



**Behavioral Health Coordinating Council
2023 Fiscal Year Annual Report**
Submitted by Kevin Tanner, Commissioner

Georgia
Department of
Behavioral Health
& Developmental
Disabilities



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Behavioral Health Coordinating Council State 2023 2023 Fiscal Year Annual Report

HISTORICAL BACKGROUND

Georgia's Behavioral Health Coordinating Council was established in Georgia law in 2009 after the Georgia General Assembly reorganized Georgia's health and human services agencies and established the Department of Behavioral Health and Developmental Disabilities. The Council, created by O.C.G.A. § 37-2-4, is administratively attached to the Department of Behavioral Health and Developmental Disabilities, as provided by O.C.G.A. § 50-4-3.

COUNCIL AUTHORITY, POWERS, AND PURPOSE

The Behavioral Health Coordinating Council (the "Council," or "BHCC") supports Georgia's behavioral health-serving agencies and partners by establishing goals, monitoring, and evaluating those goals, and recommending measures for improved efficiency and access to services. The Council is tasked to:

- **Recommend funding, practice changes, and policy** that address systemic barriers to the delivery of behavioral health services;
- **Focus on specific goals** designed to resolve issues related to coordination of care for individuals receiving services from at least two-member agencies;
- **Monitor and evaluate the implementation** of established goals; and
- **Establish common outcome measures.**

COUNCIL COMPOSITION

By statute, the Council is composed of the following representatives:

- The Commissioner of the Department of Behavioral Health and Developmental Disabilities
- The Commissioner of the Department of Community Affairs
- The Commissioner of the Department of Community Health
- The Commissioner of the Department of Community Supervision
- The Commissioner of the Department of Corrections
- The Commissioner of the Department of Human Services
- The Commissioner of the Department of Juvenile Justice
- The Commissioner of the Department of Labor
- The Commissioner of the Department of Public Health
- The Chair of the State Board of Pardons and Paroles
- The State Disability Services Ombudsman
- The State School Superintendent

- A member of the Georgia House of Representatives
- A member of the Georgia State Senate
- An adult who uses public behavioral health services
- A family member of someone who uses public behavioral health services
- A parent of a child receiving public behavioral health services

COUNCIL LEADERSHIP

Chairman:

Commissioner Kevin Tanner
Department of Behavioral Health and Developmental Disabilities

Vice Chair:

Vacant *as of June 30, 2023

Secretary:

Stanley Jones, Esq.
Family member of consumer of public behavioral health services

Members:

Commissioner Christopher Nunn

Department of Community Affairs

Commissioner Michael Nail

Department of Community Supervision

Commissioner Tyrone Oliver

Department of Corrections

Commissioner Candice Broce

Department of Human Services

Commissioner Shawanda Reynolds – Cobb

Department of Juvenile Justice

Commissioner Bruce Thompson

Department of Labor

Commissioner Kathleen Toomey, M.D

Department of Public Health

Commissioner Amy M. Jacobs

Department of Early Care and Learning

Commissioner Greg Dozier
Technical College System of Georgia

Chairman Terry E. Barnard
State Board of Pardons and Paroles

Ombudsman Jacquice Stone
Office of Disability Services Ombudsman

State School Superintendent Richard Woods
Department of Education

State Representative Katie Dempsey
Georgia House of Representatives

State Senator Kay Kirkpatrick
Georgia Senate

Julie Spores
Adult consumer of public behavioral health services

Alexia Jones
Child Advocate

Nathan Call, Ph.D., BCBA-D
Expert on Child, and Adolescent Health

Dr. Veda Johnson, M.D., FAAP
Expert on Child and Adolescent Health

Commissioners from various agencies, the chair of pardons and paroles, the ombudsman, and the state school superintendent are members of the council as a matter of law. Appointees from the Georgia House of Representatives, Georgia Senate, adult consumer of public behavioral health services, and who represent a family member of a consumer of public behavioral health services, and the parent of a child consumer of behavioral health services are all named by the Speaker of the House of Representatives, the Lt. Governor, and the Governor, respectively. All members serve at the pleasure of their appointing authority with no term limit.

COUNCIL EXECUTIVE COMMITTEE

The BHCC is led by an executive committee comprised of a chair, vice chair, secretary, and two members-at-large. The commissioner of the Department of Behavioral Health and Developmental Disabilities (DBHDD) serves as the chair of the executive committee. The vice chair and secretary are elected by the members of the council and serve two-year terms; they may succeed themselves.

Commissioner Kevin Tanner

Department of Behavioral Health and Developmental Disabilities

Vacant *As of June 30, 2023, Vice Chair

Stanley Jones, Esq., Secretary

Family Representative

Commissioner Candice Broce

Department of Human Services

Jacquice Stone

Office of Disability Services Ombudsman

COUNCIL MEETINGS

In 2022, council meetings were held virtually on the Webex video conferencing platform, as a result of the COVID-19 pandemic. The meetings were open to the public and attended by a variety of stakeholders. Meeting minutes, Webex meeting links, and supporting documentation were posted in accordance with the Open Meetings Act (O.C.G.A. § 5-18-70 et. seq.) and can be found on DBHDD's website at: <http://dbhdd.georgia.gov/georgia-behavioral-health-coordinating-council>.

COUNCIL INITIATIVES

Georgia Interagency Directors Team

Interagency collaboration is a central element to developing a strong System of Care (SOC) and is the focus of the Georgia Interagency Directors Team (IDT). The IDT is a multi-agency, public-private formal workgroup of the Behavioral Health Coordinating Council (BHCC) and designed specifically for collaboration in managing, facilitating, and implementing an integrated approach to child and adolescent system of care that informs policy and practices and shares resources.

The IDT consists of the Executive Director, Chair, Executive Committee, and general

membership, all with the shared vision of Georgia’s youth and families leading independent, enriched, and productive lives in their communities of choice.

IDT LEADERSHIP AND MEMBERSHIP

Renee Johnson, IDT Executive Director

Center of Excellence for Children’s Behavioral Health, Georgia Health Policy Center

Laura Lucas, IDT Chair

Infant and Early Childhood Mental Health Director

Georgia Department of Early Care and Learning

IDT EXECUTIVE COMMITTEE

The executive committee provides an enhanced feedback loop between BHCC members and executive agency leadership. By providing executive level insight, making recommendation to improve strategic decision-making, and offering reciprocity between the SOC State plan and agency priorities, the executive committee is instrumental in promoting IDT’s shared vision, priorities, and activities.

2023 Executive Committee members:

Melissa Haberlen-DeWolf

Research & Policy Director

Voices for Georgia’s Children

LaMarva Ivory

Deputy Commissioner, External Affairs

Georgia Department of Human Services

Dahlia Bell-Brown

Program Officer

Woodruff Foundation

Lisa Mantz

Deputy Commissioner, Division of Treatment and Care

Georgia Department of Juvenile Justice

Mary Lauren Salvatore

Assistant Director, Office of Whole Child Supports

Georgia Department of Education

Adrian Johnson

Deputy Director, Division of Behavioral Health

Georgia Department of Behavioral Health and Developmental Disabilities

Susan Adams
Deputy Commissioner
Georgia DECAL

Brian Dowd
Deputy Executive Director, Policy, Compliance, and Operations Office, Georgia
Department of Community Health

IDT General Membership

The IDT general membership is made up of individuals from different public and private sectors committed to the common agenda of guiding vision and strategy, supporting aligned activities through research and evaluation. The group works collaboratively to address children’s behavioral health needs through monthly meetings, workgroup development, and sharing of resources and information. The IDT provides a platform for partnership to develop and implement shared strategic objectives for the SOC for children’s behavioral health in Georgia.

Georgia State Agencies

- Department of Behavioral Health and Developmental Disabilities (DBHDD)
- Department of Community Health (DCH)
- Department of Early Care and Learning (DECAL)
- Department of Education (GaDOE)
- Department of Human Services Division of Family and Children Services (DFCS)
- Department of Juvenile Justice (DJJ)
- Department of Public Health (DPH)
- Vocational Rehabilitation Agency (GVRA)

Consulting Member

- Centers for Disease Control and Prevention (CDC)

Partner Organizations

- Anthem
- Amerigroup Community Care
- CareSource
- Centene
- Children’s Healthcare of Atlanta (CHOA)
- The Carter Center
- Center of Excellence for Children’s Behavioral Health, Georgia Health Policy Center, Georgia State University (GSU/COE)

- Center for Leadership in Disability, Georgia State University (GSU/CLD)
- Council of Juvenile Court Judges of Georgia
- Georgia Alliance of Therapeutic Services for Children and Families (GATS)
- Georgia Chapter of the American Academy of Pediatrics (GAAAP)
- Georgia Appleseed
- Georgia Early Education Alliance for Ready Students (GEEARS)
- Georgi Family Connection Partnership
- Georgia Parent Support Network (GPSN)
- Georgia Superior Court Clerks' Cooperative Authority
- Jesse Parker Williams Foundation
- Lookout Mountain Community Services
- Mental Health America, Georgia (MHA-GA)
- National Alliance on Mental Illness (NAMI), Georgia
- Peach State
- Resilient Georgia
- Robert Wood Johnson Foundation
- Strategic Healthcare Partners: Healthcare Consulting Services
- Silence the Shame
- Together Georgia
- United Way of Greater Atlanta (UWGA)
- ViewPoint Health Care Management Entity (ViewPoint)
- Voices for Georgia's Children (Voices)
- WellCare
- WinGeorgia Cate Management Entity (WinGeorgia)

SOC STATE PLAN

The Georgia SOC State Plan is a 3-year dynamic, living document that serves as the roadmap for how Georgia will work to improve the state's child and adolescent behavioral health system. As a part of this strategic framework, workgroups were established for each focus area (*access, coordination, workforce development, funding, financing, and evaluation*) in partnership with the five phases of SOC Continuum for behavioral health (*Prevention and Early Screening, Early Intervention, Intervention, Late Intervention, and Spanning the full continuum*).

The charge of the workgroups is to review information and data, gain clarity around the area of focus, engage in thoughtful discussions, and to work towards implementing the key strategies and measurable objectives outlined in the SOC State Plan. Current workgroups and leadership include:

IDT SOC State Plan workgroup Chairs and Co-chairs

Workgroup	Workgroup Leadership
Behavioral Health Mapping	Melissa Haberlen DeWolf, Voices Wendy Tiegreen, DBHDD Ann Marie Mukherjee, GSU/COE
Coordination	Hannah Smith, GA-AAP La'Keidra Mitchell, GSU/COE
Cultural and Linguistic Competence	Nykia Greene-Young, DBHDD Sandra Thompson, CareSource Ann DiGirolamo, COE Astrid Prudent, COE
Evaluation	Christine Doyle, DJJ Kennedy Lewis, GSU/COE
Funding	Helen Robinson, Carter Center Angela Snyder, GSU/COE Ann Marie Mukherjee, GSU/COE
Infant and Early Childhood Mental Health	Callan Wells, GEEARS Arianne Weldon, GFPC Ann Marie Mukherjee, GSU/COE Twanna Nelson, GSU/COE
Marketing and Communication	Matthew Clay, DBHDD Shilloy Bates, Anthem
Peer Support and Lived Experience	Anita Speed, GPSN Tami Brown, Centene La'Keidra Mitchell, GSU/COE
School Based Mental Health	Kelsey Lynn Corallo GSU/COE Isis A Nelson-Graham, GSU/COE Christianna Jarvis, GSU/COE
Telehealth	Kelsey Lynn Corallo, GSU/COE Ann Marie Mukherjee, GSU/COE
Workforce Development	Layla Fitzgerald, DBHDD Kennedy Lewis, GSU/COE

CHALLENGES

Complex problems – such as those encountered in behavioral health – require complex solutions including the need for cross-system data sharing and collaboration.

Implementing data sharing across Georgia's state agencies stills proves to be a challenge for the work of the IDT. The inability to get timely and relevant agency data has hindered the IDT's ability to better understand the areas of strength and need, including full implementation and evaluation of the SOC State Plan and activities. Other challenges for the IDT include the limited funding support from state agencies to build staffing capacity and support state mandate activities such as Local Interagency Planning Teams (LIPTs). The lack of designated funding for LIPTs creates significant strains on agency staff who already have competing priorities within their individual agencies. Even despite these long-standing challenges, the collective talent and strength

of the IDT and its members have been seen in how the group has built on existing assets and continued to advance Georgia's current system of care.

ACCOMPLISHMENTS AND OPPORTUNITIES

- IDT continued its focus on funding priorities and the development of strategies to support blended and braided funding with the aims to conserve resources, decrease duplication of efforts, and expand needed services throughout the system of care. Through cross-agency collaboration the IDT worked together to acquire new funding, bring about innovative programs, and serve as subject matter experts to several formal advisory committees. Examples include Health Resources and Services Administration (HRSA) funded Mental Health Access in Pediatrics (GMAP) and Infant Toddler Court Program (ITC), and the Substance Abuse and Mental Health Services Administration (SAMHSA) funded Access, Integrate, Mobilize, Educate (AIME) project.
 - **GMAP** funding was awarded in 2021 and continues to be implemented through partnerships between the Office of Children, Young Adults and Families at DBHDD, Children's Healthcare of Atlanta (CHOA), the Georgia Chapter of the American Academy of Pediatrics (GA-AAP) (in collaboration with Augusta University, Medical College of Georgia, and Children's Hospital of Georgia), and the COE at Georgia State University. In 2022, GMAP provided greater access to education through the establishment of [Project ECHO](#), an interactive tele-mentoring learning approach between behavioral health specialists and pediatric providers. This also included teleconsultation guidance on cases through a telephone advice line, and care coordination services for families through a directory of behavioral health providers by county.
 - **GMAP Supplemental:** In partnership with DBHDD and the IDT's Cultural and Linguistic Competency workgroup, the GMAP program was able to secure \$300,000 in Pediatric Mental Health Care Access Expansion Award funds. In part, funds will be utilized to develop web-based trainings and in-person workshops around the Culturally and Linguistically Appropriate Services (CLAS) standards to expand cultural competency, advance health equity, and help eliminate behavioral health disparities.
 - **Infant and Toddler Court Program (ITCP)** is a newly funded SOC program. The program was created through a multi-agency partnership, which included the following agencies the Administrative Office of the Courts (AOC), Georgia Department of Human Services (DHS), Georgia Department of Public Health (DPH), Georgia Department of Early Care and Learning (DECAL, and DBHDD. Goals of the program are to improve statewide systems and policies to support young children (ages

o-3) and their families who are involved, or at risk of involvement, with the child welfare system, and build capacity to prevent child maltreatment more broadly. Georgia will achieve this goal by expanding evidence based ITCP court teams and improving early developmental health and wellbeing of infants, toddlers, and their families. Total funding awarded: \$3 million dollars across five-years for statewide and local implementation and planning.

- The **AIME Project** leveraged its partnership with the American-Academy of Pediatrics-Georgia Chapter (GA-AAP) to secure sustainable funding for the CHOA partnership with GMAP. Other accomplishments included establishing two new Federation of Families for Children’s Mental Health (FFCMH) chapters in the southeast and southwest Georgia, enrolling nearly 700 youth and young adults into services, implementing the Kagen System of Care Fellowship for Leaders, as well as several state and local presentations.

In collaboration with IDT’s **Marketing and Communication Workgroup** the AIME Project also launched the interactive and user-friendly SOC Website (www.GASystemofCare.org) in 2022. Since its launch, the website has been utilized to educate families and providers about behavioral health updates (*e.g., policy changes, laws, key announcements*), training opportunities, new projects, and access to community services. The website is also being used as a tool for healthcare professionals (*e.g., doctors, pediatricians*) when referring children who need behavioral health services. The successful implementation of Project AIME is another step towards a statewide SOC infrastructure.

- **The Behavioral Health Mapping (BHM) Workgroup** created *Framework 1.0* – a “map” or story of Georgia’s spending on children’s behavioral health. *Framework 1.0* is a first look at connecting the dots of spending across Georgia’s Behavioral Health system of care. Using a snapshot of SFY 2019 data, the BHM workgroup collected and analyzed data from each child-serving state agency. Spending data were categorized across the spectrum of need, from prevention and early intervention to late intervention, and the group traced the dollars by state and federal sources. *Framework 1.0* is intended to help agencies, policy makers, and the public understand the policy-social-program landscape that underlies this system and to support future funding opportunities. *Framework 1.0* is scheduled for release in Calendar Year 2023.
- **The Infant and Early Childhood Mental Health (IECMH) Workgroup** continued helping the state build its system of care for young children and their caregivers in 2022. Much progress was made throughout the year with support from the Workgroup and its members and the IECMH Taskforce coordinated by DECAL. 2022 saw successes building the IECMH workforce, clarifying billing policies for Medicaid for this age group, and educating more stakeholders across the state about

the importance of IECMH. The IECMH Taskforce supported the creation of a [billing toolkit](#) now posted to Georgia's Medicaid website. The state also celebrated the creation of the Georgia Alliance for Infant Mental Health (GA-AIMH) in November, a group that will help further grow the IECMH workforce in Georgia. The IDT IECMH Workgroup helped spread the word about these accomplishments. The Workgroup also developed and rolled out an introductory presentation on IECMH core concepts that can be used broadly by all its members to inform stakeholders about the importance of IECMH.

- **The Cultural and Linguistic Competence workgroup** trained a total of 676 providers and partners statewide on diversity, equity, and inclusion. Trainings focused on Providing Culturally Responsive Care for Behavioral Health in Georgia Part I and Part II. Examples of topics included *Culturally Competent Mental Health Services to Faith-Based Communities*, *A Trauma-Informed Approach to Serving LGBTQ+ Youth and Healing the Strong Black Woman*. Additional training opportunities are being planned for Year 3.

Moving Forward

In the next year, the IDT will focus efforts to achieve the full implementation of the 2020-2023 State Plan goals and objectives. Ongoing activities include:

- Completion of the IDT Rebranding Project which will bring a sharper focus to the IDT's vision and mission and boost the public education and promotion of IDT initiatives, activities, and accomplishments.
- A 50-state scan being completed by the Workforce Development workgroup to identify best practices on improving licensing pathways for providers and standardizing cultural competence training. A finalized state scan will be used to develop a behavioral health practice brief, including recommendations to the BHCC statewide implementation.
- The Behavioral Health Mapping Workgroup will leverage previous mapping products, including *Framework 1.0*, to create an asset and resource map identifying behavioral health resources available to children, youth, young adults, and families in the state.
- The Cultural and Linguistic Competence Workgroup will be sponsoring a series of workshops to train providers and agencies on the Culturally and Linguistically Appropriate Services (CLAS) standards to expand cultural competency, advance health equity, and help eliminate behavioral health disparities. A train the trainer workshop will also be held to expand training in this area.
- The school-Based Mental Health Workgroup is working on utilizing existing resources to increase awareness and expand the comprehensive school-based mental health services available to students.

- The Evaluation Workgroup is collaborating with partner agencies to help facilitate interagency data sharing to monitor trends and outcomes that will inform and support the improvement of the children’s behavioral health system.

Multi-Agency Treatment for Children (MATCH) Planning Committee

The Multi-Agency Treatment for Children Committee (MATCH) was established under House Bill 1013, known as Georgia's "Mental Health Parity Act," and formally enacted into law by Governor Brian P. Kemp in 2022. MATCH stands as a beacon of collaborative effort and innovative problem-solving in Georgia's commitment to addressing the intricate and unmet behavioral health treatment needs of its young residents. Comprising members from state agencies mandated by HB 1013 and vital stakeholders, the committee has been guided and facilitated by Chris Soderquist of Pontifax Consulting and staffed by the Center for Excellence (COE) and the Department of Behavioral Health and Developmental Disabilities (DBHDD).

MATCH Mandate Per House Bill 1013 (GA Code § 37-1-20)

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 MATCH team will accept referrals from local interagency children's committees throughout Georgia for children with complex treatment needs not met through the resources of their local community and custodians. 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 LEADERSHIP AND MEMBERSHIP

Barbara (Bobbi) Cleveland

Chairperson

Danté T. McKay, JD, MPA

Director, Office of Children, Young Adults & Families

Georgia Department of Behavioral Health & Developmental Disabilities

Brian Dowd

Deputy Executive Director, Policy, Compliance & Operations

Georgia Department of Community Health

Randy Sauls

Assistant Commissioner
Georgia Department of Corrections

Laura Lucas

Infant & Early Childhood Mental Health Director
Georgia Department of Early Care and Learning

Tabathia Baldy

Mental Health & Wellness Program Manager
Georgia Department of Education

Audrey Brannen

Caregiver Recruitment & Retention Regional Administrator
Georgia Department of Human Services

Margaret Cawood

Deputy Commissioner
Georgia Department of Juvenile Justice

Megan Andrews

Assistant Commissioner, Policy
Georgia Department of Public Health

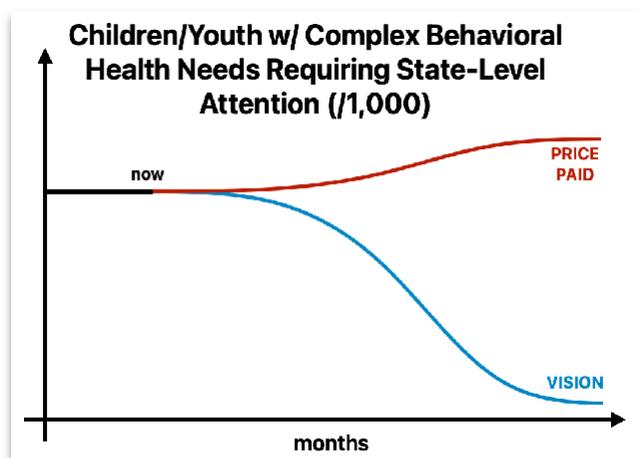
Jerry Bruce

Director
Georgia Office of the Child Advocate

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.

When this occurs, Georgia will see a sharp reduction in the number of children and youth with complex behavioral health needs that require state-level attention.



(The children and youth to be served by MATCH are those with a serious mental illness who receive SSI Medicaid, CMO Medicaid or who are uninsured. Per SAMSHA, for people under the age of 18, the term “Serious Emotional Disturbance” refers to a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child’s role or functioning in family, school, or community activities.)

RISKS TO ACHIEVE VISION

- MATCH must have 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.
- MATCH must have designated authority to make temporary exceptions to those identified state policies and regulations that create barriers to accessing the most appropriate treatment options for children and youth with complex treatment needs that are not met at the local level.
- Ongoing documentation is essential of those state policies and regulations that are found to create barriers to needed treatment options in order that exceptions to these policies and regulations do not become the default solution to accessing treatment needs vs. the implementation of system change.
- Adequate investment in the MATCH infrastructure (staff and technology) is essential for MATCH to fulfill its mandate.
- MATCH structure and process must be tested using pilot projects prior to full roll-out.
- The voices of all key state and local stakeholders must be incorporated into the design of MATCH for it to succeed.
- The design of MATCH must avoid creating an alternate or additional bureaucracy.

SYSTEMIC CHALLENGES IMPACTING MATCH

- Providers of behavioral health services are fragmented and difficult to navigate. Youth crises are currently too often triaged on an emergency basis at the highest level of state leadership. Even these leaders encounter barriers difficult to solve due to policy and funding constraints as well as gaps in the continuum of care.
- There is currently no readily available data to understand the extent of children and youth in Georgia who would meet criteria for MATCH, including the number of children/youths, their diagnoses, their geography, gender, etc., creating a challenge to designing a MATCH structure and process that will adequately address the scope and nature of treatment needs of those children.
- The current capacity and scope of Georgia’s network of service providers inadequate to address the full array of treatment options needed by children/youth

with complex behavioral health needs, especially for children/youth with a dual diagnosis (behavioral health and ASD/IDD).

- Existing funding restrictions constrain the ability to provide services as needed, especially the difficulty in blending & braiding funding sources.
- CMO policies related to prior authorization and medical necessity, among others, constrain access to services for children/youth needing treatment interventions, when, where and for how long needed.
- The behavioral health workforce is not adequate to fully staff needed services, including mental health workers at all levels of credentialing, the cultural competency of the workforce, and the workforce serving rural Georgia.

MATCH IMPLEMENTATION

The design of the MATCH structure and functioning will be guided by the following imperatives:

- Align with the state’s System of Care (SOC) and build upon Georgia’s existing behavioral health infrastructure;
- Recognize MATCH as an opportunity to re-imagine and test new ways to utilize existing behavioral health resources to maximize impact and effectiveness;
- Learn from and lift-up successes achieved by Georgia’s behavioral health system; harvest lessons learned from “less effective” initiatives to inform needed system change; and
- Identify potential but currently untapped or under-utilized resources to expand access to needed treatment options for children/youth with complex behavioral health challenges.

As an iterative process, the full design and roll out of MATCH will occur in two phases:

PHASE I. IMMEDIATE ROLL OUT:

Buildout and support a state-level MATCH infrastructure to serve as the vehicle to address not only the most immediate needs of children/youth with complex and unmet behavioral health challenges, but to also begin the collection and analysis of data needed to identify barriers to care and to formulate strategies to improve system performance.

Phase I Infrastructure:

- The State MATCH Team, as defined by HB1013, will: oversee and guide the design of the MATCH structure and process; evaluate and refine as needed this design; analyze systemic barriers to care identified by MATCH; and submit to the BHCC recommendations for needed systemic change to resolve identified barriers to care. The State MATCH Team will be staffed by the COE.
- The State MATCH Clinical Team will be chaired by the DBHDD MATCH Program

Director and staffed by DBHDD MATCH Specialists.

- The State MATCH Clinical Team will consist of representatives from state agencies and other key stakeholders who have the expertise and knowledge needed to resolve the unmet treatment needs of children/youth referred to it, including staff from:
 1. DBHDD
 2. DCH
 3. DFCS
 4. Regional RESA (*specific to the geography of the child/youth*)
 5. DJJ
 6. Others (*ad hoc, as needed specific to a child/youth*)
 7. CMOs
 8. CMEs
- The Behavioral Health Coordinating Council, as it already exists, will have ultimate authority to review and evaluate recommendations submitted to it by the State MATCH Team to address barriers to accessing services needed by children and youth with complex behavioral health treatment needs.

Phase I Next Steps:

- “Name” members of the State MATCH Clinical Team.
- Establish a set of criteria to define “complex/unmet behavioral health treatment needs” for the purpose of MATCH, to be used by referral sources to determine which children/youth are appropriate for referral to MATCH.
- Designate a pool of funds accessible to the State MATCH Clinical Team to help resolve the unmet treatment needs of children and youth referred to it (*amount to be determined*).
- Clarify/ensure the extent to which the State MATCH Clinical Team has authority to approve exceptions to existing state policies, practices, regulations and funding criteria to help resolve the unmet treatment needs of children and youth referred to it.
- Identify a data tool to be used to document and track the policies and practices, as well as gaps in the service continuum, that create barriers to the access of needed services by children and youth with complex behavioral health treatment needs.
- The State MATCH Clinical Team will meet on a regular and timely basis, seeking to resolve the unmet treatment needs of children/youth referred to it.
- The COE will collect and analyze data generated by this process, sharing that analysis with the State MATCH Team for study.

- The State MATCH Team will meet regularly to assess data analytics on systemic barriers to care, forwarding its recommendation for needed system change to the BHCC.

PHASE II. ROLL OUT:

To fully achieve the vision of MATCH as defined by the MATCH Planning Committee, MATCH should ultimately function as a “pathway to care”, not solely as the state-level infrastructure built out in Phase I. The MATCH Pathway to Care will be designed to enable earlier identification of and responses to children/youth with complex treatment needs, reducing the additional trauma of “failing up”. Although there will always be some cases that will require state level intervention, the success of the MATCH Pathway to Care will result in fewer children needing to be served at the highest, and most resource intensive, level of care planning and management.

The design of the MATCH Pathway to Care will focus on leveraging and maximizing the deployment of existing behavioral health resources, including determining the appropriate MATCH roles and functions for:

- The GCAL (988) response system;
- LIPs: as a component of the SOC, already function as a gateway to care and provide valuable connectivity to local communities but are limited in their ability to achieve “real-time responsiveness” due to typically meeting only one morning per month.
- The CSB public safety net, focusing on engaging those high performing CSBs that currently serve as a Care Management Entity (CME), operate APEX programs, and are working toward becoming a Certified Community Behavioral Health Center (opening new funding opportunities). CSBs also are a component of the SOC, with a SOC Coordinator already embedded in their work.

The proposed design for the MATCH Pathway to Care will be tested and refined using two pilot projects, one urban and one rural.

Hoteling Issues: Complex and Unmet Treatment Needs for Georgia’s Children

In Georgia, children and adolescents with complex needs are not getting access to the right services in a timely manner due, in part, to gaps in our collective service array and coordination of their care. “Hoteling” of children is one of the unintended outcomes of the lack of systems coordination and service availability.

Mindworks Georgia (Mindworks) was asked to research the hoteling issues impacting Georgia’s youth and families. Partnering with the statewide Multi-Agency Treatment for Children (MATCH) team, the groups have identified some of the preliminary service barriers to include a lack of procedures for ensuring continuity of care after a youth turns 18, staffing shortages at crisis stabilization units (CSUs), level of acuity of youth, and lack of early discharge planning for placement with a psychiatric residential

treatment facility. Opportunities for growth were identified to include improving the admissions process, streamlining documentation and information sharing, streamlining internal and external, and identifying a “follow-up” process once recommendations are made.

Additionally, Mindworks Framework 1.0 – Financial Mapping Report explored the financial costs associated with behavioral health service provisions across the state with the intent of evaluating strengths and finding solutions for system improvement. The report showed that hoteling of Georgia’s children was an expense of \$3.7 million dollars for the Division of Family and Children Services (DFCS). As a part of its next mapping phase, Mindworks will identify gaps and evaluate access to available services. The mapping report will include foster care utilization, boarding data, and policy reviews. The report will also include qualitative and quantitative data that explores and presents a clear picture of the service gaps that may lead to hoteling.

Considerations and potential challenges for this work include workforce capacity to facilitate the efforts and active, comprehensive data-sharing between agencies.

Serious and Persistent Mental Illness (SPMI): Updated Definition

Persons, age 18 and over, who currently, or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria, that has resulted in functional impairment which substantially interferes with or limits one or more major life activities. SPMI may also include co-occurring substance use disorders.

“Children with a serious emotional disturbance” as persons from birth up to age 18, who currently, or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria that resulted in functional impairment which substantially interferes with or limits the child’s role or functioning in family, school, or community activities.

OUTCOMES AND RECOMMENDATIONS

Interagency Collaboration

Communication continues to be a key component to breaking through silos of program policy and practice. The work of state agencies can be strengthened by recognizing methods and solutions that address inadequacies, gaps, challenges and efficiency in Georgia’s health and human service delivery systems.

The Behavioral Health Coordinating Council has greatly improved interagency communication and relations. Congruity and shared interests have been created and identified through open discussions and dialogue between state agency heads and community stakeholders.

The BHCC continues to explore barriers to accessing services, as well as infrastructure, staffing, service, housing, and educational resources for diverting and transitioning

individuals with behavioral and developmental issues under the jurisdiction or care of the Departments of Corrections, Community Supervision, Juvenile Justice, Behavioral Health, and Developmental Disabilities (forensic services), and the State Board of Pardons and Paroles.

The Council supports a robust discussion of the multiple barriers inhibiting individuals' transitions from the corrections and justice systems into appropriate community behavioral health services along with access to essential supports.

2023 FISCAL YEAR BHCC MEETING SCHEDULE

The Behavioral Health Coordinating Council meetings are held at the Department of Behavioral Health and Developmental Disabilities (200 Piedmont Avenue, SE West Tower Atlanta, GA 30334 in the 5th floor board room at 10:00 a.m., unless otherwise noted. The 2023 Fiscal Year meeting dates were:

September 28, 2022

December 20, 2022

March 7, 2023

May 11, 2023

August 8, 2023

CONTACTS

Commissioner Kevin Tanner
DBHDD Commissioner
200 Piedmont Avenue, SE West
Tower 14th Floor Atlanta, GA 30334
Kevin.Tanner@dbhdd.ga.gov
(404) 463-7945

Chelsee Nabritt
DBHDD Council Liaison
200 Piedmont Avenue, SE West
Tower 14th Floor Atlanta, GA 30334
chelsee.nabritt@dbhdd.ga.gov
(404) 989 - 3584

Appendix A

Acronyms

ADHD	Attention Deficit Hyperactivity Disorder
ADRC	Aging and Disability Resource Connection
BHCC	Behavioral Health Coordinating Council
CASIG	Child and Adolescent State Infrastructure Grant
CHINS	Children in Need of Services
CHIPRA	Children’s Health Insurance Program Reauthorization Act
COE	Center of Excellence
CSB	Community Service Board
DBHDD	Department of Behavioral Health and Developmental Disabilities
DCA	Department of Community Affairs
DCH	Department of Corrections
DFCS	Division of Family and Children Services (DHS)
DCS	Department of Community Supervision
DHS	Department of Human Services
DJJ	Department of Juvenile Justice
DOC	Department of Corrections
DOE	Department of Education
DOL	Department of Labor
DPH	Department of Public Health
GPSN	Georgia Parent Support Network
GPSTC	Georgia Public Safety Training Center
GSU	Georgia State University
IDT	Interagency Directors Team
NAMI	National Alliance on Mental Illness
PAP	State Board of Pardons and Parole
POST	Peace Officer Standards and Training
RPH	Re-entry Partnership Housing
SNAP	Supplemental Nutrition Assistance Program
SOAR	SSI/SSDI Outreach, Access, and Recovery
SOC	System of Care Academy
SSDI	Social Security Disability Income
SSI	Social Security Income
TAP	Technical Assistance to Providers

Appendix B

Behavioral Health Coordinating Council Presentations for Fiscal Year 2023

Dates	Meeting Materials
<p>Wednesday, September 28, 2022 10:00 am – 11:00am</p>	<p><u>Agenda:</u> https://dbhdd.georgia.gov/document/meeting-agenda/bhcc-agenda-92822-finalpdf/download</p> <p><u>Summary:</u> https://dbhdd.georgia.gov/document/meeting-summary/bhcc-meeting-summary-92822pdf/download</p> <p><u>Presentation:</u> https://dbhdd.georgia.gov/document/meeting-presentation/bhcc-meeting-presentation-20220928pdf/download</p> <p><u>Minutes:</u> https://dbhdd.georgia.gov/document/meeting-minutes/bhcc-meeting-minutes92822pdf/download</p>
<p>Tuesday, December 20, 2022 1:30 pm – 3:00 pm</p>	<p><u>Agenda:</u> https://dbhdd.georgia.gov/document/meeting-agenda/bhcc-agenda-1220-finalpdf/download</p> <p><u>Summary:</u> https://dbhdd.georgia.gov/document/meeting-summary/bhcc-meeting-summary-12202022finalpdf/download</p> <p><u>Presentation:</u> https://dbhdd.georgia.gov/document/meeting-presentation/bhcc-meeting-presentation-20221220pdf/download</p>
<p>Tuesday, March 7, 2023 10:00 am – 11:30 am</p>	<p><u>Agenda:</u> https://dbhdd.georgia.gov/media/21891/download</p> <p><u>Summary:</u> https://dbhdd.georgia.gov/document/meeting-summary/bhcc-meeting-summary-030723-mtg-04-06-2023-finalpdf/download</p> <p><u>Presentation:</u> https://dbhdd.georgia.gov/document/meeting-presentation/bhcc-meeting-presentation-3723-final-2pdf/download</p>

<p>Thursday, May 11, 2023 10:00 am – 11:30 am</p>	<p><u>Agenda:</u> https://dbhdd.georgia.gov/media/22306/download</p> <p><u>Summary:</u> https://dbhdd.georgia.gov/document/meeting-summary/bhcc-meeting-summary-51123pdf/download</p> <p><u>Presentation:</u> https://dbhdd.georgia.gov/document/meeting-presentation/bhcc-meeting-presentations-51123pdf/download</p>
<p>Tuesday, August 8, 2023 10:00 am – 11:30 am</p>	<p><u>Agenda:</u> https://dbhdd.georgia.gov/document/meeting-agenda/bhcc-agenda-august-8pdf/download</p> <p><u>Summary:</u> https://dbhdd.georgia.gov/document/meeting-summary/bhcc-meeting-summary-8823pdf/download</p> <p><u>Presentation:</u> https://dbhdd.georgia.gov/document/meeting-presentation/bhcc-presentation-8823pdf/download</p>