

# Behavioral Health Coordinating Council Meeting

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**BE D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities

November 9<sup>th</sup>, 2023



# Agenda

## Roll Call

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## Call to Order

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## Recovery Speaker

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## Action Items

- August 8, 2023 Meeting Minutes
- BHCC 2023 Annual Report
- Definition Committee Report

## BHCC Initiative Updates

- Mindworks Georgia
- MATCH

## Hard to Place High Risk Youth Update

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## Next Meeting Date

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# Roll Call

Chelsee Nabritt

Community Outreach Manager

# Call to Order

Kevin Tanner  
Commissioner

# Action Items:

- August 8, 2023 Meeting Minutes
- BHCC 2023 Annual Report
- BHCC 2024 Meeting Schedule
- Definition Committee Report

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# BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Brenda Cibulas

*Director, Division of Behavioral Health*



# Serious and Persistent Mental Illness

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.

# Homelessness

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

1. Has a primary nighttime residence that is a public or private place not meant for human habitation; **or**
2. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); **or**
3. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.



# Familiar Face Definition

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Familiar Face - An individual who is a frequent utilizer of multiple systems through repeated interaction with the criminal justice system presenting with rearrest, reconviction, and/or reincarceration and frequent cycles of residential challenges, crisis or emergency services and other levels of behavioral and substance use levels of healthcare.

# BHCC Initiatives

# Mindworks Georgia

**Renee Johnson, Executive Director, Mindworks GA**  
Center of Excellence for Children's Behavioral Health  
November 9, 2023



**D·B·H·D·D**

Georgia Department of Behavioral Health  
& Developmental Disabilities

# Overview

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Health Systems  
Coordination  
Project

Georgia Mental  
Health in  
Pediatrics  
(GMAP)

Strategic Plan  
&  
Implementation  
Highlights

# Update: Health System Coordination Project

## Overview

- A coordinated and collaborative approach to analyze, recommend, and monitor meaningful solutions for complex youth.

## Updates

- Progress in data sharing with DCH
- Partnering with MATCH Team
- Identification of preliminary service barriers
- BH Mapping Workgroup working identify gaps in service that lead to hoteling

## Preliminary Service Barriers

- 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
- Lack of early discharge planning for placement with a psychiatric residential treatment facility

A close-up photograph of a hand holding a blue pen, poised to write on a spiral-bound notebook. The notebook is open, and the pen is positioned over the page. The background is softly blurred, focusing attention on the hand and the pen.

# **BE** INFORMED

Georgia Mental Health Access in Pediatrics (GMAP)

# Georgia Mental Health Access in Pediatrics (GMAP)

The Office of Children, Young Adults and Families at the Department of Behavioral Health and Developmental Disabilities has partnered with these agencies to pilot the GMAP program in Georgia.



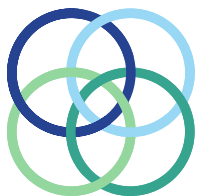
American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN  
Georgia Chapter



AUGUSTA UNIVERSITY  
MEDICAL COLLEGE  
OF GEORGIA



Children's<sup>SM</sup>  
Healthcare of Atlanta



CENTER OF EXCELLENCE FOR  
CHILDREN'S BEHAVIORAL HEALTH  
integrating research, policy, and practice



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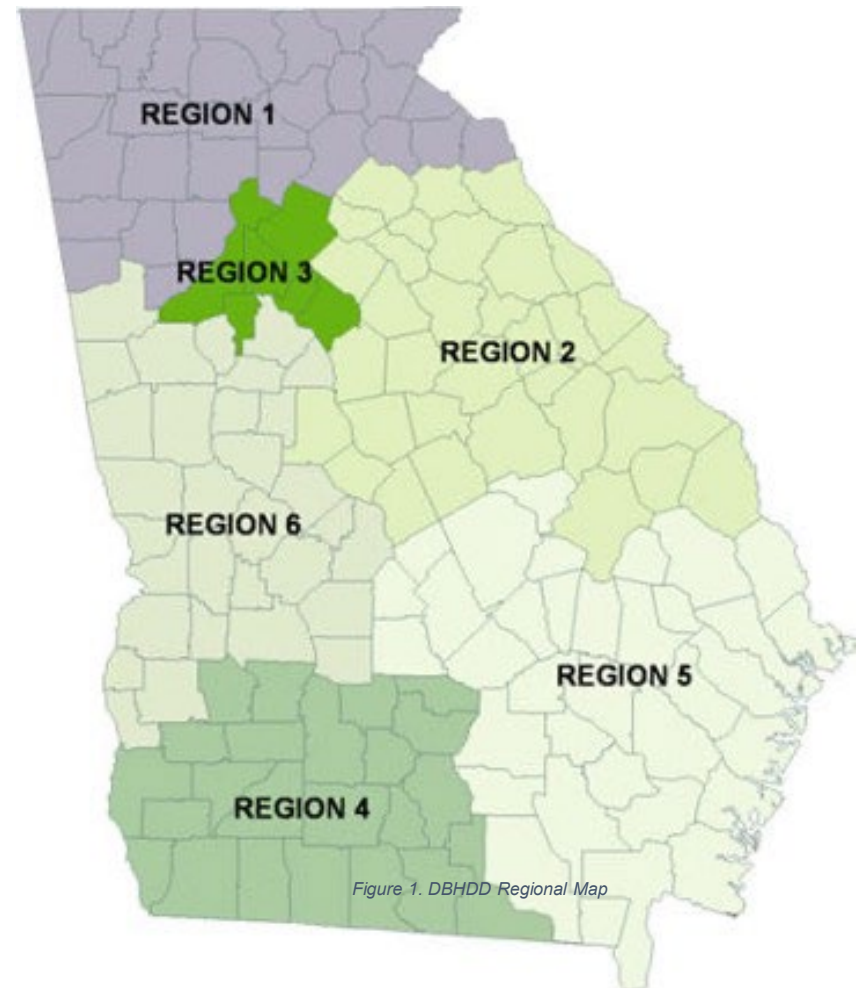
mindworks  
GEORGIA | THRIVING  
OUTCOMES  
START HERE

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$2.09 million with 20% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS or the U.S. Government.

# GMAP Overview

- Purpose: GMAP increases pediatric providers' comfort to treat and manage mild-to-moderate behavioral health concerns in day-to-day practice
- Focus Population: Primary care providers in Georgia, serving children and youth ages 0 to 21.
- Catchment Areas: DBHDD Regions 3, 4, and 5

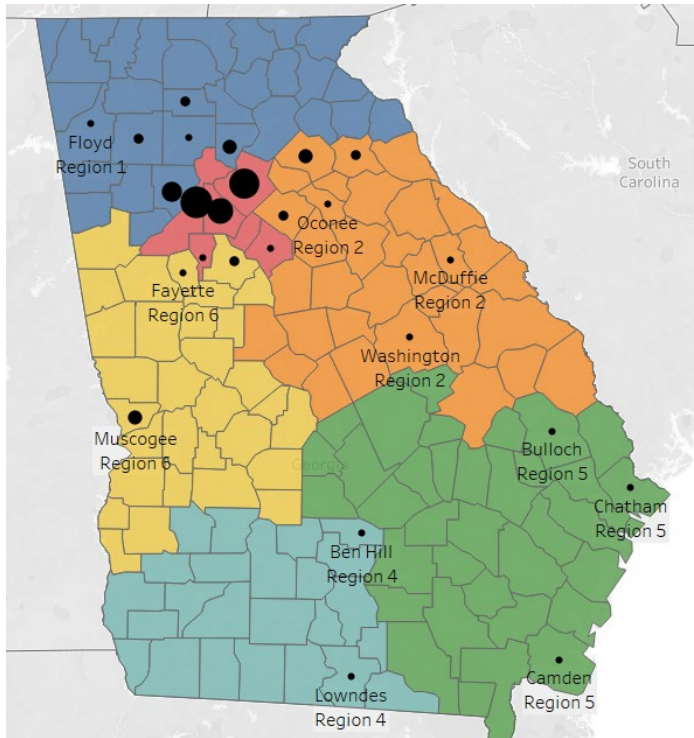
DBHDD Regional Map





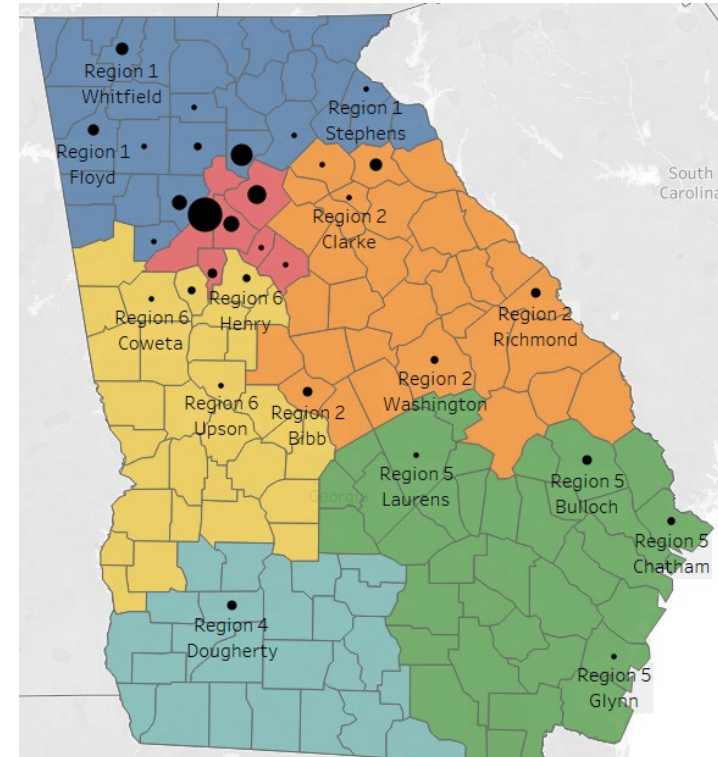
# Provider Education: Project ECHO

- ECHO Year 1



Source: Georgia Health Policy Center

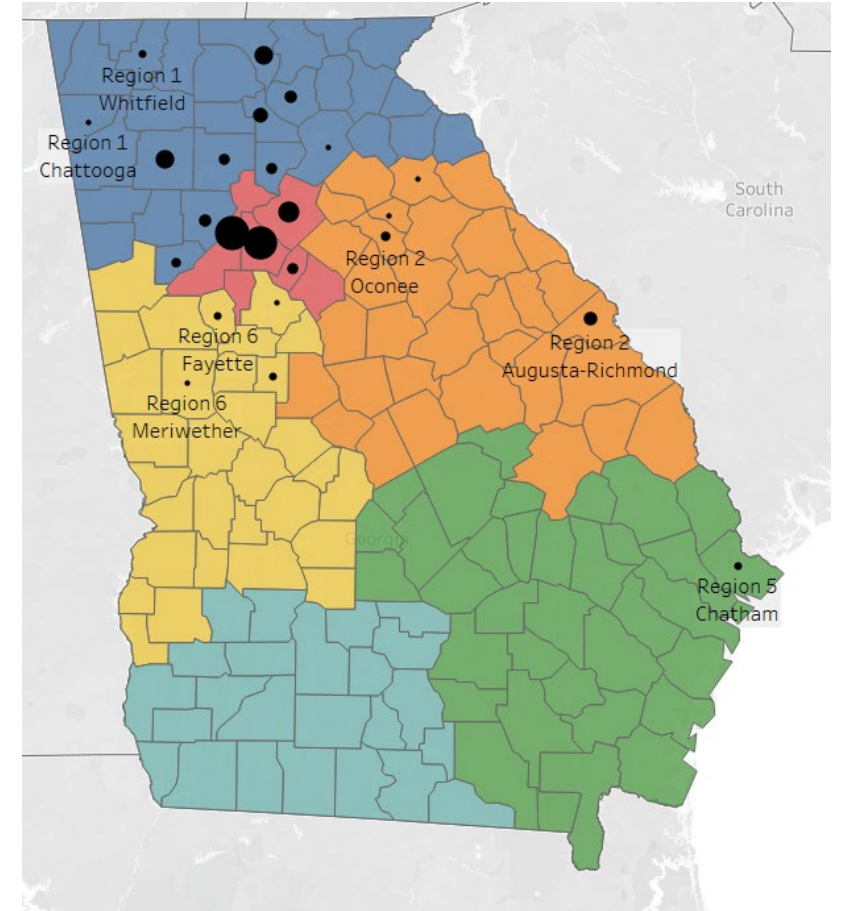
- ECHO Year 2



Source: Georgia Health Policy Center

# Advice Line Reach to Date

- Top patient concerns
  - anxiety, depressive disorders, and attention deficit and hyperactivity disorder
- Top reason for teleconsultation call:
  - medication management



Source: Georgia Health Policy Center

# Overview: Advice Line & ECHOs

<b>Teleconsultation Calls</b>	<b>402</b>
<b>Number of times providers have participated in ECHOs</b>	<b>259</b>
<b>Total enrolled providers</b>	<b>114</b>

# To Learn More

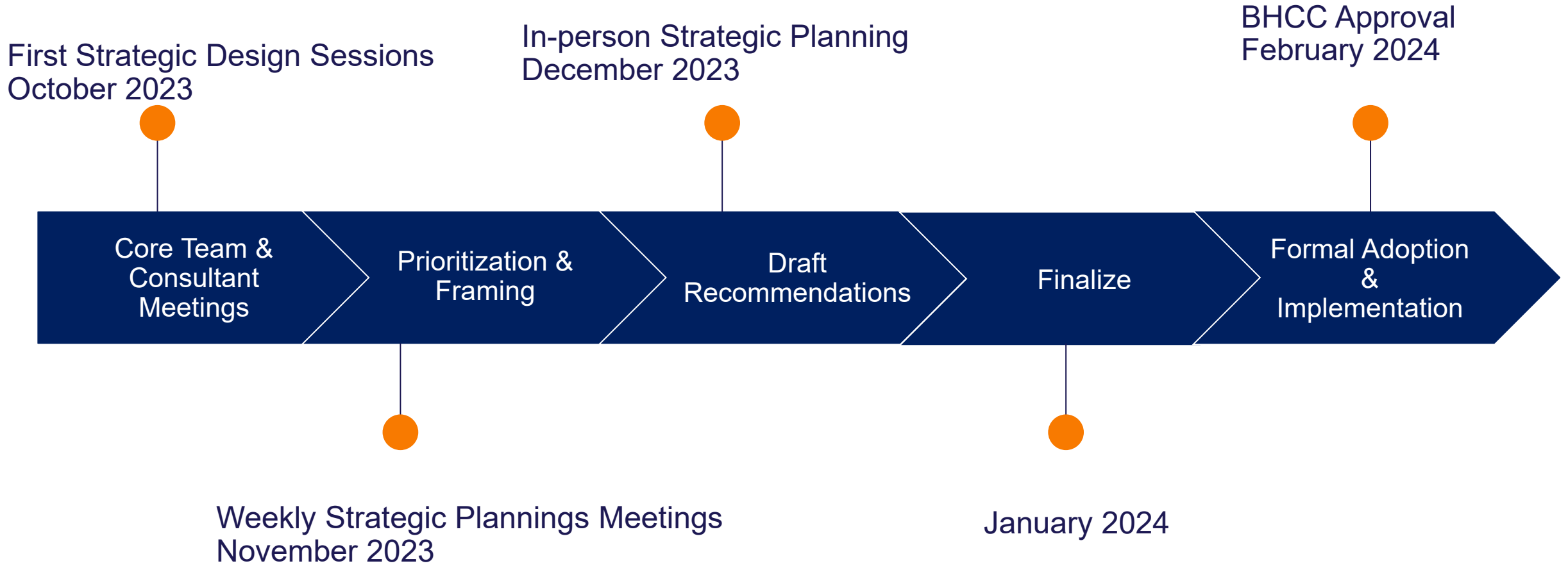
Scan the code or visit [gacoeonline.gsu.edu/gmap](http://gacoeonline.gsu.edu/gmap).



**GEORGIA MENTAL HEALTH  
ACCESS IN PEDIATRICS**



# Strategic Plan Updates



# Implementation Highlight

## Funding Workgroup

- **Goal: Shared resources and funding**
  - Georgia Department of Education has given \$30k to support Mindworks Georgia.
  - First agency to commit funding outside of DBHDD.





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# Hard to Place High Risk Youth Update





Georgia Department  
of Human Services

# DFCS and DBHDD Collaboration on Complex Care Youth

Audrey Brannen, LCSW – DFCS Complex Care Coordinator





# *stronger families*

FOR A STRONGER GEORGIA



# Crisis Created Opportunity for Change

- COVID-19 Pandemic (Deaths, Family Stress, Shut Down, Lack of Services)
- Workforce Issues Post-Pandemic
  - Facilities unable to find staff to stay within required 1:6 ratios specifically during less desirable shifts (evenings, weekends, etc.)
- Providers slow to increase pay rates Post-Pandemic
  - Summer 2022 many providers still paying direct care staff \$13-\$15 per hour
  - Many providers have the physical capacity for additional youth but not the staff
- Reduction in Community Based Services, resulting in more crises for complex youth and their families
- Families First Act
  - Plan to reduce congregate care for youth in foster care and divert federal money to preventative services - Reduction in new congregate care providers being approved in preparation



- DFCS overwhelmed with complex care youth
- Complex Youth Entering Foster Care
  - From ED's and CSU's
  - DJJ Hearings
  - Youth with Autism and / or Low IQ's
    - Often no community-based services available / in place
    - Often families unable to meet the youth's needs as they get older, physically bigger, enter puberty
  - No finding of abuse or neglect by caregivers – youth being the perpetrators of abuse against siblings and caregivers
  - Youth released from detention with violent offenses, low IQ's, sexually aggressive behaviors, gang involvement, Judges trying to protect communities
  - Families seeking services, stating they can't handle the youth's mental / behavioral health needs and not understanding how to access services



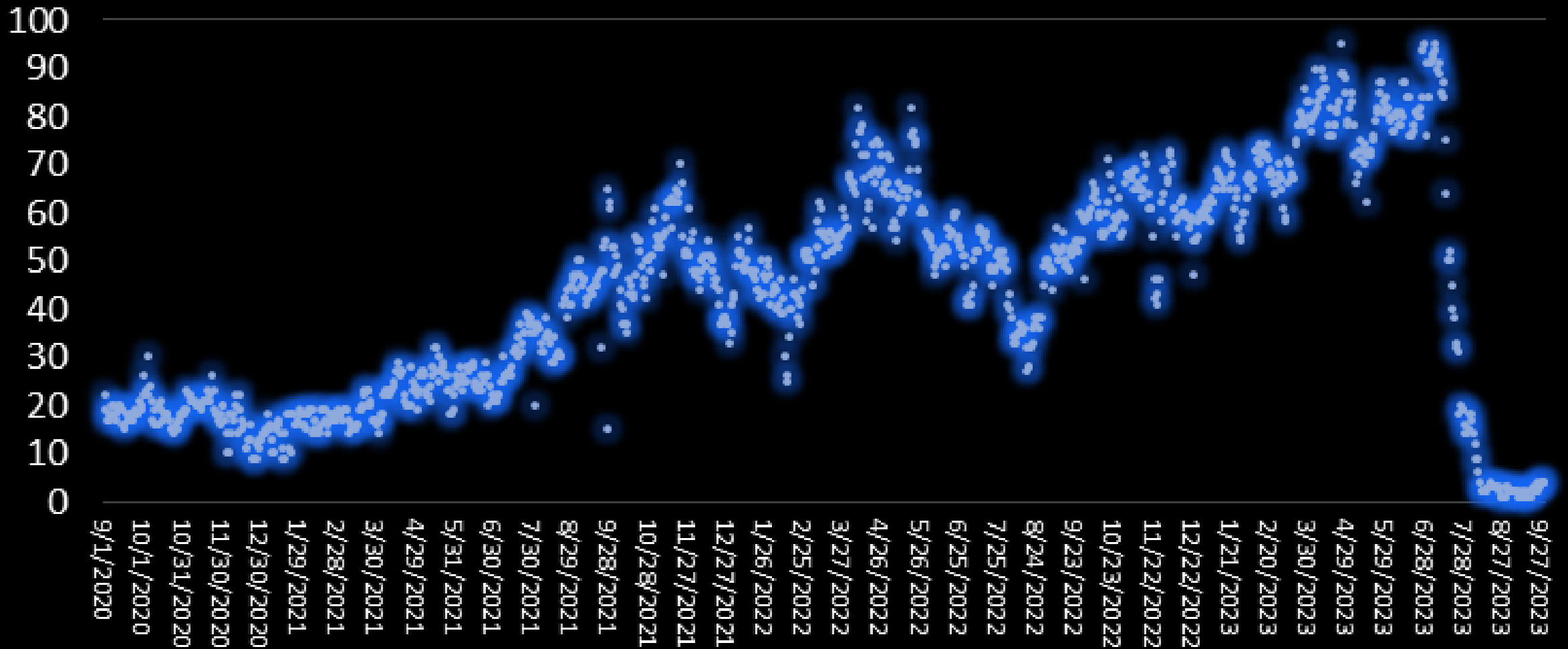


# Characteristics of Youth with No Placement

- Youth with extensive criminal histories, violent offenses (designated felons, sexual crimes, juvenile and adult charges)
- Youth with placement restrictions (can't be placed with other kids)
- Youth with complex medical needs (diabetes, seizures, etc. combined with behavioral challenges)
- Often entered care often without agency-initiated actions (from the bench, at delinquency hearings)
- NOW/COMP Waiver Youth (ages 18-22 with developmental disabilities)
- Youth with Dual-Diagnoses
  - Mental health needs combined with developmental delays (IQ 70 and Below) and/or Autism



## Total # of Children Without Placement / per Day



Note: Data verification began in August 2021– prior data may not have been accurate.



# Types of Placements Available for Youth

- DFCS foster homes
- Private Agency Foster Homes (Child Placing Agencies or CPAs)
  - Bethany Christian Services, Seeds That Grow, Coastal Harbor CPA, Wellroot, Sevita, NECCO, NYAP
- Congregate Care (Child Caring Institutions or CCIs)
  - Can range from base-level group homes with six residents up to large facilities like Twin Cedars, The Methodist Home, Georgia Baptist, Kidspeace
  - Only 2 CCI's statewide can accept youth with IQ below 70
- Psychiatric Residential Treatment Facilities or PRTFs (6 total)
  - Hospital level care– managed by DCH and funded by health insurance provider (Amerigroup)



# How is the agency addressing youth with complex needs?

## Case Specific Strategies

- Hired attorneys to assist in systemic navigation and change (Well Being Attorney, Medicaid Attorney, Others)
- Complex Care Coordinator – Employee with clinical credentials and 20+ years in child welfare dedicated to this issue
- PASS – Weekly collaborative staffing with state office staff and county/regional staff for all youth without stable placements
- Education for Providers around the issue-- Amerigroup, DCH, PRTF's and other child welfare partners-- about need; sharing list of kids without placements

## Systemic Strategies

- Rate Enhancement
  - Additional \$150 added to per diem for complex care youth to CPA and CCI providers with 6-month commitment
  - Approval for \$150 per diem for 30 days to DFCS foster homes to prevent hoteling
- State-Supported Provider Staffing – utilized staffing company to provide staffing for seven complex-needs providers
- Increased accountability and engagement with Amerigroup for youth in care, including appealing all service denials
- Increased DBHDD engagement on youth requiring long term support due to developmental disabilities
- Increased DJJ engagement around youth entering custody at delinquency hearings or with extensive criminal behavior





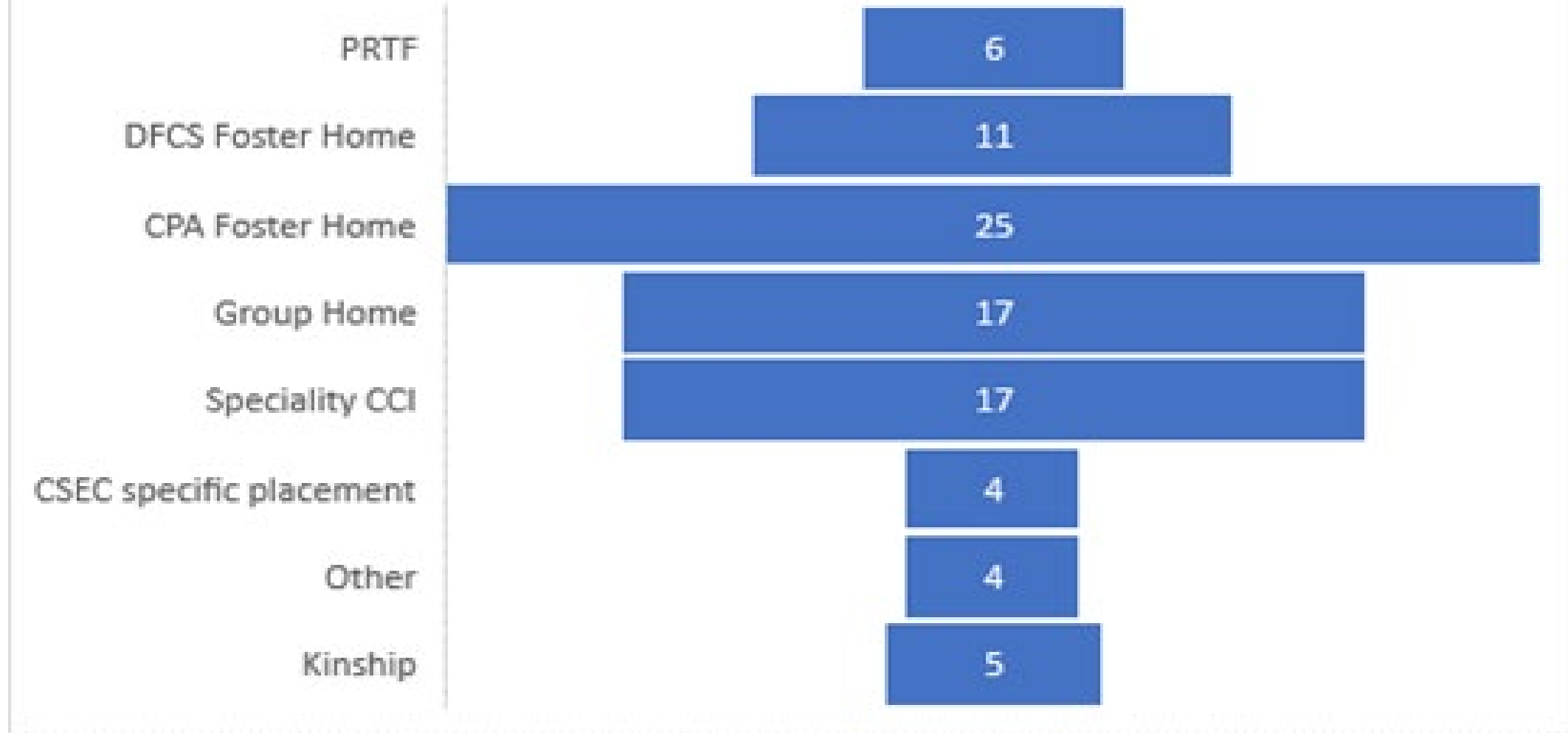
# Hoteling is Not a Placement

- In July 2023, Deputy Commissioner Havick required executive-level leadership notification for any youth hoteled, including a written summary, and engagement of all state office units to address the youth's need for placement.
- Requirement of providers giving less than a 14-day notice to self-report that notice to the child's County Director
- Requirement that Multi-Disciplinary Team calls be held prior to any placement disruption
- Increased emphasis on system accountability for youth without placement and need to stop the “churning” of youth with complex needs
- Geography does not change a youth's behavior – they must stay put to address the therapeutic needs
- Executive level leadership involvement when providers contracted to provide care for complex care youth denied placements despite having bed space available



July 15 – August 15, 2023

## Hoteling Exits - 89 youth



# DBHDD Collaboration

- Increase in Executive Level Leadership Communication
- DFCS and DBHDD participation in statewide MATCH design team and clinical team
- Case Specific Consultation – IDD and Behavioral Health
- Identification of young adults age 18-21 still being served by DFCS that will need long term support from DBHDD
  - Unit created at DFCS to collaborate with DBHDD on these youth to ensure NOW /COMP Waivers, Medicaid, Social Security are all in place and to collaborate on placement identification (1 attorney, 2 social workers)



# Case Example:

- 16 year old male – Nov 2022 first psychotic episode youth set himself on fire, father was intoxicated at the time, DFCS involvement, youth to CSU
- after stabilization father could not meet youth's mental health needs and he entered foster care
- multiple CSU stays, multiple DFCS placements, treatment resistance psychosis, unsafe behaviors, multiple unsafe discharges
- April 2023 – youth in ED, no CSU willing to admit statewide, youth in ED over 3 weeks with acute psychosis needing stabilization
- Intense collaborative effort from DBHDD OCYF Director to identify CSU while DFCS and Amerigroup worked to identify PRTF for post stabilization
- Multiple weekly calls between DBHDD, DFCS, Amerigroup, Hospital, CSU's, PRTF's to develop plan of care
- youth admitted to CSU 05/12/23 to PRTF 06/05/23



# Case Example:

- 17.9999 year old, dual diagnosis, low IQ and Autism
- Last youth remaining in hotel in the state after placement disruption
- History of aggression, sibling also in care with special needs, entered care due to relative's inability to handle youth's developmental and behavioral health needs
- Approved for NOW/COMP waiver
- No DFCS placement willing to accept youth
- Close Collaboration between DBHDD and DFCS to identify Autism Crisis Respite for youth and transition care to adult services
- Youth is thriving in DBHDD placement, placement is best equipped to meet his needs and better understands how to support him



# Case Example:

- 14 year old male, multiple PRTF stays while living with adoptive parent, easily triggered, violent, aggressive, threat to siblings
- In care approximately 3 years, mainly in PRTF's and CSU's, multiple violent episodes with foster caregivers, DFCS staff, treatment providers
- At CSU with recommendation to return to PRTF but no PRTF in Georgia or nationwide would accept due to acuity, history of PRTF stays, lack of step down plan available, dual diagnosis
- DFCS requests CSU stay to continue for 7 days to give agency time to create a plan but CSU Declines
- DBHDD assists in reaching out to CSU leadership for extension and extension is approved
- Youth staffed at statewide MATCH meeting for placement recommendations
- Placement identified and youth is placed within 48 hours



# SSBG

- 9 million dollars of funding for complex care youth in Georgia**
  - 5.6 Million for hard to place youth**
  - Creation of Intensive Step Down Program – Devereux**
  - Clinicians in Emergency Rooms at Childrens Hospitals**



Next BHCC Meeting:

February 6<sup>th</sup>, 2024



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