

House Study Committee on Infant and Toddler Social and Emotional Health

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Behavioral Health Division

October 16, 2019



D·B·H·D·D

Georgia Department of Behavioral Health
& Developmental Disabilities

Overview

DBHDD

Program
Review

System of Care

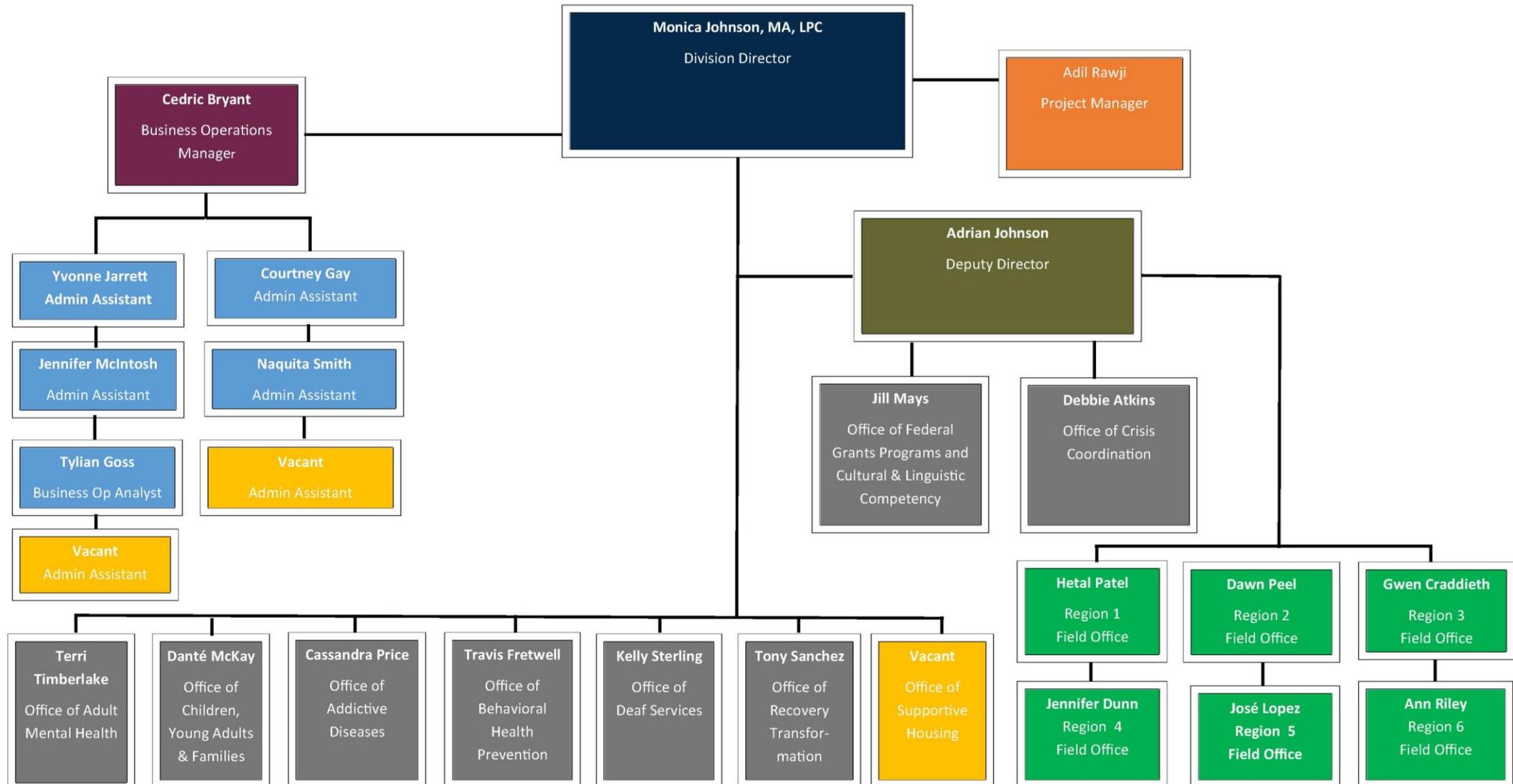
Department of Behavioral Health & Developmental Disabilities

Office of the Commissioner

Divisions

1. Accountability & Compliance
2. Behavioral Health
3. Developmental Disabilities
4. Hospital Services
5. Performance Management & Quality Improvement

DBHDD – Behavioral Health Division

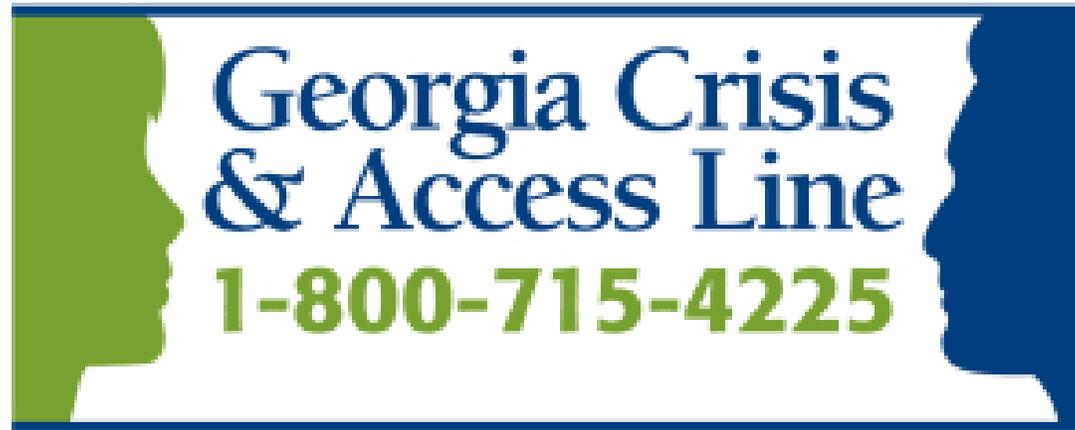




Services

Georgia Crisis & Access Line

A CRISIS HAS NO SCHEDULE



Total Dispatches 7/1/18 – 6/30/19	13,932
Total – Age 5	28
Total – Age 4	1

Georgia Apex Program

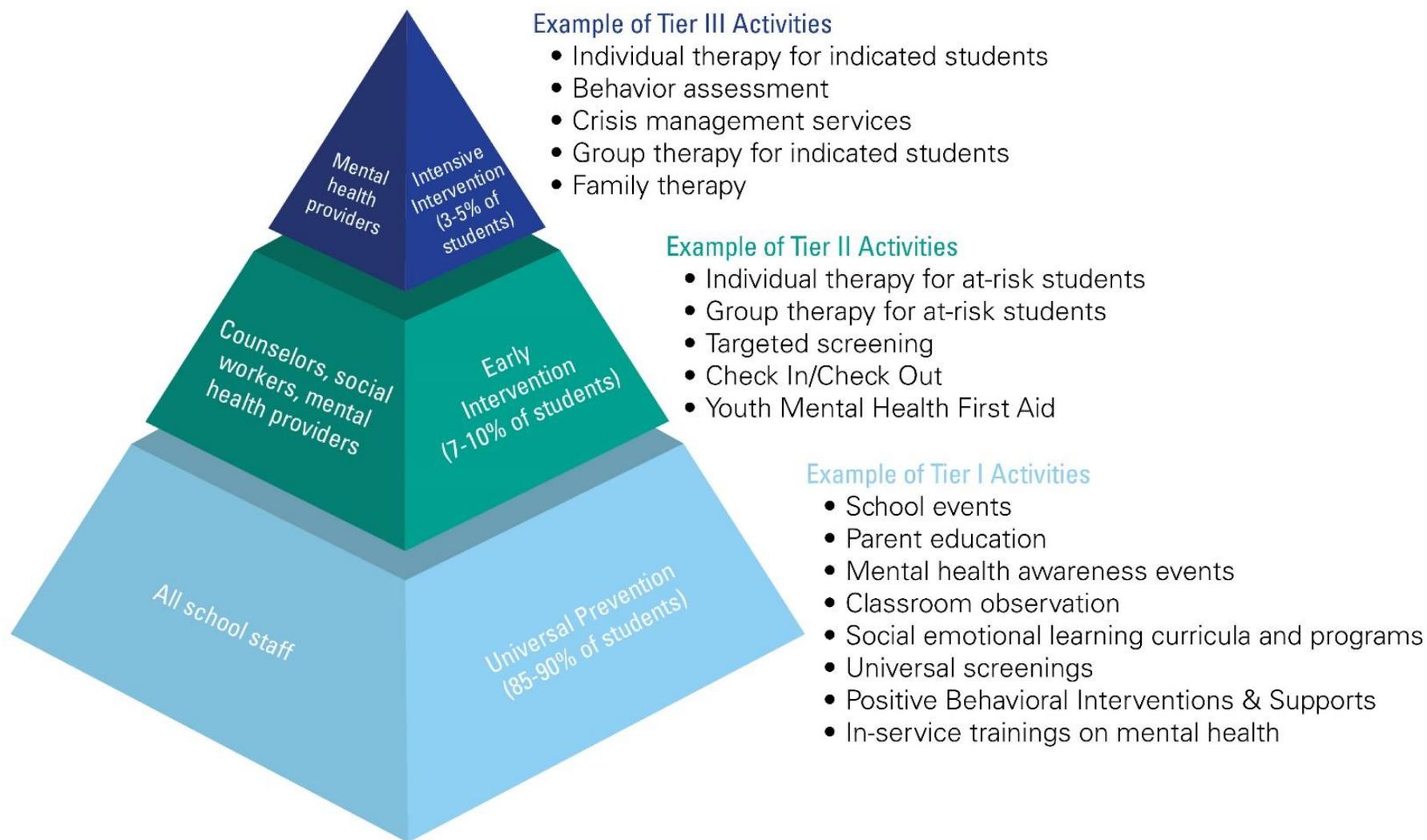
School-based mental health



Program Inception - Three Goals



Program Inception - Apex Model



Measures – Monthly Monitoring

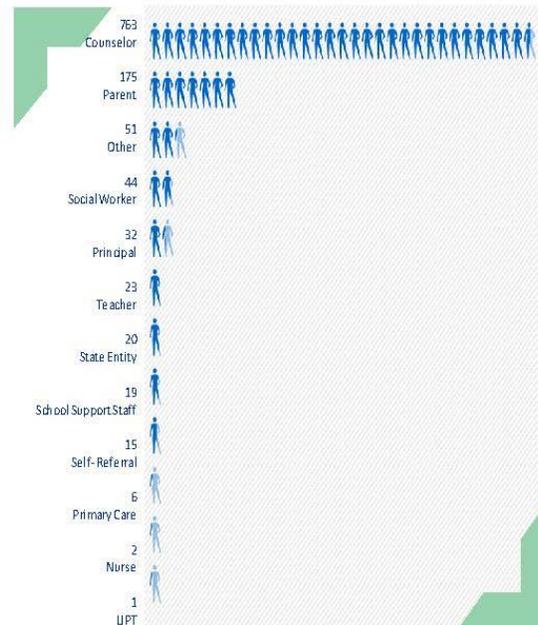


Georgia Apex Program Monthly Progress Summary Base Schools

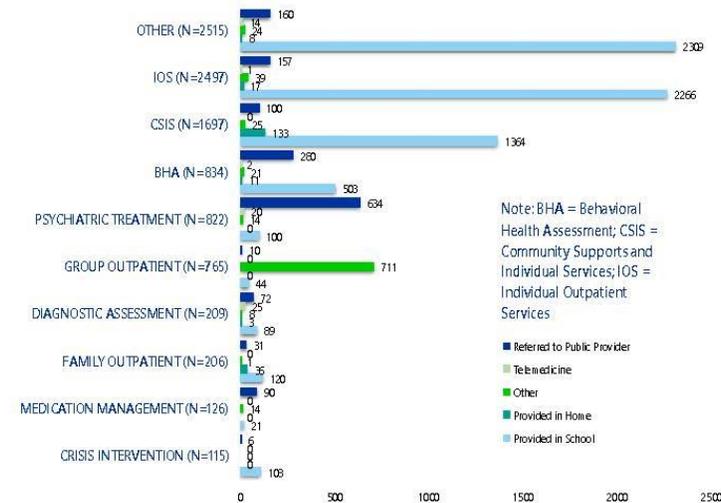
August
2019

369
Schools

Referrals by Source



Services for Students



Note: BHA = Behavioral Health Assessment; CSIS = Community Supports and Individual Services; IOS = Individual Outpatient Services

Note: 195 referrals in total were made to private providers for family therapy, diagnostic assessment, behavioral health assessment, individual therapy, medication management, psychiatric treatment, CSIS, and crisis intervention services.

One full person equals 25 referrals.

66% of total referrals came from school counselors

Counselors, parents, and social workers accounted for 85% of total referrals

7,989

Services Provided

3,640

Children Served

71% of services were provided in schools

2% of services were provided in homes

1% of services were provided through telemedicine

9% of services were provided in other settings

16% of services were referred to public providers

2% were made to private providers.

Measures – Monthly Monitoring



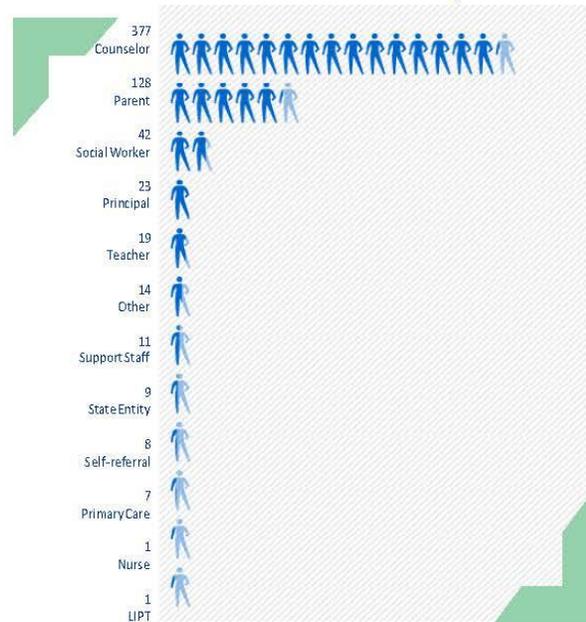
CENTER OF EXCELLENCE FOR CHILDREN'S BEHAVIORAL HEALTH
integrating research, policy, and practice

Georgia Apex Program
Monthly Progress Summary
Base Schools

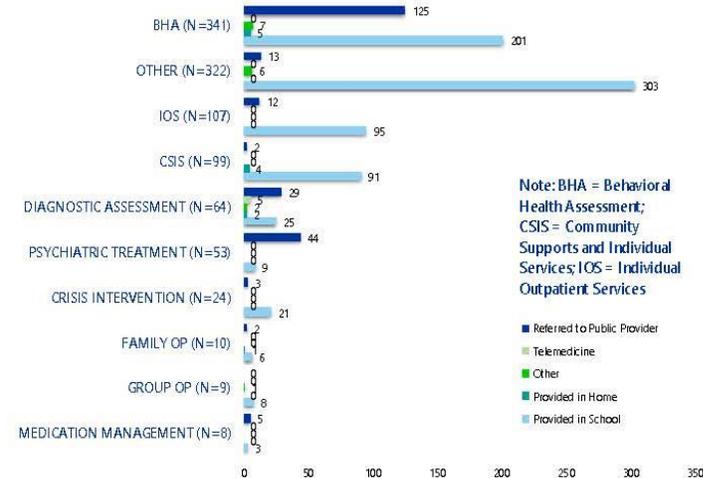
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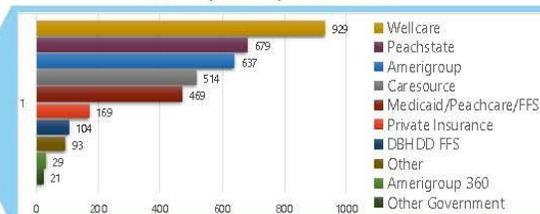
First-Time Referrals by Source



Services for First-Time Students



Note: 7 referrals in total were made to private providers for family therapy, diagnostic assessment, CSIS, and behavioral health assessment.



Medicaid and CMOs accounted for 90% of billable students

73% of first-time services were provided in schools

1% of first-time services were provided in homes

.5% of first-time services were provided through telemedicine

2% of first-time services were provided in other settings

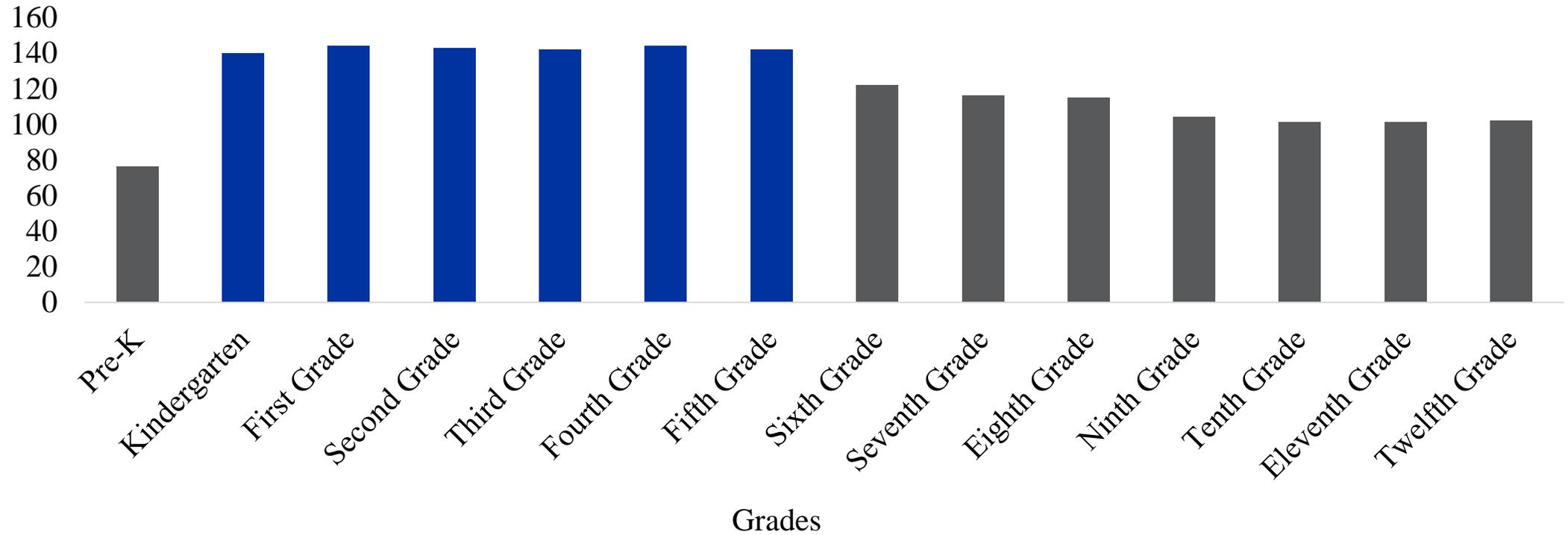
23% of first-time services were referred to public providers and .7% were referred to private providers

Georgia Apex Program Growth

	Year 1 (15-16)	Year 2 (16-17)	Year 3 (17-18)	Year 4 (18-19)
Schools	136	210	309	436
First-time students served	2,419	2,822	3,464	5,419
Students served	9,695	23,240	36,404	51,793
Services	22,640	40,044	60,318	89,642

Note: 319,003 students had access to universal prevention services during the 2018-19 academic year

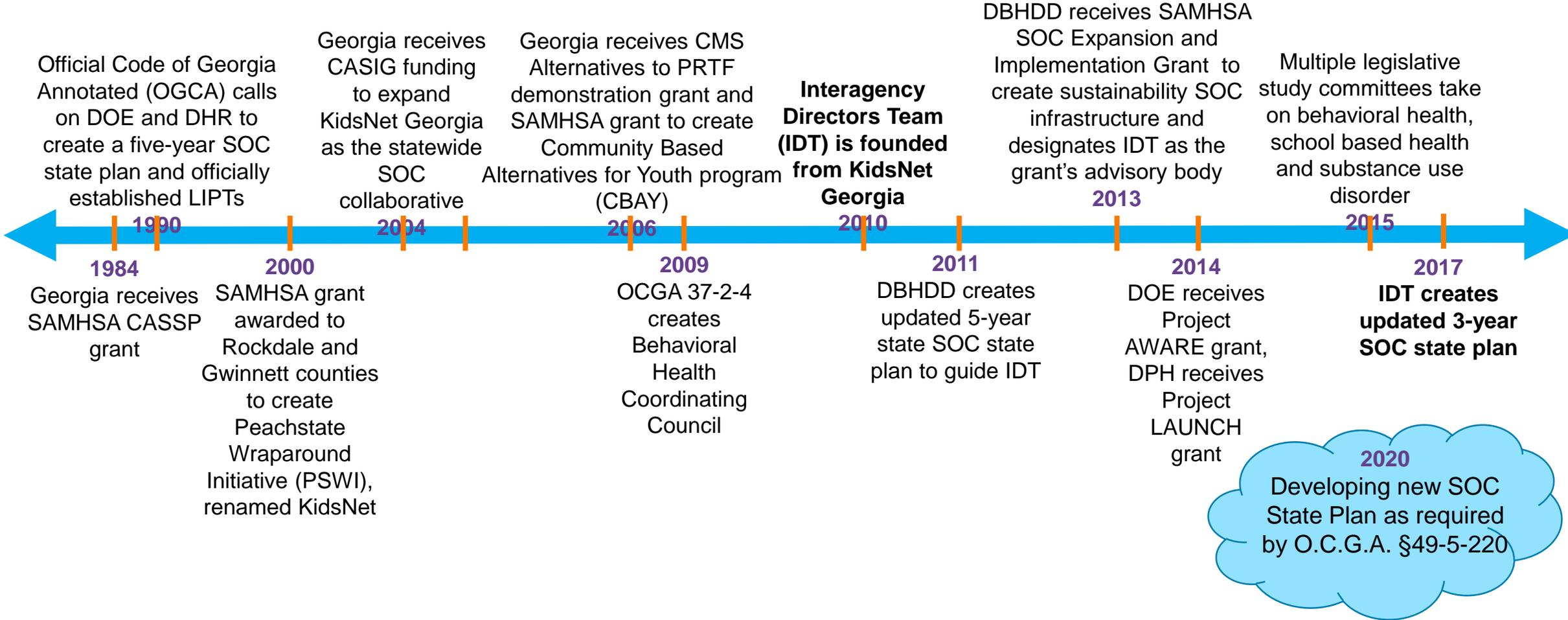
Apex – Services by Grade



A close-up photograph of a person wearing a white lab coat, writing on a document with a pen. The person's hands are the central focus, with the right hand holding the pen and the left hand resting on the paper. The background is blurred, showing the person's torso and arms. The overall tone is professional and focused.

System of Care of State Plan

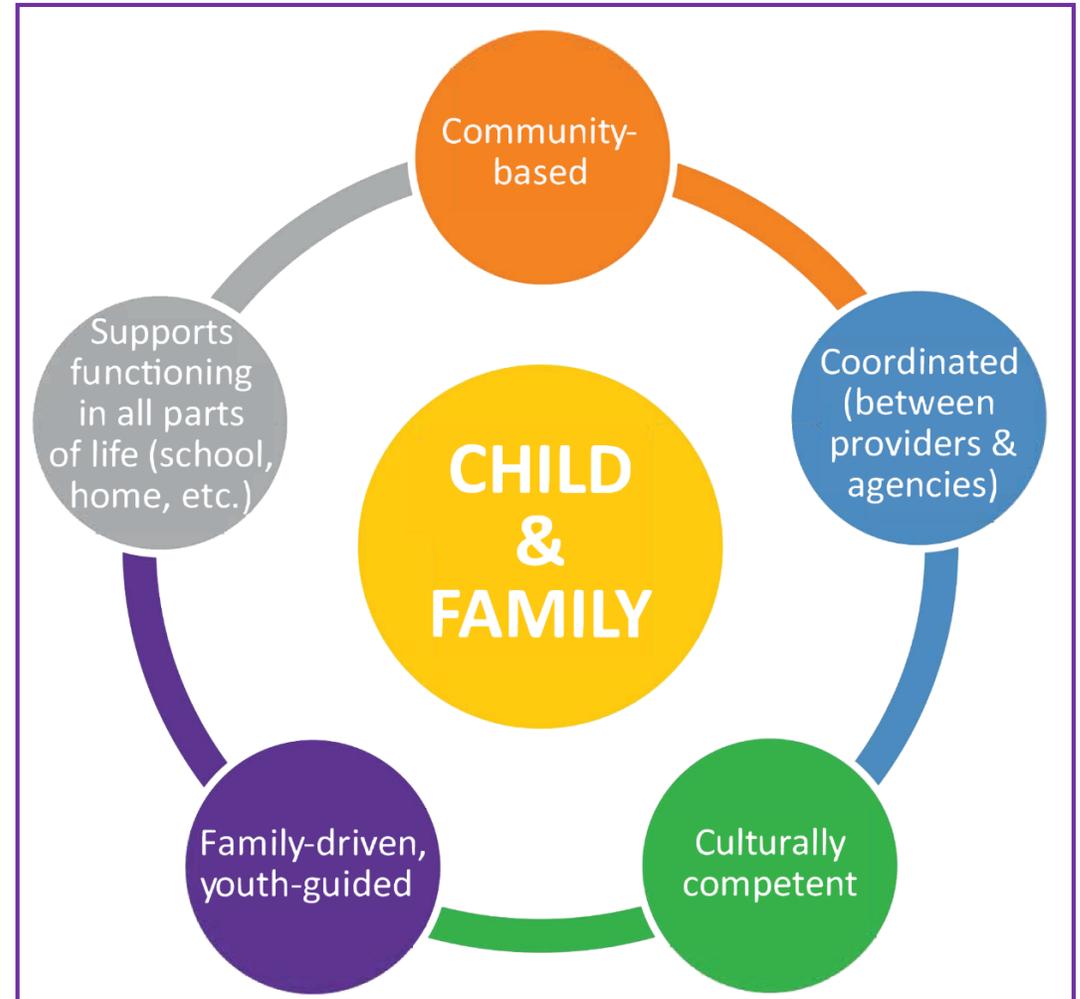
History of System of Care in Georgia



System of Care Values, Principles, and Infrastructure

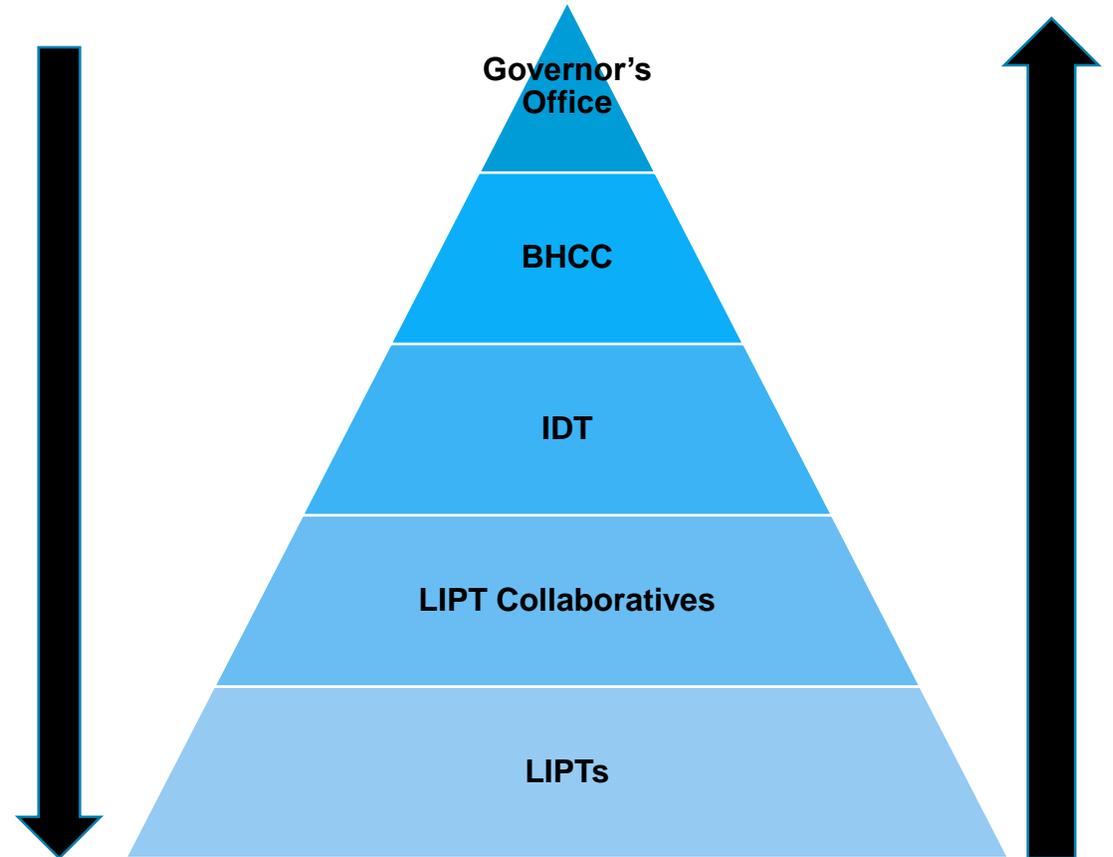
SAMHSA:

- Spectrum of effective, community-based services and supports;
- Organized into a coordinated network that;
- Builds meaningful partnerships with families and youth; and
- Addresses cultural and linguistic needs, in order to improve functioning at home, in school, in the community.



Formal System of Care Infrastructure in Georgia

- Behavioral Health Coordinating Council (BHCC) (§ 37-2-4)
- Interagency Directors Team (IDT)
- Local Interagency Planning Teams (LIPTs) (§ 49-5-225)



Behavioral Health Coordinating Council

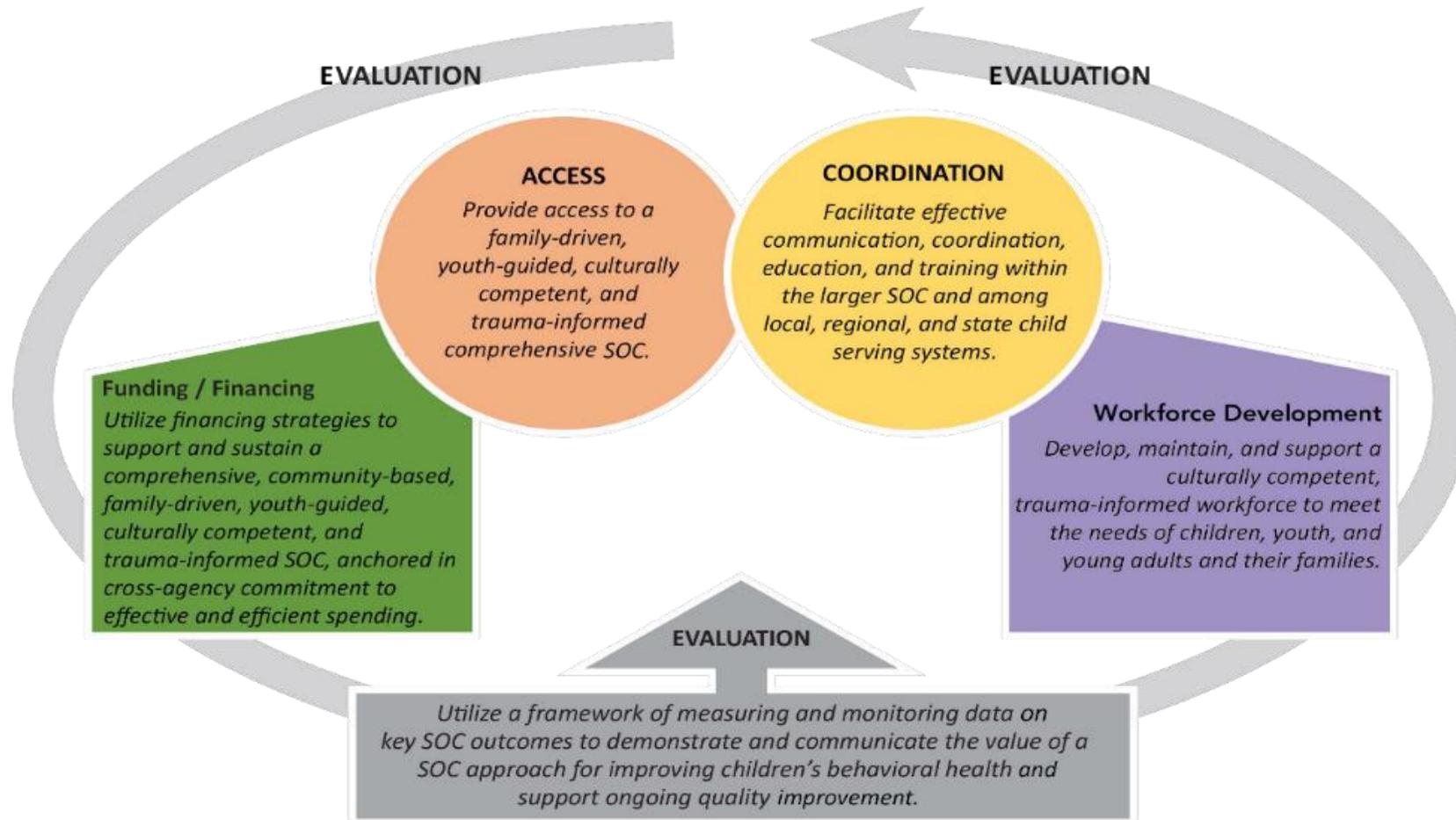
- Commissioner Judy Fitzgerald, Chair
Dept. of Behavioral Health & Developmental Disabilities
- Commissioner Frank Berry, Vice Chair
Dept. of Community Health
- Stanley Jones, Esq., Secretary
Family Member of a Consumer
- State School Superintendent Richard Woods
Dept. of Education
- Commissioner Christopher Nunn
Dept. of Community Affairs
- Commissioner Mark Butler
Dept. of Labor
- Representative Katie Dempsey
District 13
- Commissioner Kathleen Toomey, MD, MPH
Dept. of Public Health
- Commissioner Robyn Crittenden
Dept. of Human Services
- Chairman Terry Barnard
State Board of Pardons and Paroles
- Commissioner Tyrone Oliver
Dept. of Juvenile Justice
- Commissioner Timothy Ward
Dept. of Corrections
- Commissioner Michael Nail
Dept. of Community Supervision
- Senator Renee Unterman
District 45
- Jacquice Stone
Disability Services Ombudsman
- Diane Reeder
Parent Representative
- Julie Spores
Adult Consumer

Interagency Directors Team

- Department of Behavioral Health & Developmental Disabilities
- Department of Education
- Care Management Entities
- Center for Leadership in Disability, GSU
- Children's Healthcare of Atlanta
- Department of Community Health
- Department of Early Care and Learning
- Department of Juvenile Justice
- Department of Public Health
- Division of Family and Children Services (DHS)
- Georgia Alliance of Therapeutic Services for Families and Children
- Georgia Appleseed
- Georgia Association of Community Service Boards
- Georgia Chapter American Academy of Pediatrics
- Georgia Early Education Alliance for Ready Students
- Georgia Parent Support Network
- Georgia Vocational Rehabilitation Agency
- Mental Health America, Georgia
- National Alliance on Mental Illness
- Resilient Georgia
- The Carter Center
- Together Georgia
- Voices for Georgia's Children
- The United Way of Greater Atlanta
- Federal Consultant – Center for Disease Control
- Center of Excellence for Children's Behavioral Health, GSU

Georgia System of Care State Plan Framework

SOC Plan Development: Areas of Influence / Goals



SOC State Plan Strategies & Action Items

Short Term Strategies	Long Term Strategies
Access	
1.1 Service mapping for behavioral health service utilization.	1.5 Utilize data to inform a strategic approach to access.
1.2 Increase behavioral health services in schools.	1.6 Recruit practitioners in shortage areas.
1.3 Improve families' abilities to navigate the current service system.	1.7 Support continuity of care by addressing continuity of eligibility for Medicaid (address children and youth going on and off the Medicaid rolls).
1.4 Increase utilization of Intensive Customized Care Coordination services.	1.8 Strategically increase the use of telemedicine/telehealth services within child serving systems.
Coordination	
2.1 Build and maintain feedback loops between local, regional, and state agencies and systems.	2.3 Create and utilize a common language for discussing SOC principles and making the business case to internal and external stakeholders.
2.2 Increase training on SOC principles for all stakeholder groups.	2.4 Address gaps that lead to extended stays in PRTFs; develop and support a community continuum of care to support youth with SEDs.
Workforce Development	
3.1 Targeted expansion of education/financial incentives to address behavioral health workforce shortages.	3.3 Explore issues of scope of practice related to workforce shortages.
3.2 Develop a clearinghouse of evidence-based/evidence-informed educational materials related to children's behavioral health.	3.4 Develop a state mental health workforce plan across IDT agencies with a managed and budgeted scale-up plan.
Funding & Financing	
4.1 Inter-agency funding of the IDT as the governing body for SOC in Georgia.	4.4 Review financial mapping reports and implement recommendations from these (look for opportunities to braid or blend funding).
4.2 Inter-agency funding of the COE to support training, education, and evaluation related to SOC.	4.5 IDT agencies will collaboratively plan, apply for, and release funding opportunities and procurements when behavioral health is a key component.
4.3 Create and utilize SOC guiding principles for contract development.	
Evaluation	
5.1 The IDT will review SOC Evaluation tools to identify key metrics applicable to Georgia.	5.3 The IDT will institute and maintain a continuous quality improvement process utilizing identified metrics that will be reviewed annually, and will regularly be reported to the BHCC.
5.2 Provide tools to LIPTS, RIATS, and other child-serving systems to self-evaluate their Systems of Care work.	



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