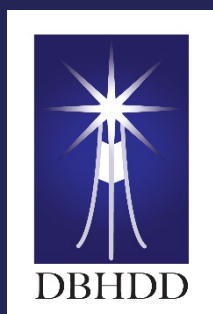


# Behavioral Health Coordinating Council Annual Report

2016



**Submitted by**  
**Georgia Department of Behavioral Health and Developmental Disabilities**  
**Judy Fitzgerald, Commissioner**

# Behavioral Health Coordinating Council 2016 Annual Report

## BACKGROUND

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In 2009, the 150<sup>th</sup> Georgia General Assembly reorganized Georgia's health and human services agencies and established the Behavioral Health Coordinating Council (O.C.G.A. § 37-2-4), which is administratively attached to the Department of Behavioral Health and Developmental Disabilities, as provided by O.C.G.A. § 50-4-3.

## COUNCIL AUTHORITY, POWERS, AND FUNCTIONS

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The Behavioral Health Coordinating Council (the "Council," or "BHCC") supports Georgia's behavioral health-serving agencies and partners by establishing goals, monitoring and evaluating those goals, and recommending measures for improved efficacy and access to services. Specifically, the Council is tasked with:

- **Recommending funding, policy, and practice changes** that address systemic barriers to the delivery of behavioral health services;
- **Focusing on specific goals** designed to resolve issues related to coordination of care for individuals receiving services from at least two member agencies;
- **Monitoring and evaluating the implementation** of established goals; and
- **Establishing common outcome measures.**

## COUNCIL COMPOSITION

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By statute, the Council is comprised of the following representatives:

- The Commissioner of the Department of Behavioral Health and Developmental Disabilities
- The Commissioner of the Department of Community Affairs
- The Commissioner of the Department of Community Health
- The Commissioner of the Department of Community Supervision
- The Commissioner of the Department of Corrections
- The Commissioner of the Department of Human Services
- The Commissioner of the Department of Juvenile Justice
- The Commissioner of the Department of Labor
- The Commissioner of the Department of Public Health
- The Chair of the State Board of Pardons and Paroles
- The State Disability Services Ombudsman
- The State School Superintendent
- A member of the Georgia House of Representatives
- A member of the Georgia State Senate
- An adult who uses public behavioral health services
- A family member of someone who uses public behavioral health services
- A parent of a child receiving public behavioral health services

## **COUNCIL LEADERSHIP**

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**Chairman:**

Commissioner Judy Fitzgerald, *Department of Behavioral Health and Developmental Disabilities*

**Vice Chair:**

Commissioner Frank W. Berry, *Department of Community Health*

**Secretary:**

Stanley Jones, Esq., *family member of consumer of public behavioral health services*

**Members:**

Commissioner Camila Knowles, *Department of Community Affairs*

Commissioner Michael Nail, *Department of Community Supervision*

Commissioner Gregory Dozier, *Department of Corrections*

Commissioner Robyn A. Crittenden, *Department of Human Services*

Commissioner Avery D. Niles, *Department of Juvenile Justice*

Commissioner Mark Butler, *Department of Labor*

Commissioner Brenda Fitzgerald, *Department of Public Health*

Chairman Terry E. Barnard, *State Board of Pardons and Paroles*

Ombudsman Lavinia Luca, *Office of Disability Services Ombudsman*

State School Superintendent Richard Woods, *Department of Education*

State Representative Katie Dempsey, *Georgia House of Representatives*

State Senator Renee Unterman, *Georgia State Senate*

Julie Spores, *adult consumer of public behavioral health services*

Diane Reeder, *parent of a child receiving public behavioral health services*

The various agency commissioners, the chair of pardons and paroles, the ombudsman, and the state school superintendent are members of the council as a matter of law. The adult consumer of public behavioral health services, the family member of a consumer of public behavioral health services, and the parent of a child consumer of behavioral health services are appointed by Governor Nathan Deal. Representative Katie Dempsey of the 13th district represents the Georgia House of Representatives and was appointed by Speaker David Ralston. Senator Renee Unterman of the 45th district represents the Georgia State Senate and was appointed by Lieutenant Governor Casey Cagle. All members serve at the pleasure of their appointing authority with no term limit.

## **COUNCIL EXECUTIVE COMMITTEE**

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The BHCC is led by a five-member executive committee comprised of a chair, vice chair, secretary, and two members-at-large. The commissioner of the Department of Behavioral Health and Developmental Disabilities (DBHDD) serves as the chair of the executive committee. The vice chair and secretary are elected by the members of the council and serve two-year terms; they may succeed themselves.

**Commissioner Judy Fitzgerald, Chair**

Department of Behavioral Health and Developmental Disabilities

**Commissioner Frank W. Berry, Vice Chair**

Department of Community Health

**Stanley Jones, Esq., Secretary**

Family Representative

**Chairman Terry E. Barnard**

State Board of Pardons and Paroles

**Commissioner Robyn Crittenden**

Department of Human Services

## **COUNCIL MEETINGS**

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In 2016, council meetings were scheduled, opened to the public, and well attended by a variety of stakeholders. Meeting minutes and supporting documentation are posted in accordance with the Open Meetings Act (O.C.G.A. § 5-18-70 et. seq.) and can be found on DBHDD's website at: <http://dbhdd.georgia.gov/georgia-behavioral-health-coordinating-council>.

## **COUNCIL INITIATIVES**

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### **Georgia Interagency Directors Team (IDT)**

The Georgia Interagency Directors Team (IDT) was created by the Department of Behavioral Health and Developmental Disabilities (DBHDD) to design, manage, facilitate, and implement an integrated approach to a child and adolescent system of care (SOC) that informs policy and practice, and shares resources and funding. The IDT is made up of more than 20 representatives from state agencies and non-governmental organizations that serve children with behavioral health needs in Georgia. The group finds its roots in the SAMHSA Child and Adolescent State Infrastructure Grant (CASIG) Interagency Workgroup ("Kidsnet Georgia"), which focused on supporting local SOC development, and ran from 2004 through March 2011. Since then, the workgroup has continued to work together as the IDT.

## Structure

Responsibility for children's behavioral health care in Georgia is shared by multiple state agencies. The IDT allows the opportunity for much needed partnership between agency program directors to develop and implement shared strategic objectives, and communicate behavioral health issues to multiple audiences with a unified voice. The IDT operates on the state fiscal calendar. FY 2016 members include the following:

- Amerigroup Community Care/Georgia Families 360°
- Center for Leadership in Disability, Georgia State University
- Center of Excellence for Children's Behavioral Health, Georgia State University (COE)
- Consulting Federal Agency: Centers for Disease Control and Prevention (CDC)
- Georgia Alliance of Therapeutic Services for Families and Children
- Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)
- Georgia Department of Community Health (DCH)
- Georgia Department of Early Care and Learning (DECAL)
- Georgia Department of Education (DOE)
- Georgia Department of Human Services (DHS), Division of Family and Children Services (DFCS)
- Georgia Department of Juvenile Justice (DJJ)
- Georgia Department of Public Health (DPH)
- Georgia Parent Support Network
- Georgia Vocational Rehabilitation Agency (GVRA)
- Get Georgia Reading – Campaign for Grade Level Reading
- The Carter Center
- Together Georgia
- Voices for Georgia's Children

The IDT operates as a workgroup of, and reports to, the BHCC. The Council may pass on specific work requests to IDT, and in turn, the BHCC provides high-level support for IDT initiatives.

The IDT is headed by a chair, who is the key facilitator of meetings, strategic planning, and initiative development. All IDT members have an equal voice in decision-making. Decisions regarding strategic plan work are typically determined by way of group discussion and agreement, or a vote if necessary, with the majority ruling.

Another critical component of the IDT's structure is the role played by the Center of Excellence for Children's Behavioral Health (COE), housed at Georgia State University's Georgia Health Policy Center (GHPC). Within the [Collective Impact Framework](#), the COE provides backbone support to the group, via administrative, research/evaluation, and strategic planning activities. The [IDT website](#) acts as an outlet for IDT to communicate its efforts, including mission and vision, initiatives, and work products to the public. In addition, the COE surveys and evaluates the group regarding its collaborative effort, and creates the IDT annual report. Lastly, the COE facilitates the

IDT's yearly strategic planning, and helps to manage and track the group's progress toward achieving their goals. To date, the COE's assistance with IDT has been funded solely by DBHDD. However, IDT members have discussed the importance of blending or braiding agency funds in the future, in order to support IDT, as well as other children's behavioral health initiatives.

## **Grants**

In 2013, DBHDD received the SAMHSA grant, "System of Care Expansion Implementation Cooperative Agreement," which was written to include the IDT as a mechanism for interagency collaboration and coordination to strengthen and build the SOC in Georgia, particularly for children and young adults with serious emotional disturbance. The IDT is the oversight body for this grant, providing key insights and expertise from the various child-serving agencies in Georgia. The IDT also reinforces the importance of adhering to SOC principles across all child-serving agencies. Some of IDT's SOC Expansion grant work in FY 2016 included training coordination, and the SOC Academy Conference, and Children's Mental Health Awareness Day planning.

Much of the planning for the 9th annual SOC Academy, held annually in July, occurred during this reporting period. Each year, this academy provides opportunities for Georgia's providers, family and youth organizations, and other stakeholders to inform conference attendees of the services and supports provided by their respective organizations. National experts and consultants are identified and included in the program to ensure Georgia is up-to-date and current with respect to evidence-based practices (EPBs), promising practices, and social service delivery trends. More than 450 participants and 25 local exhibitors attended.

In FY 2015, three important grants were awarded to IDT partners: Project AWARE (Advancing Wellness and Resilience in Education), Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), and COACHES (Coaching and Comprehensive Health Supports). The IDT serves as the oversight body for the SOC Expansion and Implementation Grant, Project AWARE, and Project LAUNCH.

The DOE was awarded Project AWARE, a five-year federal grant from SAMHSA to increase mental health awareness among youth, provide Youth Mental Health First Aid training, and connect youth with appropriate services within schools. Project AWARE is currently in Muscogee, Newton, and Spalding counties. The training is being provided by Georgia State University's Center for Leadership in Disability, and the external evaluator is Dr. Joel Myer at Georgia State University.

Both the state and the participating schools have made an excellent start in implementing the multiple components of the project in FY 2016.

Youth Mental Health First Aid providers trained 966 people in the three districts and around the state during the FY 2016. In those districts, 632 accessed school-based mental health services, and 309 students accessed mental health services in the community. Additionally, the three districts received training on trauma/crisis bereavement (by David Schonfeld, M.D.), and the Interconnected Systems Framework,

blending mental health into the Positive Behavior Interventions and Supports (PBIS) framework.

The Project AWARE DOE staff and the school district staff presented at the national level at Advancing School Mental Health Conference in San Diego, and a national webinar on universal mental health screening and various state level meetings/conference.

In partnership with DBHDD, DPH was awarded Project LAUNCH in September 2014, a \$4 million grant managed by SAMHSA, with guidance from ACF, HRSA, and the CDC. Over the course of five years, project LAUNCH aims to promote overall young child (birth to eight years) wellness, including emotional, cognitive, and behavioral development, in preparation for school readiness, learning, and success. Project LAUNCH is being implemented in Muscogee County and will allow for collaborative efforts among child serving agencies at the state and local level to increase screening, assessment and referrals to increase early identification of mental, behavioral and/or developmental concerns in young children.

In year 2, Project LAUNCH was able to screen children in the community at both pediatric offices and at day care centers. Additionally, Project LAUNCH staff have attended trainings such as “Parents Interacting with Infants” in April and “Strengthening Families Georgia Train-the-Trainer” training in June. A parent focus group was also conducted by the Project LAUNCH evaluation team to obtain vital feedback from parents on the program strategies.

The Local Young Child Wellness Council, a group of community partners, continues to meet monthly to guide the work and to make local connections to fill gaps in services for young children in Muscogee County, Georgia. Meetings have included discussions on sustainability, completing a parent engagement action plan to increase parental involvement, and learning more about community agencies such as the Marcus Autism Center and Great Start Georgia Project. Next steps for Project LAUNCH include offering community trainings and beginning screening in the Muscogee County School District in partnership with Project.

Amerigroup, as the state’s sole care management organization for foster youth, with the support of DFCS, partnered with Families First to pilot the COACHES program. The \$5.8 million award over five years aims to support Georgia youth, ages 17–20, who are transitioning out of foster care with a documented history of behavioral health needs. The primary program goals include a reduction in per-month health and child welfare spending by reducing inpatient hospital stays for mental health and substance abuse episodes, improving access to primary care physicians, and improving education and employment outcomes. COACHES promotes a holistic approach, emphasizing the integration of physical and behavioral health care needs.

Awarded in 2013, DBHDD and DCH connected with DFCS, DJJ, GPSN, and GSU COE on a CHIPRA grant. The grant ended in June 2016, after a no-cost extension. The grant achieved the following outcomes:



- 120 parents were trained and certified as certified peer support – parents (CPS-P)
- 23 young adults have been trained as certified peer support – youth (CPS-Y) to provide peer support
- 4 young adults have also been certified and trained to facilitate the CPS-Y training
- Curricula for both parents and youth were developed by Georgia CHIPRA families, youth, young adults, staff, stakeholders and consultants. Continuing education opportunities have been provided for both youth and parents to ensure feedback from the workforce and ongoing education.
- Youth leaders have emerged from this work, and a part-time position at DBHDD was created to support one youth and model the inclusion of youth voice at the state level. Other young adults have also been used as consultants throughout this work to develop and revise peer trainings.
- The parent peer support definition has been published and memorialized in DBHDD policy. This service is being used by community providers in the provision of the service (youth peer definition was finalized February 2016)
- CPS-P and CPS-Y peer support definitions were included in a Medicaid State Plan Amendment that was drafted with expected submission to CMS June 2016. If approved, the current definition in the state plan will be expanded to include CPS-P and CPS-Y.
- Many states have requested outlines and details about this work. Out-of-state guests have attended trainings to obtain a first-hand view of Georgia’s work on parent and youth peer support certification and training.

At each monthly IDT meeting, there is an agenda item for each grant project, to ensure that the IDT is aware of running grant activities, and to give grant coordinators an opportunity to get feedback from the group. Grant coordinators are also given the opportunity to provide more in-depth presentations on their activities to the group.

### **FY 2016 Strategic Planning Process**

At the July 2015 meeting, Georgia Health Policy Center Executive Director Dr. Karen Minyard used some of the tools and frameworks that the Georgia Health Policy Center created and adapted for use with the Atlanta Regional Collaborative for Health Improvement (ARCHI). The group completed an *Adaptive Capacity Live Survey and Reflection*, scoring in the “good” range, indicating that the group, as a collaborative, could adapt to a changing environment.

The group used live-voting technology and rated its ability to apply its adaptive capacity to the focus areas below with the following results:



**Table 1. Areas of Focus during Strategic Planning Phase**

Focus Area	Number of Votes
Crisis Mental Health Services	0
Underserved Areas	8
Autism	2
School-Based Mental Health	3
Financing	3
Tele-Behavioral Health/ Tele-Psychiatry	4

The group realized that *increasing access* was at the core of all of these issues. Over the course of the year, they proposed and carried out work in the following focus areas:

- School-based mental health
- Behavioral treatments for children with attention deficit hyperactivity disorder
- Increased youth involvement/creation of a youth framework
- Pre-work for an SOC State Plan that will address *access* issues

To further streamline the upcoming year’s work, the strategic planning process continued into August. Members agreed that no more than three focus areas should be chosen. School-based mental health, tele-mental health, and emerging adults were determined to be the focus areas for FY 2016, as they had the most interest from the group, and could most significantly affect the state’s behavioral health issues.

In fall 2015, there were four study committees of the Georgia General Assembly pertaining to children’s behavioral health. One of the recommendations from experts who spoke at committee meetings called for the creation of a comprehensive Children’s Behavioral Health State Plan. The IDT chose to add to its strategic work the beginnings of a Children’s Behavioral Health SOC State Plan that could include all other areas of focus for the year, and guide the group’s work moving forward. A workgroup was formed to explore the IDT’s role in the creation of a plan, and how to develop a cohesive strategy and approach.

### **FY 2016 Strategic Plan Work**

#### *Focus Area: School-Based Mental Health (SBMH)*

DBHDD began the Apex Program during the 2015–2016 school year. The department made grant funds available to all Tier 1 and Tier 2 plus providers to deliver school-based mental health services. As the program continued, IDT member organizations realized that SBMH services were an important tool for increasing access to services for children, youth, and young adults. The Department of Education continued its efforts in FY 2016 to expand positive behavioral interventions and supports statewide. Additionally,

Project AWARE aims to increase screening and awareness efforts in the school setting. Given the number of school-based mental health initiatives underway throughout the state, the IDT chose to focus on researching the benefits of SBMH programs, and to further explore opportunities for cross-agency collaboration and coordination.

The COE produced a comprehensive SBMH report as a reference for policy- and decision-makers, as well as SBMH providers. The COE conducted a literature review on SBMH programs and models and interviewed local and national experts in the implementation and sustainability of SBMH programs. Additionally, a section is included in the report that outlines legal and billing issues as they relate to SBMH programs. From the comprehensive report, the COE created a SBMH brief. The brief contains information about the implementation of SBMH programs, benefits of services, and a framework for comprehensive programs. The brief was disseminated at several conferences, and on both the IDT and COE websites.

In an effort to increase coordinated trainings and collaborative activities, IDT members formed a SBMH workgroup. Representatives from DBHDD, DOE, DCH, DHS and DPH met to discuss and share training opportunities and SBMH program updates. Representatives from several IDT member organizations also continue to attend and contribute to a School-Based Health Workgroup, coordinated by IDT member organization, Voices for Georgia's Children.

This collaborative work continues in FY 2017, as representatives from DBHDD and the COE attend trainings in the Interconnected Systems Framework (ISF) hosted by the DOE. The ISF is a model through which school-based mental health initiatives are connected to school-wide positive behavior supports, and an excellent example of SOC coordination.

#### *Focus Area: Emerging Adults*

The second area of focus for the IDT in FY 2016 built upon the emerging adult work completed in FY 2015. During FY 2015, the IDT, with support from COE, created a handbook and resource guide about emerging adults. The finalized booklet was distributed to providers, youth, and families during the July 2015 SOC Academy, at DBHDD's Emerging Youth Summit, and is currently available on the [IDT website](#).

In FY 2016, in an effort to be more youth-guided and family driven, IDT members invited youth speakers to two of the monthly IDT meetings to share their stories and lived experience. The IDT plans to continue to increase youth involvement at monthly meetings. IDT members were also interested in creating a framework for youth involvement that would be accessible to all of Georgia's SOC. The COE conducted a survey of all IDT member organizations about their youth involvement strategies and activities, and has compiled the information and has made it available to the IDT.

#### *Focus Area: Tele-Mental Health*

As the IDT realized that all of its focus areas relate to access, tele-behavioral health was initially chosen as an area of focus to address access challenges. In partnership with

DCH, DBHDD, and Voices for Georgia's Children, DPH funded a pilot-site for tele-behavioral health in Lamar County. A workgroup to support the pilot included several members of the IDT.

## **Special Projects**

### *Continuation of ADHD Work from FY 2015*

The momentum behind IDT and its CDC partners' work on ADHD diagnosis and treatment in young children grew significantly in FY 2014. The IDT partners' work resulted in further CDC resources being dedicated to this particular health issue. Additionally, with the support of IDT agency members, the CDC presented the prior Georgia ADHD findings to the BHCC, with an offer to assist the state in exploring policy solutions to address the issue of improper diagnosis and treatment.

Within IDT, important connections were made between the CDC partners and other IDT members for the continuation of the ADHD work in FY 2015. First, the CDC connected with DPH and Project LAUNCH representatives in order to incorporate the ADHD best treatment practices information (determined in FY 2014) into Project LAUNCH's work in Muscogee County. Second, with support from DCH and DFCS, the CDC connected with Amerigroup in order to evaluate the organization's policies related to ADHD treatment of young children (including prescription behaviors) in the foster care/adoption assistance population. By the close of FY 2015, the CDC and Amerigroup were able to amend the evaluation reports that track the impact of the Georgia Families 360 prescription drug program.

In FY 2015, the IDT continued its work with ADHD best practices. Several presentations and publications resulted from coordinated work between IDT member agencies with the CDC as a consulting federal partner, listed later in this report. To leverage that momentum and continue to address issues with the overuse and inappropriate use of medications for very young children with ADHD, the IDT continued this work in FY 2016. An ADHD workgroup, consisting of representatives from DCH, DBHDD, Amerigroup, the CDC, and COE conducted a provider survey about behavioral health treatments for children with ADHD. See *Appendix B*.

The overarching goal of the ADHD workgroup was to better understand provider capacity to provide evidence-based and evidence-informed behavioral health treatments to children and youth with ADHD.

### *Children's Behavioral System of Care State Plan*

The Georgia General Assembly convened four study committees prior to the 2016 Legislative Session pertaining to Children's Behavioral Health. One of the recommendations was the creation of a Comprehensive, three-year Children's Behavioral Health State Plan. The IDT formed a workgroup specifically for exploring and creating a Children's Behavioral Health System of Care State Plan.

Members of the SOC State Plan workgroup included representatives from: DBHDD, DECAL, DFCS, DCH, DJJ, DOE, Voices for Georgia's Children, GPSN, and GATS. The

group engaged the National Training and Technical Assistance Center for Children's Behavioral Health at the University of Maryland and the COE. This work continues in FY 2017.

## **Presentations and Publicity**

The IDT's FY 2016 strategic plan work and partnerships have resulted in a number of state and national presentations, as well as recognition in the news.

- IDT members supported DBHDD's SOC Academy; many introduced speakers and several presented TED Talks (July 14-16, 2015)
- IDT members had a poster presentation at the National Council for Behavioral Health Conference in Las Vegas, Nevada, entitled *The Georgia Interagency Directors Team: A case study in the successful collaboration of Child Serving Agencies* (March 7-9, 2016)
- IDT members presented on the status of ADHD in Georgia, as well as nationally, at the annual Rosalynn Carter Georgia Mental Health forum, in two presentations (May 20, 2016):
  - *Voices Across Georgia: Addressing the treatment needs of young children with ADHD*
  - *National and Georgia-Specific Patterns of Attention Deficit/Hyperactivity Disorder Treatment Among Insured Children Aged 2 - 5 years, 2008 - 2014*
- Project AWARE, a SAMHSA-funded initiative of the DOE for which the IDT serves as the advisory body, presented at the following conferences:
  - Georgia Association of School Psychologists (October 5, 2015)
  - MGRESA School Psychologists (November 12, 2015)
  - GaDOE Family Engagement Conference (February 5, 2016)
  - NAMI Georgia Annual Conference (April 30, 2016)
  - Georgia School Counselors Summer Workshop (June 1, 2016)
  - Federal Programs Conference (June 22, 2016)
  - National Webinar on Mental Health Screening (September 14, 2016)
  - Advancing School Mental Health Conference (September 28-29, 2016)
- SOC Expansion and Implementation Grant – the following presentations were made:
  - *Using Photovoice to Evaluate a Behavioral Health Program for Transition Age Youth in Georgia* (presented at the National Network of Public Health Institutes Annual Conference 2016)
  - *Photovoice: Assessing the Influence of a Behavioral Health Program on Transition Age Youth* (presented at the American Evaluation Association - Evaluation 2016: Evaluation + Design 2016)

The IDT's work over the last two years has been extremely well received among Georgia state agencies, providers, and patient advocates, as well as nationally among similar parties, researchers, and SOC thought leaders.

## **Partnerships**

One of the most important aspects of IDT has been the opportunity for collaborations between members working on similar projects (beyond those identified by the group for the yearly strategic plan work). This year, the following connections were made:

- The IDT met just prior to the SOC Academy during the SAMHSA site visit for the SOC Expansion and Implementation grant
- Amerigroup partnered with DFCS to improve early and periodic screening, diagnostic, and treatment, and trauma assessments for children five years and older
- GVRA and DBHDD partnered to provide services for emerging adults, including launching an awareness program for first-episode psychosis
- DBHDD and DOE connected on the integration of positive behavioral interventions and support and the Apex Program
- DBHDD, the Georgia Parent Support Network, Voices for Georgia's Children, and others will coordinated efforts for Children's Mental Health Week
- Project AWARE, Project LAUNCH, and representatives from the SOC Expansion grant partnered to share training resources and coordinate activities
- IDT members from DJJ, DOE, GPSN, Together Georgia, and DBHDD served on the planning committee for the SOC Academy

IDT has also become particularly valuable in integrating and supporting efforts related to grant projects. IDT serves as the "multi-agency collaborative body" required by many grants; allows agencies to connect and share progress on current grant work in order to harmonize resources and efforts; and provides a forum to present and discuss future grant opportunities for collaboration. Grant examples include:

- DBHDD, DPH, and the COE are collaborating on the Project LAUNCH grant
- Amerigroup and DFCS coordinate activities of the COACHES grant
- DOE and DBHDD coordinate activities related to the Project AWARE grant
- DBHDD and the COE are collaborating on the SOC Expansion grant training and evaluation. Feedback from IDT members has been incorporated into these activities and the IDT participated in the SAMHSA site visit for this grant in July 2015
- DBHDD and DCH connected with DFCS, DJJ, GPSN, and COE on a CHIPRA grant

The relationships between members that grow from monthly IDT meetings and collaborative work are the IDT's greatest assets. The development of trust and a better understanding of the scope of each other's work will continue to foster successful coordination of resources and collaboration among members.

## **Next Steps – FY2017 Strategic Planning**

The main focus of the IDT for the second half of FY 2016 was the Children's Behavioral Health SOC State Plan. The workgroup created focus areas for the plan and objectives

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and outcomes for each area. These focus areas and activities will guide the strategic work of the IDT. The IDT presented its work on the plan to the BHCC in late 2016, focusing on access, coordination, workforce development, funding and finance, and coordination. The SOC State Plan will guide the IDT's future efforts as it continues working to improve the lives of children and families with serious emotional disturbance, through cross-agency collaboration and coordination.

## **Transition Reentry Workgroup**

This workgroup initially convened in May 2013, with the charge of developing strategies to address interagency barriers, formulate plans and recommendations for interagency collaboration that will better facilitate access to services and supports for individuals with serious mental illness transitioning from the correctional system into the community.

The workgroup is led by two co-chairs representing DBHDD and DCS. Terri Timberlake, Ph.D., director of DBHDD's Office of Adult Mental Health, has served as a co-chair since 2013. Jay Neal, former director of the Governor's Office of Transition, Support, and Reentry, served as a co-chair for DCS from January to August; he was followed by Jay Sanders, former deputy director of DCS' Re-Entry Services Unit, from August to November; and replaced by Mark Morris, deputy director of DCS' Re-Entry Services Unit, in November.

### **Current Committee Representation**

Department of Behavioral Health and Developmental Disabilities  
Department of Community Affairs  
Department of Community Health  
Department of Community Supervision  
Department of Corrections  
Department of Human Services  
Department of Juvenile Justice  
Division of Family & Children Services (DHS)  
Georgia Vocational Rehabilitation Agency  
State Board of Pardons and Paroles

### **Priorities**

During early meetings, the group identified several barriers and systemic challenges for both state agencies and people transitioning back into the community following incarceration. The workgroup focuses on four priority areas:



1. *Stigma*: Addressing stereotypes and misconceptions about people with histories of behavioral health challenges
2. *Capacity and Access*: Addressing the ability to meet service and support needs
3. *Awareness and Access to Knowledge*: Increasing opportunities for sharing and disseminating information on appropriate and available services and resources
4. *Housing*: Addressing access and resource planning

## **2016 Accomplishments**

- Ongoing data-sharing between agencies helps the workgroup stay focused on the reentry population as it discusses service needs. At each BHCC and BHCC Executive Committee meeting, the workgroup provides statistics specific to the population of individuals with a level 3 or 4 classification in the corrections system, as well as those being released who have a mental health diagnosis. As service and support needs are being discussed, this allows the workgroup to be continually mindful of the target population.
- Several state partnering agencies have incorporated RESPECT Institute speakers into agency meetings, trainings, and orientations, to share their personal experience of mental illness or mental illness and criminal history, and their process of recovery. This targets the area of stigma.
- The Forensic Peer Mentor (FPM) program is a partnership of DBHDD, the Department of Corrections (GDC), the Department of Community Supervision (DCS), and the Georgia Mental Health Consumer Network that supports re-entry from the corrections system for people who have mental illness. In 2016, the Transition Reentry Workgroup completed the third FPM training cohort. Data from years 1 and 2 indicate a positive effect on returning citizens in facilitating re-entry via linkage to appropriate services and supports. Recidivism among participants is less than 10%. Continued program expansion provides for specialized training via the Georgia Forensic Peer Specialist curriculum, followed by orientation to GDC and DCS facilities, and employment. FPMs are currently working in the following facilities:



<b>Location</b>	<b>Number of Forensic Peers</b>
Baldwin State Prison	2
Lee Arrendale State Prison	2
Phillips State Prison	2
Phillips State Prison Transition Center	1
Pulaski State Prison	2
Rutledge State Prison	1
Atlanta Day Reporting Center	2
Athens Day Reporting Center	1
Gainesville Day Reporting Center	1
Griffin Day Reporting Center	1
Morrow Day Reporting Center	1
Rome Day Reporting Center	1
Appalachian Judicial Circuit	1
Cobb County Day Reporting Center	1
Hall County Day Reporting Center	1
Atlanta Regional Hospital	1
Central State Regional Hospital	1

- The workgroup developed, “Decreasing Stigma & Improving Interactions between Community Supervision Officers and Individuals Living with Behavioral Health Problems,” an anti-stigma curriculum that will be incorporated into the ongoing DCS Community Officers’ training and will be presented during five training sessions beginning January 2017.
- The first annual Respect in Recovery 5k Race in October was a successful partnership involving planning and participation by staff from the departments of Behavioral Health and Developmental Disabilities, Community Affairs, Community Health, Community Supervision, Corrections, Human Services, Juvenile Justice, Labor, the Georgia Vocational Rehabilitation Agency, the State Board of Pardons and Paroles, and the Georgia Mental Health Consumer Network, as well as providers, advocates, and other community partners. In total, 275 people participated.

- Members of the workgroup presented and led trainings and discussion at DBHDD's annual Behavioral Health Symposium and the annual Georgia Supported Housing Association Reentry Conference.

### **Future Focus**

- Continuing efforts to address barriers: the workgroup will be making a recommendation that DCH revise its policy which terminates entitlement benefits of incarcerated individuals, in favor of suspending the benefits, which will facilitate more rapid re-activation upon release and will give returning citizens greater access to resources.
- Continuing efforts to encourage DCA to include Mental Health First Aid training in the recommended trainings for providers of disability housing
- Exploring collaboration with DJJ for implementation of forensic parent peer mentors
- Increasing focus on programs to support family reunification for returning citizens

### **Interagency Collaboration**

State bureaucracy can lead to silos of policy, practice, and communication. The work of state agencies can be strengthened by identifying approaches and solutions that address inefficiencies, gaps, challenges and effectiveness in Georgia's health and human service delivery systems.

## **OUTCOMES AND RECOMMENDATIONS**

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The Behavioral Health Coordinating Council has significantly enhanced interagency communication and relations. Congruity and shared interests have been created and identified through open discussions and dialogue between state agency heads and community stakeholders.

The Council identified the following shared priority areas for 2016:

- Training and education
- Developing and promoting programs, services, and supports
- Sharing of health information
- Enhance relationships and interagency partnerships

Work on these issues takes place through ad-hoc groups comprised of key staff from the various agencies represented on the Council.

The BHCC continues to explore barriers to accessing services, as well as infrastructure,

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staffing, service, housing, and educational resources for diverting and transitioning individuals with behavioral and developmental issues under the jurisdiction or care of the departments of Corrections, Juvenile Justice, Behavioral Health and Developmental Disabilities (forensic services), and the State Board of Pardons and Paroles.

The Council supports a robust discussion of the multiple barriers inhibiting individuals' transitions from the corrections and justice systems into appropriate community behavioral health services along with access to essential supports.

## **2017 BHCC MEETING SCHEDULE**

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The Behavioral Health Coordinating Council meetings are held at the Department of Behavioral Health and Developmental Disabilities (2 Peachtree St, NW, Atlanta, Georgia 30303) in the 24<sup>th</sup> floor board room. All meetings begin at 10:00 a.m., unless otherwise noted. The 2017 meeting dates are:

February 15, 2017  
May 17, 2017  
August 16, 2017  
November 15, 2017

## **CONTACTS**

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## Appendix A

### Acronyms

<b>ADHD</b>	Attention Deficit Hyperactivity Disorder
<b>ADRC</b>	Aging and Disability Resource Connection
<b>BHCC</b>	Behavioral Health Coordinating Council
<b>CASIG</b>	Child and Adolescent State Infrastructure Grant
<b>CHINS</b>	Children in Need of Services
<b>CHIPRA</b>	Children’s Health Insurance Program Reauthorization Act
<b>COE</b>	Center of Excellence
<b>CSB</b>	Community Service Board
<b>DBHDD</b>	Department of Behavioral Health and Developmental Disabilities
<b>DCA</b>	Department of Community Affairs
<b>DCH</b>	Department of Corrections
<b>DFCS</b>	Division of Family and Children Services (DHS)
<b>DHS</b>	Department of Human Services
<b>DJJ</b>	Department of Juvenile Justice
<b>DOC</b>	Department of Corrections
<b>DOE</b>	Department of Education
<b>DOL</b>	Department of Labor
<b>DPH</b>	Department of Public Health
<b>GPSN</b>	Georgia Parent Support Network
<b>GPSTC</b>	Georgia Public Safety Training Center
<b>GSU</b>	Georgia State University
<b>IDT</b>	Interagency Directors Team
<b>NAMI</b>	National Alliance on Mental Illness
<b>PAP</b>	State Board of Pardons and Parole
<b>POST</b>	Peace Officer Standards and Training
<b>RPH</b>	Re-entry Partnership Housing
<b>SNAP</b>	Supplemental Nutrition Assistance Program
<b>SOAR</b>	SSI/SSDI Outreach, Access, and Recovery
<b>SOC</b>	System of Care Academy
<b>SSDI</b>	Social Security Disability Income
<b>SSI</b>	Social Security Income
<b>TAP</b>	Technical Assistance to Providers

Appendix B

**History of Behavioral Health Coordinating Council Executive Committee**

	<b>CHAIR</b>	<b>VICE-CHAIR</b>	<b>SECRETARY</b>	<b>MEMBERS-AT-LARGE</b>
<b>2009</b>	<b>Frank E. Shelp, M.D.</b> DBHDD Commissioner	<b>Albert Murray</b> DJJ Commissioner	<b>BJ Walker</b> DHS Commissioner	N/A
<b>2010</b>	<b>Frank E. Shelp, M.D.</b> DBHDD Commissioner	<b>Brian Owens</b> DOC Commissioner	<b>BJ Walker</b> DHS Commissioner	<b>Clyde Reese</b> DHS Commissioner  <b>Brian Owens</b> DOC Commissioner
<b>2011</b>	<b>Frank E. Shelp, M.D.</b> DBHDD Commissioner	<b>Brian Owens</b> DOC Commissioner	<b>Clyde Reese</b> DHS Commissioner	<b>Amy Howell</b> DJJ Commissioner
<b>2012</b>	<b>Frank E. Shelp, M.D.</b> DBHDD Commissioner <i>(January–August)</i> ----- <b>Frank W. Berry</b> DBHDD Commissioner <i>(August–December)</i>	<b>Brian Owens</b> DOC Commissioner	<b>Clyde Reese</b> DHS Commissioner	<b>Albert Murray</b> PAP Chairman  <b>Corinna Magelund</b> Ombudsman – Disability Services
	<b>Frank W. Berry</b> DBHDD Commissioner	<b>Clyde Reese</b> DHS Commissioner <i>(January–July)</i> ----- DCH Commissioner <i>(July–December)</i>	<b>Corinna Magelund</b> Ombudsman – Disability Services	<b>Albert Murray</b> PAP Chairman  <b>Brian Owens</b> DOC Commissioner
<b>2013</b>	<b>Frank W. Berry</b> DBHDD Commissioner	<b>Clyde Reese</b> DCH Commissioner	<b>Corinna Magelund</b> Ombudsman – Disability Services	<b>Brian Owens</b> DOC Commissioner  <b>Albert Murray</b> PAP Chairman <i>(January–June)</i>  <b>Terry Barnard</b> PAP Chairman
<b>2014</b>	<b>Frank W. Berry</b> DBHDD Commissioner	<b>Clyde Reese</b> DCH Commissioner	<b>Stanley Jones</b> Family Representative	<b>Terry Barnard</b> PAP Chairman  <b>Homer Bryson</b> DOC Commissioner
<b>2015</b>	<b>Frank W. Berry</b> DBHDD Commissioner	<b>Clyde Reese</b> DCH Commissioner	<b>Stanley Jones</b> Family Representative	<b>Terry Barnard</b> PAP Chairman  <b>Homer Bryson</b> DOC Commissioner

<b>2016</b>	<b>Frank W. Berry</b> DBHDD Commissioner <i>(January–November)</i> -----	<b>Clyde Reese</b> DCH Commissioner <i>(January–November)</i> -----	<b>Stanley Jones</b> Family Representative	<b>Terry Barnard</b> PAP Chairman  <b>Homer Bryson</b> DOC Commissioner <i>(January–November)</i> -----
	<b>Judy Fitzgerald</b> DBHDD Commissioner <i>(November–December)</i>	<b>Frank W. Berry</b> DCH Commissioner <i>(November–December)</i>		<b>Robyn Crittenden</b> DHS Commissioner