













OVERVIEW & PROPOSED RECOMMENDATIONS FOR CHILDREN'S COMMISSION ON BEHAVIORAL HEALTH

Georgia Department of Behavioral Health and Developmental Disabilities
Georgia Department of Community Health
Georgia Department of Human Services, Division of Child and Family Services
July 2017





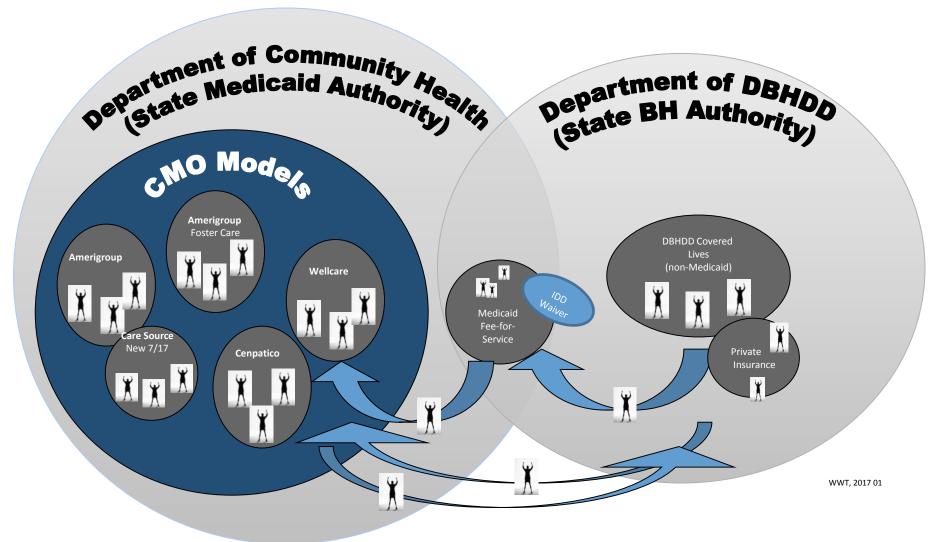
Introduction

- GA has made significant investments in child & adolescent behavioral health over the past few decades:
 - 2015; four study committees of the GA General Assembly focused on C&A issues
 - SAMHSA awarded initiatives (e.g. Project Launch, Project AWARE, and several System of Care Grants)
 - Flexible use of Block Grant Funding
 - Development of the Interagency Directors' Team (IDT)
 - Development of the GA Center of Excellence for Children's Behavioral Health
 - Infusion of non-traditional supports and services into the system

Opportunities for the SOC

- Improve coordination across child serving systems
- Maximize existing resources
- Invest in system of care infrastructure
- Enhance crisis coordination and continuum of care
- Invest in development of the workforce

DCH/DBHDD Partnership



BH Supports /Services By Age DBHDD Provider Network

Behavioral Health Services and Supports for Children and Young Adults By Age



The Department of Public Health (DPH) promotes screening, early intervention services and mental health promotion for young children 0-3 years. The Project LAUNCH pilot in Muscogee County coordinates services and supports up to age 8 years.

DBHDD OCYF underwrites behavioral health services and supports for ages 4-26 years.

DBHDD Community Behavioral Health Provider Network Structure

Serving Georgia's uninsured and SSI Medicaid

Comprehensive community providers (CCPs) function as the safety net, serve the most vulnerable and respond to critical access needs.



Community medicaid providers (CMPs) provide behavioral health services and supports identified in the Medicaid State Plan for children and young adults covered by Medicaid.



Specialty providers offer an array of specialty services including Intensive Family Intervention (IFI), emerging adult support services, school-based mental health services, supported employment and youth clubhouses.

Payer Overview

Insurance Status	Authority	Accessing Care	Pays Provider
Uninsured / SSI Medicaid	DBHDD	Contact DBHDD Provider Network or GCAL	DBHDD / Medicaid
Georgia Families	DCH	Contact Amerigroup, Peach State, WellCare, CareSource	DCH / Medicaid
Georgia Families 360 (Foster Care)	DCH	Contact Amerigroup	DCH / Medicaid
PeachCare for Kids	DCH	Contact PeachCare for Kids	DCH / Children's Health Insurance Program
Private Insurance Companies	Employer-Sponsored Insurance or Individual	Contact Private Insurance Company	Private Insurance Companies

Access to Crisis Care



DBHDD offers a statewide, toll-free call center for consumers to access services. The call center operates 24/7 and has the capacity to screen and assess callers for intensity of service response. Individuals determined to be in immediate danger are "warm transferred" to the local 911 service in the consumer's geographic area. Consumers in need of crisis management receive 24/7 mobile response to assess the situation, de-escalate the crisis, consult and refer with post-crisis follow-up to assure linkage with recommended services. For consumers with less intense needs, call center staff are able to offer a choice of DBHDD community behavioral health network providers and schedule appointments.

Crisis in Community

Uninsured / SSI Medicaid Consumer > Contact GCAL

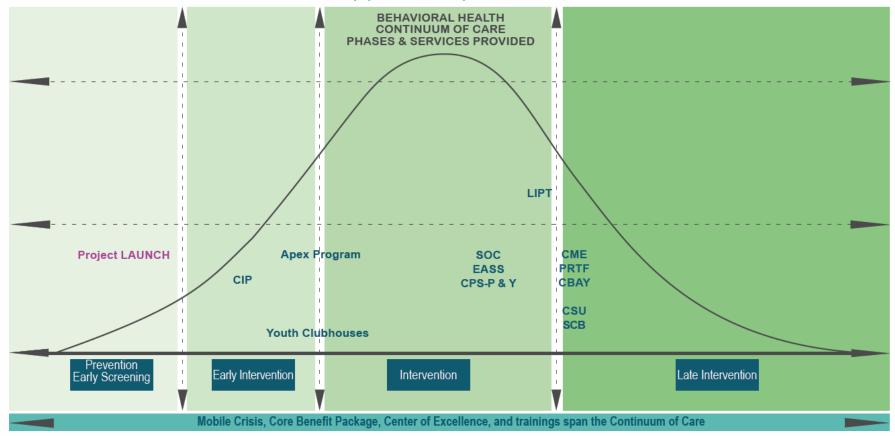
Insured Consumer >
Contact Insurer or CMO Medicaid
*Phone number on the back of insurance card





Public System Service Array

Services Supported by DBHDD & DCH









Public System Service Array (Glossary)

- * Care Management Entity (CME) High fidelity Wraparound approach providing intensive care coordination.
- * Center of Excellence for Children's Behavioral Health (COE) Part of the Georgia Health Policy Center housed within the Georgia State University Andrew Young School of Policy.
- * Certified Peer Support–Parent & Youth (CPS-P & -Y) System of Care informed recovery-oriented peer certification; continued education training; and workforce development, for parents and youth with lived experience.
- * Community Based Alternatives for Youth (CBAY) Community-based alternatives for ages 5-21 years to help avert Psychiatric Residential Treatment Facility (PRTF) admission.

 Provided by DBHDD and Department of Community Health (DCH).
- * Community Innovation Pilots (CIP) Supports existing or new behavioral healthcare services, programs or projects, that assist OCYF with accomplishing its mission and add value to Georgia's public mental health system.
- * Core Benefit Package Evaluation/assessment, diagnosis, counseling and medication, therapy (individual, group, and family), community support services, crisis assessments and physician services.
- * Crisis Stabilization Unit (CSU) Short-term acute stabilization. Provided by DBHDD and DCH.
- * Emerging Adult Support Services (EASS) Includes several initiatives focused on improving the lives of emerging adults ages 16-26 years, including supported employment, and first episode psychosis early treatment programming.

- * Georgia Apex Program School-based mental health program.
- * Local Interagency Planning Team (LIPT) Multiagency teams that support youth and families through collaborative planning and coordination of services and supports.
- * Mobile Crisis Community-based, face-to-face crisis response 24 hours a day, seven days a week to individuals in an active state of crisis.
- * Project LAUNCH Federal grant to the Department of Public Health (DPH) to increase the quality and availability of evidence-based programs for children and families; improve collaboration among child-serving organizations; and integrate physical and behavioral health services and supports for ages 0-8 years in Muscogee County. DBHDD serves as the behavioral health collaborating partner.
- * Psychiatric Residential Treatment Facility (PRTF) In-patient treatment for patients ages 5-21 years. Provided by DBHDD and DCH.
- * State Contracted Beds OCYF contracts for private, in-patient hospital beds when CSU beds are unavailable.
- * System of Care Funds Seek to ingrain and further the System of Care philosophy, framework and processes in child-serving agencies across Georgia.
- * Youth Clubhouses Nontraditional services and supports for mental health, prevention and substance use for ages 6-21 years.

Recommendations

- The IDT includes participants from:
 - DBHDD (Department of Behavioral Health & Developmental Disabilities)
 - DCH (Department of Community Health)
 - DJJ (Department of Juvenile Justice)
 - DFCS (Department of Family & Children Services)
 - DPH (Department of Public Health)
 - DECAL (Department of Early Care & Learning)
 - DOE (Department of Education)
 - CMOs (Care Management Organizations)
 - Advocacy Organizations

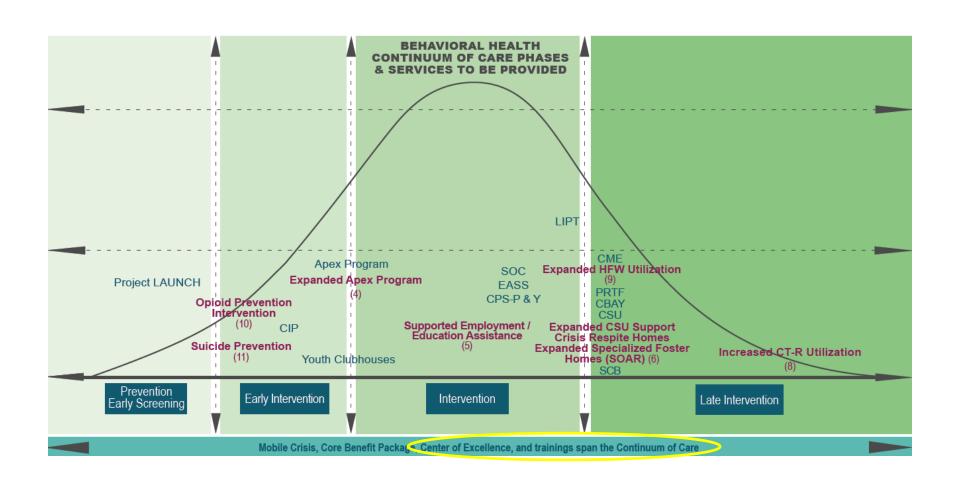
Recommendations

- For over a year the IDT has worked to draft a current System of Care State Plan for GA; receiving technical assistance from the National Technical Assistance Network for Children's Behavioral Health (TA Network)
- A sub-set of the IDT that included representation from DBHDD, DCH, DFCS worked together to identify priorities for children's behavioral health based on the aforementioned SOC plan

Recommendations

- 4 priority areas identified
 - Area I. Infrastructure
 - Area II. Services and Programs
 - Area III. Workforce Development/Training
 - Area IV. Prevention Efforts
- 11 individual action items across the 4 priority areas

- 1. Provide for <u>interagency</u> funding of the Center of Excellence for Children's Behavioral Health (COE).
- 2. Create a Georgia System of Care (SOC) Director position to provide oversight to ensure adequate planning, developing, implementing, and coordinating of behavioral health services for children and their families.
- Strengthen local System of Care infrastructure and feedback loops between local, regional, and state agencies.



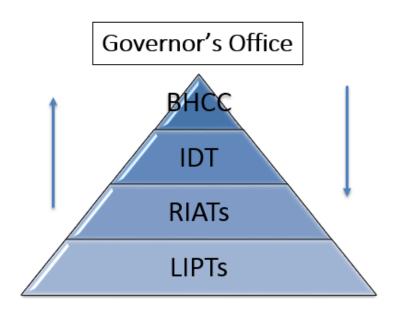
1. Provide for interagency funding of the Center of Excellence for Children's Behavioral Health (COE)

 Fund COE's backbone support, research and evaluation, workforce development, and technical assistance for Georgia's child-serving agencies and systems.

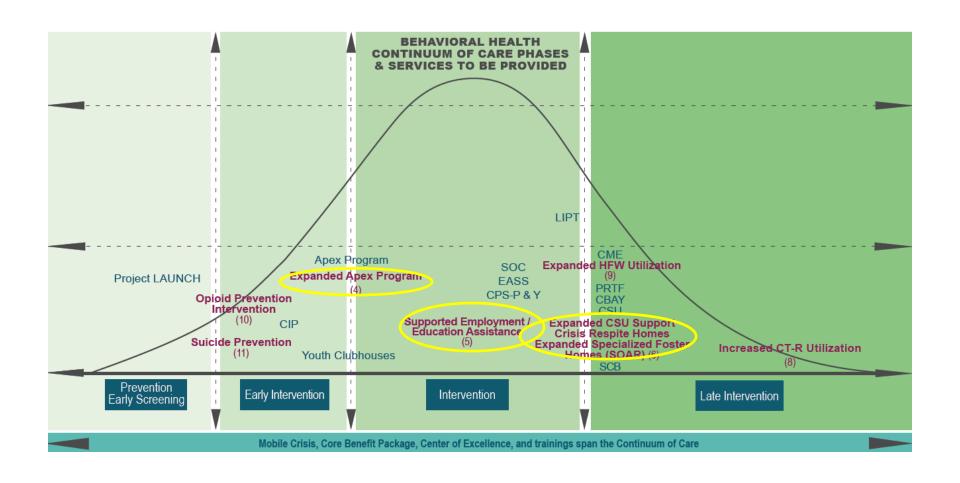


- 2. Create a Georgia System of Care (SOC)
 Director position to ensure adequate planning,
 developing, implementing, and coordinating of
 behavioral health services for children and their
 families.
 - Position to be a part of the Center of Excellence (COE)at Georgia State University
 - Move work of IDT / SOC State Plan forward

- 3. Strengthen local System of Care (SOC) infrastructure and feedback loops between local, regional, and state agencies.
 - Provide SOC trainings for Regional Interagency Action Teams (RIATs) / Local Interagency Planning Teams (LIPTs).
 - Create RIAT liaison stipends for travel, meetings, and trainings.
 - Evaluate SOC infrastructure.



- 4. Sustain and expand the Georgia Apex Program to increase access to behavioral health (BH) services and supports.
- 5. Provide Supported Employment/Supported Education Assistance for five hundred youth and young adults, ages 16 26.
- 6. Address gaps in the crisis continuum by adding additional levels of care that will address capacity and acuity concerns: Crisis Respite, SOAR services in Specialized Foster homes, and bolstered support and technical assistance for current Crisis Stabilization Units to provide care for children and youth dually diagnosed (Behavioral Health/Intellectual and Developmental Disabilities).
- 7. Strategically increase the use of telemedicine services within childserving agencies by supporting infrastructure.



- 4. Sustain and expand the Georgia Apex Program to increase access to behavioral health (BH) services and supports.
 - Promote sustainability of current 29 community provider agencies providing school-based mental health services.
 - Allow for expansion of Apex program to include additional providers in Georgia's most populated areas.

• Tier III: Intensive Intervention
(3-5%)

Counselors,
Social Workers,
MH Providers

• Tier II: Early
Intervention
(7-10%)

• Tier I:
Universal
Prevention
(85-90%)

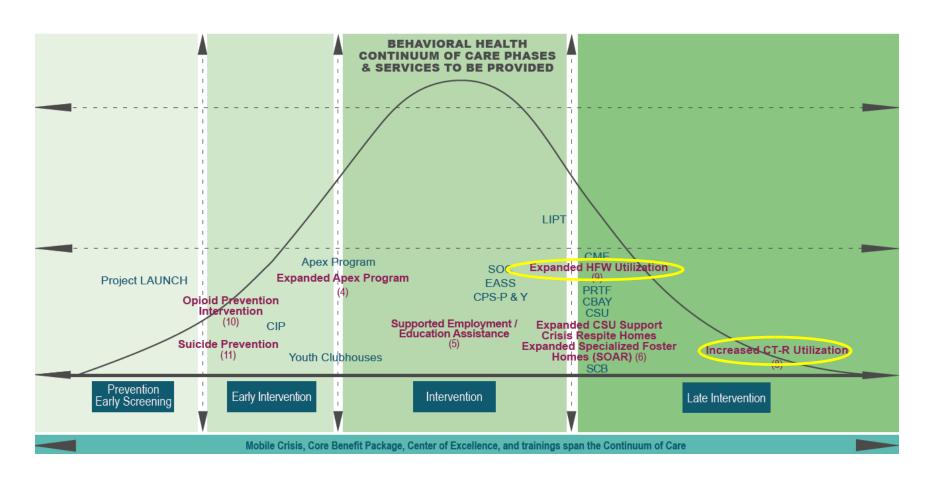
Figure 1: The Apex Triangle

- 5. Provide Supported Employment/Supported Education Assistance for five hundred youth and young adults, ages 16 26.
 - Supported Employment is an evidence-based practice that facilitates individuals with severe mental illness to enter the integrated workforce successfully.
 - Supported Education is a promising practice that supports individuals in navigating the transition from high school to higher education.
 - These services provide important components related to recovery for individuals with severe mental illness.

- 6. Address gaps in the crisis continuum by adding additional levels of care that will address capacity and acuity concerns: Crisis Respite, SOAR services in Specialized Foster homes, and bolstered support and technical assistance for current Crisis Stabilization Units (CSUs) to provide care for children and youth dually diagnosed (Behavioral Health/Intellectual and Developmental Disabilities).
 - CSU Support
 - Provide technical assistance, training and consultation for staff at CSUs serving children and youth with dual diagnoses; increase staff capacity at the 4 CSUs; enhanced reimbursement rate for serving dually diagnosed youth.
 - Crisis Respite Homes
 - Development of 4 new sites to address the growing behavioral crisis needs of children and youth in a non-medical setting.
 - Specialized Foster Care Homes
 - Build and sustain the infrastructure needed for providing services at Specialized Foster Care Homes, a step-down level of care between psychiatric residential treatment facilities and traditional foster homes to support a smooth transition back into the community.

- 7. Strategically increase the use of telemedicine services within child-serving agencies by supporting infrastructure.
 - Provide telemedicine infrastructure and equipment for DBHDD community provider agencies to increase provider capacity and reach, particularly within rural areas.

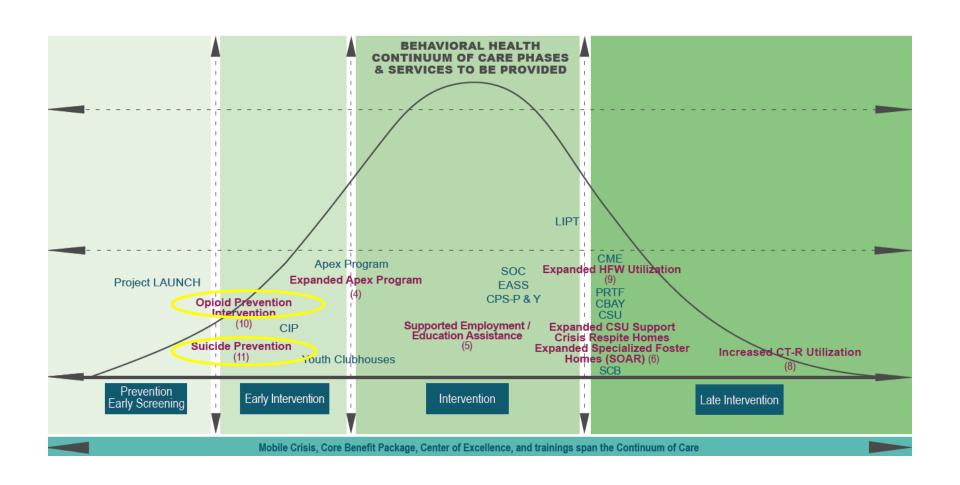
- 8. Increase provider capacity to appropriately respond to children, youth and emerging adults in crisis through recovery-oriented cognitive therapy (CT-R).
- 9. Increase utilization of High Fidelity Wraparound (HFW) services and improve fidelity to the model.



- 8. Increase provider capacity to appropriately respond to children, youth and emerging adults in crisis through recovery-oriented cognitive therapy (CT-R).
 - Expand current efforts in Georgia to provide CT-R through training, consultation and certification with additional providers (up to 200) serving children and youth in crisis and transition-age youth experiencing first episode psychosis.

- 9. Increase utilization of High Fidelity Wraparound (HFW) services and improve fidelity to the model.
 - Provide training and coaching on HFW for up to 300 additional providers, along with fidelity monitoring and evaluation of the model in Georgia.

- 10. Address opioid epidemic with early intervention and prevention efforts for Georgia's children, youth, and young adults.
- 11. Training, prevention, and awareness activities for child, youth, and young adult suicide prevention.



- 10. Address opioid epidemic with early intervention and prevention efforts for Georgia's children, youth, and young adults.
 - Efforts will include a variety of public educational activities; development of a Strategic Prevention Framework to address technical schools and high need area colleges; development of an opioid curriculum for youth and families attending prevention clubhouses; and expanded implementation of evidence-based strategies to reduce prescription drug abuse, with an opioid focus.

- 11. Training, prevention, and awareness activities for child, youth, and young adult suicide prevention.
 - Efforts will include a statewide public educational activities raising awareness of increasing suicide rates; development of a Strategic Prevention Framework for suicide prevention; and expanded services provided by the Georgia Crisis & Access Line to increase access to crisis services and prevent suicide attempts.

Prioritization of Recommendations

Rank	Request	Focus Area
1	2. Provide for interagency funding of the Center of Excellence for Children's Behavioral Health.	I. Infrastructure
2	3. Create a Georgia System of Care Director position to provide oversight to ensure adequate planning, developing, implementing, and coordinating of behavioral health services for children and their families.	I. Infrastructure
3	6. Address gaps in the crisis continuum by adding additional levels of care that will address capacity and acuity concerns: Crisis Respite, SOAR services in Specialized Foster homes, and bolstered support and technical assistance for current Crisis Stabilization Units to provide care for children and youth dually diagnosed (Behavioral Health/Intellectual and Developmental Disabilities).	II. Services & Programs
4	4. Sustain and expand the Georgia Apex Program to increase access to behavioral health (BH) services and supports.	II. Services & Programs
5	11. Training, prevention, and awareness activities for child, youth, and young adult suicide prevention.	IV. Prevention
6	1. Strengthen local System of Care (SOC) infrastructure and feedback loops between local, regional, and state agencies.	I. Infrastructure
7	8. Increase provider capacity to appropriately respond to children, youth and emerging adults in crisis through CT-R.	III. Workforce Development/Training
8	10. Address opioid epidemic with early intervention and prevention efforts for Georgia's children, youth, and young adults.	IV. Prevention
9	7. Strategically increase the use of telemedicine services within child-serving agencies by supporting infrastructure.	II. Services & Programs
10	9. Increase utilization of High Fidelity Wraparound (HFW) services and improve fidelity to the model.	III. Workforce Development/Training
11	5. Provide Supported Employment/Supported Education Assistance for five hundred youth and young adults, ages 16 – 26.	II. Services & Programs







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