Status Update





Certified Community Behavioral Health Clinics in Georgia

ccbhcgeorgia.org

Role	Name	Email
Business Operations	Michelle Magwood	Michelle.magwood1@dbhdd.ga.gov
CCBHC State Project Director	Sarepta Archila	Sarepta.archila1@dbhdd.ga.gov
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Thank you!

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