

# Board of Behavioral Health and Developmental Disabilities

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**BE D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities

February 10, 2022



# Agenda

Roll Call / Call to Order

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Recovery Speaker

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Action Items

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Commissioner's Report

- Hospital Update
  - IDD Pre-Eligibility and Eligibility Process
  - AOT and Co-responder Pilots
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Chair's Report

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Public Comment

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Next Meeting Date

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# Roll Call

David Sofferin

*Director, Office of Public Affairs*

# Call to Order

David Glass

*Chair*

# Introduction of Recovery Speaker

Jeff Breedlove

*Georgia Council on Substance Abuse*

# Action Item:

- Board Meeting Minutes – December 9, 2021

# Commissioner's Report

Judy Fitzgerald  
*Commissioner*





# Hospital Update

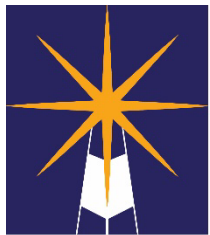


# IDD Pre-eligibility and Eligibility Process

**Kelli Bishop, Psy.D.**

Director of Eligibility

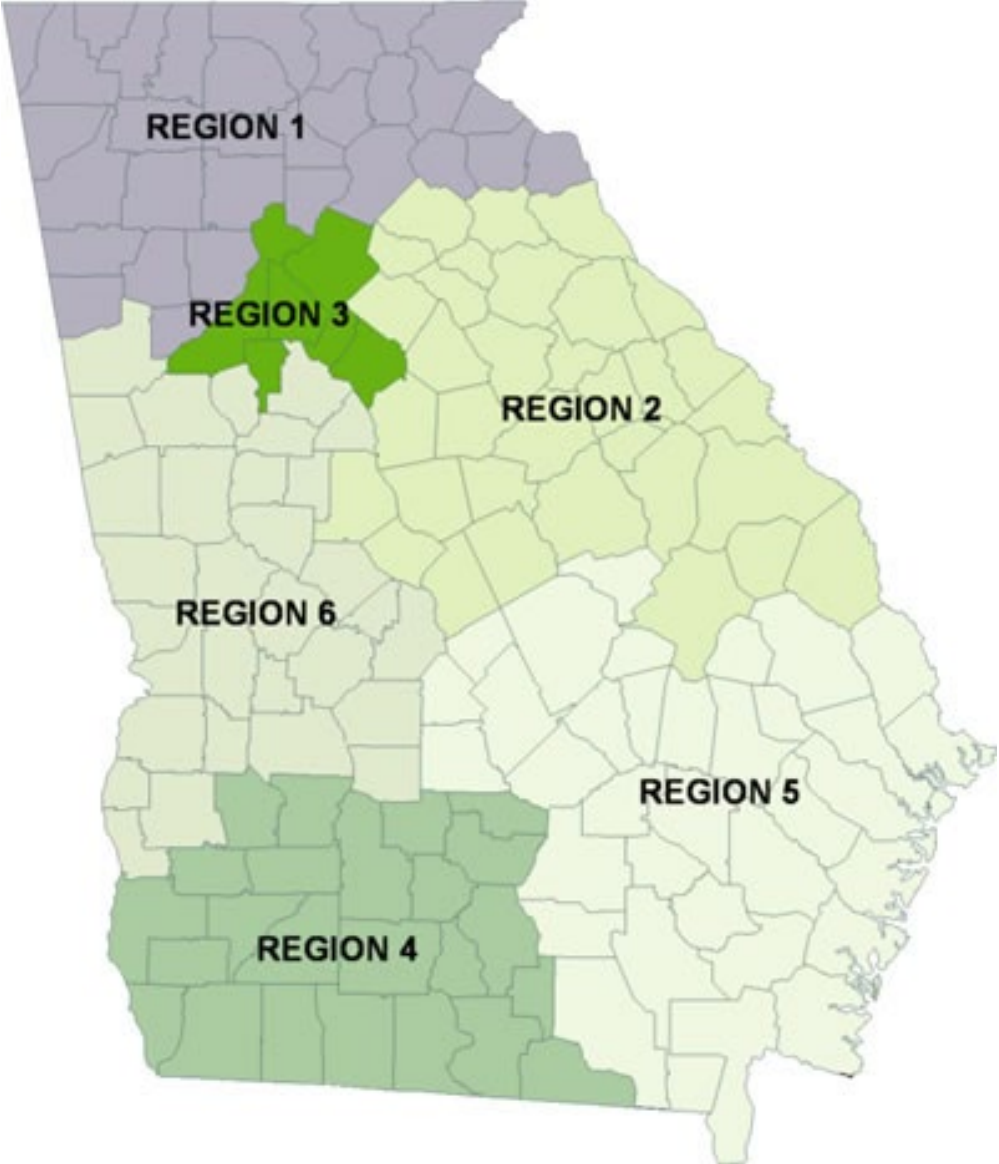
Division of Intellectual and Developmental Disabilities



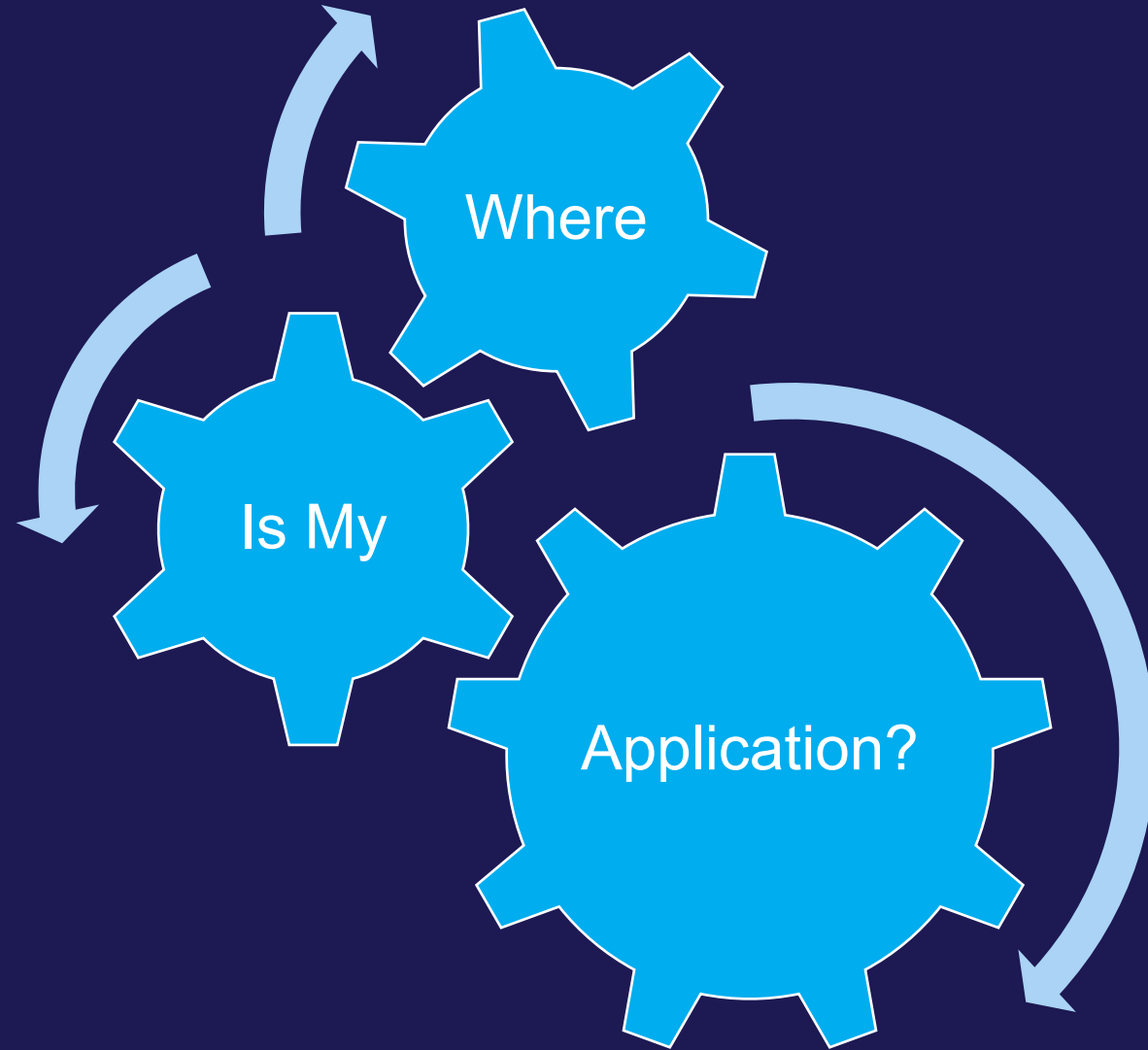
**D·B·H·D·D**

Georgia  
Department of  
Behavioral Health  
& Developmental  
Disabilities

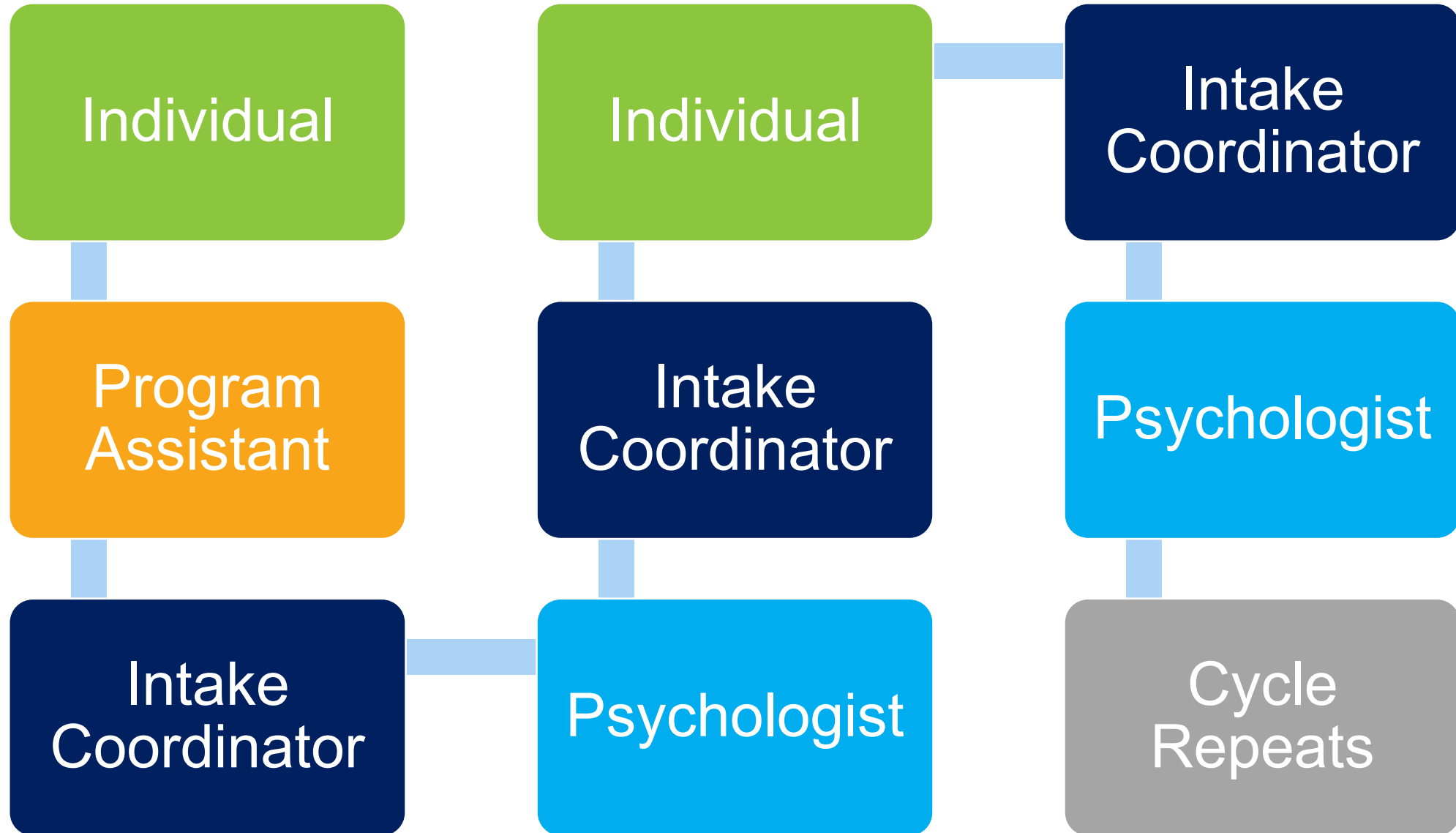
# Regional Map



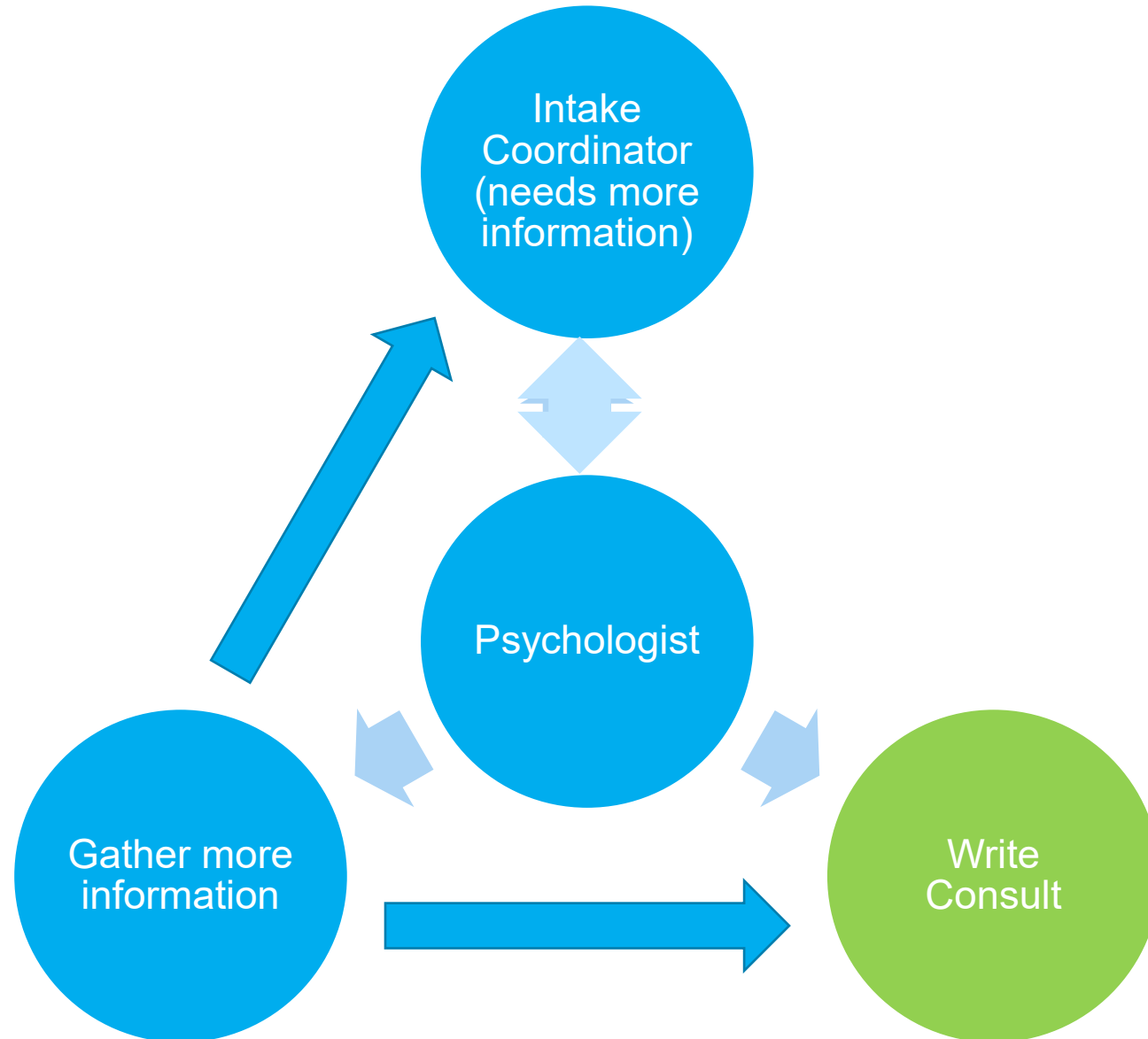
# Process



# Eligibility Process



# Psychologist Process



# Pre-Eligibility Report

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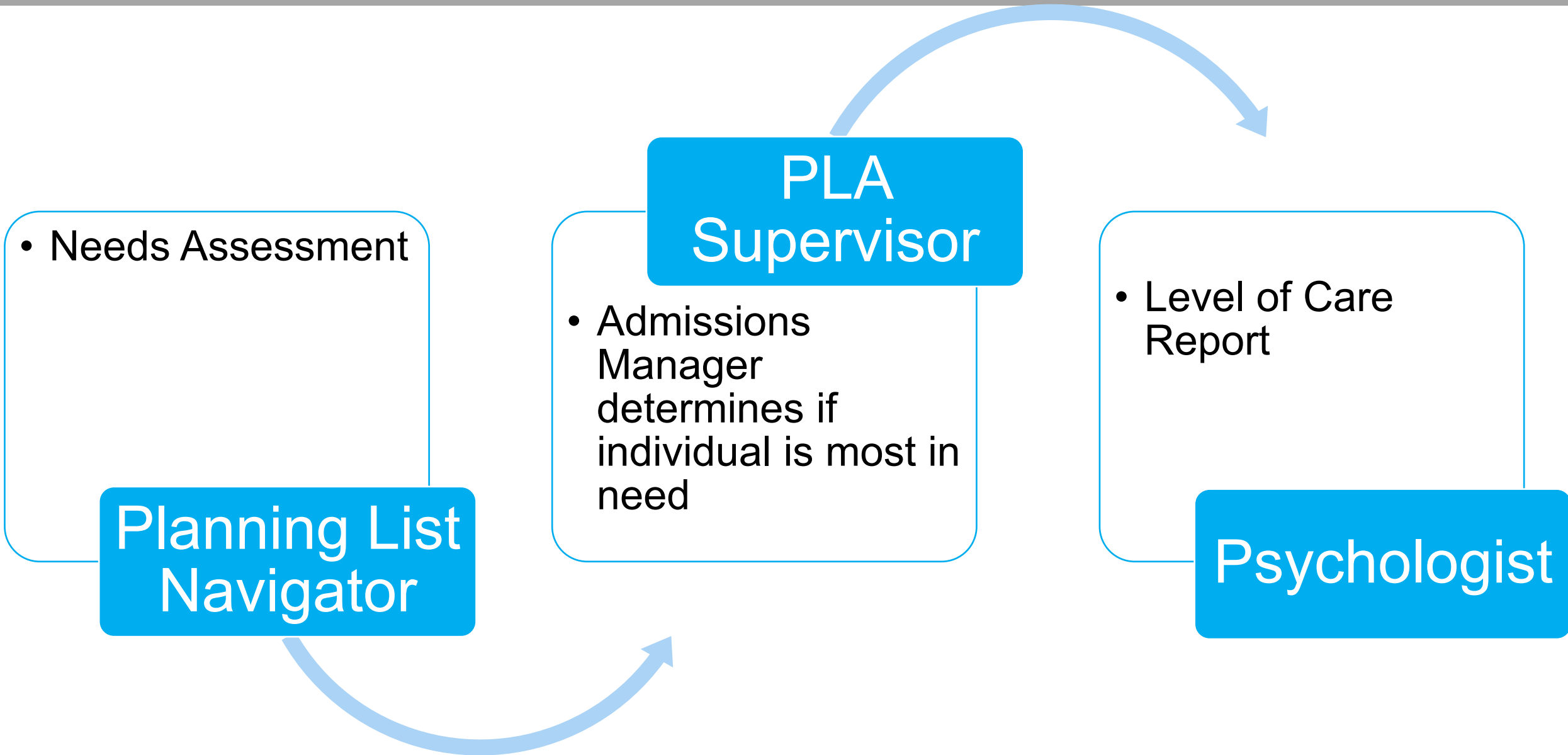
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graph LR; A[Psychologist] --> B[Intake Coordinator]; B --> C[Planning List Team];
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Psychologist

Intake  
Coordinator

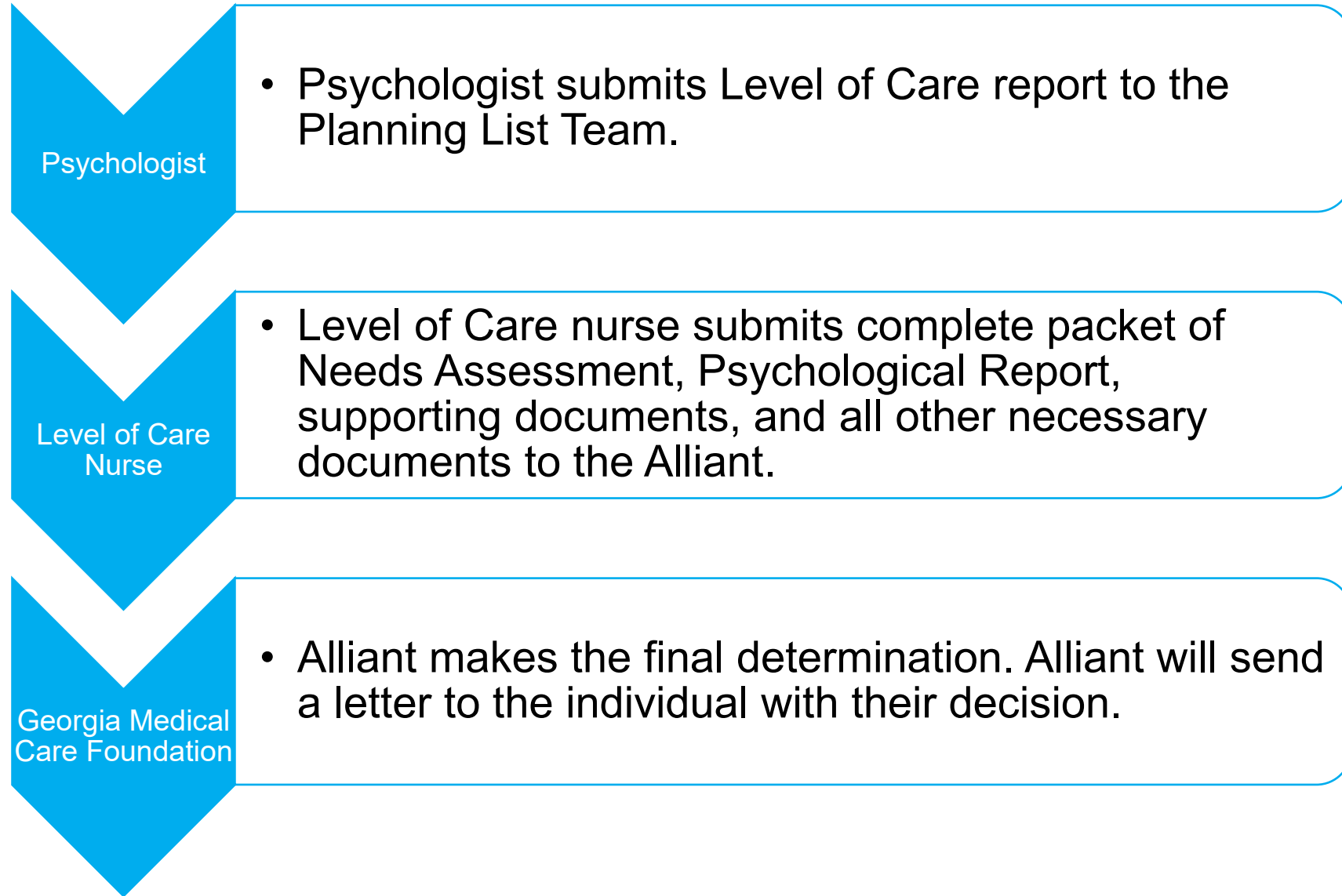
Planning  
List Team

# Level of Care Process

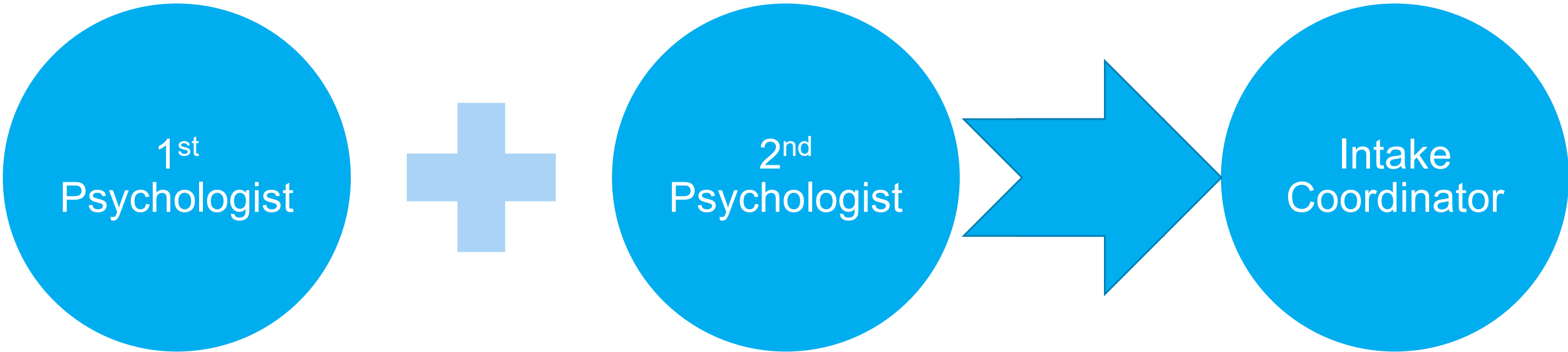




# Georgia Medical Care Foundation



# Ineligible Process



# Waivers

## New Options Waiver (NOW)

For individuals living in their own or family home.

## Comprehensive Supports Waiver (COMP)

For individuals requiring either intensive supports in order to remain in the community or residential placement.

# Intellectual and Developmental Disability Services

- Occupational Therapy\*
- Physical Therapy\*
- Speech and Language Therapy\*
- Behavioral Supports\*\*
- Community Access\*
- Community Guide
- Community Living Support\*
- Community Residential Alternative\*\*\*
- Environmental Accessibility Adaptation
- Natural Support Training
- Prevocational Services
- Medical Equipment and Supplies\*
- Support Coordination
- Supported Employment
- Transportation and Vehicle Adaptation
- Nursing\*
- Nutrition

\* Not available for individuals under the age of 21

\*\* Not available for individuals under the age of 21 if the need is related to a diagnosis of Autism Spectrum Disorder

\*\*\* Not available for individuals in Department of Family and Children's Services custody

# Commonly Asked Why Questions

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Why?

# Documents

Why do you need more documents?

# Application Documents

- Completed Application
- Psychological report with intelligence quotient and adaptive scores, autism assessment (if applicable), preferably completed during the developmental period
- Proof of citizenship
- Copy of Social Security Card or Social Security Number
- Copy of Medicaid and/or Medicare Card
- Copy of Social Security benefit information
- Copy of guardianship documents (if applicable)
- Copy or reports describing the disability completed by schools attended or by other service agencies (e.g. Individualized Education Program)
- Authorization of Release of Information
- Notice of Privacy Practices



# Documents

- Documents provided may not have been signed
- Documents provided may be incomplete
- The testing provided may not have been appropriate or relevant
- There are no test scores
- Test data may be incomplete
- Updated testing may be needed
- Medical verification may be needed
- More information from developmental period is needed

Johnny

Johnny has Autism, why  
isn't he eligible for a  
waiver?

# Johnny

- Diagnoses do not automatically make someone pre-eligible. Other criteria must also be met.
- The diagnosis must be accurate and current.
- Johnny must also meet other criteria: requiring institutional level of care, meeting the required adaptive deficits (which must be related to his diagnosis of autism), full onset prior to age 22, and adaptive deficits are expected to continue throughout the lifespan.

Sally

Sally was in special education services. Why isn't she eligible for a waiver?

# Sally

Special Education Services does not make an individual eligible for a waiver. It is important to know what the eligibility category for the Individualized Education Plan.

Special Education Services can provide supportive evidence for an intellectual disability or a closely related condition, but developmental history and test data must also be taken into consideration.

James

James has an Intelligence Quotient (IQ) of 68, why isn't he eligible for a waiver?

# James

- An IQ score alone does not make someone eligible for a waiver.
- The IQ might have been invalid.
- The Full-Scale IQ may be uninterpretable.
- The low IQ score could be due to a reason other than cognitive impairment.
- The individual low IQ score may have been obtained after age 18.
- Higher capacities might have been displayed at other times of testing.



# Important Notes

- All documents must be signed
- Testing must include full measure Intelligence Quotient (IQ).
- Thorough adaptive testing must always be included, with domain and subdomain scores.
- Documents should include time of achievement of developmental milestones, descriptions of functioning at home, community, and school, information about specialist services (OT/ST/PT, hippotherapy, neurologists, etc.), and educational history.
- Encourage families to obtain and keep copies of psychological reports, school reports, and medical documentation.

# 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

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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

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- 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

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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

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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

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- 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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Georgia Department of Behavioral Health & Developmental Disabilities



# Chair's Report

David Glass

*Chair*



# Public Comment

# Next Board Meeting

June 9, 2022