"Hoteling" Children in Georgia

"Hoteling" is the practice of housing a child whose behavior or mental health conditions prevent them from being successfully placed in a traditional placement (e.g., foster family or group home). These are most often children with multiple mental and/or behavioral health conditions who require 24-hour supervision to prevent them from causing harm to themselves and others.

The Practice of "Hoteling" Children

Although significantly reduced from numbers cited at the beginning of 2023, children in foster care with complex needs continue to be housed in hotels or Division of Family and Children Services (DFCS) offices on a regular basis.¹

Who are the children being "hoteled"?

Hoteled children often have complex needs, including one or more behavioral health diagnosis(es) and/or a history of maltreatment. For example, of the 60+ youth in hotels as of January 2023:²

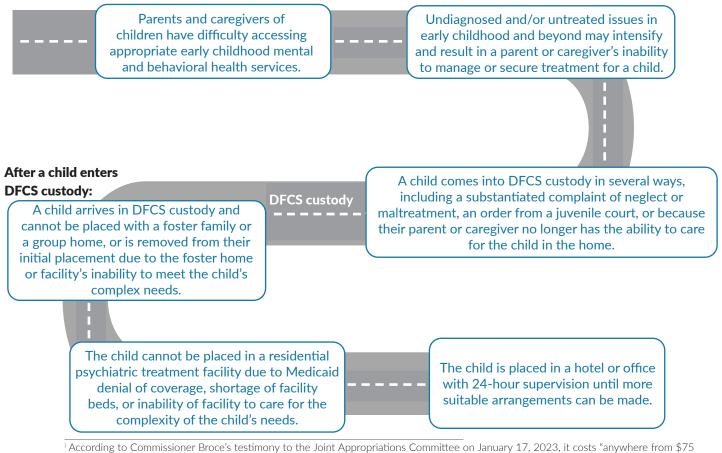
- 67% were abused or neglected
- 16% had confirmed autism or a suspected autism diagnosis
- 11% had an IQ below 70

How much does it cost to "hotel" children in Georgia?

DFCS spends an average of \$1,200 per day to hotel a child in its custody.³ This includes the cost of the room, meals, and behavior aides, whose standard rate is \$1,000 per day, per child.^{i, 4} Some children require more than one behavioral health aide.

The Path to "Hoteling"

When a child is in the home:



¹ According to Commissioner Broce's testimony to the Joint Appropriations Committee on January 17, 2023, it costs "anywhere from \$7 to \$210, the Maximum Watchful Oversight range for placing a child with a foster family or group home."

Policy Recommendations[®]

Prevention/Early Screening (Infants and Young Children):

- Assess gaps in the coordination of services through Babies Can't Wait (Department of Public Health) and the Preschool Special Education Program (Georgia Department of Education), then structure and fund programs adequately.
- Facilitate Medicaid and private insurance billing for mental health services for chidlren under 4, including the use of Diagnostic Classification: 0-5 (an age-appropriate tool for assessing young children for mental health and developmental disorders).
- Promote educational opportunities for new and existing workforce members to better serve infants and young children aged 0-4 with developmental/behavioral needs and their caregivers.
- Expand evidence-based or promising home visiting programs to more counties and include certified home visitors as qualified providers for Medicaid reimbursement.

Families First Prevention Services Act (FFPSA):

- Expand Georgia's FFPSA services to include programs that support kinship caregivers, in-home parent skill-based programs, and evidence-based mental health programs that specifically address families with children who have complex behavioral needs.
- Create an exemption to allow Qualified Residential Treatment Programs to receive Medicaid payments.

Early Intervention/Intervention:

- Develop inpatient and outpatient healthcare providers' capacity to serve children with co-occurring behavioral health/developmental disability needs.
- The Department of Community Health should ensure that there are adequate provider networks (including behavioral health providers, especially providers who can diagnose and treat autism).
- Fund and use home-based nursing support and training programs for biological families who have children with disabilities in order to preserve families and incentivize placements.
- Ensure that school-based health centers are comprehensive and facilitate access to behavioral health services.
- Explore opportunities to integrate Certified Peer Specialists-Youth and Certified Peer Specialists-Parent into school-based mental health programs.

Late Intervention (Crisis and/or DFCS custody):

- Monitor Medicaid Care Management Organizations (CMOs) prior authorization for Psychiatric Residential Treatment Facilities (PRTFs) and other intensive inpatient and community behavioral health services (e.g., Intensive Customized Care Coordination Model (IC-3), Intensive Family Intervention (IFI)). Where aggregate data indicate the need for closer examination, use a neutral panel of experts to assist with deep dives into individual cases.
- Incentivize (via increased reimbursement rates or other means) PRTFs to provide high-quality services and supports for individuals with dual diagnoses (e.g., mental health disorder, plus an intellectual/developmental disability like autism).
- Identify and bundle a number of different Medicaid services (e.g., IFI or IC-3, plus various therapies, family training, high-touch case management, etc.) to ease the process of obtaining much-needed benefits.
- Invest in building a strong network of well-paid, well-trained therapeutic foster parents who are willing and able to care for children with complex behavioral health needs who do come into state custody.
- Increased per diem rate.
- Technical support and training.
- Greater communication and support from caseworkers.
- Increase access to medical history for caseworkers and foster parents.
- Placement of behaviorally complex children in families that do not have other children.
- Require stricter state licensing and quality monitoring of facilities providing inpatient and/or residential children's behavioral health services.



Policy Recommendations, continued

• Allocate funding to strengthen crisis support and intervention services for adults working with children, including continued implementation of, and funding for, 988 and mobile crisis services for children and adolescents.

Supports Across the Continuum:

- Incentivize (via increased reimbursement rates or other means) and train healthcare providers and agencies to provide high-quality services and supports for individuals with dual diagnoses (e.g., mental health disorder, plus intellectual/developmental disability like autism).
- Encourage the practice of combining primary health care and mental health care in one setting and ensure payer reimbursement for such integrated care.
- Streamline insurer provider certification, prior authorization, and billing practices and increase reimbursement rates to encourage more providers to accept public and private health insurance and maintain employees, and increase access to services for families.
- Include robust quality measures for behavioral health services in CMO contracts.
- Develop more university programs to certify master- and doctoral-level nurses in psychiatric practice and leverage the existing nurse workforce.
- Develop a Registered Behavior Technician (RBT) program within the Technical College System of Georgia to help meet the state's need for a larger autism and behavioral health workforce.

^{II} For further recommendations, see select 2023 Children's Behavioral Health Recommendations for Georgia



References for "Hoteling" Children in Georgia

Suggested citation: Voices for Georgia's Children. (2023). Fact Sheet: "Hoteling" Children in Georgia. Voices for Georgia's Children. https://adobe.ly/3MZUQ5x.

- 1 11Alive. (August 10, 2023). "Record-low number of Georgia foster children being housed in hotels after DFCS push, state says." Accessed October 3, 2023. <u>https://www.11alive.com/article/news/local/foster-care-hoteling-update-georgia/85-7b9b93c4-43c5-4fd9-b480-a5156d707ead.</u>
- 2 Georgia House of Representatives: Joint Appropriations Committee Hearing, January 17, 2023, (Commissioner Broce Testimony). https://www.youtube.com/watch?v=gi8lnkBPf5l&t=964s.
- 3 The Atlanta Journal-Constitution. (September 26, 2023). "State reduces foster children staying in hotels, offices to zero for a night." Accessed October 3, 2023. <u>https://www.ajc.com/politics/state-reduces-foster-children-staying-in-hotels-offices-to-zero-for-a-night/JLCOPC5C6RBUZD7ZJMRTXC7UXM/.</u>
- 4 Georgia House of Representatives: Joint Committee on Health and Human Services and Children and Families Hearing, January 25, 2023, (DFCS Testimony). https://vimeo.com/showcase/9027934?video=792397784.

