

Behavioral Health Coordinating Council Meeting

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

November 14, 2018



Agenda

Call to Order

Recovery Speaker

Action Items

BHCC Initiatives

Commissioner's Report

Next Meeting Date

Call to Order

Judy Fitzgerald
Commissioner

Recovery Speaker

Deana Hardin
RESPECT Institute

Action Items

- Minutes (August 15, 2018)
- 2019 BHCC Meeting Schedule

BHCC Initiatives

Interagency Directors Team

Danté McKay, JD, MPA

Director, Office of Children, Young
Adults, and Families

Overview

Interagency Directors Team (IDT) Updates

Local Interagency Planning Team (LIPT) Updates

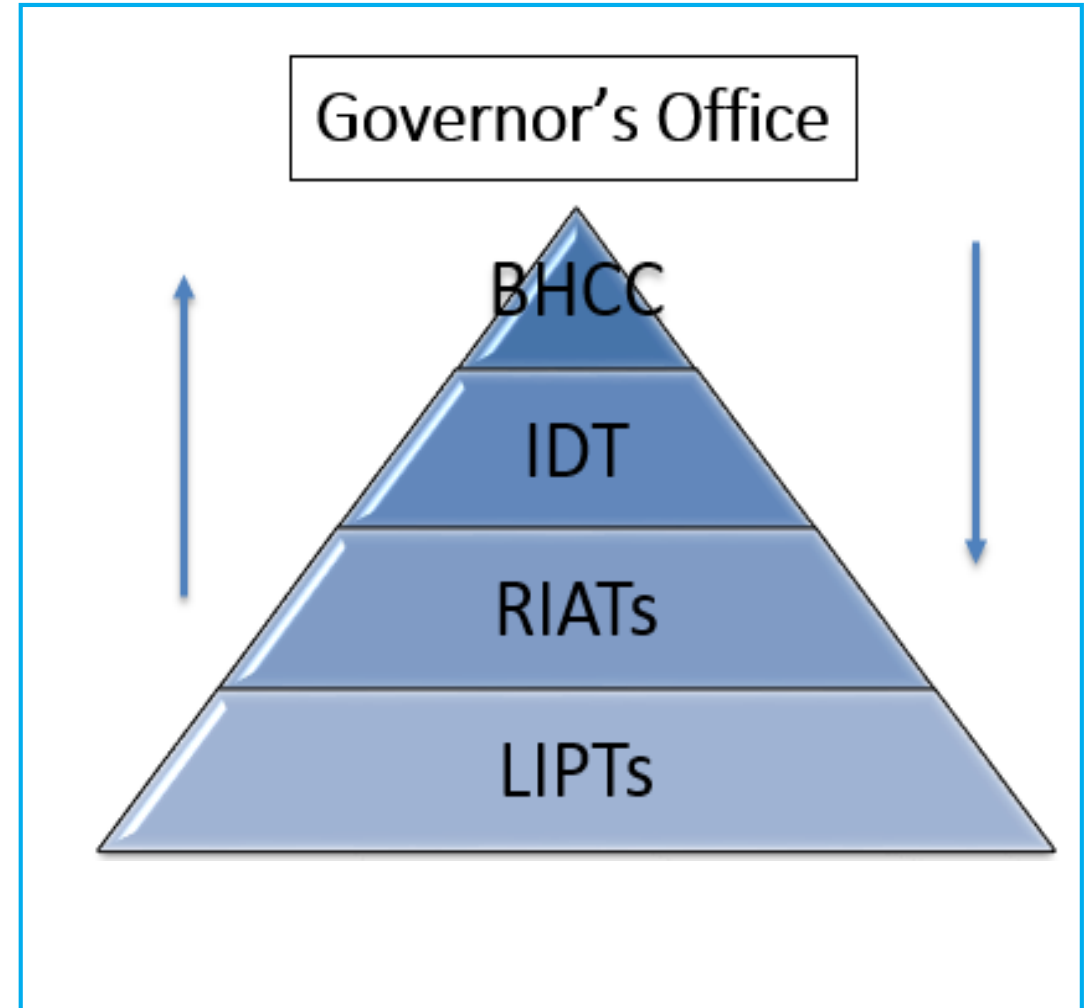
Regional Interagency Action Team (RIAT) Updates



System of Care Values, Principles, and Infrastructure

SAMHSA:

- Spectrum of effective, community-based services and supports;
- Organized into a coordinated network that;
- Builds meaningful partnerships with families and youth; and
- Addresses cultural and linguistic needs, in order to improve functioning at home, in school, in the community.



Interagency Directors Team

The IDT receives monthly updates and informs the following:

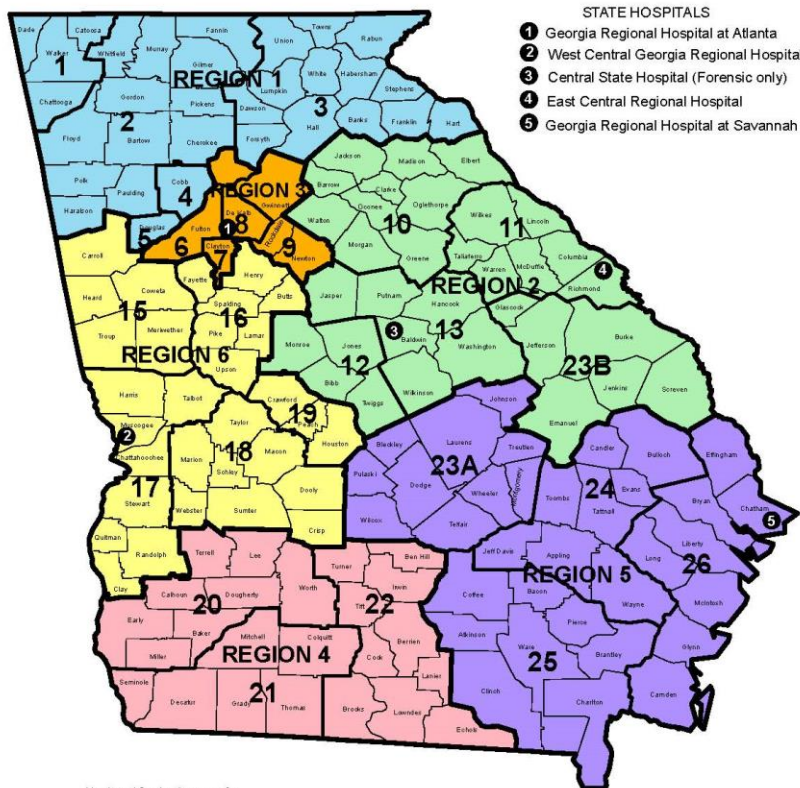
- System of Care Expansion Grant (DBHDD)
- Project LAUNCH (DPH)
- Project AWARE (DOE)
- Local Interagency Planning Team(s)
- Regional Interagency Action Team(s)
- Commission on Children's Mental Health (DBHDD)

IDT Updates

- New Members
- Commission on Children's Mental Health
 - *Addressing gaps in the continuum of care*
 - *Increasing access through school-based mental health ("Apex")*
 - *High Fidelity Wraparound ("Intensive Customized Care Coordination")*
 - *Supported Education/Supported Employment*
 - *Early intervention and prevention approaches to combat suicide prevention and the opioid crisis*

LIPT and RIAT Updates

Georgia Department of Behavioral Health & Developmental Disabilities
Regional Map with Community Service Areas
Effective July 1, 2017

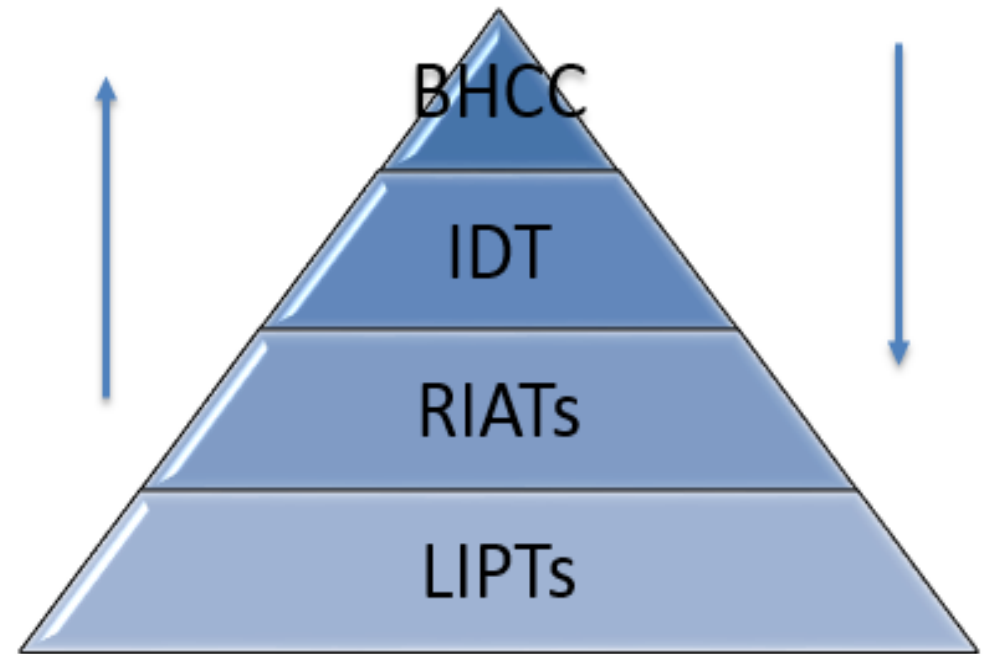


Numbered Service Areas are for identification purposes only



- | | | |
|---|--|---|
| 1 - Lookout Mountain Community Services | 10 - Advantage Behavioral Health Systems | 20 - Aspire BH & DD Services (formerly Albany CSB) |
| 2 - Highland Rivers Community Service Board | 11 - Serenity Behavioral Health (CSB of East Central Ga) | 21 - Georgia Pines Community MH/MRSA Services |
| 3 - Avita Community Partners | 12 - River Edge Behavioral Health Center | 22 - Behavioral Health Services of South Georgia |
| 4 - Cobb Community Service Board | 13 - Oconee Community Service Board | 23A - Community Service Board of Middle Georgia |
| 5 - Douglas Community Service Board | 14 - Pathways Center for BH & Developmental Growth | 23B - Community Service Board of Middle Georgia (Ogeechee Division) |
| 6 - Fulton County | 15 - Midtosh Trail Community Service Board | 24 - Pineland Area Community Service Board |
| 7 - Clayton Community Service Board | 16 - New Horizons Community Service Board | 25 - Unison Behavioral Health (formerly Satilla CSB) |
| 8 - DeKalb Community Service Board | 17 - Middle Flint Behavioral Healthcare | 26 - Gateway Community Service Board |
| 9 - View Point Health | 18 - Phoenix Center Behavioral Health Services | |

Governor's Office



Transition and Re-entry Committee

Terri Timberlake, Ph.D.
Director, Office of Adult Mental Health

Michelle Stanley
Deputy Director
Department of Community Supervision

Returning Citizen Releases by GDC Mental Health Classification Levels

	July 2018	August 2018	September 2018
Level 2 Outpatient Treatment	163	171	173
Level 3 Inpatient Moderate	17	11	12
Level 4 Inpatient Intensive	1	2	2
Total	181	184	187

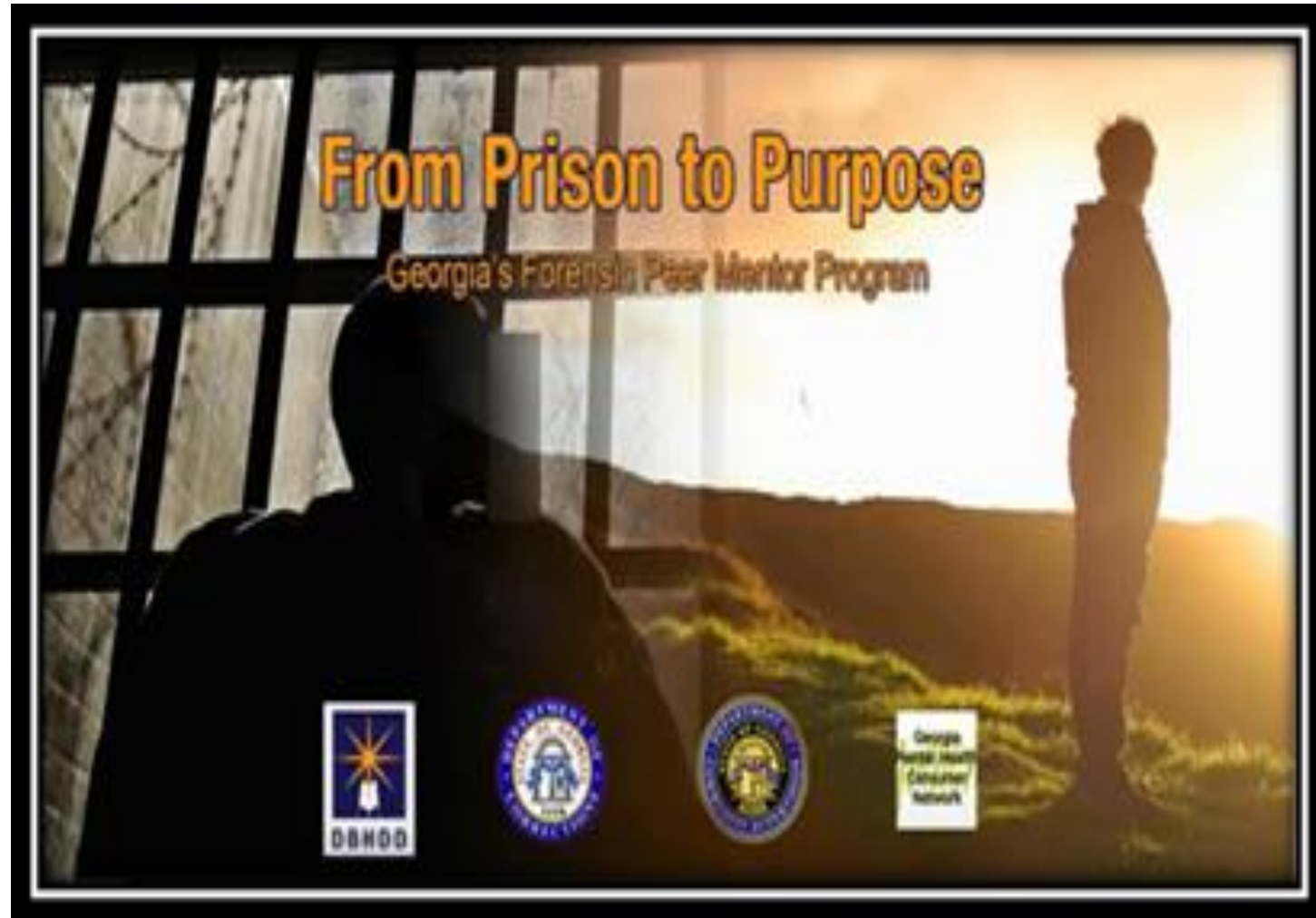
Forensic Peer Mentor Program Outcomes FY 2019 to Date

- FPMs provided 2,671 transition planning sessions
- 141 returning citizens were enrolled
- 1 returning citizen required psychiatric inpatient admissions (in past 12 months)
- 20% YTD employment rate (see ongoing employment strategies)
- 33% YTD stable housing rate (see ongoing housing strategies)
- 1 re-arrest
- 0 reconvictions
- 0 probation/parole revocation
- **Functional 0% recidivism since program inception (0.02%)**

The “Prison to Purpose” Video

The Transition Re-entry Committee has been focusing on strategies to extend messaging about the Forensic Peer Mentor Program throughout the state and beyond.

We have completed production of a video that is shared on each of the partnering agency websites, as well as social media sites, to highlight how the program is key in interrupting the cycle of recidivism among returning citizens with mental health and substance use disorders.



[From Prison to Purpose](#)

Family Reunification Project

- Target Population: Metro, Phillips, and Lee Arrendale State Prisons
- Subcommittee Representation:
 - DBHDD
 - Department of Corrections
 - Department of Community Supervision
 - State Board of Pardons and Paroles
 - National Incarceration Association
- Description: a family-focused reentry curriculum, six months of family counseling that will be co-facilitated by licensed therapists, certified FPMs and certified peer specialist parents (CPS-P) who will function as family peer mentors and will be specifically trained to support family members of incarcerated individuals.
 - These family sessions will be delivered in-person (Metro) and via telehealth technology.



**Family
Reunification,
Education, and
Empowerment Program
(FREE)**

**Psychoeducation, counseling,
and peer support to facilitate
successful re-entry for
Georgia's returning citizens**

Supported Housing for Returning Citizens

- Addressing barriers that impede access to housing for people with a serious mental illness who are transitioning from prison back into the community.
- Letitia Robinson (DBHDD) and Randy Sauls (GDC) are working to develop a process for sharing data for eligible individuals in need of supported housing as part of the release/transition planning.
- Need to connect DBHDD housing outreach coordinators with appropriate GDC transition re-entry specialists for greater coordination of housing placements.

Employment Subcommittee

- Employment Work Group for Returning Citizens is looking closely at the issues of employment for returning citizens.
- Collaborative partners include:
 - DBHDD
 - Georgia Vocational Rehabilitation Agency
 - Department of Community Supervision
 - U.S. Department of Justice (U.S. Attorney's Office)
 - Georgia Justice Project
 - Private Sector
 - Individuals with Lived Experience
- Identifying and strategically planning to develop initiatives that will address employment barriers (e.g., policies, laws, discriminatory employment practices, etc.) faced by returning citizens diagnosed with mental health and/or substance use disorders.
- Initiatives via the U.S. Attorney's Office and the Urban League (e.g., the *Released: When Does the Sentence End* documentary) may advance this work.

3rd Annual Respect In Recovery 5k



200+ participants, multi-agency collaboration,
celebrating recovery and re-entry



3rd Annual Respect In Recovery 5k



3rd Annual Respect In Recovery 5k



3rd Annual Respect In Recovery 5k

Commissioner's Report

Judy Fitzgerald
Commissioner

Suspension versus Termination of Medicaid Benefits for Incarcerated Individuals



Joe Hood, Deputy Commissioner



Mission

The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through effective planning, purchasing, and oversight.

We are dedicated to A Healthy Georgia.

Areas of Discussion

- Why Medicaid Benefits for Offenders were Terminated
- How the Department is Addressing the Challenge



Termination of Medicaid Benefits for Offenders in Georgia

- Many adults who qualify for Medicaid do so by virtue of receiving Supplemental Security Income (SSI) due to a disability. In Georgia, there are more than 266,000 members currently with Medicaid coverage and SSI.
- The SSI eligibility and enrollment automatically triggers a computer interface that enrolls or terminates Medicaid when the individual enrolls in SSI or terminates/suspends SSI eligibility.
- The challenge arises when one of these individuals is arrested in a local jail. Jails have agreements in place with the Social Security Administration (SSA) to allow SSA to end SSI payments when offenders are in jail for 60 days. The termination of SSI automatically terminates the individual's Medicaid coverage.



Termination as a Barrier to Health Care

- Reenrollment into Social Security upon release from jail is how the individual is reenrolled in Medicaid. The individual will seek SSI reenrollment upon release from jail, creating his/her reenrollment in the Medicaid benefit.
- Unfortunately, reenrollment in Medicaid may take a few months for eligibility to be effective. During these months, the individual will have medical needs that are not met, especially those requiring medication immediately upon release from jail.
- In some instances, if medication is required to address mental health needs, the lack of medication may result in a return to jail due to behavior that could have been controlled by medication.



Proposal to Address the Challenge

- On January 2, 2018, the Department of Community Health (DCH) completed a programming change with its vendor for the Georgia Medicaid Management Information System (GAMMIS) to postpone termination of Medicaid for impacted individuals until reenrollment occurs through the Social Security Administration enrollment process.
- The change will replace the termination date with a date 18 months forward, thus suspending termination for 18 months.



Opioid Crisis Update

Cassandra Price, GCADC II, MBA
Director, Office of Addictive Diseases

DBHDD Dollars at Work

State Targeted
Response
(STR) Grant
\$11,782,710
per year for
two years
(currently in
year 2)

State Opioid
Response
(SOR) Grant
\$19,881,735 per
year for two
years (will
support
continuation of
STR)

FY 2019 State
Funding for
Addiction
Recovery
Support Centers
\$4,000,000

What did our state look like before federal opioid funding?

- Medication-assisted treatment (MAT) structure overview
 - 72 MAT clinics (narcotic treatment programs, NTP) - for profit
 - Licensed by Department of Community Health/Healthcare Facility Regulation
 - Office Based Opioid Treatment (OBOTs) not licensed by state
- MAT services funded by DBHDD
 - DBHDD funded approximately 6 NTP clinics for people without insurance until 2008 budget crisis
 - Reduced to 2 NTP programs that provide services for uninsured

What effect did federal opioid funding have on state system?

- DBHDD created pharmacy benefit to provide medication to publicly funded provider network that lacked MAT as evidence-based practice
- With STR and SOR funding, 14 MAT programs were established
- Naloxone become available in communities, treatment centers, and to first responders
- Peer support provided in EDs to individuals who experienced an overdose
- Created a warm line for individuals and families to connect to a peer
- Developed recovery support programs focused on individuals with opioid use disorder (OUD)—total of 6 with STR and SOR funding

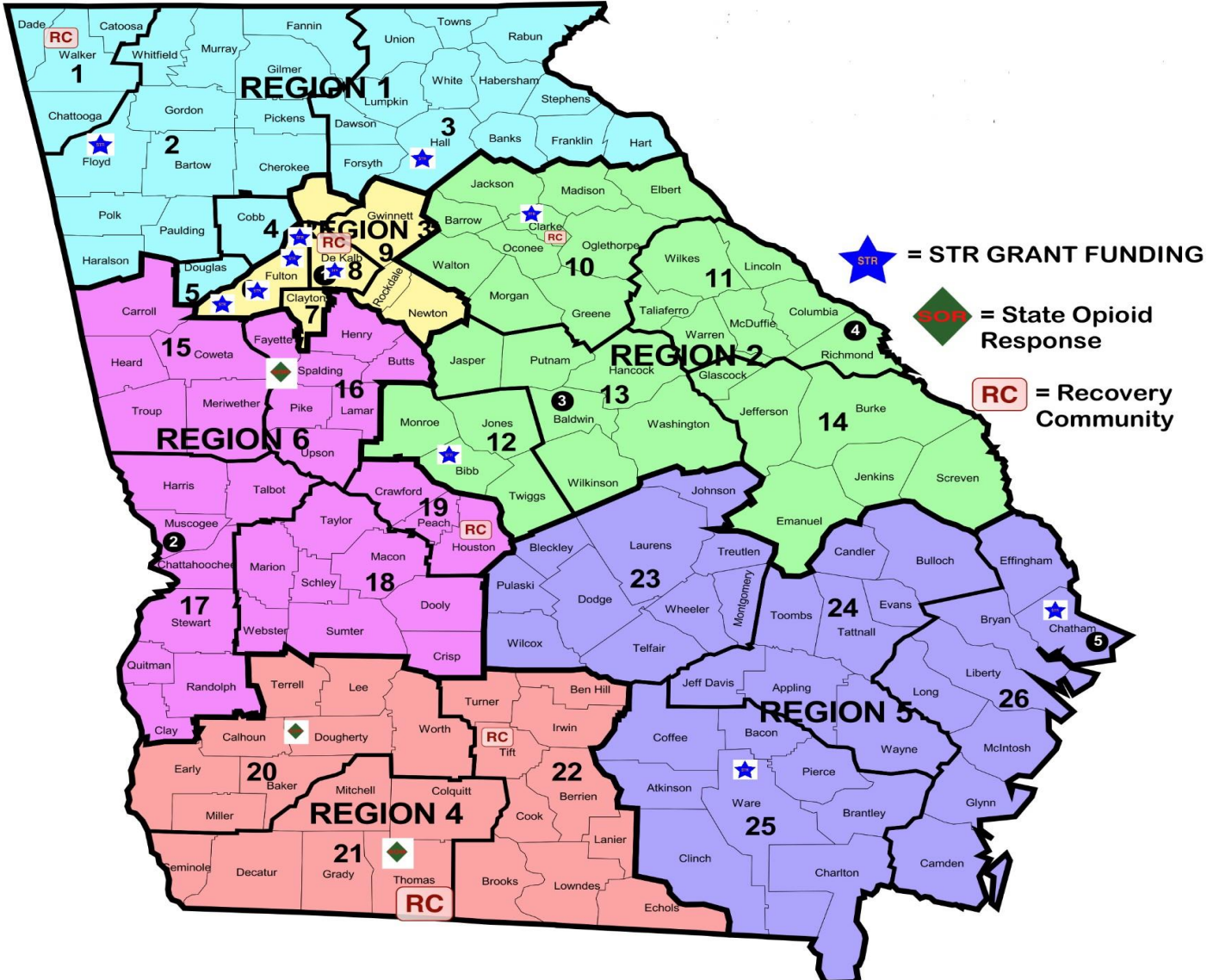
Noteworthy STR Outcomes/Trainings to Date

- 945 self-reported overdose reversals since May 1, 2017
- 775+ Georgians receiving MAT services through the STR grant
- 819 first responders trained in naloxone administration; 695 kits distributed
- 3 training collaboratives reaching more than 400 providers and stakeholders
- Comprehensive Opioid Response with Twelve Steps (COR-12) training for all STR treatment providers
- 2 Beyond the Waiver trainings for health care professionals (physicians, practitioners, nurses)
- 2 Creating and Sustaining a Culture of Recovery sessions for treatment and recovery providers

Successes

- Partnership and willingness of provider network to implement MAT
- Recovery initiatives—addition of 16 state-funded Addiction Recovery Support Centers
- Support and involvement of communities
- Collaborative partnership with Department of Corrections and Department of Community Supervision
- Assisted in developing State Response Plan for Opioid with Department of Public Health

Geographic Distribution of MAT and Recovery Supports (current and expanded)



Challenges

- Pharmacy formulary
- Managing budgets in unpredictable cycles including carry-over requests/timing of STR vs. SOR
- Inconsistent federal reporting requirements

Future

- Ensure STR work continues uninterrupted with SOR funding
- Expand MAT and recovery work with SOR funding
- Build a sustainability plan for all MAT funding through additional federal dollars or consideration of state funds requests

Treatment Programs (OUD grant funded)

Provider	Region
Advantage Behavioral Health	2
Aspire Behavioral Health and Developmental Disabilities (start 11/1/18)	4
Avita Community Partners	1
Georgia Pines Community Service Board (start 11/1/18)	4
Grady Memorial Hospital	3
Highland Rivers Behavioral Health	1
HUGS Recovery Center	3
McIntosh Trail Community Service Board (start 11/1/18)	6
Newport Integrated Behavioral Health	3
Recovery Place	5
River Edge Behavioral Health	2
St. Jude's Recovery Center	3
Southside Medical Center	3
Unison Behavioral Health	5

Recovery Programs (OUD grant funded)

Provider	Region
Georgia Pines Addiction Recovery Support Center	4
iHOPE, Inc.	6
Lookout Mountain Addiction Recovery Support Center	1
OASIS, Inc.	4
Peer Works Outreach	3
People Living in Recovery, Inc.	2

ED Peer Support & GARR Training Initiative (OUD grant funded)

Provider	Region
Georgia Association of Recovery Residences	Statewide
Georgia Counsel on Substance Abuse	Statewide
Navigate Recovery Gwinnett	3

Addiction Recovery Support Centers (state funded)

Provider	Region
The Mosaic Place (Highland Rivers Health)	1
Recovery Community Foundation of Forsyth – The Connection	1
Divas Who Win Freedom Center	2
Jeffrey Dallas Gay, Jr. Recovery Community Center	2
Peers Living in Recovery	2
River Edge Behavioral Health	2
Navigate Recovery – Safe Harbor	3
Peers Empowering Peers	3

Addiction Recovery Support Centers (state funded, cont.)

Provider	Region
R2ISE, Inc.	3
Change Center (Aspire Behavioral Health and Developmental Disabilities)	4
RISEUP (CSB of Middle Georgia)	5
Face-to-Face Recovery	5
The Susan Ford Recovery Community Organization (Pineland Behavioral Health and Developmental Disabilities)	5
Coweta FORCE	6
iHOPE, Inc.	6
Better Living Recovery Community Organization	6

GCAL & Warm Line

- Georgia Crisis & Access Line (GCAL)
 - Immediate access to routine or crisis services
 - 1-800-715-4225.
 - Available 24 hours a day, 7 days a week and 365 days a year to help you or someone you care for in a crisis.
- CARES Warm Line
 - If you or someone you know is in or seeking recovery from substance use disorder, we are here for you/
 - 1-844-326-5400

Next BHCC Meeting

Proposed date: February 13th



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Georgia Department of Behavioral Health & Developmental Disabilities



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