

Georgia Department of Behavioral Health
& Developmental Disabilities

Judy Fitzgerald, Commissioner

DBHDD

Office of the Commissioner

Behavioral Health Coordinating Council
Meeting Minutes
February 10, 2021
10:00 to 11:30 a.m.
Meeting held via Webex only

Meeting Called By: Judy Fitzgerald, Chair

Facilitator: Judy Fitzgerald

BHCC Liaison: Tracy Gamble

Council Members Present: Commissioner Judy Fitzgerald (DBHDD), Commissioner Frank Berry (DCH), Stanley Jones, Esq., (Family Representative), Commissioner Timothy Ward (GDC), Disabilities Services Ombudsman Jacquice Stone (ODSO), Commissioner Tyrone Oliver (DJJ), Commissioner Michael Nail (DCS) Superintendent Richard Woods DOE), Diane Reeder (Parent Representative)

Absent: Representative Katie Dempsey (District 13), Chairman Terry Barnard (PAP), Commissioner Kathleen Toomey (DPH), Commissioner Christopher Nunn (DCA), Commissioner Mark Butler (DOL), Commissioner Robyn Crittenden (DHS), Julie Spores (Adult Consumer Representative)

DBHDD Leadership Present: Brenda Woodard, 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 for taking time out of their busy schedules for attending the BHCC meeting. She emphasized her appreciation to the council members for their shared interest in behavioral health.

Recovery Presentation

Chair Fitzgerald introduced Toyia Mather, Outreach Coordinator for the RESPECT Institute of Georgia. Ms. Mather introduced Larissa Hanger, a recent graduate of the first RESPECT Institute Zoom training. Ms. Hanger shared her lived experiences with family stresses, self-harming and an eating disorder. In March 2020, Ms. Hanger sought behavioral health treatment. She lost the stigma of having behavioral health issues she once held and is now an advocate helping others. Ms. Hanger said she knows her worth and now she is becoming the person she was meant to be.

Chair Fitzgerald presented one action item for the council's approval.

Action Item

Approval of the November 18, 2020, BHCC meeting minutes: Chair Judy Fitzgerald asked for a motion to approve. Stanley Jones, Esq. made the motion, which was seconded by Commissioner Frank Berry. The motion was passed unanimously.

BHCC Initiative

Chair Fitzgerald gave a brief reminder to the council about the next presentations from two critical groups that are connected to the BHCC. The Interagency Directors Team focus on youth and the Transition Reentry Team's focus on an important population of adults. The Chairs of both work groups are busy throughout the year and has continued the groundwork throughout COVID- 19. In most cases, the groups are working with your agencies. Chair Fitzgerald thanked the council for their continued support.

Interagency Directors Team

Chair Fitzgerald introduced Renee Johnson, Director of Georgia State University Health Policy Center and Chair of the Interagency Directors Team (IDT). Ms. Johnson said the IDT members are working diligently to implement the new System of Care (SOC) State Plan. The IDT have a total of 11 subgroups and each IDT member is a participant on at least one subgroup. All groups are meeting and collaborating across agencies to develop action plans to implement the SOC State Plan strategies and objectives. The work groups are planning and collecting data to help implement their short term and long-term goals.

The System of Care Continuum Care work continues with prevention early screening, early intervention, intervention, late intervention, infant and childhood mental health. Ms. Johnson shared the updated triangle that represents the framework of the SOC State Plan from the Governor's office, BHCC, IDT, Local Interagency Planning Teams (LIPT) Collaborative, and the LIPTs.

The Regional Interagency Planning Team's name was changed to the Local Interagency Planning Team Collaborative LIPT. The LIPT Collaborative better represents the work that's happening on the regional level with the LIPTs. The name changed but the work remains the same.

Transition-Reentry Committee

Chair Fitzgerald introduced Terri Timberlake, Ph.D., Director of DBHDD's Office of Adult Mental Health and co-chair of the BHCC Transition Reentry Committee.

Dr. Timberlake shared the primary areas of focus the Transition-Reentry Committee identified years ago.

The *Transition-Reentry Committee* population focus is on individuals who are being paroled from Georgia Department of Corrections (GDC) back into the community with mental health classification levels at 2 (outpatient treatment), 3 (inpatient moderate), and 4 (inpatient intensive).

- RESPECT Institute speakers - Partnering agencies are encouraged to invite a speaker to come and share their lived experiences and challenges they faces with behavioral health and/or the criminal justice system. Their stories are powerful and impactful.
- The Forensic Peer Mentor Program has been a consistent positive shining star. The committee is in partnership with Georgia Department of Corrections and the Department of Community Supervision (DCS). Forensic peers are individuals who have lived experiences with behavioral health and the criminal justice system who are trained and certified to work in the state prisons, day reporting centers and the mental health treatment court. The Forensic Peers assist individuals with mental illnesses and or a criminal history gain reentry back into the community after their release from jail or prison. The Forensic Peers are working in 7 state prisons, 8 day reporting centers, 1 state hospital and 6 mental health treatment courts. The census as of December 31, 2020 reported, 235 certified forensic peers who served year-to-date, 379 peers. The recidivism and re-arrest re-admissions rate are relatively low.
- Employment -The collaboration work continues to with the employment of returning citizens who have a criminal background. The current project and focus are on accessibility of resources for linking employers and providers, as well as educate them and have a dialogue about the benefits of employing a returning citizen from the rehabilitation talent pool. State agency websites are being used for publicizing information and program resources. Currently, there are 8 partners involved.
- The Family Reunification Initiative- Is a small extension of the forensic peer work. This initiative is family-focused and peer-facilitated to help returning citizens and their families connect by improving their communication and strengthening family

support to help with a successful transition back into the community. Central State Prison was recently approved for one of the pilot sites. The process of identifying 20 returning citizens to start the first cohort is taking place. A provider has been contracted and the hiring and training staff will start in mid-March 2021.

The Chair's Report – Included DBHDD updates from Commissioner Judy Fitzgerald and Doug Reineke, Director, DBHDD Office of Legislative Affairs and Tony Sanchez, Director DBHDD Office of Recovery Transformation.

Commissioner Fitzgerald introduced information about the new 9-8-8- National Suicide Hotline. In the summer of 2020, the Federal Communication Commission (FCC) designated the three-digit dialing code 9-8-8 as the National Suicide Hotline that is specialized for behavioral health crisis. People will be able to dial 9-8-8 and get connected to the National Suicide Hotline. States across the country have until July 2022 to implement the change and Georgia is better positioned than most states. Today, when an individual call the national suicide hotline the call is rerouted to Georgia Crisis and Access Line (GCAL). However, there is much work that must happen before 2022. DBHDD has a team preparing and working with key national partners. This will be transformative for people accessing services, help reduce the stigma of mental health and change lives.

Doug Reineke, Director, DBHDD Office of Legislative Affairs

Mr. Reineke gave a brief overview of Georgia's General Assembly works and what the session looks different this year due to COVID-19. The legislature has been hard at work, using Governor Kemp's budget recommendations as a starting point, to develop and pass the state's budget through a detailed committee process in the House and Senate. The amended senate budget passed yesterday, February 9th, 2021.

Preparations for Fiscal Year 2022 budget hearings begin next week before the House Subcommittee on Human Relations. The process has been relatively slow. These meetings will continue over the next few weeks as both chambers decide on state agencies final budgets which will specify how much state funding various agency programs will receive.

Mr. Reineke highlighted the few bills were highlighted.

- SB 46, by Senator Dean Burke (R-Bainbridge), grants the ability to administer vaccines to EMS workers. The expanded allowance applies only to vaccines for illnesses for which there are declared public health emergencies. This bill was referred to the Senate Health and Human Services Committee.
- HB 307, by Representative Sharon Cooper (R-Marietta), amends the Georgia Telehealth Act to authorize health care providers to provide telemedicine services from home and patients to receive telemedicine services from their home, workplace, or school. This bill was referred to the House Health and Human Services Committee.

- House Bill 514 (2019 Session) created the Georgia Behavioral Health Reform and Innovation Commission. The commission, chaired by Representative Kevin Tanner from House District 9, was formed to conduct a comprehensive review of the behavioral health system of care in Georgia. This commission has 24 appointed members and expires on June 30, 2023. The commission is responsible for reviewing several key areas: behavioral health services and facilities available in Georgia. The commission created five subcommittees to review the following focus areas.
 1. Hospital and Short-Term Care Facilities
 2. Workforce and System Development
 3. Involuntary Commitment
 4. Mental Health Courts and Corrections
 5. Children and Adolescent Behavioral Health

Tony Sanchez, Director DBHDD Office of Recovery Transformation gave a comprehensive overview of Peer support is important provides a comprehensive enhancement to the services already being provided to a person over all well-being.

Georgia led the way and was the first Georgia was the first state to bill Medicaid for peer services (CPS-MH, 1999). Georgia model became basis for 40+states and a dozen countries to adopt mental health Peer Support. There are approximately 2,800 (unduplicated CPS) certified in Georgia and 3,700+ roles due to multiple certifications. Certification and trainings are required to become a certified Peer Specialist. There are 4 types of peer certifications.

Certified Peer Specialists provide an array of services. They are not a replacement for physicians and therapist however, they act as the bridge that helps individuals connect to behavioral health services.

Access to Peer support can be received in a formal and informal manner in various ways.

Access to Peer support formally

- Individual must be living with a Behavioral Health condition and meet DBHDD admission criteria
- Must be receiving services from a DBHDD approved provider
- Must be ordered on the Individual Recovery/Resiliency (IRP) Plan
- Must be authorized by the ASO/Beacon Health

Access to Peer support informally

- Peer Support received without it being prescribed through a state-funded or peer-run organization

The impact of peer support increases the individual engagement with their services and improves a person's quality of life and increases whole health and self-management. One of the primary functions of the Peers is to support and promote recovery.

Public Comment

There was no public comment.

Adjournment

Being there was no further business, Chair Fitzgerald asked for a motion to adjourn the meeting. A motion was made by Superintendent Richard Woods and seconded by Parent Representative Diane Reeder. The meeting was adjourned at 11:30 a.m.

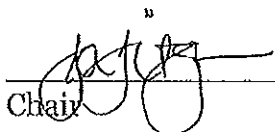
Special Notes


The next scheduled meeting of the Georgia Behavioral Health Coordinating Council will be held on **Wednesday, May 12, 2021.**

Respectfully submitted by:

Tracy Gamble, BHCC Liaison

Signatures:


Chair


Secretary