



Georgia Department of Behavioral Health
& Developmental Disabilities

Judy Fitzgerald, Commissioner

DBHDD

Office of the Commissioner

**Behavioral Health Coordinating Council
Meeting Minutes
November 13, 2019
10:00 to 11:30 a.m.
2 Peachtree Street, 24th Floor Boardroom
Atlanta, Georgia 30303**

Meeting Called By: Judy Fitzgerald, Chair

Facilitator: Judy Fitzgerald

BHCC Liaison: Tracy Gamble

Council Members Present: Commissioner Judy Fitzgerald (DBHDD)
Representative Katie Dempsey (District 13)
Family Representative, Stanley Jones, Esq.
Disabilities Services Ombudsman Jacquice Stone (ODSO)

Conferencing: Commissioner Frank Berry (DCH)
Commissioner Robyn Crittenden (DHS)
Commissioner Timothy Ward (GDC)
Chairman Terry Barnard (PAP)
Superintendent Richard Woods (DOE)
Parent Representative Diane Reeder
Adult Consumer Representative Julie Spores

Absent: Senator Renee Unterman (District 45)
Commissioner Tyrone Oliver (DJJ)
Commissioner Christopher Nunn (DCA)
Commissioner Kathleen Toomey (DPH)
Commissioner Michael Nail (DCS)
Commissioner Mark Butler (DOL)

DBHDD Leadership: Amy Howell, Assistant Commissioner & General Counsel
David Sofferin, Director, Office of Public Affairs

Agenda

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

Chair Judy Fitzgerald welcomed everyone to the meeting and thanked the council members for their continued commitment and common interest concerning behavioral health.

Recovery Presentation

Fitzgerald introduced Toyia Mather, outreach coordinator for the RESPECT Institute. Mather introduced Alex Berthelot, a graduate of the RESPECT Institute. Berthelot shared her courageous story of battling mental illness along with struggles of finding the right services and a connection with a therapist to help her walk through her journey. She received treatment at Skyland Trail and learned many valuable skills. Berthelot said telling her story gives her power and acknowledges that her journey toward recovery is difficult and hard work but its work it.

Action Items

Two actions items were presented for the council's approval.

Approval of the August 14, 2019, council meeting minutes: Chair Judy Fitzgerald asked for a motion to approve. Stanley Jones made the motion, which was seconded by Representative Katie Dempsey. The motion was passed unanimously.

Approval of the 2020 proposed council meeting dates: Chair Judy Fitzgerald asked for a motion to approve. Stanley Jones made the motion, which was seconded by Representative Katie Dempsey. The motion was passed unanimously.

BHCC Initiatives

Fitzgerald began the meeting with an overview of the purpose of the two subcommittees that report to the council on a regular basis.

Interagency Directors Team

Fitzgerald introduced Danté McKay, JD, MPA, director of DBHDD's Office of Children Young Adults and Families and chair of the Interagency Directors Team (IDT).

McKay recognized, Ann DiGirolamo, Ph.D., MPH, director of the Center of Excellence for Children Behavioral Health at Georgia State University. DiGirolamo's team provides the backbone support to the work of IDT and statewide system of care state plan. Also recognized was Renee Johnson, System of Care director. Johnson will take on a lot of the leadership role as it relates to the System of Care State Plan and implementation work.

McKay provided updates on the current System of Care (SOC) State Plan and the emerging work of the next SOC State Plan.

McKay explained the purpose of a continuous feedback loop between the Behavioral Health Coordinating Council, Interagency Directors Team, and Local Interagency Planning Teams. The idea is that practice will reflect policy, and policy will reflect practice through the continuous feedback loop where information will be communicated up to the commissioners' and directors' levels from those who are on the ground level.

The SOC State Plan focused on 5 areas of influence; access, coordination, workforce development, funding and finance, and continuous evaluation. Over all, there are 20 strategies and 64 action items.

McKay highlighted a few of IDT's accomplishments, beginning with the Local Interagency Planning Teams (LIPTs) -The purpose of LIPTs is to have a systemic wraparound of services for children who are in danger of out-of-home placement, being admitted to a psychiatric residential treatment facility, or children who are eligible for discharge and will return to the community. There are 130 LIPTs around the state. The LIPTs' permanent membership includes the following:

- Community mental health agency responsible for coordinating children's services
- Division of Family and Children Services of the Department of Human Services
- Department of Juvenile Justice
- Department of Public Health
- Member of the special education staff of the local education agency
- Georgia Vocational Rehabilitation Agency

LIPT Data Collection Form: One objective of the SOC State Plan was to develop a streamlined tool that would enable data collection and the identification of trends at the local level without creating an additional burden. The following areas will be developed from the tool:

- Child/Youth-Level Information
- Demographic Information
- Clinical Information
- Previously identified and newly identified services
- Program Information

A Behavioral Health Access Map was developed under the current SOC State Plan. If a family is experiencing a behavioral health challenge, it can be difficult to know where to begin seeking services. The map is a tool to help navigate through the system and connect with appropriate resources. The map complements two access guides developed for young adults and families.

Trauma Informed Universities: In August a three-hour seminar curriculum was developed for students who are on the pathway to a masters-level social work career. The goals of the seminar are to define trauma and resiliency and describe the potential impact of being trauma-informed in real-world practice. More than 450 students have participated in the seminar. Pilot sites include Albany State University, Clark Atlanta University, Georgia State University, Kennesaw State University, and the University of Georgia.

The New System of Care State Plan will include care continuum with DBHDD's Office of Children, Young Adults, and Families and the IDT. They will explore innovations in the areas below.

- Infant and toddler social emotional health
- Child Welfare
- Education
- Juvenile Justice
- Behavioral Health
- Public Health
- Rural Health
- Family/Youth Voice

Stakeholder interviews and drafting of the SOC State Plan has started and will continue up to Spring 2020, followed by discussion to review and finalize the plan. In May 2020, the plan will be presented to the Behavioral Health Coordinating Council for review and approval.

Danté McKay was appointed as a member of the newly created Mental Health Task Force, created by University System of Georgia Chancellor Steve Wrigley to address the growing concern of mental health challenges on campuses. The task force will review programs, policies, and best practices within state universities, as well as campuses around the country, and provide recommendations to the Board of Regents and the chancellor.

Transition-Reentry Committee

Fitzgerald introduced Terri Timberlake, Ph.D., director of DBHDD's Office of Adult Mental Health and co-chair of the BHCC Transition Reentry Committee. Timberlake highlighted a few areas of focus.

- Individuals who are transitioning out of the correctional facilities able to experience a successful reintegration back into the community.

- Access to RESPECT Institute speakers: Partnering agencies are encouraged to use speakers from the RESPECT Institute who have experience with the criminal justice system to share their story of lived experiences and help reduce the stigma of mental health.
- The Forensic Peer Mentor Program has been the most impactful initiative. In the last five years a large number of peers have been trained and are working across Georgia in seven state prisons, eight day reporting centers, two state hospitals, and five mental health treatment courts. Forensic Peer Mentors work inside facilities and in the community and are able to truly bridge gaps for people transitioning back into society and get them linked to services in the community. The recidivism/re-arrest rate year to date is very low with only 1 individual who was re-arrested.
- Employment: Continued focus is on employment for returning citizens through engagement, education, and connection with opportunities by partnering in a family-focused, peer-facilitated, multi-session project. The proposed pilot site for this project is the Metro State Prison.
- The 4th Annual Respect in Recovery 5K Walk/Run was attended by more than 200 people. It is an interagency partnership event to end stigma, promote mental health, highlight Georgia's successful re-entry programs, and celebrate the successes of those in recovery.

Commissioner's Report

Commissioner Fitzgerald introduced Emile Risby, M.D., medical director and director of the Division of Hospital Services. Dr. Risby provided an overview of DBHDD's hospital system.

There are five state hospitals in Georgia: West Central Regional Hospital, East Central Regional, Central State Hospital, Georgia Regional Hospital-Atlanta, and Georgia Regional Hospital-Savannah. The hospitals offer a full array of services as illustrated below.

PSYCHIATRIC TREATMENT

Full array of therapeutic modalities

Nursing Care
Psychosocial Rehabilitation
Occupational Therapy
Physical Therapy
Speech Therapy
Activity Therapy
Music Therapy

MEDICAL TREATMENT

Primary Care Provider
Coordination of medical specialty care
(surgical, endocrine, infectious disease,
ophthalmology, GYN, etc.)
Respiratory Therapy
Wound Care
Pharmacy Services
Laboratory Services
Dental

State hospitals have become the primary provider for individuals who are admitted. Often, individuals have neglected their primary care. Some individuals have medical morbidities that are beyond our ability to manage locally and are quite expensive. The hospital assumes a significant amount of cost providing primary, specialty, and dental services mentioned above.

The state hospitals' three program areas are Adult Mental Health, Forensics and Intellectual and Developmental Disabilities. Children and adolescents are not admitted into our hospitals.

Dr. Risby discussed the 30-day readmission rate and the top residences chosen when an individual is discharged. Most patients return home to their families. Forensic patients are admitted to the hospital by the courts and are only discharged upon a court order. DBHDD provides competency restoration to individuals who were found incompetent to stand trial. If a judge finds that competency has been restored, individuals are discharged back to the jail to stand trial. Individuals committed to a state hospital because they were found not guilty by reason of insanity remain in the hospital until the court determined that they can be released.

All the state hospitals have an academic focus and collaborate with the following to train Georgia's future workforce:

- Emory University Department of Psychiatry
- Morehouse School of Medicine
- Mercer University
- Augusta University
- Nursing Schools (multiple schools/universities)
- Psychology Interns (various universities)
- Dental Hygiene Students

Commissioner Fitzgerald introduced Karen Bailey, Ph.D., director of DBHDD's Office of Forensic Services. The office provides the following services to state and superior courts:

- Forensic Evaluation and Expert Testimony
- Competency Restoration
- Inpatient Evaluation and Treatment
- Community Forensic Services
- Juvenile Forensic Services

Bailey provided a brief overview about forensic evaluations. There are about 35 evaluators in the community and 30 in the hospitals. They evaluate individuals upon court order to opine whether a person is competent to stand trial (in the case of competency evaluations) or not guilty by reason of insanity.

There are 641 dedicated forensic beds across five state hospitals. Individuals found incompetent to stand trial are adjudicated through the court and ordered to have inpatient

restoration. The restoration rate is 70 percent with an average length of stay of 120 days. In 2011, the evaluators began outpatient evaluations in Fulton County Jails for nonviolent felonies for restoration.

Sixty percent of individuals are long-term forensic patients who are civilly committed. The average length of stay for these individuals is seven years. Hospital services for these individuals are focused on recovery and risk reduction.

Commissioner Fitzgerald said there is a new 40-bed forensic unit being built at West Central Georgia Regional Hospital in Columbus.

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, February 12, 2020.**

Respectfully submitted by:

Tracy Gamble, BHCC Liaison

Signatures:


Chair


Secretary

