

# "Hoteling" Children in Georgia

"Hoteling" is the practice of putting 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.

## "Hoteling" Children in Georgia

There are approximately **50-70** children in foster care with complex needs who are housed in hotels or Division of Family and Children Services (DFCS) offices every night.<sup>1</sup>

Of the 60+ youth in hotels as of January 2023:<sup>2</sup>

- **16%** had confirmed autism or a suspected autism diagnosis
- **11%** had an IQ below 70
- **2/3** were abused or neglected

## Cost of "Hoteling" Children

DFCS spends an average of **\$1,500 per night** to hotel a child in DFCS custody.<sup>3</sup> This includes the cost of the room, meals, and behavior aides, whose standard rate is \$1,000 per day, per child.<sup>i,4</sup>

**Total Cost in FY 2022: \$28 million<sup>5</sup>**

**In the first 5 months of FY 2023 (July 1, 2022 to November 30, 2022): \$15 million<sup>6</sup>**

## The Path to "Hoteling"

### When a child is in the home:

Parents and caregivers of children have difficulty accessing appropriate early childhood mental and behavioral health services.

Undiagnosed and/or untreated issues in early childhood and beyond may intensify and result in a parent or caregiver's inability to manage or secure treatment for a child.

### After a child enters DFCS custody:

A child arrives in DFCS custody and cannot be placed with a foster family or a group home, or is removed from their initial placement due to their complex needs.

#### DFCS custody

A child comes into DFCS custody in several ways, including a substantiated complaint of neglect or maltreatment, an order from a juvenile court, or because their parent or caregiver no longer has the ability to care for the child in the home.

The child cannot be placed in a residential psychiatric treatment facility due to Medicaid denial of coverage, shortage of facility beds, or inability of facility to care for the complexity of the child's needs.

The child is then placed in a hotel or office with 24-hour supervision until more suitable arrangements can be made.

<sup>i</sup> According to Commissioner Broce's testimony to the Joint Appropriations Committee on January 17, 2023, it costs "anywhere from \$75 to \$210, the Maximum Watchful Oversight range for placing a child with a foster family or group home".

## KEY RECOMMENDATIONS<sup>ii</sup>

### Prevention/Early Screening (Infants and Young Children):

- Assess gaps in the coordination of services through Babies Can't Wait (Department of Public Health (DPH)) and Preschool Special Education Program (Georgia Department of Education (GaDOE)), then structure and fund programs adequately.
- Facilitate Medicaid and private insurance billing for mental health services for children 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 (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 health 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 (SBMH) centers are comprehensive and facilitate access to behavioral health services.
- Explore opportunities to integrate Certified Peer Specialists-Youth and Certified Peer Specialists-Parent into SBMH programs.

### Late Intervention (Crisis and/or DFCS Custody):

- Monitor Medicaid Care Management Organization (CMO) 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 (ICI)). 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 intellectual/developmental disability (e.g., autism)).
- Identify and bundle a number of different Medicaid services (e.g., Intensive Family Intervention or Intensive Customized Care Coordination, 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
  - ◊ Increased 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.
- 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.

<sup>ii</sup> For further recommendations, see [Select 2023 Children's Behavioral Health Recommendations for Georgia](#).

## 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 (i.e. mental health disorder plus intellectual/developmental disability (e.g., 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.

## Sources for “Hoteling” Children in Georgia

- 1 The Atlanta Journal-Constitution. (January 18, 2023). State ‘hellbent’ on ending hotel placements for foster children. Retrieved from [https://www.ajc.com/news/atlanta-news/state-hellbent-on-ending-hotel-placements-for-foster-children/SPDKHWPEWJF7XMYGYRK3GNQBRY/?utm\\_medium=email&utm\\_source=govdelivery](https://www.ajc.com/news/atlanta-news/state-hellbent-on-ending-hotel-placements-for-foster-children/SPDKHWPEWJF7XMYGYRK3GNQBRY/?utm_medium=email&utm_source=govdelivery).
- 2 Georgia House of Representatives: Joint Appropriations Committee Hearing, January 17, 2023 (Commissioner Broce Testimony). Retrieved from <https://www.youtube.com/watch?v=gi8lnkBPf5I&t=964s>.
- 3 The Atlanta Journal-Constitution. (January 18, 2023). State ‘hellbent’ on ending hotel placements for foster children. Retrieved from [https://www.ajc.com/news/atlanta-news/state-hellbent-on-ending-hotel-placements-for-foster-children/SPDKHWPEWJF7XMYGYRK3GNQBRY/?utm\\_medium=email&utm\\_source=govdelivery](https://www.ajc.com/news/atlanta-news/state-hellbent-on-ending-hotel-placements-for-foster-children/SPDKHWPEWJF7XMYGYRK3GNQBRY/?utm_medium=email&utm_source=govdelivery).
- 4 Georgia House of Representatives: Joint Committee on Health and Human Services and Children and Families Hearing, January 25, 2023 (DFCS Testimony). Retrieved from <https://vimeo.com/show-case/9027934?video=792397784>.
- 5 The Atlanta Journal-Constitution. (January 18, 2023). State ‘hellbent’ on ending hotel placements for foster children. Retrieved from [https://www.ajc.com/news/atlanta-news/state-hellbent-on-ending-hotel-placements-for-foster-children/SPDKHWPEWJF7XMYGYRK3GNQBRY/?utm\\_medium=email&utm\\_source=govdelivery](https://www.ajc.com/news/atlanta-news/state-hellbent-on-ending-hotel-placements-for-foster-children/SPDKHWPEWJF7XMYGYRK3GNQBRY/?utm_medium=email&utm_source=govdelivery).
- 6 Ibid.