

# Behavioral Health Coordinating Council Meeting

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**BE D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities

November 17, 2021



# Agenda

Roll Call / Call to Order

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Recovery Speaker

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Action Items

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BHCC Initiatives

- IDT Update
- Transition Support & Re-Entry Workgroup

Chair's Report

- COVID-19 & ARPA
  - High Fidelity Wrap Around
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Next Meeting Date

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# Roll Call

David Sofferin

Director, Public Affairs

# Call to Order

Judy Fitzgerald  
Commissioner

# Recovery Speaker

Kathy Nora

*RESPECT Institute of Georgia*

# Action Items:

- May 11, 2021 Meeting Minutes
- 2022 Proposed Meeting Dates

# BHCC 2022 Proposed Meeting Schedule

Wednesday, February 9

Wednesday, May 11

Wednesday, August 10

Wednesday, November 16

Proposed start time: 10:00 a.m.

# BHCC Initiatives



# Interagency Director's Team

**Renee Johnson, MPA**

System of Care Director

Center of Excellence for Children's Behavioral Health

November 17, 2021



**D·B·H·D·D**

Georgia Department of Behavioral Health  
& Developmental Disabilities

# Overview

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IDT Executive  
Committee

System of Care  
Implementation  
Highlights

# IDT Executive Committee

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- Newly formed Executive Committee
- Committee Goals
  - Close feedback loop
    - BHCC and IDT
    - Reciprocity between state plan and agency priorities
  - Improve strategic decision-making
  - Include executive level perspectives and insights
  - Inform recommendations
- First Meeting: August 20<sup>th</sup>

# IDT Executive Committee

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- Initial Committee Members

- Erica Fener Sitkoff, Executive Director – Voices for Georgia’s Children
- LaMarva Ivory, Deputy Commissioner, External Affairs – DHS
- Ryan Loke, Deputy Commissioner and Chief Health Policy Officer, DCH
- Dahlia Bell-Brown, Program Officer - Woodruff Foundation
- Margaret Caywood, Deputy Commissioner, Division of Support Services - DJJ
- Matt Jones, Chief of Staff, Georgia DOE
- Monica Johnson, Director, Division of Behavioral Health - DBHDD
- Susan Adams, Deputy Commissioner, Georgia DECAL

# SOC Workgroups

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- Behavioral Health Mapping
- Coordination
- Cultural and Linguistic Competence
- Evaluation
- Funding
- Infant and Early Child Mental Health
- Marketing and Communications
- Peer Support
- School Based Mental Health
- Telehealth
- Workforce Development

# Implementation Highlights

- **1.2 Develop prevention/intervention strategies to address early childhood (0-4) mental health.**



## **Pediatric Mental Health Care Access Grant**

- To coordinate increased access to pediatric mental health services
- Key partners: DBHDD, CHOA, GA-AAP, & COE
- IDT will serve as advisory group

# Implementation Highlights

## 5.5.1 Identify and prioritize programs and services that IDT will promote.

Georgia Department of Behavioral Health & Developmental Disabilities | Office of Children & Young Families

### IDT Funding Priorities

**Interagency Directors Team Funding Priorities List**

Under Georgia's System of Care State Plan, the IDT is tasked with identifying and prioritizing programs and services for investment and support (strategy 5.5). The following are example areas where there is opportunity for investment over the next three years, matched to the State Plan Strategy (see [https://gpcceonline.gtu.edu/files/2021/02/SOC-State-Plan-2020-Final\\_02.12.21.pdf](https://gpcceonline.gtu.edu/files/2021/02/SOC-State-Plan-2020-Final_02.12.21.pdf)).



- 1 Growing the Apex school based behavioral health program (strategy 2.1)
- 2 Expanding the peer workforce (Certified Peer Specialist-Youth and Parents) (strategy 3.1)
- 3 Building out the crisis continuum of services for youth (e.g. respite support as the family works toward stabilization, drop in centers, step down services from residential treatment, mobile services in rural areas) (strategy 4.2)
- 4 Filling service gaps for children with complex needs that do not fit one category (e.g. ID/DD-MH/Autism/MH)
- 5 Expanding trauma services for children with reactive attachment disorder diagnosis
- 6 Building dedicated staff and systems for monitoring and enforcement of behavioral health parity in insurance plans for care management organizations and private insurance to ensure coverage of needed treatment and services and proper reimbursement for providers (strategy 4.2 and 5.8)
- 7 Instituting minimum data set surveys (MDSS) for licensed behavioral health providers to monitor and address workforce shortage (strategy 5.1)
- 8 Training, dissemination, and implementation of early intervention/universal prevention evidence-based practices for all schools (strategy 5.3)
- 9 Reaching youth with information about behavioral health supports through youth-friendly communication channels (strategy 5.3 and 5.11)
- 10 Creating and disseminating a statewide virtual trauma-informed training, including a focus on early childhood trauma, for all child-serving agencies (similar to the human trafficking training) (strategy 5.3)
- 11 Financial support for behavioral health providers to help with workforce shortages (strategy 5.8)
- 12 Developing capacity for prevention/early intervention programs that serve 0-5-year-olds and their families by funding social-emotional wellbeing interventions and related workforce development (strategy 1.2 and 1.3)
- 13 Building data sharing infrastructure across a child-serving agencies (strategy 5.12-5.13)


CENTER OF EXCELLENCE FOR CHILDREN'S BEHAVIORAL HEALTH  
Helping children & teens thrive

GEORGIA SYSTEM CARE

DSHDD

# Implementation Highlights

## 5.7.3 – Train service providers on cultural and linguistic competency.





**Save the Date**  
01.19.22

**PROVIDING CULTURALLY RESPONSIVE CARE FOR BEHAVIORAL HEALTH IN GEORGIA**

Join us for an exciting panel and workshop addressing the importance of and strategies for providing culturally responsive behavioral health services here in Georgia.

**Wednesday, January 19, 2022 | Virtual Event**  
Morning Panel: 10:00 a.m. – 12:00 p.m.  
Afternoon Workshops: 1:30 p.m. – 4:00 p.m.  
*continuing education credits available*

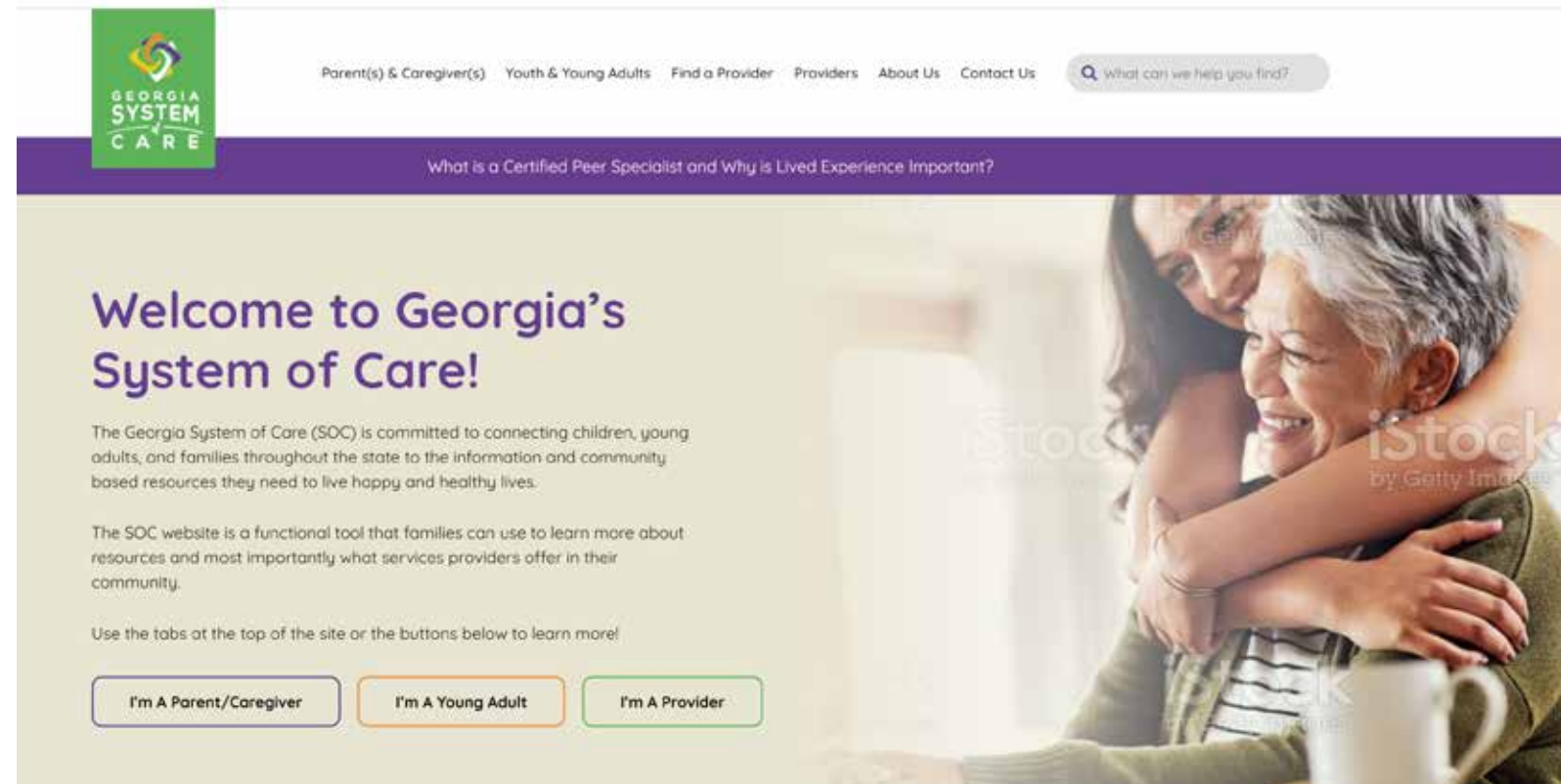


Sponsored by the Georgia Inter-agency Directors' Team for Children's Behavioral Health and the Department of Behavioral Health and Developmental Disabilities



# Implementation Highlights

## 5.11.4 Launch a system of care website for individuals, families, and providers.





# **BE D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities



# Behavioral Health Coordinating Council Transition – Reentry Committee

**Co-Chairperson Terri Timberlake-Briscoe, Ph.D.**

Director,

Office of Adult Mental Health

Division of Behavioral Health

DBHDD

**Co-Chairperson Michelle Stanley**

Deputy Director,

Office of Reentry Services

Field Operations Division

DCS



Georgia  
Department of  
Behavioral Health  
& Developmental  
Disabilities

# BHCC transition reentry committee current areas of focus

- 1 Access to Respect Institute speakers for partnering agencies
- 2 Forensic Peer Mentor Program
- 3 Employment for returning citizens
- 4 Family Reunification Project

# Georgia Department of Corrections

## Returning Citizens with Behavioral Health Classification

Returning citizens who paroled from GDC back into the community with classification Mental Health Level's 2, 3 and 4

Level	Aug 2021	Sept 2021	Oct 2021
Level 2- Outpatient Treatment	181	213	213
Level 3- Inpatient Moderate	23	25	23
Level 4- Inpatient Intensive	6	8	7
<b>TOTALS</b>	<b>210</b>	<b>246</b>	<b>243</b>
<b>Total 699</b>			

# Forensic Peer Mentor Program Locations and Current Census (as of Sept 30, 2021)

## Department of Corrections Facilities & Day Reporting Centers

### 4 State Prisons

4-Positions, 4 filled

- Lee Arrendale State
- Rutledge State
- Metro Atlanta
- Central State

### Current Census

46

9 prison facilities funded  
for expansion

### 7 Day Reporting Centers

7-Positions, 7 filled

- Atlanta
- Athens
- Griffin
- Morrow
- Gainesville
- Gwinnett
- Columbus

### Current Census

105

## Mental Health Treatment Courts

### 11 Mental Health Treatment Courts

5-Positions, 4 filled

- Avita  
(Hall/Dawson/Rabun/Stephens/Habersham Co.)
- Cobb CSB (Cobb Co.)
- Highland Rivers (Fannin/Gilmer/Pickens Co.)
- River Edge CSB (Bibb Co.)
- McIntosh Trail (Spalding Co.)

### Current Census

152 (through 8/31/21)

2 MHC funded for expansion

**Current Total Census: 302**

# Peers Served FY22 (as of Sept 30, 2021)

## Department of Corrections Facilities Day Reporting Centers

## DBHDD State Hospitals Mental Health Treatment Courts

### State Prisons

#### FY22 TD

Total Peers Served-60

### Day Reporting Centers

#### FY22 TD

Total Peers Served- 145

### Mental Health Treatment Courts

#### FY22 TD

Total Peers Served- 155

Total Peers served FY22 YTD:

360

# Forensic Peer Mentor Program Outcomes

Recidivism/Re-arrest Readmissions (FY22TD as of Sept 30, 2021)

Post-Prison Release in Community	FY22 TD
Peers Served	2
Psychiatric hospital readmission	0
Re-arrest	0
Re-conviction	0
Probation/Parole Revocations	0

Daily Report Centers	FY22 TD
Peers Served	145
Psychiatric hospital readmission	1 (<1%)
Re-arrest	5 (3.45%)*
Probation/Parole Revocations	5 (3.45%)

\*Arrests: Aug: 1) Possession of meth: 1) Agg. Assault; 1)  
Sept: 1) Possess of Firearm, DUI, Poss of Maraj; 1) Disorderly conduct, willful obstruction of an officer



# Forensic Peer Mentor Program Outcomes

## Community Outcomes FY22

July 1, 2021 - Sept 30, 2021

Outcome	Post-Prison Release in Community		DRC	
Peers Served	2		145	
Employed or Receiving Benefits	1	50%	89	61%
Enrolled in Community Mental Health Services	1	50%	102	70%
Housed	2	100%	143	99%
Incidents of Homelessness	1		1	

# Forensic Peer Mentors in Treatment Courts

## YTD Program Outcome Highlights

<b>Participants Served by AMH Funded FPM</b>	<b>FY 22 YTD</b>
Participants Served by FPM	155
Re-arrests (new charges)	6 (4%)
Admission CSU/Psyc Hosp.	3 (2%)
Episodes of Homelessness	3 (2%)
<b>On Current Caseload</b>	<b>140</b>
Permanently Housed	117 (84%)
Temporary/Residential Treatment	23 (16%)
Employed/Benefits/Student	128 (91%)
<b>All Courts AMH Funded</b>	
Individuals served	155
Graduates	20



Ramona (right) with The Honorable Judge Mary Staley, Cobb County Superior Court

**“Having been in the system as a convicted felon in that revolving door of substance use, illness, and trouble with law enforcement, as well as my experience with homelessness, despair, estrangement from family and profound loneliness [gives] me a perspective that comes with that lived experience. I know that if I can recover, anyone can. I try to offer unconditional positive regard and carry hope for others until people find it for themselves, because Recovery is Real and Possible and available to All.”**

**--Ramona Burkett, Forensic Peer Mentor  
Cobb County Mental Health Court/Cobb Douglas CSB**

# BHCC – Transition Re-entry Committee

## Employment for returning citizens

### Engage

- Individuals with criminal justice involvement and an SPMI with opportunities for gainful employment
- Employers in dialogue that leads to employing talent from this pool

### Educate

- Individuals on strategies for maintaining employment (including soft skills)
- Employers about the benefits of recruiting and hiring from this rehabilitated talent pool
- Service providers on resources available to Returning Citizens

### Connect

- Individuals with opportunities
- Employers to benefits and recruitment resources
- Agencies doing similar work

# BHCC – Transition Re-entry Committee

## Employment for returning citizens

### Current Project and Focus

- Series of upcoming employment readiness workshops for returning citizens
  - Interviewing skills
  - Soft skills for employment
  - Who is your customer "Employment and Customer Service"

### Completed Trainings

- 9/30/21 SBA Lunch & Learn
- 53 participants
- 10/28/21 Worksource Atl. "How to Brand"
  - The objective was to educate returning citizens and service providers on determining your brand and the activity of setting up a business
- 76 participants

### Partners Involved

- Ga Department of Community Supervision
- Ga Vocation and Rehabilitation Agency
- Ga Dept of Labor
- Urban League
- Department of Justice, U. S. Attorney's Office
- Worksource Atlanta
- Technical College System of GA
- Atlanta CareerRise/United Way
- Department of Juvenile Justice
- Forensic Peer Mentoring Project
- OneSource Learning & Development Center Inc.

# Family Reunification Initiative

**FREE**

**Family Reunification, Education, & Empowerment Project**  
*Psychoeducation, Counseling, and Peer Support to Facilitate Successful Re-Entry for Georgia's Returning Citizens*

New family focused- peer facilitated multi-session project

- Forensic Peer Mentors and *Certified* Peer Specialist-Parent
- Returning Citizens and their family/support network
- Improving communication
- Strengthen family support
- Supporting successful transition into the community

- Pilot site:
  - **Metro Atlanta Reentry Center**-.Ongoing
- 10 Returning Citizens in first Cohort (Currently 7)
- All staff facilitators hired and trained March 12/13
- First cohort began group April 23, 2021
- Completed Group sessions July 23,2021
- Began Family Sessions August 2, 2021

# BHCC – Transition Re-entry committee

## Access to Housing Resources – Sub - Committee

### Highlights

- Review post release stats from DOC statewide for level 2,3,4 classifications
- Developing a pilot to assist DOC inmates (Level 3) without a housing plan transition to a pre-approved housing provider with linkage to community based mental health services and supports
- Researching possible existing housing resources including community residential, transitional housing, supportive housing rental subsidy, former RPH providers and the THOR directory

### Partners Involved

- Ga Department of Community Supervision
- Ga Department of Pardons and Parole
- Ga Department of Corrections
- Ga Department of Behavioral Health
- Ga Department of Community Affairs (*request pending*)



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**BE D·B·H·D·D**

**BE COMPASSIONATE**

**BE PREPARED**

**BE RESPECTFUL**

**BE PROFESSIONAL**

**BE CARING**

**BE EXCEPTIONAL**

**BE INSPIRED**

**BE ENGAGED**

**BE ACCOUNTABLE**

**BE INFORMED**

**BE FLEXIBLE**

**BE HOPEFUL**

**BE CONNECTED**

**BE D·B·H·D·D**



# Chair's Report:

Judy Fitzgerald  
Commissioner

# Block Grants Supplemental COVID Funding Update

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Georgia Department of Behavioral Health & Developmental Disabilities

**Division of Behavioral Health Team**

November 17, 2021

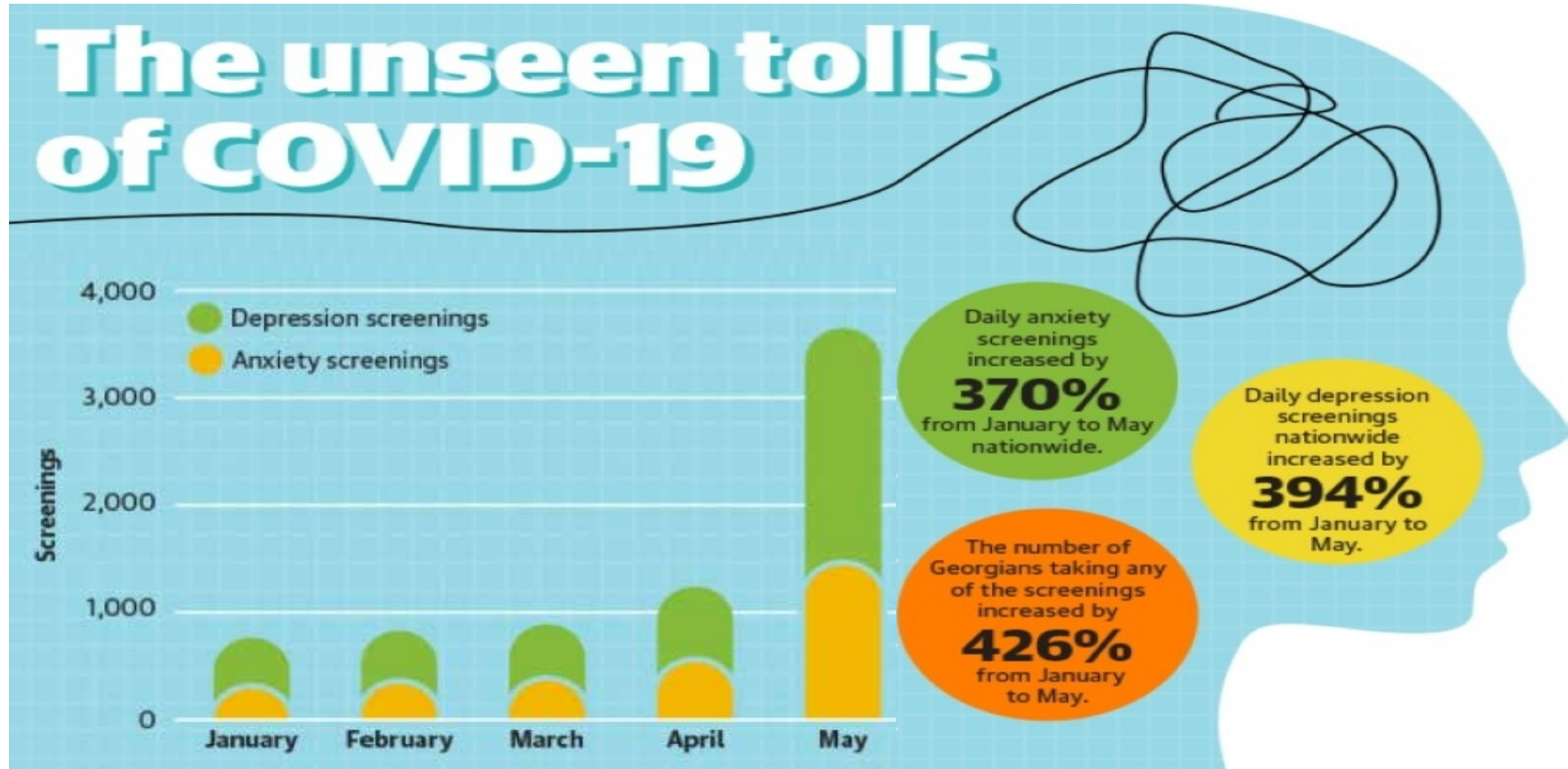


# Impact of COVID-19 on Substance Use

ØThe coronavirus pandemic has had a marked impact on substance use disorder delivery systems. Nationally:

- **Overdoses increased up to 42% per month**
- Fentanyl use has increased 32%, methamphetamine use increased by 20%, heroin use increased by 13% and cocaine use increased by 10% (Millennium Health Signals Report, 2020).
- **Alcohol sales in retail stores increased by 21%** while **online purchases of alcohol increased by 234%** when compared to the same period in 2019. (Nielsen, 2020).

# Impact of COVID-19 on Mental Health



# COVID-19 Block Grant Supplements

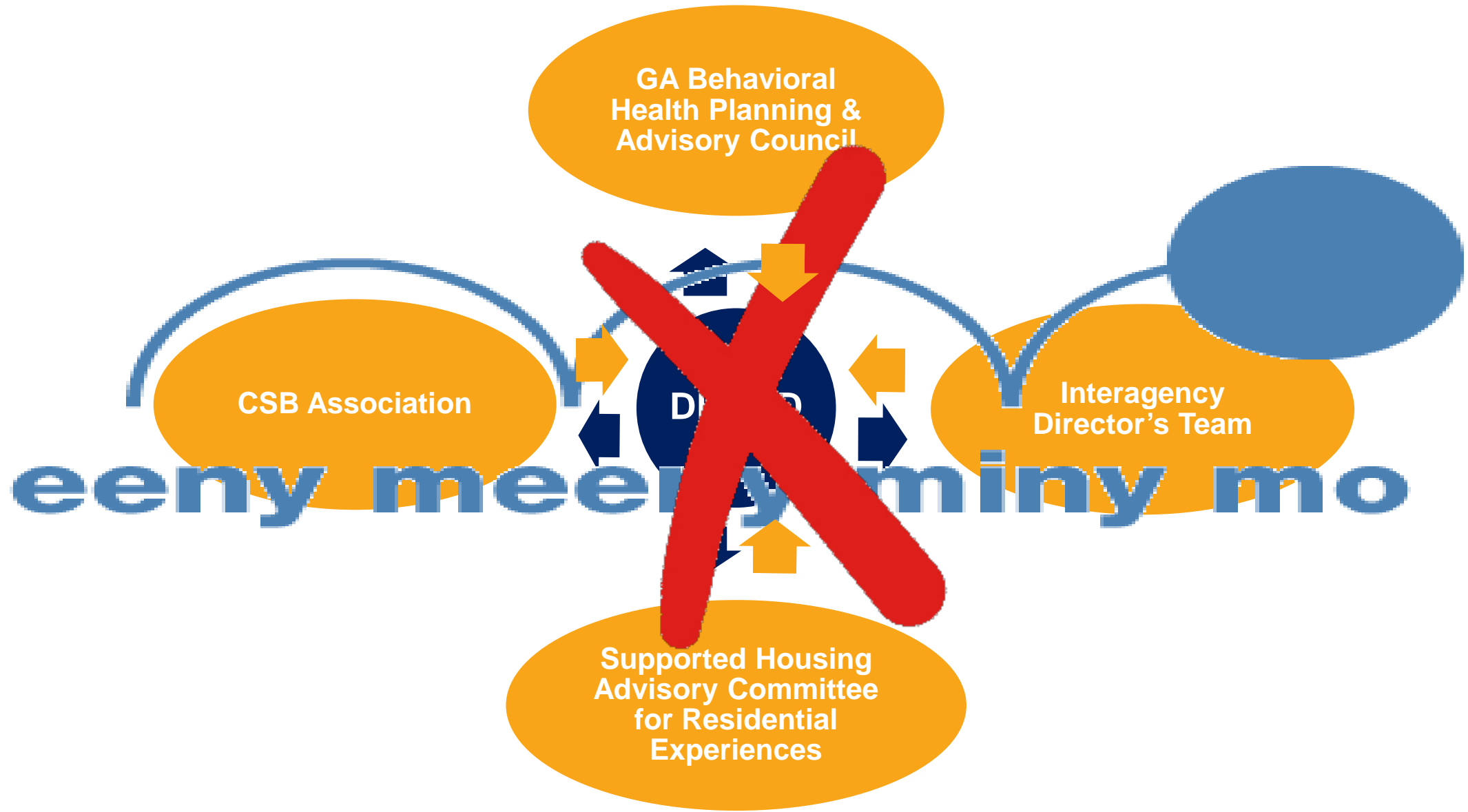
## ☒ Consolidated Appropriations Act:

- In December 2020, the Consolidated Appropriations Act of 2021 (P.L. 116-260) authorized
  - **\$1.65 billion for the Substance Abuse Block Grant/Substance Abuse Prevention and Treatment (SABG/SAPT) grant; and**
  - **\$825 million through the Community Mental Health Services Block Grant (MHBG)**

## ☒ The American Rescue Plan

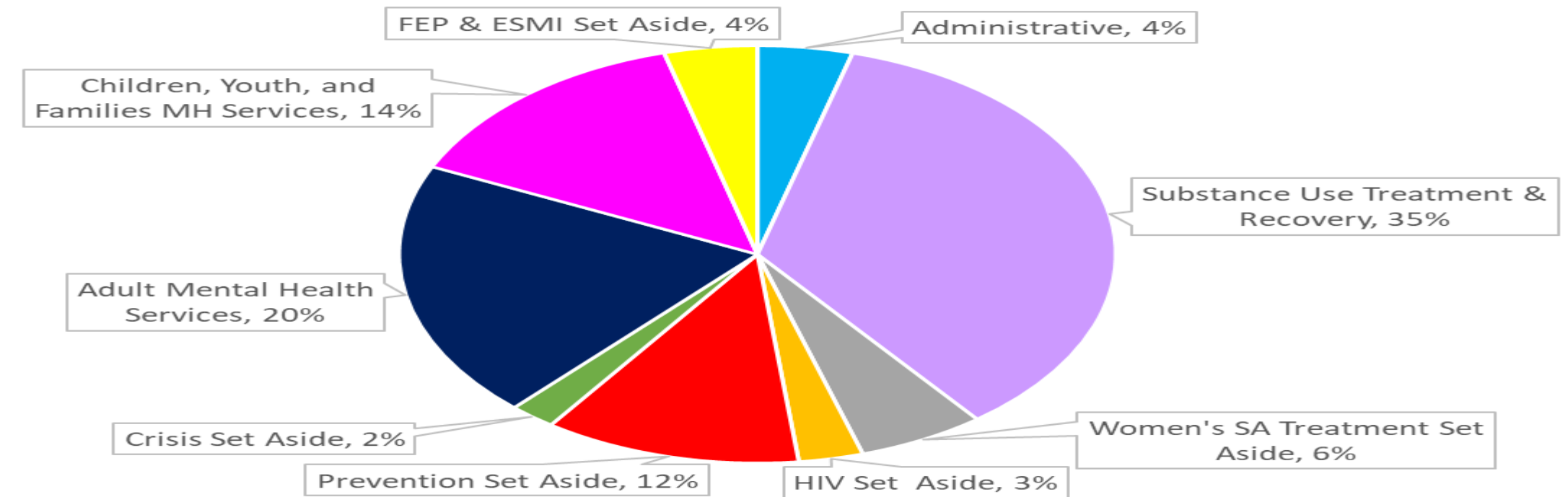
- In March 2021, the American Rescue Plan Act of 2021 (P.L. 117-2) authorized
  - **\$1.5 billion for MHBG; and**
  - **\$1.5 billion for SABG/SAPT grants**

# Our Process: Input from External Partners/Peers



# Supplemental COVID Funding Distribution

Funding Distribution



- Administrative
- Women's SA Treatment Set Aside
- Prevention Set Aside
- Adult Mental Health Services
- FEP & ESMI Set Aside
- Substance Use Treatment & Recovery
- HIV Set Aside
- Crisis Set Aside
- Children, Youth, and Families MH Services

**Total Funding: \$171,942,227**

# Substance Abuse Block Grant (SABG/SAPT)

- Ø **Annual Allocation Amount** (two-year spending cycle)
  - \$57,155,304
- Ø **COVID-19 Relief Funding**
  - \$53,569,236
  - March 15,2021-March 14, 2023
- Ø **American Rescue Act Plan Funding**
  - \$46,264,340
  - Sept 1, 2021-Sept 30, 2025
- Ø **The SABG requires the following:**
  - 20% primary prevention set-aside
  - 5% HIV set aside for early intervention testing of those with SUD
  - Women's set aside based on historical funding level



# Office of Addictive Diseases (OAD)

## Who we serve

- Uninsured individuals with a Substance Use Disorder that includes a focus on adult and adolescent treatment services, pregnant/postpartum women treatment services, HIV Early Intervention Services testing, and recovery support services. In FY 21, community services funded by OAD, served 27,195 individuals with SUD in a treatment setting. In FY 21, 8,345 individuals received HIV Early Intervention Services/Testing.

## Why we chose to fund these specific services/supports

- These specific services and supports are largely dictated by the SAMHSA block grant funding and required set asides along with the DBHDD mission as the BH authority to focus and serve those who are uninsured

## Projected outcomes

- Providers who receive BG funds report TEDS (treatment episode data sets)/NOMS (National Outcome Measures). These include but are not limited to employment and successful treatment completion

# Substance Use Treatment & Recovery Critical Projects- COVID Supplement

Project	Amount	Outcome
Expansion of Medication Assisted Treatment (MAT) for Opioids and Alcohol	\$7,240,000	Provide MAT for individuals with alcohol use disorder as a part of their treatment.
Expansion of Addiction Recovery Support Centers	\$200,000	Support for substances in addition to opioids
Expansion of residential services	\$1,196,118	Advantage CSB programmatic enhancements; Mary Hall Freedom House will provide comprehensive services for women to help address the behavioral, educational, economic, and housing constraints.
Fentanyl test strips	\$500,000	Atlanta Harm Reduction Coalition – Reduce prevalence of overdoses

# Substance Use Treatment & Recovery Critical Projects- ARPA Funding

Initiative	Amount	Intended Outcome
Continuation of COVID-19 community-based services	N/A	Continued funding for a variety of programs
Expansion of detox beds	\$5,324,618	Hope for a Drug-Free Stephens - Wellness and Recovery Team to provide individuals and families a voluntary 21-day residential detox and recovery program; View Point Health - Provide eight (8) beds for Residential Withdrawal Management (Detoxification) services, serving Gwinnett, Rockdale, and Newton
HIV Early Intervention Services	\$2,313,217	Georgia must expend 5% of the SAPT Block Grant award on HIV early intervention services.
Women's Treatment and Recovery Support (WTRS) Service	\$2,179,000	Provides funding for a variety of providers to continue expansion of WTRS Services statewide

# Office of Behavioral Health Prevention and Federal Grants

## Who we serve

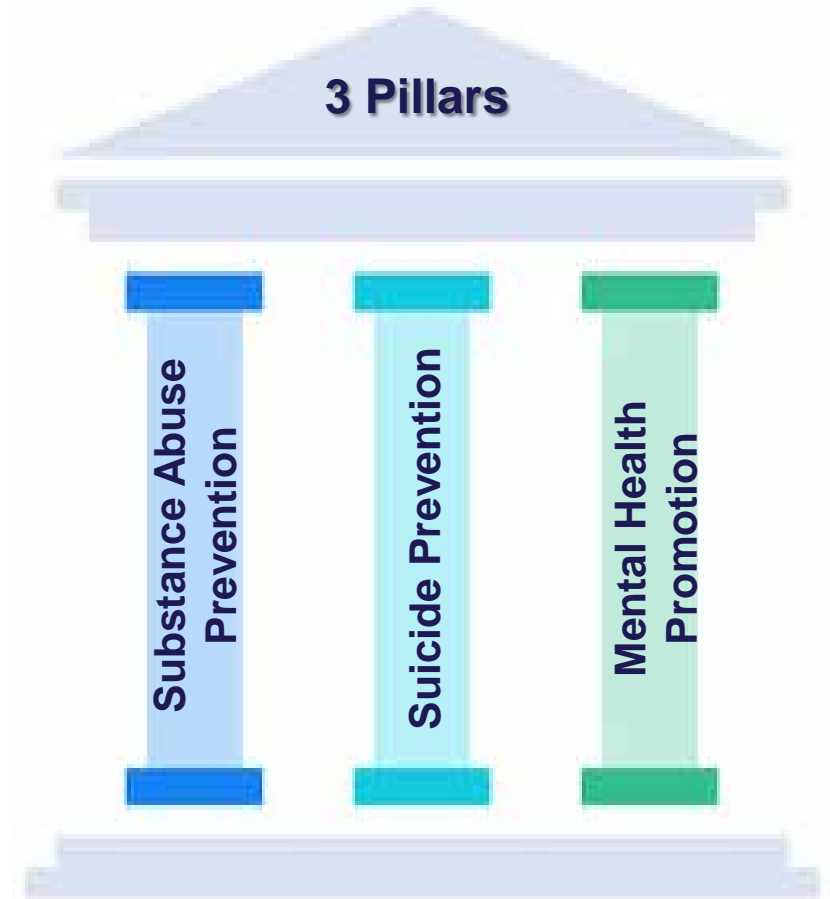
- The Office of Behavioral Health Prevention (OBHPFG) is charged with providing prevention leadership, strategic planning, and services to improve the mental/emotional well-being of communities, families, and individuals in Georgia.

## Why we chose to fund specific services/supports

- Based on available surveillance, community assessment, and evidence-based practices outcomes data, we chose projects in high-need areas and/or with high-need populations across the state with high probability of reducing the risks and increasing protective factors linked to substance abuse-related problem behaviors, suicide, and mental health promotion.

## Projected outcomes

- Decreased substance misuse/abuse and death by overdose
- Decreased death by suicide
- Improved functioning across the 8 Dimensions of Wellness



# Office of Behavioral Health Prevention and Federal Grants

## 6 Major Prevention Strategies

- 1 Information Dissemination
- 2 Education
- 3 Alternatives
- 4 Problem ID and Referral
- 5 Community-Based Processes
- 6 Environmental

Initiative	Allocation	Intended Impact
<b>Create online Media Library</b> to house Prevention Media materials (PSAs, Audio Messaging, Pictures, Posters, & Brochures) for providers and public sharing/lending (COVID Supplemental)	\$65,000	Proposed IMPACT: Improve coordination and collaboration across agencies and communities (media campaigns) working in prevention and related areas. This is in response to provider requests. Increase use of culturally appropriate messaging and media materials across communities.
<b>Prevengers© media campaign</b> for elementary and middle school students (COVID Supplemental)	\$355,000	A character-based brand will be created, with 5 or 6 characters that have superpowers/skills that relate to prevention and reflect protective factors. We will be able to better target youth and families with this more kid-friendly approach.
<b>Prevention Clubhouse Expansion</b> (ARPA)	\$1,601,000	Expand Prevention Clubhouses into 3 DBHDD Regions currently not being served. Provide an alternative setting for youth ages 12-17 to learn and develop coping and resilience skills as well as substance abuse prevention and mental health promotion.
<b>Veterans, Active-Duty Military and Families Prevention Initiative</b> (ARPA)	\$250,000	This initiative will work with Georgia's multi-agency team implementing the SAMHSA/VA Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and Their Families (SMVF). Goal is to develop and implement state-wide suicide prevention best practices, using a public health approach.
<b>Comprehensive Needs Assessment/Social Indicator Study and County-level Epidemiologic Profiles</b> (ARPA)	\$255,704	A Comprehensive Needs Assessment of all 159 counties will result in a comprehensive report on substance abuse prevention and related suicide prevention and mental health factors. The goal is to create requested, easily usable and understandable resources for providers, decision makers, and communities to help them prioritize and address community needs in a logical and systematic way.
<b>Check-It Retailer Training Reward Program.</b> Provide pendant/badges for retailers that complete the online Server Training (COVID Supplemental)	\$411,772	Proposed IMPACT: Increase retailer and server trainings and carding. Increase community awareness and support for retailer and server trainings and carding. Reduce access to alcohol by underaged minors.

# Mental Health Block Grant (MHBG)

## ∅ Annual Allocation Amount (two-year spending cycle)

- \$23,006,325

## ∅ COVID-19 Relief Funding

- \$26,439,839
- March 15,2021-March 14, 2023

## ∅ American Rescue Act Plan Funding

- \$45,668,812
- Sept 1, 2021-Sept 30, 2025

## ∅ The MHBG requires the following:

- 5% crisis services set-aside
- 10% early serious mental illness (ESMI)/first episode psychosis (FEP) set aside

# Office of Adult Mental Health

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## Who we serve

- In FY 21 Community services funded by AMH served 122,454 adults with a mental health need. These services range from basic outpatient to crisis services to community inpatient.

## Why we chose to fund specific services/supports

- Strategically addressing gaps in services

## Projected outcomes

- CCBHC implementation
  - Decreased long term hospitalization
  - Successful community transition
  - Diversion from jails and crisis services
  - Engagement into community services
  - Lessening the gap b/w primary health and MH care
  - Enhanced provider capabilities

# Office of Adult Mental Health Projects- COVID Supplement highlights

Initiative	Allocation	Intended Impact
Jail In-reach	\$572,000	12 providers - Provision of CM's to facilitate in-reach to individuals in county jails; provision of assessment of needs and linkage to appropriate BH services.
Medication/prescription assistance,	\$1,100,000	23 providers - Funding for persons with SMI who are not covered by a prescription assistance program/have no entitlement benefit; reduces the discharge barrier of access to medication for persons with SMI
Workforce: Hazard pay/incentives	\$2,250,000	23 providers - Funding for CSBs to attract and retain qualified staff in order to continue service delivery to persons with SMI
Supported Employment	\$104,345	6 providers - Restoration of funds reduced during last year's budget reduction to support more persons with SMI via SE



# Office of Adult Mental Health Projects- COVID Supplement highlights

Initiative	Allocation	Intended Impact
Co-responder Program	\$1,900,000	Targets diversion of individuals with SMI from jails to treatment and decrease in volume of non-violent 911 calls in which officers are involved.
Integrated medicine project	\$2,700,000	5 providers - Provides co-located access to primary care physicians for adults with SMI enrolled in BH services.
Certified Community Behavioral Health Clinic (CCBHC)	\$798,000	1 provider - Provides access to comprehensive mental health and substance use disorder treatment, targets reduction in recidivism.

# Office of Adult Mental Health Projects- ARPA Funding highlights

Initiative	Allocation	Intended Impact
Transitional Crisis Short-term Residential Treatment	\$7,800,000	6 providers - Supporting the transition needs of adults w/SMI who are discharging from hospitals and crisis units and returning to the community.
Mental Health Treatment Court (region 4)	\$960,000	2 providers - Mental Health treatment courts are intended to support the treatment needs of adults with SMI who have been diverted from jail or prison to appropriate behavioral health treatment and monitoring.
Assisted Outpatient Treatment (AOT) Enhancement	\$1,500,000	2 providers - AOT enhancement project will enhance collaboration between BH providers and probate courts to effectively identify, engage, assess, and monitor those individuals with SMI who meet AOT criteria and are court-ordered into treatment.

# Office of Children, Youth and Families

## Who we serve

- The DBHDD Office of Children, Young Adults & Families supports Georgia's System of Care for uninsured children and young adults, or those with SSI Medicaid, and their families, that are accessing the public behavioral health system. This is accomplished through the development and support of non-traditional treatment options for youth and families that align with the traditional array of services and supports available through Medicaid.

## Why we chose to fund these specific services/supports

- To strategically address needs within the C&A public behavioral health system

## Projected outcomes

- Maintain, increase access
- Increase C&A behavioral health clinicians
- Increase C&A psychiatrists
- Increase subject matter expertise and care coordination, and formalized process flows between DBHDD and DFCS
- Sustainability

# Office of Children, Youth and Families Projects- COVID Supplement

Initiative	Allocation	Intended Outcome
Apex Internship Program	\$1,018,000	27 provider organizations; 715 schools
DFCS Behavioral Health Liaison	\$56,659	Focus on DBHDD, DFCS, and Amerigroup Georgia Families 360
Intensive Customized Care Coordination Expansion	\$608,543	Add two Care Management Entities focused on South Georgia
Workforce Hazard Pay Incentives	\$2,700,000	Four Child and Adolescent Crisis Stabilization Units; 25 provider organizations

# Office of Children, Youth and Families Projects- ARPA Funding

Initiative	Allocation	Intended Outcome
Apex Internship Program	\$3,054,000	27 provider organizations; 715 schools
DFCS Behavioral Health Liaison	\$194,260	Focus on DBHDD, DFCS, and Amerigroup Georgia Families 360
Intensive Customized Care Coordination Expansion	\$1,825,629	Add two Care Management Entities focused on South Georgia
Child & Adolescent Crisis and Stabilization Unit	\$4,000,000	Gateway Behavioral Health

# Office of Supportive Housing

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## Who we serve

- Vulnerable individuals with psychiatric disabilities who are currently experiencing homelessness or are at a high risk of entering a situation of homelessness.

## Why we chose to fund these specific services/supports

- To help address increased impacts of COVID on the most vulnerable populations living on the street or at risk of losing stable housing.
- To connect more individuals to community-based services and housing.

## Projected outcomes

- 600+ individuals will be served and connected to community services and housing resources with supports over the next three years.

# Office of Supportive Housing Projects - COVID Supplemental

Initiative	Allocation	Intended Outcome
Workforce Development and Retention	\$109,000	Recovery Oriented Systems of Care Training for providers of supportive housing, outreach programs, and mobile crisis; PATH Program Hazard/Retention Incentive
Expanding capacity for existing community initiatives to connect individuals to behavioral health services and housing	\$394,000	Gwinnett Co. Re-Entry Intervention Project; Housing Navigators with Trans Housing Coalition and PATH Program; Navigator for ViewPoint Health sub-leasing program

# Office of Supportive Housing Projects- ARPA Funding

Initiative	Allocation	Intended Outcome
County Jail re-entry collaboratives targeting individuals with Serious Mental Illness	\$1,400,000	Counties: Douglas, Fulton, DeKalb, Chatham, and Muscogee
Housing Surge Partnership with Atlanta Continuum of Care, Fulton County, and Policing Alternatives and Diversion Initiative	\$3,900,000	Leverages over \$7.5M in non-state local gov't and local federal relief for 143 housing vouchers and services; Street engagement teams; Hotel and Housing support teams





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# Intensive Customized Care Coordination

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**Danté McKay, JD, MPA**

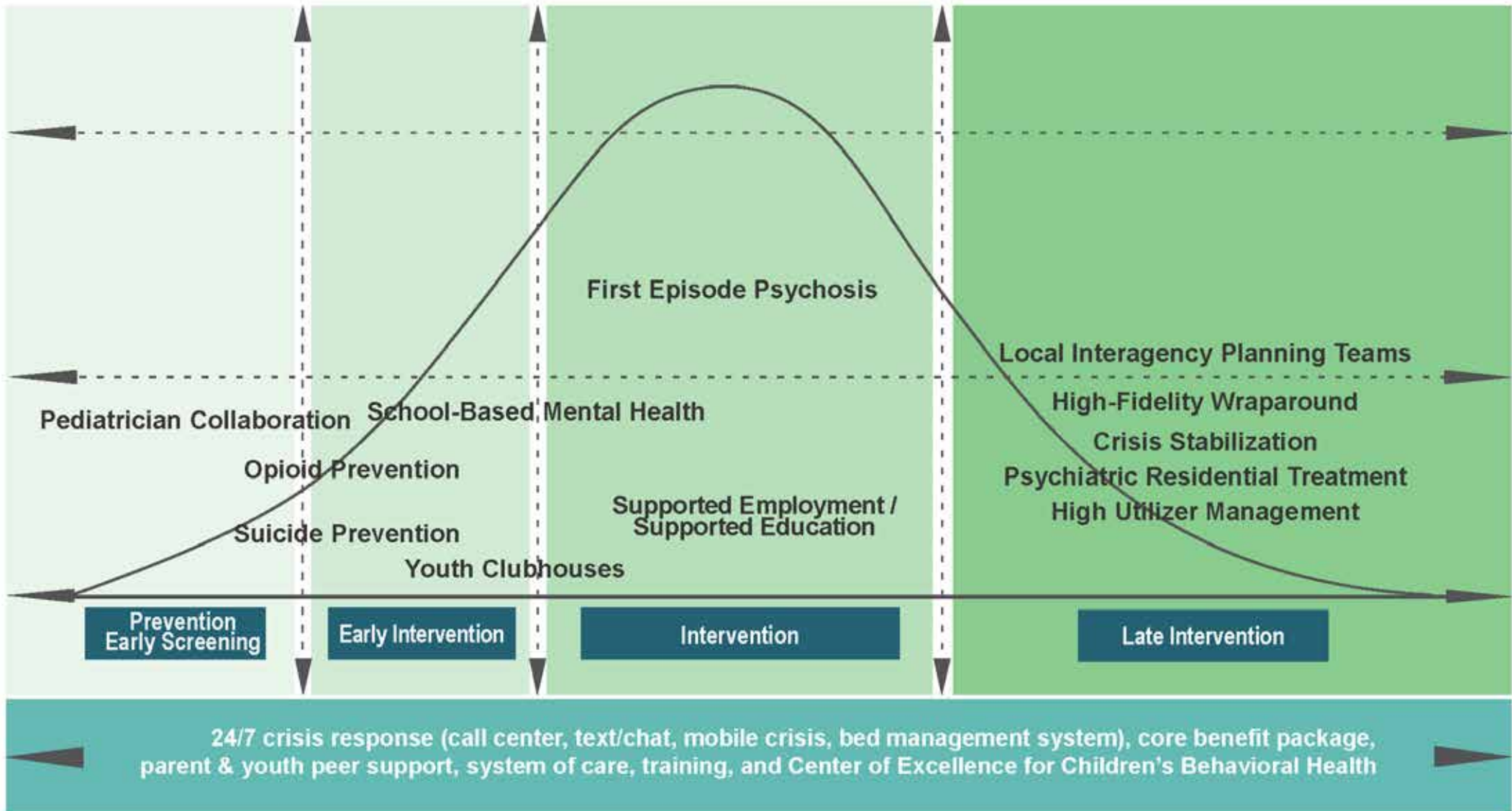
Director

Office of Children, Young Adults & Families (OCYF)

November 17, 2021



# OCYF Continuum of Care



# Service Definition

- Provider based high-fidelity wraparound intervention comprised of a team selected by the family/caregiver in which the family and team identify the goals and the appropriate strategies to reach the goals;
- Assists individuals in identifying and gaining access to required services and supports, as well as medical, social, educational, developmental, and other services and supports, regardless of the funding source for the services to which access is sought;
- Encourages the use of community resources through referral to appropriate traditional and non-traditional providers, paid, unpaid and natural supports; and
- Set of interrelated activities for identifying, planning, budgeting, documenting, coordinating, securing, and reviewing, the delivery and outcome of appropriate services for individuals through a wraparound approach.

# Service Definition Continued

**IC3 is differentiated from traditional case management by:**

- Coaching and skill building focus
- The intensity of the coordination – an average of three (3) hours of coordination weekly
- The frequency of the coordination – an average of one (1) face to face meeting weekly
- The caseload – an average of ten (10) youth per Care Coordinator (CC)
- The average service duration – 12 to 18 months\*
- Certified Parent Peer Specialists (CPS-P) – Involvement in a partnership with a High Fidelity Wraparound trained CPS-P as a part of the Wrap Team (CC, CPS-P, natural support)
- Child and Family Team (CFTM) – Development of a CFTM, minimally comprised of the individual, parent/caregiver, and Wrap Team
- CFTM frequency – CFTM held minimally every 30 days, where all decisions regarding the Individual Recovery Plan are made

# Admission Criteria

Youth (through Age 20) who, based on Child and Adolescent Needs and Strengths (CANS)-Georgia domain scoring, have:

## Child Behavioral/ Emotional Needs

(Minimum of one rating of “2” or “3”)

- Psychosis
- Anger Control
- Anxiety
- Attachment Difficulties
- Attention/Concentration
- Depression
- Impulsivity
- Substance Misuse



## Potentially Traumatic/ Adverse Childhood Experiences

(Minimum of one rating of “1”)

- Community Violence
- Emotional Abuse
- Disruptions in caregiving/  
attachment losses
- Neglect
- Physical Abuse
- School Violence
- Sexual Abuse
- Witness to family violence



## Life Functioning Needs

(Minimum of one rating of “2” or “3”)

- *Family*
- *Living Situation*
- *Social Functioning*
- *Legal*
- *Sleep*
- *Recreational*
- *School Behavior*

# Admission Criteria Continued

## ✚ One or more of the following:

Individual has shown serious risk of harm in the past 180 days

or

Clinical documentation supports the need for the safety and structure of treatment provided the individual's behavioral health issues are unmanageable

and

Individual and/or family has history of attempted, but unsuccessful follow through with elements of a Resiliency/Recovery Plan which has resulted in specific mental, behavioral or emotional behaviors that place the recipient at imminent risk for disruption of current living arrangement

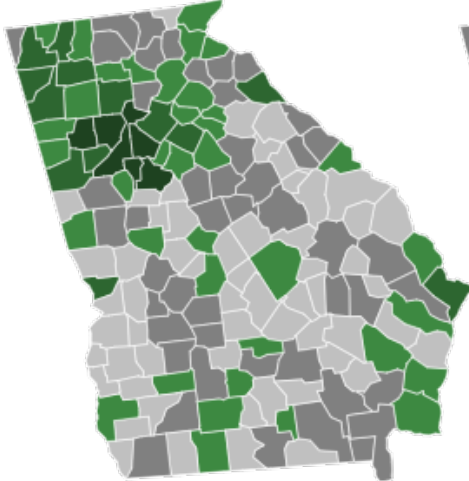
# Referrals, Enrollment, Average Length of Stay

	2018	2019	2020	2021
Number of referrals received in SFY	867	1120	1151	697
Number of unique youth referred	667	886	914	618
Number of youth referred who were eligible (eligible/referred)	667 (100%)	843 (95%)	841 (92%)	575 (93%)
Number of eligible youth who enrolled in IC3 (enrolled/eligible)	560 (84%)	551 (65%)	481 (57%)	473 (82%)
Average length of stay (months) *	5.5	5.9	5.5	2.6
Number of discharge episodes	695	631	540	295
Number of successful discharge episodes	287 (45%)	256 (45%)	174 (38%)	50 (30%)

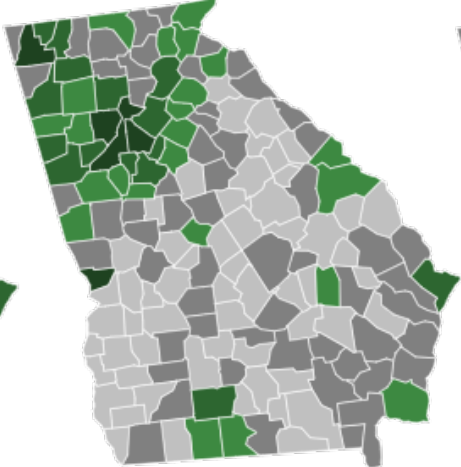


# Youth Enrolled by County

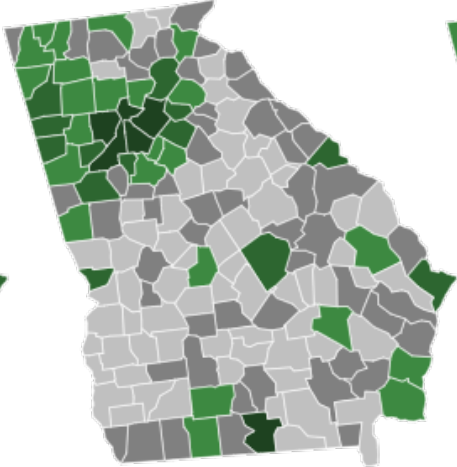
2018



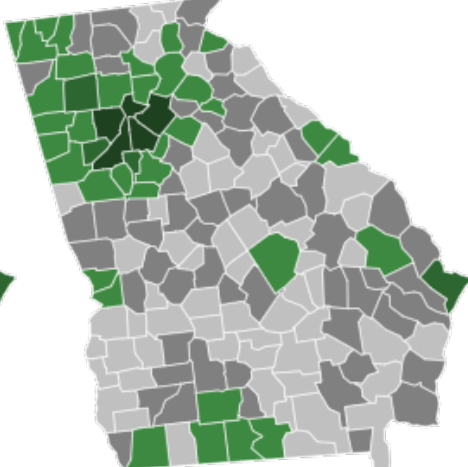
2019



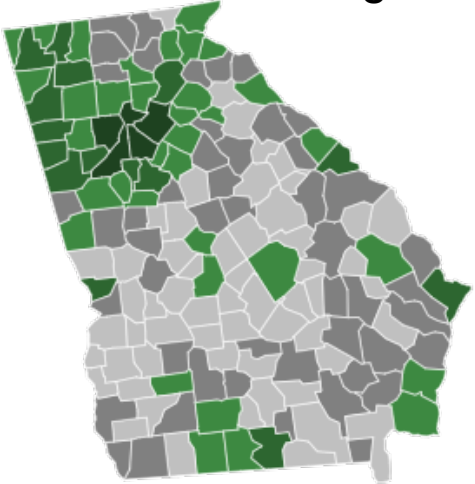
2020



2021



Four-Year Average



- 0 youths
- 1-3 youths
- 4-10 youths
- 11-20 youths
- 21+ youths

# Care Management Entities (CMEs)

## What is a CME?

An organizational entity that serves as the “locus of accountability” for defined populations of youth with complex needs and their families who are involved in multiple systems.



A study published in April 2021, [Influences of Inner and Outer Settings on Wraparound Implementation Outcomes](#), found that implementation was consistently better when Wraparound was administered through Care Management Entities (CMEs) as compared to more traditional Community Mental Health Centers (CMHCs). The study found that care coordinators employed by CMEs demonstrated better implementation outcomes compared to CMHC-employed care coordinators.

# Planned IC3 Expansion

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11/03/21	Statement of Need (SON) release
11/15/21	Bidder's/Offeror's Conference
11/17/21	Deadline for written questions
12/01/21	Deadline for answers
12/15/21	Proposals due
01/18/22	Notice of Intent to Award
02/15/22	Contract executed (on or about)



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# Questions

Next BHCC Meeting

February 9, 2022



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