

Georgia Department of Behavioral Health
& Developmental Disabilities

Judy Fitzgerald, Commissioner

DBHDD

Office of the Commissioner

**Behavioral Health Coordinating Council
Meeting Minutes
May 11, 2022
10:00 to 11:30 a.m.
*Meeting held via WebEx only.***

MEETING QUORUM NOT MET

Meeting Called By: Judy Fitzgerald, Chair

Facilitator: Judy Fitzgerald

BHCC Liaison: Tracy Gamble

Council Members: Commissioner Judy Fitzgerald (DBHDD), Commissioner Michael Nail (DCS), Commissioner Caylee Noggle (DCH), Commissioner Candice Broce (DHS), Stanley Jones, Esq., (Family Representative), Chairman Terry Barnard (PAP) Commissioner Kathleen Toomey (DPH).

Present:

Absent: Representative Katie Dempsey (District 13), Commissioner Christopher Nunn (DCA), Commissioner Mark Butler (DOL), Commissioner, Julie Spores (Adult Consumer Representative) Commissioner Timothy Ward (GDC), Disabilities Services Ombudsman Jacquice Stone (ODSO), Commissioner Tyrone Oliver (DJJ), Superintendent Richard Woods (DOE), Diane Reeder (Parent Representative),

DBHDD Leadership Brenda Woodard, Esq., General Counsel Services, and David Sofferin, Director Office of Public Affairs

Agenda

Call to Order: Chair Judy Fitzgerald; 10:00 a.m.

Commissioner Judy Fitzgerald welcomed everyone and gave an overview of the agenda items.

Recovery Presentation

Chair Judy Fitzgerald introduced Danté McKay, Director *DBHDD Office of Children Youth and Families*. Mr. McKay introduced Ms. Thandiwe Harris, CPS-P Program Manager *DBHDD Office of Children, Young Adults & Families*.

Ms. Harris is a Certified Peer Specialist Parent (CPS-P). She is a member of the Peer Support movement and has lived experience.

Ms. Harris oldest son was labeled a bad kid, disruptive, unruly, and attention seeking at a young age. In 4th grade, her son was diagnosed with ADHD and later diagnosed with schizophrenia in his teenage years. Ms. Harris worked diligently with her son's teachers because she knew he had challenges. Later, her son was arrested and admitted into a behavioral health residential program. Ms. Harris' other children experienced behavioral health issues as well and she immediately sought professional help. Ms. Harris said being a CPS-P has changed her life and it has been rewarding. Her son now has a job, supportive housing, and he receives therapy and medication from a Community Service Board and attends church. Ms. Harris said the council members are paramount when it comes to solutions for fortifying families who need help.

Chair Fitzgerald thanked Ms. Harris for her candor and for sharing her incredible journey. Chair Fitzgerald expressed her appreciation for Ms. Harris' honesty and reflections about her lived experiences. Chair Fitzgerald is proud to have her on the DBHDD team and she knows her insight is rewarding to the professionals who are trying to facilitate and make services available to those in need.

Action Items

There were two action items, the BHCC February 9, 2022 meeting minutes and the 2021 BHCC Annual Report. A meeting quorum was not met; therefore, the action items will be addressed at the next scheduled meeting.

BHCC Initiatives

Interagency Directors Team

Chair Fitzgerald introduced Renee Johnson, Director, *Georgia State University Health Policy Center and Chair of the Interagency Directors Team (IDT)*. Ms. Johnson reported the Interagency Directors Team (IDT) serves as a working group to the BHCC. She provided the following updates on the Georgia System of Care Strategic State Plan and how it relates to HB 1013, IDT System of Care (SOC) Rebranding, and information about the creation of the IDT Executive Committee.

The Georgia SOC Strategic State Plan continues to work across the continuum of care and is broken down into 5 phases.

Phase 1: Prevention and Early Screening

Phase 2: Early Intervention

Phase 3: Intervention

- Phase 4: Late Intervention
- Phase 5: Spanning the Continuum of Care

Ms. Johnson shared highlights of HB 1013 and the relationship/work that is in partnership with the IDT.

- Part I: Georgia Mental Health Parity Act
- Part II: Workforce and System Development
- Part III: Involuntary Commitment
- Part IV: Mental Health Courts and Corrections
- Part V: Child and Adolescent Behavioral Health
- Part VI: Behavioral Health Reform and Innovation Commission

The IDT is working on financial mapping to show how behavioral health funds are being utilized across the state. A draft of the plan is 95% complete. Ms. Johnson anticipates the plan will be complete and ready to share at the next BHCC meeting.

The IDT SOC has been in existence for over 10 years. The team is working on rebranding the IDT & System of Care, and they have engaged Darwin, a consulting firm to help with the rebranding project. Ms. Johnson also shared early observations of the IDT and the newly created IDT Executive Committee.

The Chair's Report

General Assembly Update – Behavioral Health Highlights

Chair Fitzgerald introduced Michael Polacek, Director, *DBHDD Office of Legislative Affairs*. Mr. Polacek gave a brief overview of the legislative session. This year was coined the year of mental health. In 2021-2022 the legislature introduced over 100 mental health related bills. Mr. Polacek believes this is a testament to the years of work that paved the way to make this a reality by DBHDD staff, leadership, providers, and advocates. Mr. Polacek also recognized and gave a special thanks to Representative Katie Dempsey and Senator Kay Kirkpatrick for their outstanding legislative and appropriations work.

Mr. Polacek gave a recap on the following bills.

- **HB 1013** -Mental Health Parity Act (Mental Health Omnibus Bill)
- **HB 752** - Psychiatric Advance Directive Act sponsored
- **HB 403** - Georgia Behavioral Health and Peace Officer Co-Responder Act
- **SB 500** - A litigation bar on governmental entities regarding certain statewide opioid litigation
- **SB 610** - instructs DCH to submit a waiver request to CMS allowing private mental health institutions to be Medicaid reimbursable
- **SR 659** - Senate Study Committee on Unsheltered Homelessness

The Mental Health Parity Act- HB 1013

The bill is comprehensive and is a major step forward for the State of Georgia. Mr. Polacek made note of the following areas.

1. Hospital and Short-Term Care Facilities
2. Workforce and System Development
3. Involuntary Commitment
4. Mental Health Courts and Corrections
5. Child and Adolescent Behavioral Health

An overview of 9-8-8 update

Chair Fitzgerald introduced Dawn Peel, Director, DBHDD Office of Crisis Coordination and Wendy Tiegreen Director, *DBHDD Office of Medicaid Coordination & Health System Innovation*

Ms. Peel gave an overview of 9-8-8, a national three-digit dialing code that will connect individuals with suicide prevention and behavioral health crisis resources. The rollout will begin on July 16, 2022 and anyone will be able to call 9-8-8. In Georgia, 9-8-8 calls will be answered by the Georgia Crisis and Access Line (GCAL), 24 hours a day, 7 days a week, 365 days a year. Callers will be connected to a trained staff member who can help address immediate needs and connect the callers to care resources.

Ms. Peel also shared an overview of the 9-8-8 law which requires Georgia to enhance the current system's ability to respond to those experiencing a behavioral health crisis by providing someone to talk to, someone to respond, and a safe place to go. She shared some of the key features provided below.

- Connecting a person in a behavioral health crisis to someone who can address their immediate needs and help connect them to ongoing care
- Promote cost efficiency by providing the most appropriate response
- Reducing burden on law enforcement, and safety resources when not appropriate
- Helping end stigma of seeking or accessing behavioral healthcare

The 9-8-8 planning and implementation activities are led by DBHDD with input from identified stakeholders across the crisis continuum, such as behavioral health providers, 9-1-1, law enforcement, and lived experience advocates. These individuals serve as members of the Georgia 9-8-8 Planning Coalition.

The Federal projections estimate Georgia Crisis System will experience an increase in calls.

Wendy Tiegreen Director, DBHDD Office of Medicaid Coordination & Health System Innovation

Ms. Tiegreen reported, we have a significant investment in the crisis infrastructure in Georgia through a call center, mobile crisis teams, crisis state beds which are anchored to the crisis stabilization units and behavioral health crisis centers. All currently, funded by state and federal funding, SAMSHA Block Grant, and partnership with the Medicaid authority.

We are rapidly increasing capacity and agility. Ms. Tiegreen shared actions that have been completed in the 9-8-8 rollout in Georgia.

- Implemented telehealth solutions in jails, hospitals, and schools to expand the capacity of licensed clinical staff on mobile crisis response teams
- Enhanced call routing to prioritize clinicians for most urgent calls

The following work is underway;

- Updating Crisis Call Center dashboard or "bed board" infrastructure to improve care coordination
- Expanding call center and mobile crisis response team staffing
- Considering telehealth options for community-based mobile crisis responses.

Tiegreen reports, we are leveraging and considering state funding sources and have been fortunate enough to receive some funding for enhancing our planning capacity. DBHDD received funds from ARPA (\$2M) and a SAMHSA Grant (\$3M).

Crisis should not be the entry into behavioral health care delivery for individuals with behavioral health concerns. Engaging early with mental health treatment, services and recovery supports are crucial. We received new state funding (*i.e., prevention, youth, and core capacity*)

- Mental Health and Addiction Core Outpatient Services (FY 22+FY23) = \$17.1M
- Apex (FY22+FY23) = \$7.6M
- Suicide Prevention (FY 22) = \$290K
- Development of two demonstration sites for Certified Community Behavioral Health Centers (FY 23) = \$4M

Ms. Peel said there will be ongoing analysis input, engagement, and two-way communications about the rollout. There will NOT be marketing widely until mid-2023, per SAMHSA guidance. We are currently focusing on stakeholder education and awareness among traditionally at-risk populations (veterans, young people, LGBTQ+)

- Just launched information site 988ga.org with evolving FAQs, and fact sheets
- Multiple interagency and community stakeholder working groups
- Have conducted numerous listening sessions and input workshops for various stakeholder groups
- Continuing to emphasize the importance of early treatment/interventions and NOT waiting for a crisis to begin services

BHCC Moving Forward Commissioner Judy Fitzgerald

Chair Fitzgerald thanked the council members for their service, commitment, and interest on the behavioral health coordinating council. The mental health parity act will enhance the BHCC membership with key department heads from children services, technical colleges, and

additional behavioral health experts to the compliment of current council members. The legislation calls for specific duties to articulate specific goals to eliminate silos and fragmentation and track common measures for progress on behavioral health issues in the state. There will be an opportunity to reshape the structure of the council and reimagine what are the best steps to take for continued collaboration and prioritization.

Public Comment

There was no public comment.

Adjournment

There was no further business. The meeting was adjourned at 11:30 a.m.


Special Notes:

The next scheduled meeting of the Georgia Behavioral Health Coordinating Council will be held on **Wednesday, August 10, 2022.**

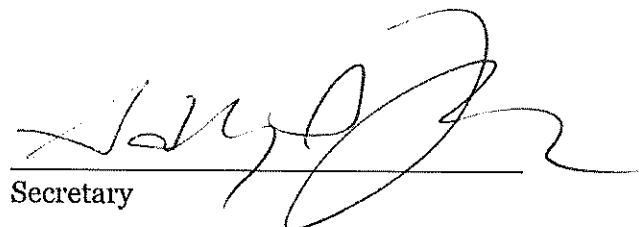
Respectfully submitted by:

Tracy Gamble, BHCC Liaison

Signatures:



Chair



Secretary