

Behavioral Health Coordinating Council Meeting

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Georgia Department of Behavioral Health & Developmental Disabilities

February 9, 2022



Agenda

Roll Call / Call to Order

Recovery Speaker

Action Items

BHCC Initiatives

- IDT Update
- Transition Support & Re-Entry Workgroup

Chair's Report

- Assisted Out-Patient Treatment and Co-responder Pilots
-

Next Meeting Date

Roll Call

David Sofferin

Director, Public Affairs

Call to Order

Judy Fitzgerald
Commissioner

Recovery Speaker

Kristy Ray

RESPECT Institute of Georgia

Action Items:

- May 12, 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



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Overview

IDT Highlights

Behavioral
Health
Mapping

Workforce
Development

IDT Highlights

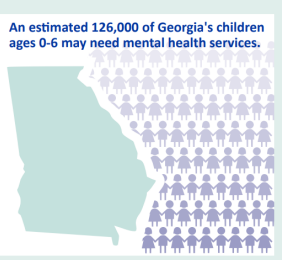
- Added a **new** IDT Vice Chair
 - *Laura Lucas, Infant & Early Childhood Mental Health Director, DECAL*
- **Hosted** a statewide workshop on providing culturally responsive behavioral health care.
- Actively **recruiting** youth and families to participate in state plan activities.
- **Published** an Infant and Early Childhood Mental Health issue brief: *Prioritizing the Mental Health of Infants and Toddlers in Georgia: Why It's Important and What Comes Next.*
- Pursing **solutions** to for the creation of interagency data hub.

Prioritizing the Mental Health of Infants and Toddlers in Georgia: Why It's Important and What Comes Next

2021

More than 900,000 children ages 0-6 live in Georgia. It's estimated that as many as 126,000 children may need mental health services.¹ Infant and early childhood mental health (IECMH), also referred to as social-emotional development, can have a lasting impact on children. Early intervention is crucial to prevent long-lasting and more costly treatments. There are, however, barriers to accessing these services. These include workforce challenges, existing policies, and limited pathways to services.

An estimated 126,000 of Georgia's children ages 0-6 may need mental health services.




In response to IECMH needs in the state, Georgia has placed additional emphasis on the systems that support the social-emotional wellbeing of young children. In recent years, the state has taken policy actions to develop these systems. One example was creating the state-level IECMH Task Force led by the Georgia Department of Early Care and Learning (DECAL). This brief will detail why IECMH is important, and how Georgia can leverage recent efforts to continue to build IECMH systems.

Do infants and toddlers have mental health? Yes!

Very young children's brains develop at an astounding rate, with more than 1 million brain cells per second forming in the early years of their lives. We often think about physical or educational developmental milestones such as crawling, walking, talking, or reading. Attention to social and emotional milestones is equally important. Infants and toddlers are developing relationships, processing emotions, and developing brain connections that will impact their physical and mental health for years to come. Zero to Three, a national leader in early childhood, defines infant and early childhood mental health as:

"The developing capacity of the child from birth to five years old to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; explore the environment and learn—all in the context of family, community, and culture."²



Form Secure Relationships
Express Emotions
Explore and Learn

Georgia Dept of Early Care and Learning
CENTER OF EXCELLENCE FOR CHILDREN'S BEHAVIORAL HEALTH
Georgia Health Policy Center
Georgia State University
ANDREW YOUNG SCHOOL

404.413.0314
www.gdec.edu
www.gphc.gsu.edu

Behavioral Health Mapping (BHM)

- The BHM Workgroup is working closely with each child-serving state agency (*DBHDD, DOE, DCH (Medicaid), DFCS, DJJ, DECAL, DPH, and GVRA*) to develop a “map” or story of Georgia’s spending on children’s behavioral health, using a snapshot of SFY2019.
- Financial data has been collected from each agency on services, supports, training and other infrastructure investments, as well as corresponding estimates of the number and ages of children served.
- Spending data has been categorized across the spectrum of need, from prevention and early intervention to late intervention, and the group has traced the dollars by state and federal sources.
- **Goals of the map**
 - Help agencies, policy makers and the public understand how Georgia’s SOC is currently supported by each agency.
 - Assist in identifying future spending opportunities.

Workforce Development

- Developing an issue brief on evidence-based workforce recruitment and retention strategies.
- Drafted a survey to disseminate to clinical training programs to better understand workforce shortages.
- Exploring recognized and effective best practice strategies to create and promote loan forgiveness programs for behavioral health professionals in the state.



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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



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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	Nov 2021	Dec 2021	Jan 2022
Level 2- Outpatient Treatment	209	208	224
Level 3- Inpatient Moderate	20	16	23
Level 4- Inpatient Intensive	3	4	5
TOTALS	232	228	252
Total 712			

Forensic Peer Mentor Program DRC and GDC Sites (as of Dec. 31, 2021)

Department of Corrections Facilities & Day Reporting Centers

4 State Prisons

4-Positions, 4 filled

Augusta State (interviewing)
Rutledge State (filled)
Metro Atlanta Reentry (filled)
Central State (filled)
Johnson State (Phase II)
Georgia State (Phase II)
Phillips State (vacant)
FREE Program FFSS (filled)

Lee Arrendale State (onboarding)
Atlanta Women's TC (pending)
Hays State (GDC denied, vacant)
Baldwin State (onboarding)
Pulaski State (vacant)
Valdosta State (interviewing)
Phillips TC (vacant)

GDC Current Census: 44
GDC Total Served: 77

7 Day Reporting Centers

7-Positions, 7 filled

Atlanta DRC (2 filled)
Athens DRC (filled)
Griffin DRC (filled)
Morrow DRC (pending)
Gainesville DRC (pending)
Gwinnett DRC (filled)
Columbus DRC (filled)

DRC Current Census: 90
DRC Total Served: 204

Current Total Census: 134

Total Served YTD: 281

Forensic Peer Mentor Program Incidents

Revocations/Re-arrest/Readmissions (July 1, 2021 - Dec 31, 2021)

Post-Prison Release in Community

	<u>FY22TD</u>
Peers Served	3
Psychiatric hospital readmission:	0
Re-arrest:	0
Re-Conviction:	0
Probation/Parole Revocations:	0

Daily Report Centers:

Peers Served	204
Psychiatric hospital admission:	(3) 3%
Rearrest:	(15) 7%*
Probation/Parole Revocations:	(13) 6%

*Arrests: (Aug: 3) 1- Possession of meth; 1-Agg. Assault; (Sept: 2)-1-Possess of Firearm, DUI, Poss of Maraj; 1-simple assault (Oct 5) 1-Carrying concealed weapon; 1-Possession of firearm, theft by rec; 1-Poss of Meth; 1-Shoplifting; 1-Disorderly conduct, willful obstruction of an officer (Nov 3) 1-Trafficking; 1-Poss meth, VGCSA; 1-Battery and Fam Viol (Dec 2) 1- Agg Batt, Agg Assault; 1-Possession

Forensic Peer Mentor Program Outcomes

Community Outcomes FY22

July 1, 2021 - Dec 31, 2021

Outcome	Post-Prison Release in Community		DRC	
Peers Served	3		204	
Employed or Receiving Benefits	3	100%	118	58%
Enrolled in Community Mental Health Services	3	100%	153	75%
Housed	3	100%	200	98%
Incidents of Homelessness	1		7	

Forensic Peer Mentor Program Mental Health Court Sites (July 1, 2021 - Dec 31, 2021)

Mental Health Treatment Courts

15 Mental Health Treatment Courts

7 FPM -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.)
- Legacy CSB (Berrien, Lanier, Cook Co.) in set up phase no current census
- Georgia Pines CSB (Thomas Co.) in set up phase no current census

Current Census: 155

Total Participants Served FY2021: 205

Forensic Peer Mentors in Treatment Courts

Current Participants (as of Dec. 31, 2021) Program Outcome Highlights

Participants Served by AMH Funded FPM FY 22 YTD

Participants Served by FPM	205
Re-arrests (new charges)	(12) 6%
Admission CSU/Psyc Hosp.	(7) 3%
Episodes of Homelessness	(7) 4%

<u>On Current Caseload</u>	155
Permanently Housed	(116) 75%
Temporary/Residential Trmt	(38) 25%
Employed/Benefits/Student	(136) 88%

<u>All Courts AMH Funded</u>	
Individuals served-	236
Graduates	45



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

Family Reunification Initiative

F.R.E.E. Program

Family Reunification, Education, & Empowerment

Psychoeducation, Counseling, and Peer Support to Facilitate Successful Re-Entry for Georgia's Returning Citizens

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
- 10 Returning Citizens in first Cohort (6 completed)
- First cohort began group April 23, 2021
- Completed Group sessions July 23, 2021
- Began Family Sessions August 2, 2021
- Completed Cohort 1 Completed: 1/19/2022
- Cohort 2 starts March 3, 2022
Includes: **Metro Atlanta Reentry Center (12)**
Central State Prison (appx. 6)

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

Projects and Focus

Employment readiness workshops;

- Interviewing skills
- Who is your customer "Employment and Customer Service"

Upcoming Trainings

2/23/22 11am-12:30pm "Soft Skills"

- The objective is to introduce returning citizens seeking employment to soft skill techniques that would be effective in the workforce

Completed Trainings

9/30/21 SBA Lunch & Learn

10/28/21 Worksource Atl. "How to Brand"

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.

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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Chair's Report:

Judy Fitzgerald
Commissioner

Adult Mental Health Initiatives

Assisted Outpatient Treatment

Enhancement Pilot & Co-Responder Pilot

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Georgia Department of Behavioral Health & Developmental Disabilities

Terri Timberlake-Briscoe, Ph.D

Director, Office of Adult Mental Health



Assisted Outpatient Treatment (AOT) Overview

AOT is community-based mental health treatment provided under civil court commitment. The goal is to:

- motivate an adult with mental illness who struggles with voluntary treatment adherence to engage fully with their treatment plan;
- focus the attention of treatment providers to keep the person engaged in effective treatment.

Target Population

- Adults with Serious Persistent Mental Illness (SPMI) or Co-occurring diagnosis (mental health and addictive disease)
- Adults with frequent psychiatric hospitalizations and arrests/incarceration, who are unable to successfully engage in treatment on a voluntary basis and achieve freedom from seriously harmful behavior

Participants will be supported by an AOT Team: Lead Clinician, Case manager and Peer Mentor for essential services and supports and assist in navigating the probate court process

Intended Pilot Outcomes

For Participants:

- Increased engagement with BH treatment providers
- More meaningful and enjoyable life experiences
- Decrease in harmful behaviors
- Reduction in risk of arrest and hospitalization
- Reduction in perpetrating or being the victim of violence
- Increase in stable housing, decreased homelessness

For Communities:

- Reduction in costs of hospitalizations and incarcerations
- Reduction in law enforcement use of resources for criminal incidents
- Reduction in hospital and crisis bed over usage
- Reduction of crowding in county jails

AOT enhancement pilot data collection

Information about Participants

- Number of Crisis contacts (ERF/Mobile/EMS/LE)
- Number of formal and informal contacts with judge
- Number of arrests
- Days spent in jail
- Contacts with AOT Team
- Inpatient admissions and number of days admitted
- Changes in housing stability/ homelessness days

When possible, these data points will be collected 12mos prior to enrollment and 12mos after order is lifted

Participant and Family Satisfaction Surveys

- Interactions during court proceedings
- Interactions during treatment team meetings
- Quality of information about the program provided to individual
- Individual's level of confidence that their integrity/privacy was protected
- Benefits of participation in program
- Suggestions for improvement

Surveys will be completed post-enrollment

AOT Pilot Advisory Committee

- Judge David Sweat - Senior Judge of Superior Courts
- Judge Sarah Harris - Bibb County Probate Court
- Judge Marc D'Antonio - Muscogee Probate Court
- Ann Riley - DBHDD, RSA Region 6
- Neil Campbell - Georgia Council on Substance Abuse, Executive Director
- Chris Johnson - Georgia Mental Health Consumer Network, Director of Communications
- Andrea Winston - New Horizons Behavioral Health, CEO
- Dr. Cyndy Pattillo - New Horizons Behavioral Health
- Dr. Terri Timberlake-Briscoe - DBHDD, Director, Office of Adult Mental Health
- Vernell Jones - DBHDD, Program Manager, AMH Supported Employment & Judicial Services
- Rebecca Nix - DBHDD, Judicial Services Unit Liaison
- Dr. Hetal Petal - DBHDD, RSA Region 1

AOT Pilot in Georgia

Provider/County locations were selected based on providers who had:

- History of successful working relationships with their county's probate courts and judges.
- Some working knowledge of the involuntary commitment process in Georgia and .
- Adequate staff and willingness to partner in a new pilot.

Sites chosen:

1. New Horizons Behavioral Health/Muscogee County Probate Court
2. TBD

Timeline:

Site 1 operational January 2022. Site 2 is under negotiation.

Co-Responder Overview

A co-responder team model is a collaborative approach to behavioral crisis response that pairs mental health professionals with law enforcement.

The goal is to:

- reduce harm and facilitate alternatives to arrest
- increase access to care and promote engagement with treatment

Co-Responder Target Population

Adults experiencing a behavioral health crisis who are the subject of a 911 intervention and could benefit from behavioral health (BH) services and supports within the community as opposed to being detained in jail.

Co-Responder Pilot Intended Outcomes

- Decrease volume of nonviolent 911 calls that require law enforcement response.
- Diversion of individuals with severe mental illness from jail to treatment
- De-escalate crisis calls on the scene and prevent use of force
- Facilitate rapid and brief screenings to swiftly connect individuals to services
- Provide follow-up to support treatment engagement.
- Redirect individuals experiencing a behavioral health crisis from inappropriate levels of care and improves outcomes and interactions between law enforcement and those they serve.
- Reduce overuse of law enforcement resources

Co-Responder Pilot Data Collection

- 911 calls received
- Dispatches
- Co-responses (crisis calls and wellness checks)
- Individuals referred and linked to Behavioral Health services
- De-escalations and jail diversions
- Encounters w/ persons who have a behavioral health presentation where force was used
- Transports to a behavioral health crisis center, crisis stabilization, unit or other emergency receiving facility
- Unresolved at the scene co-responses resulting in arrest

Co-Responder Pilot Locations and Providers

Cobb Community Services Board –
Cobb County Police Department

Coweta Cares -
Coweta Fire/EMS

Gateway Behavioral Health Services –
Savannah Police Department

Legacy Behavioral Health Services –
Valdosta Police Department

New Horizons Behavioral Health –
Columbus Police Department

River Edge Behavioral Health –
Macon –Bibb Sheriff's Office

Serenity Behavioral Health Systems –
McDuffie County Sheriff's Office

View Point Health –
DeKalb County Sheriff's Office/City of Decatur Police

Criteria used for selection of providers targeting;

- areas with high volume of Behavioral Health related 911 calls
- areas of high officer-involved shootings
- densely populated areas

Co-Responder Pilot Preliminary Outcomes

Two Co-responder pilots operationalized from October 2021 to present:
Cobb CSB and Coweta Cares

- 70 co-responses
 - 67 individuals referred and linked to BH services
 - 12 co-responses resulted in transports to emergency receiving facilities.
 - Two jail diversions (individual exhibiting criminal behavior while in crisis diverted from arrest into appropriate treatment)
 - Three hospital admissions
 - One co-response with a person having a BH presentation resulted in force being used.
 - 32 Columbia Suicide Risk Assessments completed.



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Questions

Next BHCC Meeting

May 11, 2022



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