

Behavioral Health Coordinating Council Meeting

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

November 5th, 2024



Agenda

Roll Call

Call to Order

Recovery Speaker

Action Items

- August 6, 2024 Meeting Minutes
- BHCC 2025 Meeting Schedule

BHCC Initiative Updates

- Mindworks Georgia
 - MATCH
-

- Forensic Initiatives
 - DJJ Behavioral Health and Substance Use Updates
 - Comprehensive Child and Adolescent Behavioral Health Strategic Plan
-

Next Meeting Date

Roll Call

Chelsee Nabritt

Board and Special Project Manager

Call to Order

Kevin Tanner

Commissioner

Recovery Speaker

Robin McCown

Executive Director, Georgia Professionals Health Program, Inc.

Action Items:

- August 6, 2024 Meeting Minutes

Action Items:

- BHCC 2025 Meeting Schedule

BHCC Initiatives

Mindworks Georgia

Renee Johnson, Executive Director, Mindworks GA
Center of Excellence for Children's Behavioral Health
November 5, 2024



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Georgia Department of Behavioral Health
& Developmental Disabilities

Overview

Strategic Plan
&
Implementation
Highlights

AHRQ
Funding
Opportunity

Mass Casualty
Incident Project

Strategic Plan & Implementation Highlights (2024-2026)

- **Data Sharing**

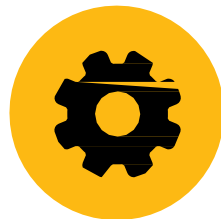
- Updated DUA with DCH in progress
- Data crosswalk – to show capacity across agencies (*e.g., Unite Us, GAHIN, APCD, etc.*)

- **Action Plans/KPIs**

- Accenture will be supporting Mindworks workgroups with the development of specific action plans and key performance indicators (KPIs), including specific recommendations for decision-makers.



**EQUITABLE
ACCESS**



**SUSTAINABLE
WORKFORCE**



**WHOLE-PERSON
HEALTH**



**PURPOSEFUL
FUNDING**



**SYSTEM
EVALUATION**

Agency for Healthcare Research and Quality (AHRQ) Funding Opportunity

- **AHRQ's Mission:** to ensure that healthcare evidence is effectively used to promote safe, equitable, and accessible high-quality services.
- **Opportunity Focus:** to address health disparities and enhance the quality of care for medically underserved populations using Patient-Centered Outcomes Research (PCOR).
- **Award Budget** - \$25M – 5yr project period

Georgia's Approach

Program Partners

- **Lead Agency** – Georgia Dept. of Community Health (DCH)
- **Advisory Board:** Mindworks
- Agency Partners:
 - Georgia Dept. of Behavioral Health (DBHDD)
 - Georgia Dept. of Education (GA-DOE)
 - Georgia Dept. of Early Care and Learning (DECAL)
 - Georgia Health Policy Center (GHPC)
 - Emory University

Vision

- To enhance the whole health and wellbeing of young families through elementary schools and elementary school-health programming

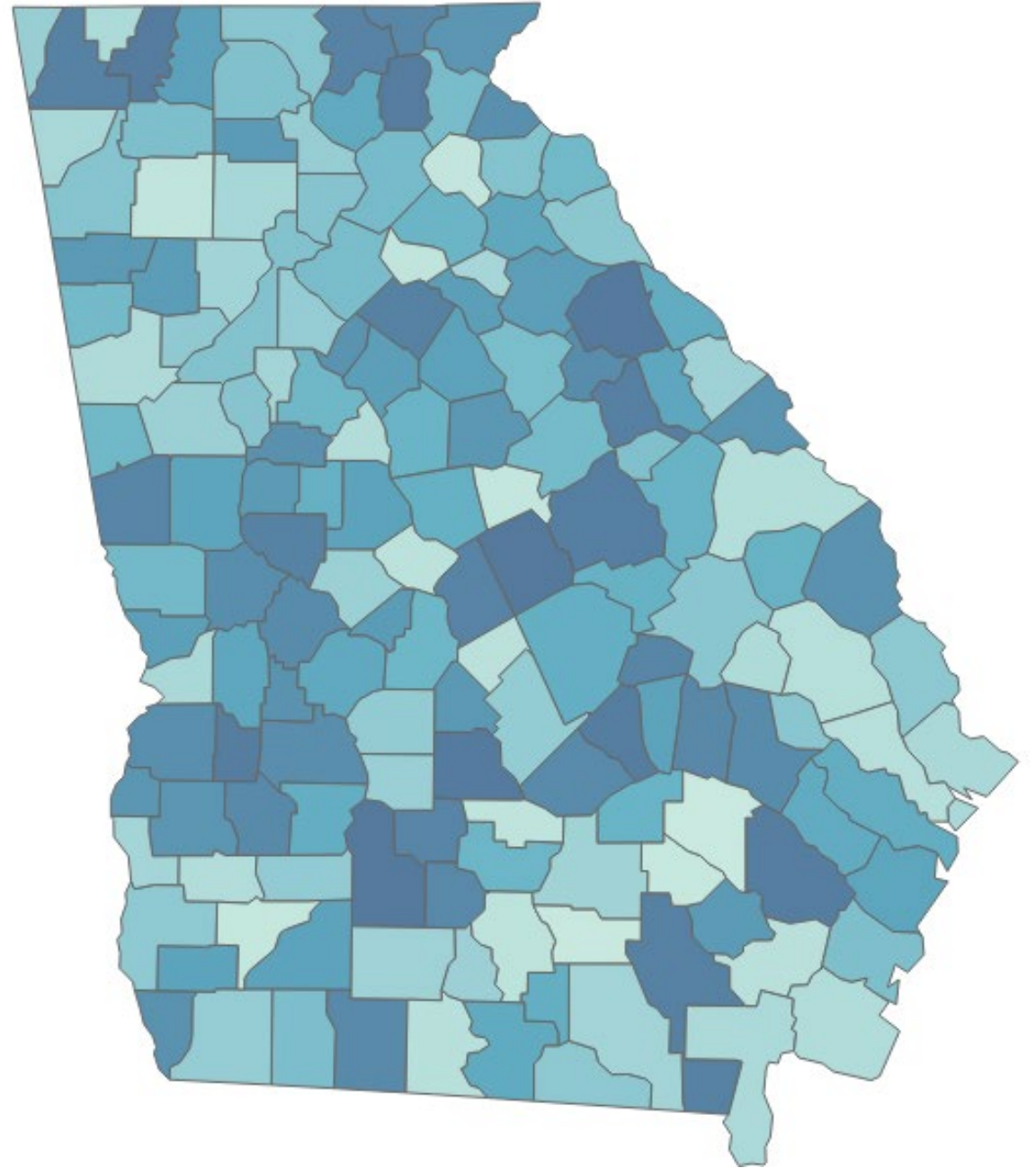
Approach

- Application
- Implementation
- Evaluation
- Enhancement

Georgia's Areas of Focus

- Enhance collaboration with member's primary care and other providers. Increased focus on health-related service needs
- Improve well-being of families/caregivers of members through assessment and coordination of services.
- Increased focus on meeting health-related service needs, mitigating intergenerational trauma, and addressing intergenerational presence of chronic disease, when possible.
- Improve maternal and infant and early childhood well-being outcomes, including mental health of mother/child/children dads.
- Focus on achievement of above in rural communities and those with historically unmet needs and poor outcomes.
- Focus on health equity, culturally responsive programming and approach, and family/member voice.

MCI and Disaster Response in Georgia



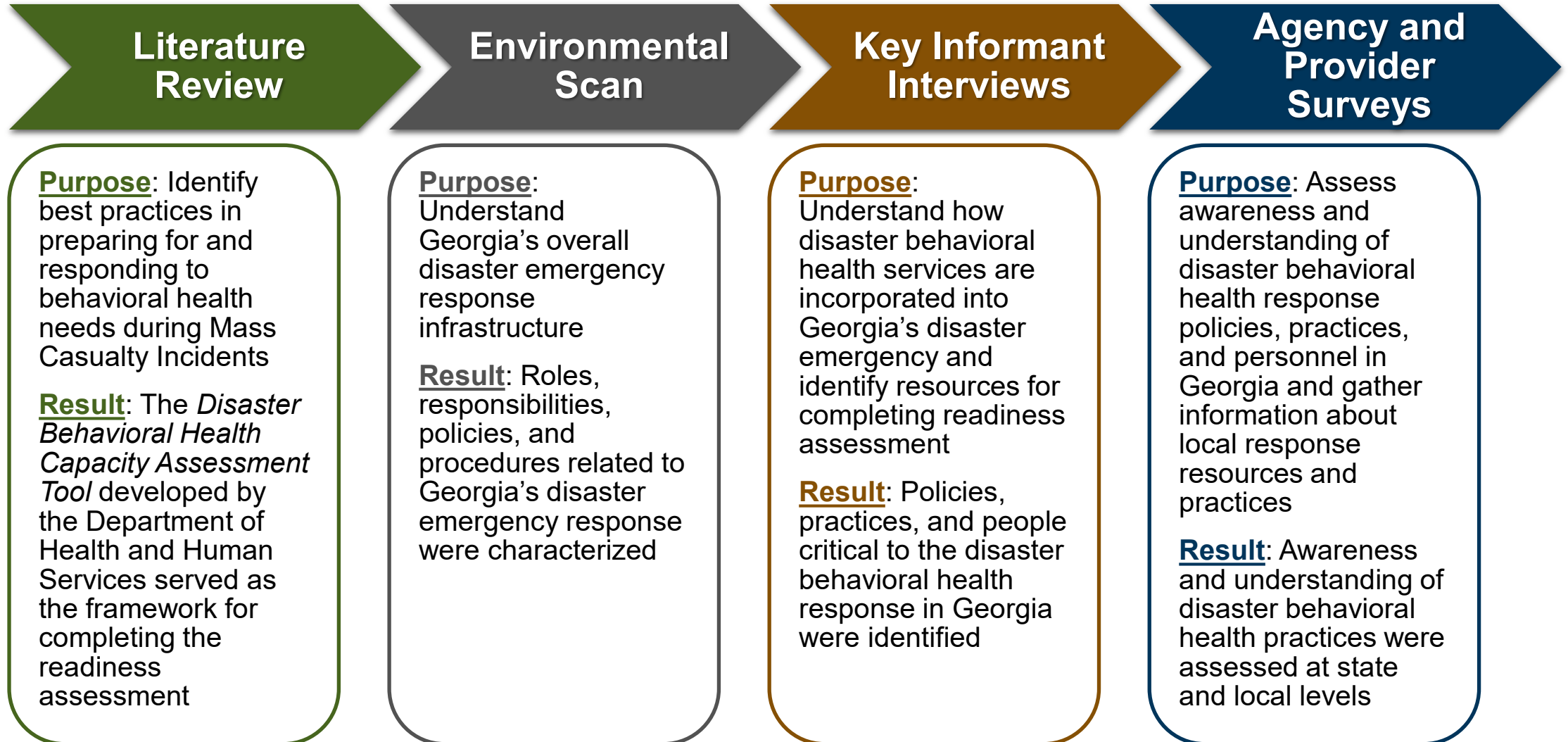
Background

- Mass Casualty Incidents (MCI)
 - **man-made** or **natural disaster** or **mass violence**
 - characterized by a level of **severity**, **quantity**, and **diversity** of victims that often *exceeds local healthcare capacity*
- **Almost everyone** who experienced the MCI will exhibit a wide variety of **psychological**, **behavioral**, **physical**, and **emotional** reactions
 - **Survivors** and **responders**, *especially* those with *pre-existing conditions*, may experience **psychological distress** and **trauma** such as:
 - PTSD
 - Acute Stress Disorder
 - Depression
 - Complicated grief
 - Anxiety

Objectives

- Evaluate and map the readiness of Georgia's state agencies to respond to the behavioral health needs of individuals and communities impacted during a disaster or mass casualty incident
- Identify strengths and barriers across Georgia
- Provide recommendations to improve response readiness across the state

Approach



Disaster Response Infrastructure

GEMA

Georgia Emergency Management and Homeland Security Agency

- Coordinates MCI response efforts in Georgia
- Works with local directors to support emergency management activities like hazard mitigation, planning, and training exercises

GEOP

Georgia Emergency Operations Plan

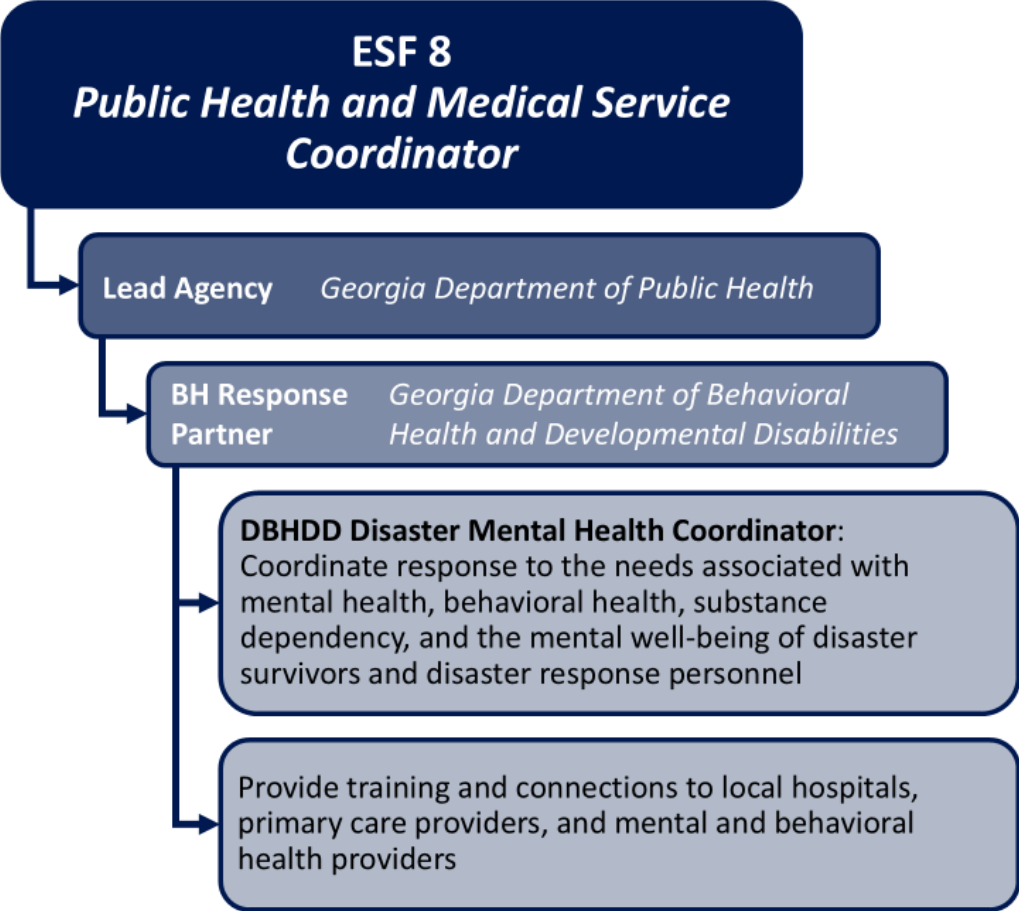
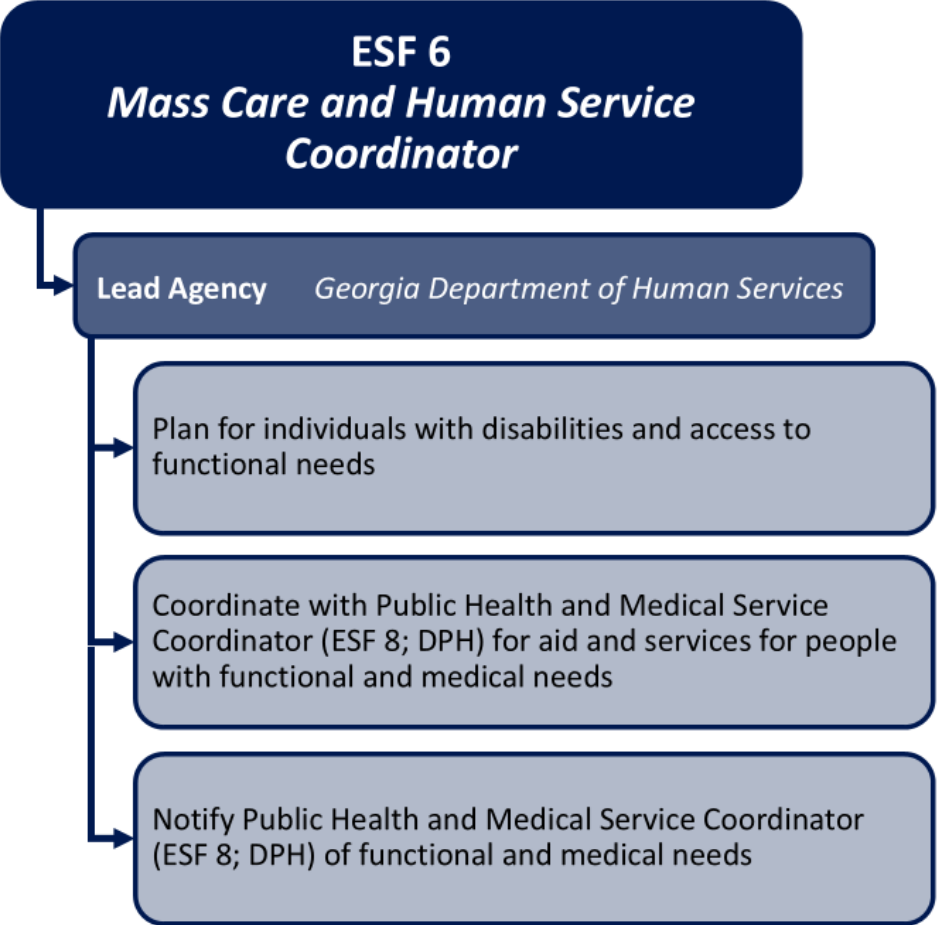
- Provides the operational structure to integrate across ESF facilities, equipment, personnel, procedures, and communications
- Reflects Georgia's focus on protecting lives and property, emphasizing local emergency management agencies and communities

ESF

Emergency Support Functions

- Set of plans in the GEOP to help communities return to normal following domestic incidents
- Details the agencies responsible for response services

Georgia Disaster Behavioral Health Response Infrastructure

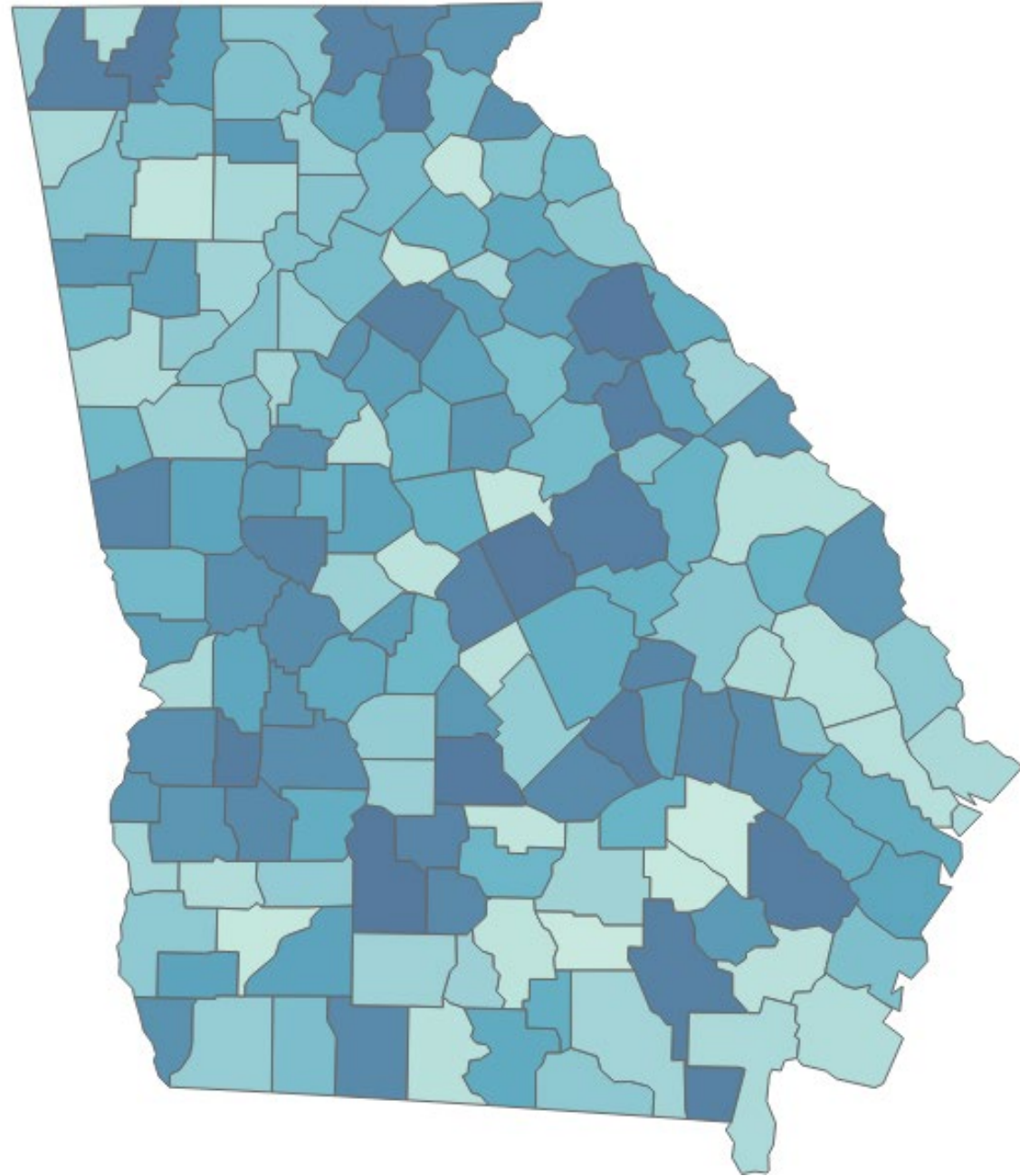


Summary of Findings

- Georgia meets or exceeds most of the recommendations set by the Department of Health and Human Services for a state level disaster behavioral health response
- Regional differences were observed in readiness to respond to behavioral health needs during a disaster response
- Surveys of GEMA and DPH personnel at the state and regional levels revealed considerable variability in knowledge and awareness of disaster behavioral health plans, policies and practices



Recommendations and Next Steps



Recommendations to Enhance State Response to Readiness

Planning and Authorities

- Review and update **all** state response plans *at least every two years*
- Ensure state plans address how **behavioral health** needs and supports will be provided at **recommended service delivery sites** not currently specified in state plans:
 - *Family assistance centers*
 - *Hospitals and emergency room settings*
 - *Emergency first aid stations*
 - *Respite centers*

Partnerships and Integration

- Establish **mutual aid agreements**, or other such written agreements, between **state and regional disaster behavioral health response partners**
- Develop **partnerships or cooperative relationships** to meet the **behavioral health needs of children and other at-risk populations** during a disaster
- Utilize **newer technologies**, such as the SAMHSA Disaster Behavioral Health Application or texting services, **to disseminate information and materials** during a disaster response

Recommendations to Enhance State Response to Readiness (Cont.)

Training

- Ensure that **post-acute phase intervention training** is recommended by **all agencies** supporting disaster behavioral health response in Georgia
- Identify or develop and implement **tools to evaluate** disaster behavioral health components of **exercises and drills**
- Partner with community organizations to **provide Mental Health First Aid trainings to communities**
- **Increase awareness and knowledge** of disaster behavioral health response policies, plans, and practices

Response Capacity

- Identify and utilize **deployable disaster behavioral health responders** that are **trained and licensed**
- Establish mechanism to **call upon contracted or private providers of behavioral health services** for deployment in a major emergency
- Identify or develop and utilize **system for tracking deployment of disaster behavioral health responders** in the state

Recommendations for Next Steps in Assessing Readiness across Georgia

- Confirm and fully characterize suggested regional differences
 - Complete readiness assessments at county, region, or district level
 - Identify strengths, challenges, and gaps in disaster behavioral health response readiness across counties, regions, or districts
- Compile organization-level information for state and local responses

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Georgia Department of Behavioral Health & Developmental Disabilities

Heather Stanley ATR-BC, LPAT
DBHDD-OCYF MATCH Program Director

November 5, 2024



MATCH Pilot Updates

The Hillside In Community DBT pilot started in mid-October. The evaluation and Hillside teams have met, the referral form has been created, and the Hillside team is ready for referrals.



The Wellroot Functional Family Therapy pilot has enrolled 20 youth to date, and the evaluation team has completed the BAA to begin collecting data on the individual level, not just the aggregate level.



Murphy-Harpst Respite pilot started at the beginning of October and has not received any referrals



VPH/CHOA Emergency Department Coordination Pilot started mid-September; they have received 46 referrals and are averaging eight youth engagements a week.

Youth Voice

- The MATCH State Committee is in partnership with Voices for Georgia's Children to create focus groups
- Using Youth-Participatory Action Research (YPAR) focus groups, the research project will create a reliable initial avenue for MATCH to incorporate youth voice into its processes and services, by helping to answer the following research question:
 - *What services and supports do behaviorally complex, multi-system-involved youth and young adults need to live in the community and achieve their highest attainable health and social well-being?*



MATCH Updates

- MATCH Staff presented gaps identified through the MATCH Clinical Team staffing to the Child and Adolescent subgroup
- Three categories of gaps have been identified:
 - 1st Service Gaps
 - 2nd Support Gaps
 - 3rd Growth Opportunities

Service Gaps

Intense Trauma-Focused Care

- In community and residential

ASD Crisis Services

- Expanded age ranges and services for
 - Crisis Stabilization Units and Crisis homes.

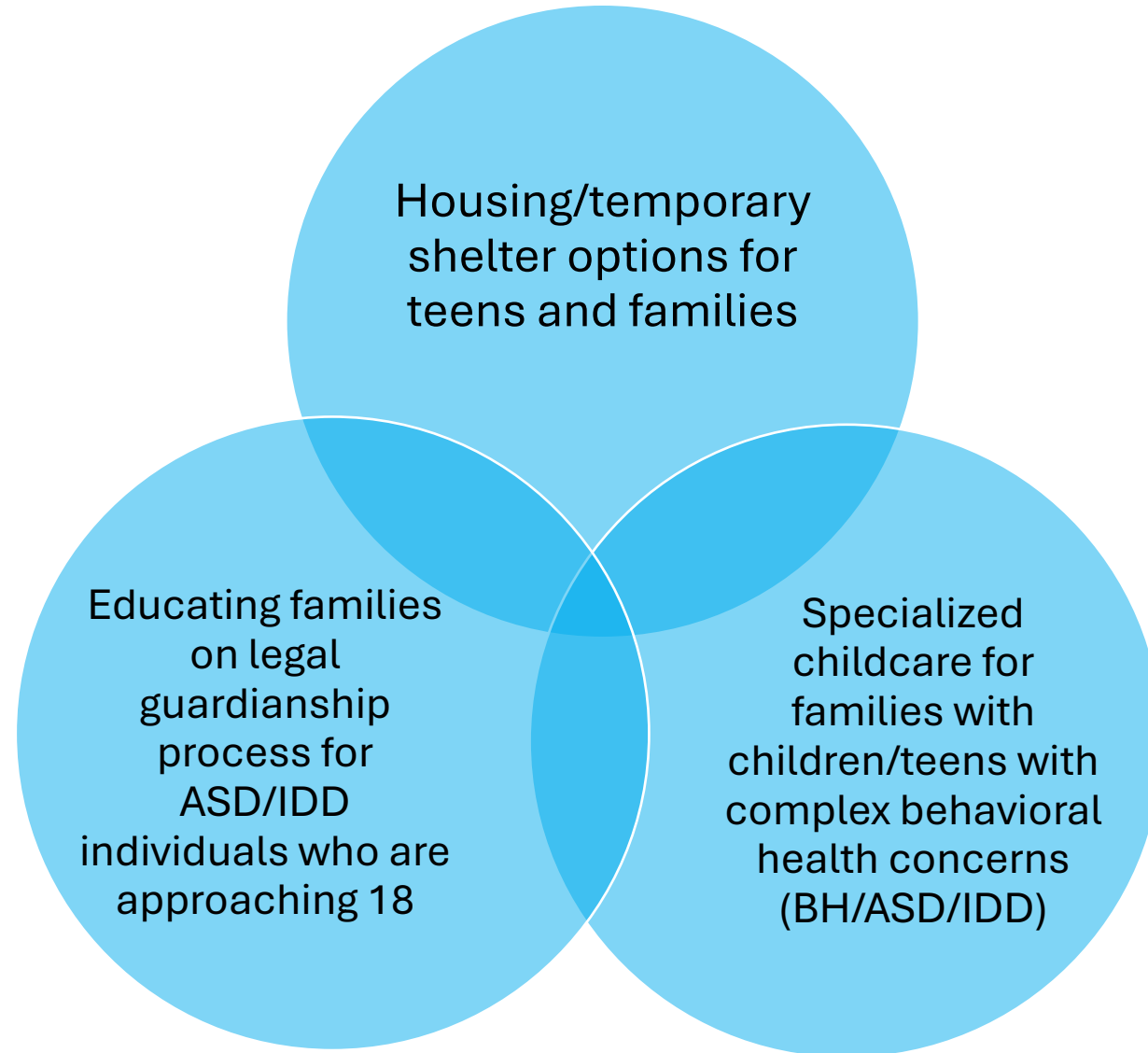
In-state Residential Services

- IDD/ASD diagnosed
- Co-occurring complex medical issues.

Intensive Community-Based Therapeutic Services

- Expanded coverage areas
- New evidence-based practices available

Support Gaps



Growth Opportunities

Follow up

Identify and implement a process once recommendations are made at the MATCH Clinical Team (MCT)

Quick Access

Ability for MCT to access urgent care funds to create unique treatment options for complex individuals

Expedited Contracting

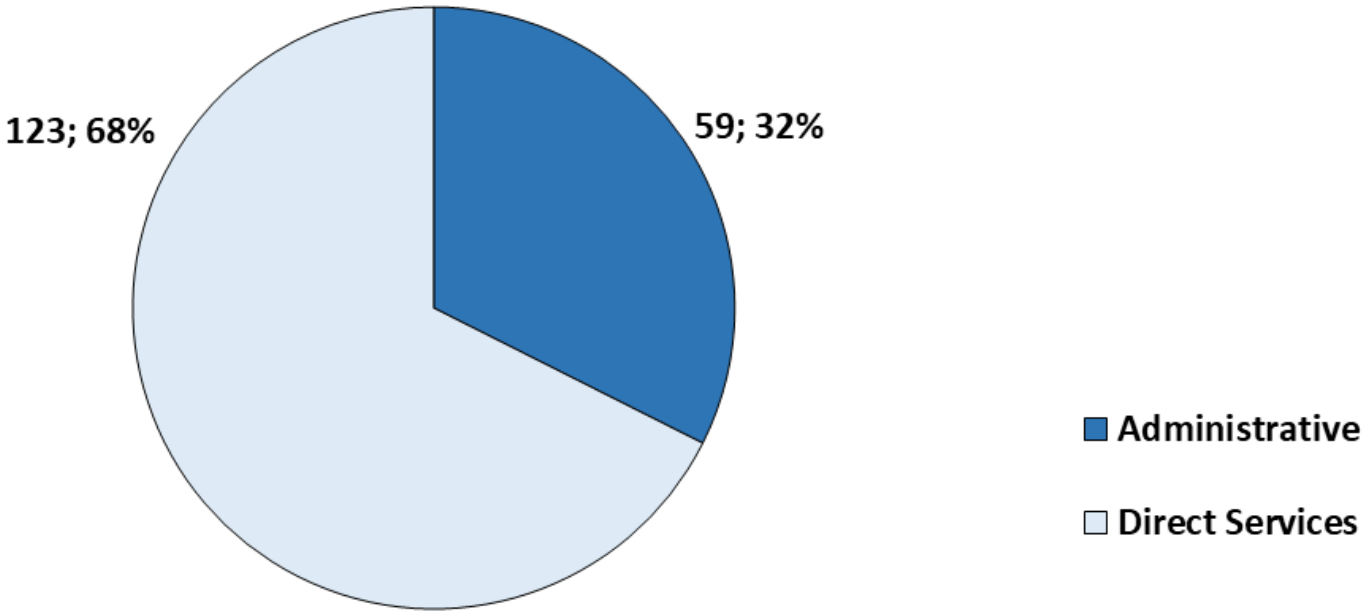
Need for expedited contracting process for MATCH providers/pilots

Sustainability

Identify long-term capacity and sustainability for MCT

Responses by Current Role

GA Apex Program School Survey
Responses by Role
Administrative vs. Direct Services
3/20/2024 - 5/31/2024 (N = 182)



- Administrative:**
- Principal
 - Assistant Principal
 - Other School Staff
 - Director of Student Support Services
 - District Level Administrator
 - Superintendent
 - Other School District Staff

- Direct Services:**
- School Counselor
 - School Social Worker
 - Teacher / Paraprofessional

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Forensic Services: Updates & Initiatives

Julie Oliver, Ph.D.

State Forensic Director

11.5.24

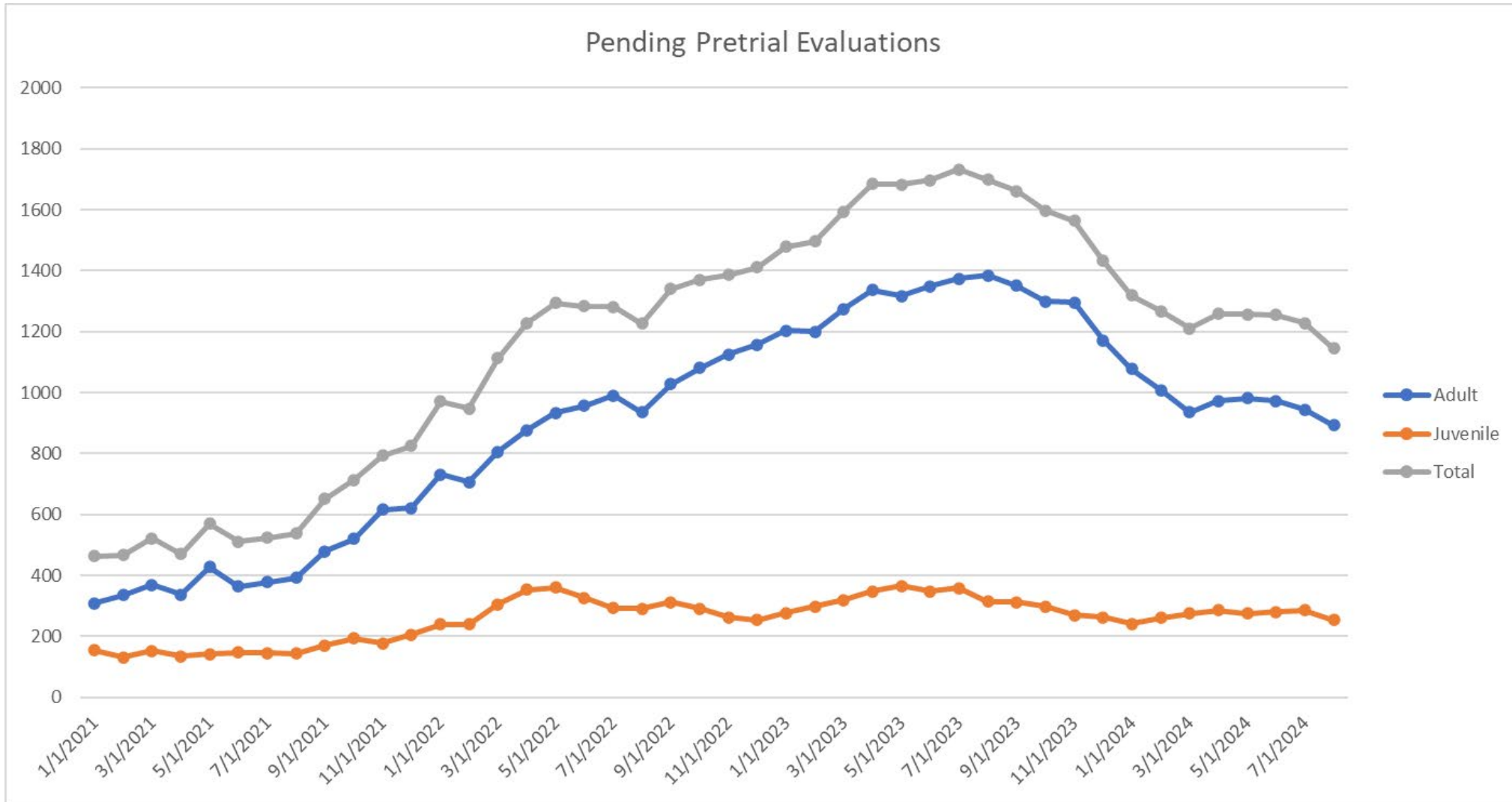


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DBHDD Forensic Services

- Completes court-ordered evaluations for competency to stand trial and degree of criminal responsibility
- Provides restoration services to those adjudicated incompetent to stand trial (IST)
 - Community
 - Jail
 - Hospital
- Provides treatment for eventual community transition
- Forensic residential services
 - Community Integration Homes & Forensic Apartments
- Monitors people outpatient civilly committed by State and Superior Courts

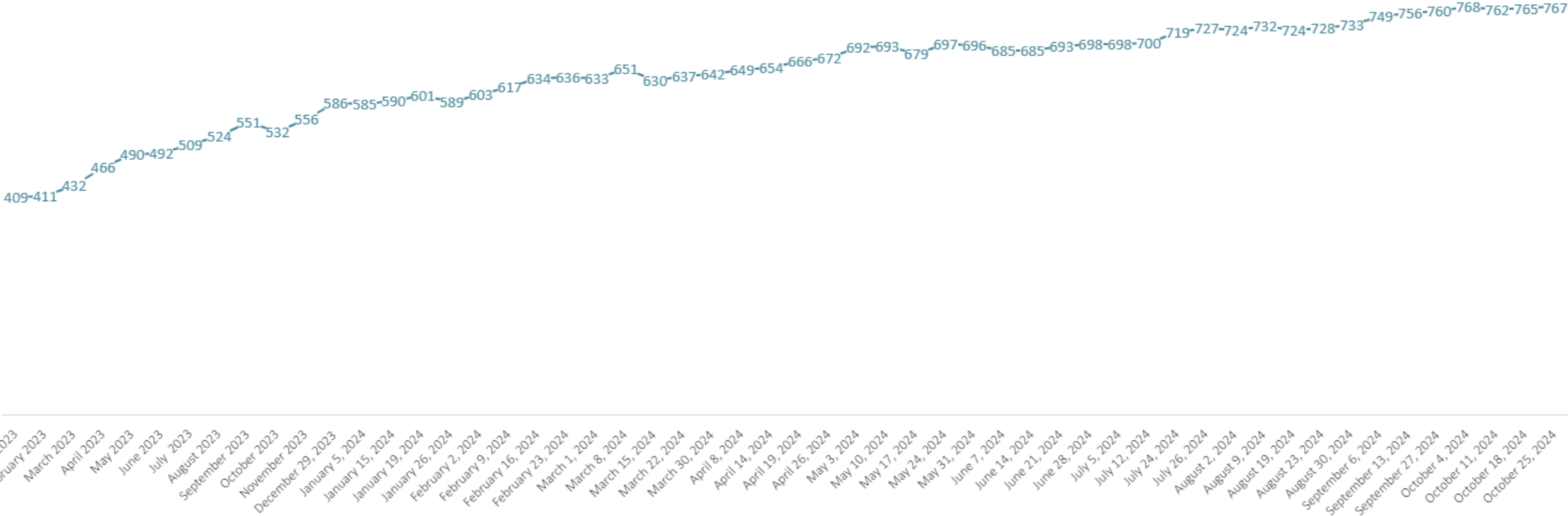
Forensic Services Pretrial Evaluations Pending



FY21 = 2070
FY22 = 2714
FY23 = 2722
FY24 = 2611

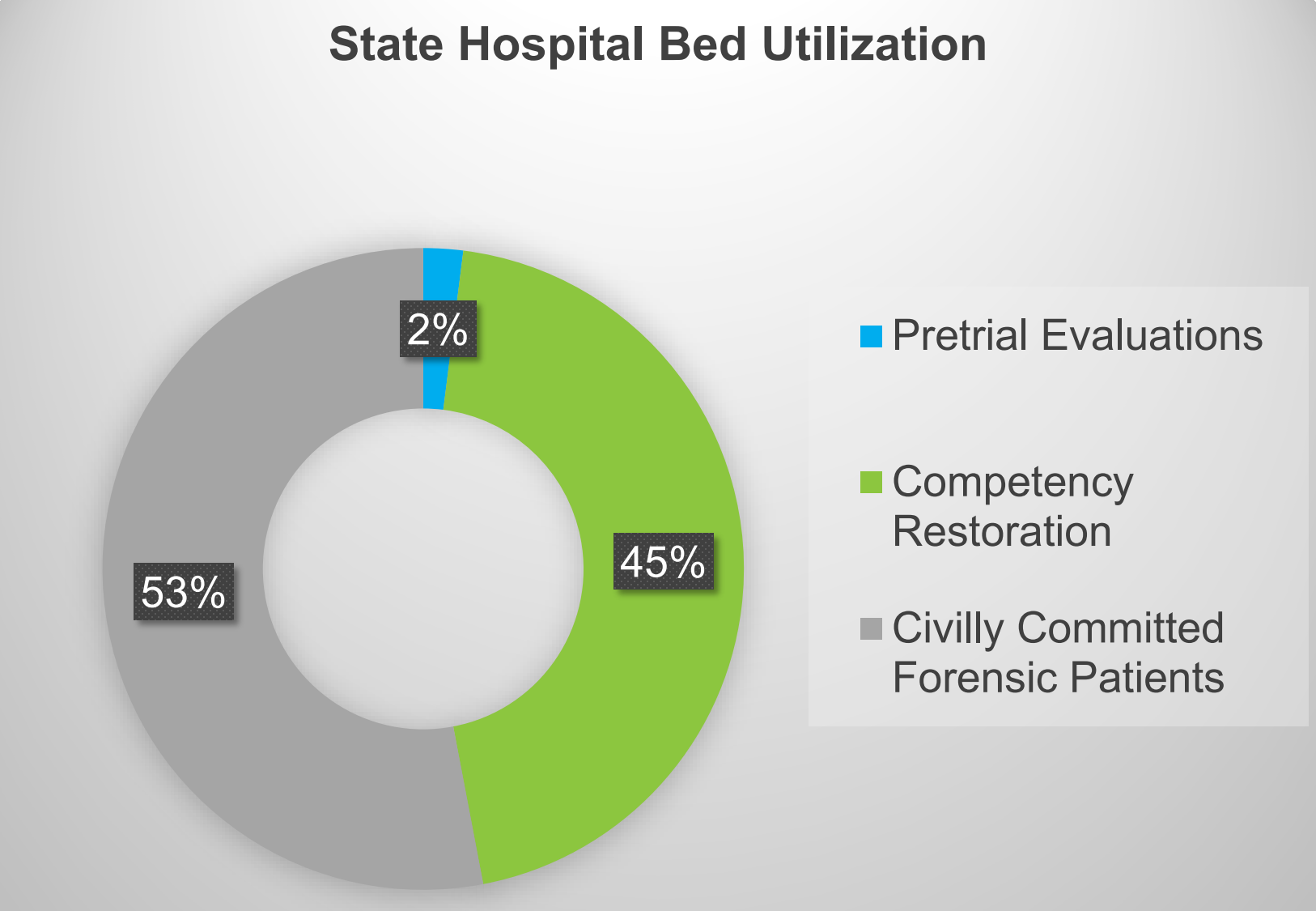
Admission Waiting List 10.25.24

JANUARY 2023 TO PRESENT



Forensic Bed Utilization

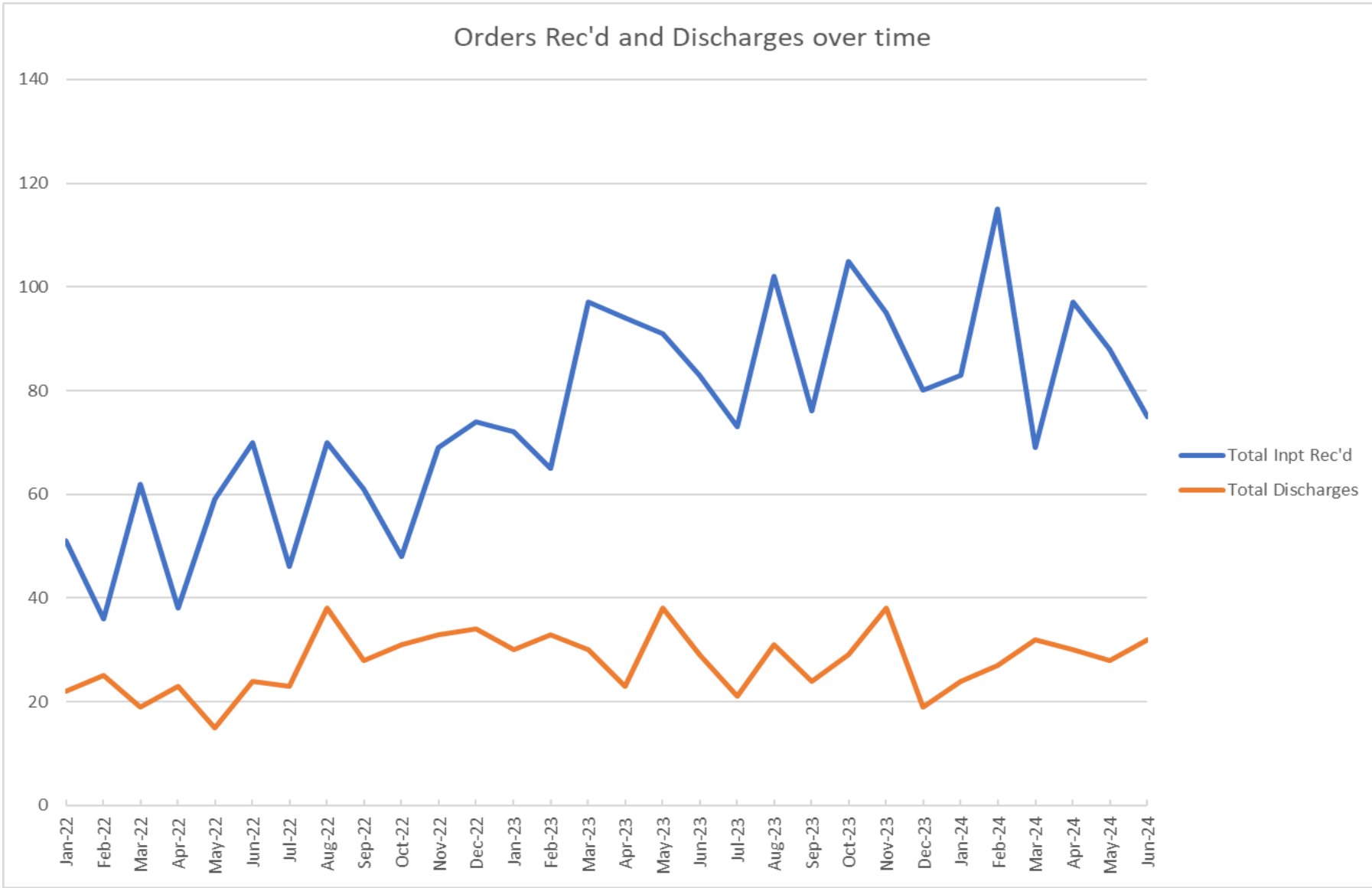
- 641 forensic beds in 5 state hospitals



Inpatient Orders Received

vs.

Hospital Discharges



Jail-Based Restoration Programs

- Collaboration with Sheriff and County
- Increased bed capacity for restoration services
- For males adjudicated IST who do not require hospital level of care
- Clinical services provided in therapeutic jail environment
- Clinical staff devoted to restoration pod

Jail-Based Restoration Programs

- Chatham (CARES) – February 2024
 - 14 beds – Chatham County only
 - Current census = 12

- Cobb (RISE) – January 2023
 - 20 beds – All GA counties
 - Current census = 20

Jail-Based Restoration Programs

- Dodge County Restoration Center
 - Opening November 2024
 - 30 beds – All GA counties
- Fulton
 - 16 beds – Fulton County only
 - Current census = 16

Forensic Admissions

- Admission by date court order received
 - Priority admission for those in significant clinical need
 - Forensic order does not prevent 1013 process
- Males = 328 days (as of 10/1/24)
- Females = 249 days

Need For Diversion

- Focus on pretrial evaluations will increase admission WL
- Expansion of bed capacity is slow
- Not all people require hospitalization

Diversion Pilots

Gwinnett County Pretrial – misdemeanor

- GRHA and View Point Health

Henry County Admission Waiting List

- Behavioral Health/Forensic Services and McIntosh Trail

Fulton County* – misdemeanor

- Fulton County Solicitor General
- JBA Justice and Mental Health Collaboration Grant
- Court Clinic Model

Richmond County – Forensic Jail Liaison

- Richmond County Jail and Forensic Services

Initiatives – Adult Evaluations

- Georgia Toolkit
 - Eliminate the Wait – Texas
 - BJA grant – Center for Justice Innovation
 - Goal – outline best practices to reduce referrals/wait times for individuals who are justice involved
- Court Clinics
 - BJA grant – Center for Justice Innovation
 - Hall County
 - Piloting in other counties
 - Abbreviated report
 - Focus on diversion recommendations when appropriate
 - Examine evaluation model and productivity requirements
 - Identified day for jails to share information

Initiatives – Adult Evaluations

- Contract evaluators
- Hospital “moonlight” evaluations
- Incentive pay for increased productivity

Initiatives – Juvenile Evaluations

- Juvenile Evaluation Manager – started December 2024
 - Updated court order
 - Clarify what courts want/need
 - Direct families to participate in interview/scheduling
 - Order in lieu of ROI, specify who should release records
 - Parent questionnaire completed at time of court order
 - Priority assignment of cases to meet courts' needs
 - Evaluator training & updated report format
 - Collaborate with DJJ staff for scheduling – decrease RYDC LOS
 - Equalize wait times for evaluations across the state
 - NGRI policy
- Morehouse School of Medicine/Dr. Vinson Contract – July 2024
 - Complete up to 100 juvenile evaluations in Fulton and Metro Atlanta
 - Recruit and train Forensic Psychiatry Fellow

Initiatives - Hospital

- LOS Reduction Initiative
- Continue with FCC check-ins and re-evaluation
 - “Informal” jail-based restoration
- Operation New Hope at GRHS
 - Opening November 2024
 - 30 bed transition unit
 - Vocational and life skills training

Initiatives – New Bed Capacity

- Dodge County
 - 30 beds
- Project New Hope at GRHS
 - 30 beds
- Allen Building at Central State Hospital
 - 17 beds
- GRHA Skilled Nursing Home – possibility of 17 beds
- 2nd Project New Hope at West Central – 30 beds
 - In addition to beds from new building that could not be staffed
- New hospital building – requested

Initiatives – Hospital Discharges

- Discharge Planning
 - Forensic Functional Assessment
 - Discharge Planning Worksheet
 - Updated Discharge Planning policy
- Community Integration Home & Forensic Apartments
 - Video introduction to placements for staff and future residents
 - Behavioral interventions/de-escalation training for staff
- Alternative funding sources to overcome significant SS delays

Initiatives – Hospital & CIH Discharges

- Hospital Bed Analysis
- CIH Bed Analysis
- Timing Out
- A&M Bed Study

Initiatives - Communication

- Notification Letters to Judges
- ForensicAdmissions@dbhdd.ga.gov
- Admission wait times on website
 - <https://dbhdd.georgia.gov/forensic-services>
 - Updated monthly

Initiatives - Communication

- Updated Website
 - Juvenile orders & parent questionnaire
 - Adult referral form
 - Would diversion be considered if appropriate?
 - Community restoration/remediation pamphlets available to stakeholders

Strategic Planning

- Artificial Intelligence
 - Risk Assessments & Forensic Evaluations
- Circuit/County-Specific Planning
 - Forensic data by circuit/county/judge
- State Justice Statistics Grant
 - Examine cost of restoration
 - Case outcome after restoration

Behavioral Health Reform and Innovation Commission

- Chaired by Commissioner Tanner
- Forensic Competency Advisory Committee
 - Chaired by Judge Kathleen Gosselin, Hall County Superior Court

Competency Advisory Committee

- Examine Pathway for Misdemeanor vs. Felony cases
 - Non-violent vs. violent cases
 - Decrease restoration time?
 - Require status hearing prior to ordering evaluation
 - Burden on prosecutor to pursue restoration
 - Collecting information from other states
 - Location of restoration, reduced restoration period

Competency Advisory Committee

- Education
 - Bench Card
 - Standard Court Orders
 - GA Toolkit
 - Forensic Data to Judges
 - Community Restoration Materials – now online
 - DD Services Information
 - Diversion Process Map
 - Special Populations – dementia, IDD

Adapting Our Work – Diversion at All Intercepts

- Competency Crisis
 - Requires different way to focus on cases
 - Judges & attorneys agree, so we need to adapt
- Diversion Focus
- Community Restoration Recommendations
- Court Clinics
- Adapting Scheduling
- Recommendations to the Court for special populations

DBHDD Initiatives

- Jail In-Reach
- New Crisis Center in Fulton
- DD Crisis Center in Macon – coming soon
- DD Homes at EC – accepting from ERs and Jails
- Provider Rate Increase
- Approval for 3 placements or intensive Tx needs



Georgia Department of Juvenile Justice



Update of Behavioral Health Services in Department of Juvenile Justice Secure Facilities

John Izzo, LPC, Assistant Director, Office of Behavioral Health Services
Lisa Mantz, Deputy Commissioner Division of Treatment and Care

Behavioral Health and Coordinating Council Meeting
November 5, 2024

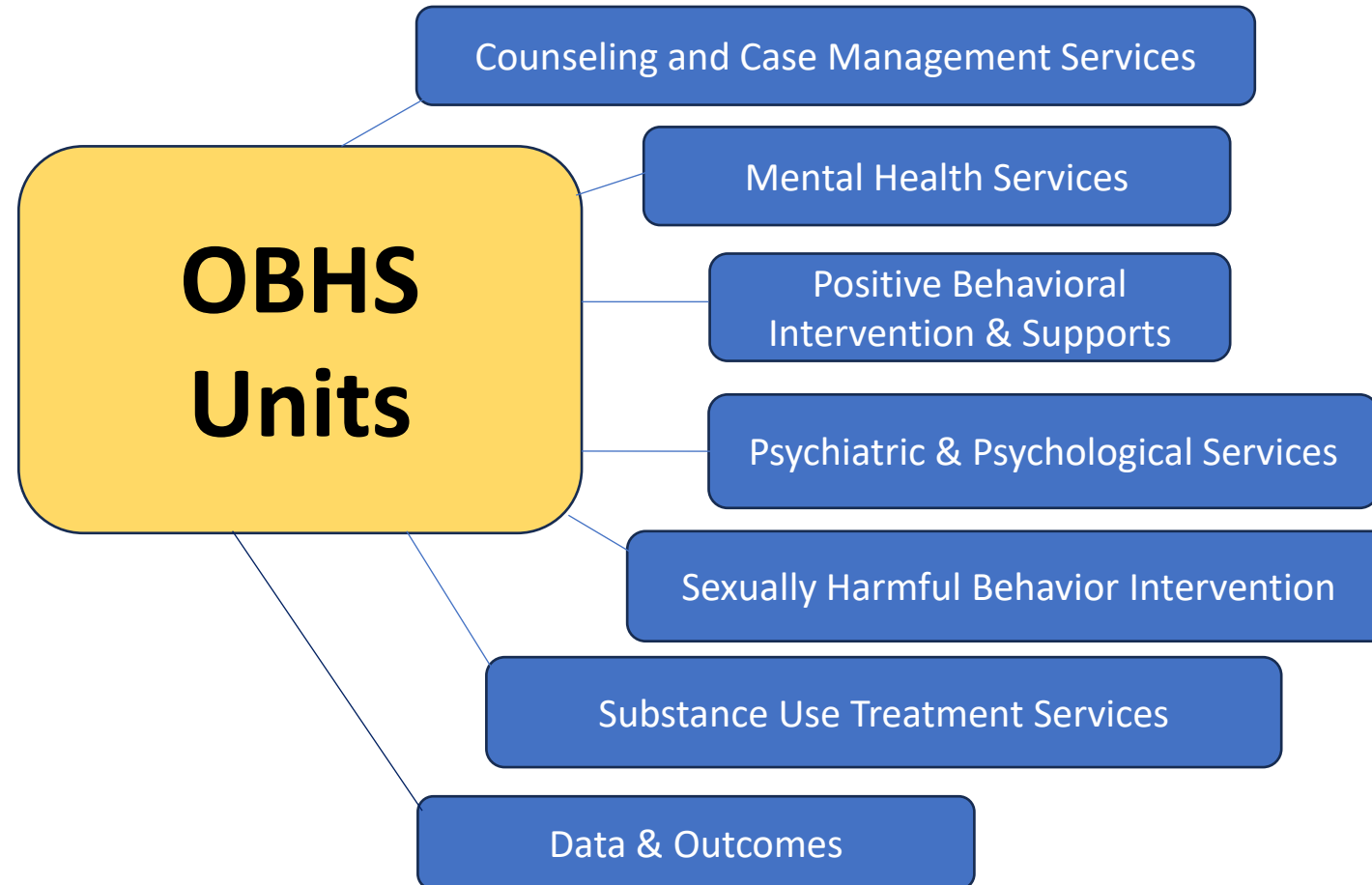


The Office of Behavioral Health Services

- **The OBHS is committed to ensuring youth in DJJ facilities receive the services they need and manages and administers the behavioral health service programs in all DJJ facilities (25).**
 - These services include mental health, general counseling, case management, sexually harmful behaviors, and substance abuse treatment. In addition, OBHS oversees the implementation and fidelity of Positive Behavioral Intervention and Supports program in DJJ schools.
 - Services offered to youth adhere to current best practices and meet the identified needs of the youth in DJJ secure facilities, utilizing evidence-based interventions.
 - Services offered are driven through individualized treatment and service plans developed individually for each youth.



Georgia Department of Juvenile Justice





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Behavioral Health Services Offered to Youth at all Facilities



Psychiatric & Psychological Assessments



Mental Health Screenings and Assessments



Suicide and Safety Protocols



Individual and Group Counseling



Family Education and Counseling

Crisis Intervention and Support



Service and Treatment Planning



Georgia Department of Juvenile Justice

OBHS Highlights

- OBHS Treatment and Care works diligently to provide, track, and measure success and challenges regarding program services, which are commonly made possible through tracking program participation and completion rates of youth who receive services in our DJJ facilities.
- The OBHS has improved its quality assurance processes by creating a new Data and Outcomes Unit. This unit will provide OBHS with essential outcome data which will allow us to enhance our services.
- The OBHS has sustained and continued to grow its Evidence Based Programming for several years.
 - **Dialectical Behavioral Therapy (DBT)**
 - **TARGET (Trauma Affect Regulation Guide for Education and Therapy)**
 - **The Seven Challenges**
 - **Aggression Replace Training (ART)**
 - **SAVRY (Structured Assessment of Violent Risk in Youth)**



Georgia Department of Juvenile Justice

Youth in Secure Facilities Mental Health

		Youth Served in RYDC			Youth Served in YDC		
		Total	Mental Health	% Mental Health	Total	Mental Health	% Mental Health
SEX	Male	4,403	1,503	34.10%	353	224	63.50%
	Female	1,294	605	46.80%	80	78	97.50%
	Total	5,697	2,108	37.00%	433	302	69.70%

(Out of 2,212 Youth)
**Top 10 DSM-5 diagnoses received by youth in Secure Facilities in
 FY2023**

Diagnosis	Count	Percentage
Disruptive, Impulse-Control, and Conduct Disorders	1,050	62.50%
Substance-Related and Addictive Disorders	863	51.37%
Neurodevelopmental Disorders	809	48.15%
Other Conditions That May Be a Focus of Clinical Attention	626	37.26%
Trauma and Stressor Related Disorders	670	39.88%
Depressive Disorders	641	38.15%
Sleep-Wake Disorders	270	16.07%
Anxiety Disorders	156	0.00%
Bipolar and Related Disorders	112	6.67%
Schizophrenia Spectrum and Other Psychotic Disorders	61	3.63%



Georgia Department of Juvenile Justice

Substance Abuse Treatment (Youth Development Campuses)

- 136** Youth in YDC identified as having significant Substance Abuse issues and referred for services.
- 46** Youth served in Substance Abuse treatment programs.
- 25** Youth completed Substance Abuse treatment programs.

Office of Behavioral Health Services

FY2024 in ACTION

Total Help Requests

25,967

Completed Psychodiagnostic
Evaluations

1,857

Completed Substance Use
Intervention & Treatment

255



Completed Mental
Health Assessments

3,784

Sex Offender Services
Received

923

Completed Mental
Health Screenings

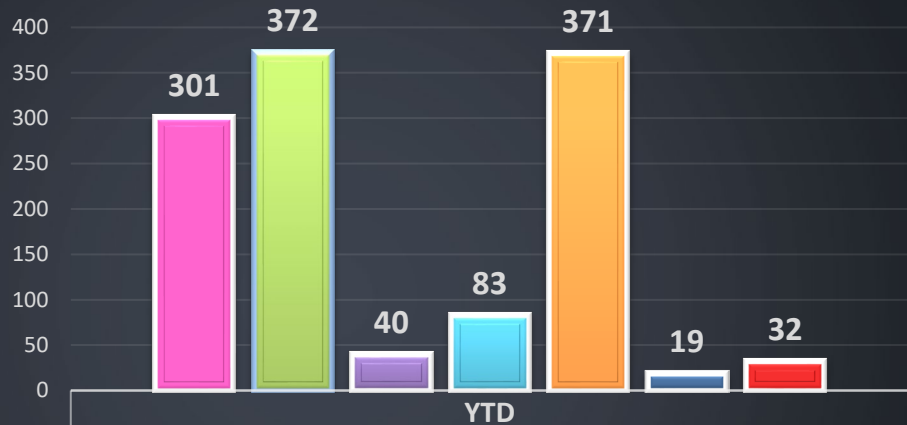
6,604



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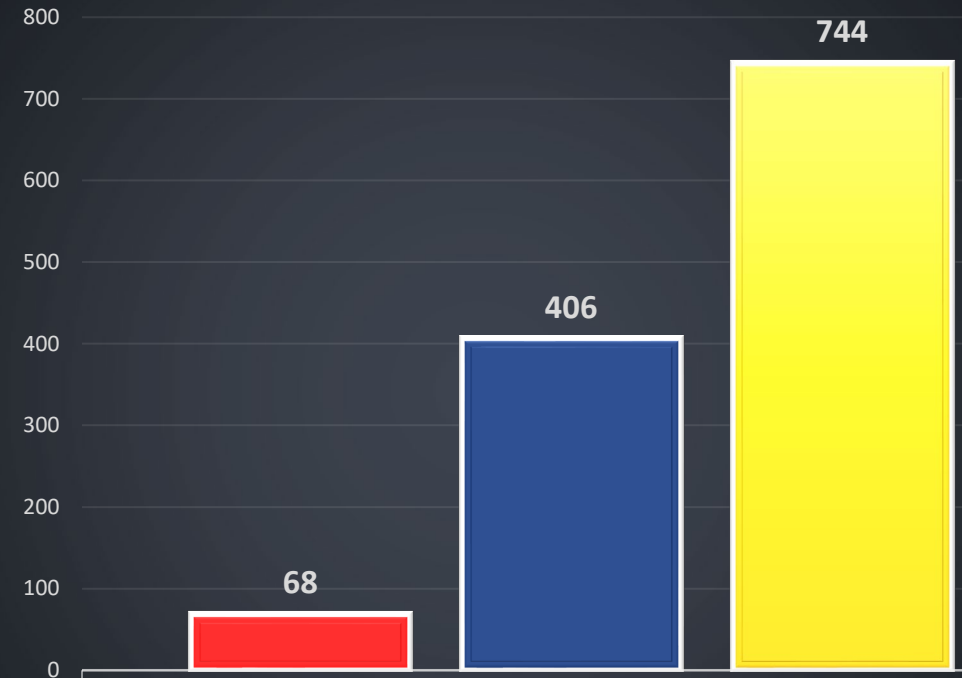
SAVRY Data

2023 SAVRY Recommendations
1218 SAVRY's Completed
January 2023-December 2023



	YTD
Community	301
Residential	372
DFCS	40
STP	83
YDC - DF	371
YDC - Justification	19
YDC - Superior Court	32

2023 SAVRY Scores



	YTD
Low	68
Moderate	406
High	744



SAVRY Risk Needs Areas

Emotional Stability

Disruptive Behavior/Personality

Substance Abuse

Family Circumstances /Parenting

Education /Employment

Negative Peer Relations

Attitudes / Orientation SAVRY Risk Needs Areas:



Current Challenges & Future Needs

- **Behavioral health staffing limitations** → OBHS will need to continue to provide competitive salaries based on nationwide analysis to attract qualified treatment providers.
- **Departmental training funds** → OBHS will need to continue to support ongoing professional development of behavioral health services, leadership and behavioral health field staff.
- **High mental health needs** → OBHS has seen an increase in neurodevelopmental disorders to include autism and intellectual disabilities with significant behavior problems. Juvenile Justice facilities are not designed to meet the needs of these youth.



Current Challenges & Needs (Cont.)

Identifying best practice for behavioral health staffing patterns → Recent exemplar agencies visited by DJJ leadership had staffing ratios of 6 to 10 youth per mental health clinician, and similar ratios for general counselors.

- **Current staffing levels in DJJ facilities:**
 - RYDCs operate with caseloads of roughly 30 youth to 1 full time staff member (30:1) for both mental health and general counseling.
 - YDCs operate with caseloads of roughly 11:1 for mental health and general counseling.



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Current Challenges & Needs (Cont.)

- **Access to crisis stabilization services** → The agency has a difficult time accessing crisis stabilization services for the youth whose treatment needs exceed facility resources. In the past 18 months, less than 10 % of youth for whom the agency attempted to access stabilization services received those services.
 - **Reasons for denial:**
 - Lack of space
 - Concerns about youth violence (whether the youth was exhibiting violent behavior or not)
 - Youth was “too sick for crisis stabilization.”



Ongoing Collaborations and Partnerships

RSAT Funding –Criminal Justice Coordinating Council

Training Opportunities

DCH & DHS CSM Medicaid for Justice Involved Youth

DBHDD Forensic Peer Mentors Pilot

Forensic Evaluation Pilot

Statewide Clinical MATCH Committee and Steering Committee Members



Questions & Answers



Georgia Department of Juvenile Justice

Contact Information

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Closing Comments

Next BHCC Meeting:

February 11th, 2025

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