

Board Meeting

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental
Disabilities

April 18, 2024



Agenda

Roll Call

Call to Order

Introduction to Recovery Speaker

Action Items

- Board Meeting Minutes – April 18, 2024

Commissioner's Report

- CSB Co-Responder Budget Update
- Co-Responder Budget Update
- Recruitment & Workforce Update
- Georgia Opioid Crisis Abatement Update
- 988 Campaign Update

Chair's Report

Public Comment

Roll Call

Chelsee Nabritt

Community Outreach Manager

Call to Order

Ellice Martin, Ed. D.

Vice - Chair

Introduction of Recovery Speaker

Chelsee Nabritt

Community Outreach Manager

Action Item

- Board Meeting Minutes – April 18, 2024

Commissioner's Report

Kevin Tanner

Commissioner

BE D·B·H·D·D

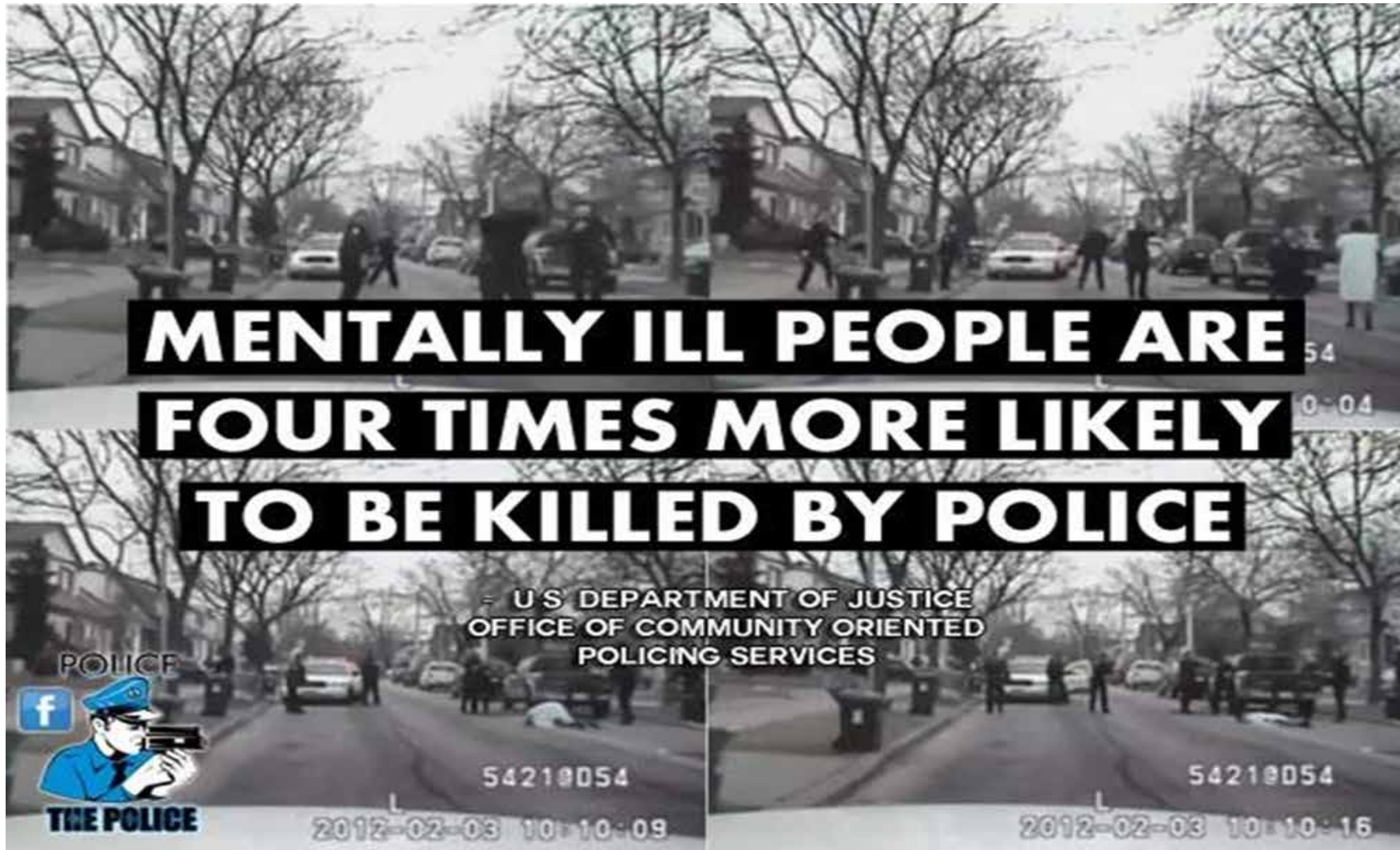
Georgia Department of Behavioral Health & Developmental Disabilities

Chad Jones
Vice President for Business Development
View Point Health

June 13, 2024



The Challenge...



The Data...

- 6-10% of all police contacts with the public involve persons with serious mental illnesses (*Livingston, 2016*)
- 29% of persons with serious mental illnesses in the U.S. had police involved in a pathway to care (*Livingston, 2016*)
- At least 1 in 4 individuals fatally shot by police had a serious mental illness (*Fuller et al., 2015; Lowrey et al., 2015*)
- Over 1 million arrests of persons with mental illnesses per year in the U.S.
- Evidence regarding whether mental illness increases likelihood of arrest is equivocal (*Engel & Silver, 2002*)
- Research on adults with autism found that during a 12-18 month period, 16% of the sample had a police contact. The most common reason was aggressive behavior (*Tint et al. 2017*)
- In the U.S., almost 20% of youth with autism report having police contact by age 21, almost 5% had been arrested (*Rava et al. 2017*)

The What...

Co-response is a collaborative, in community response to crisis calls involving law enforcement and mental health clinicians. The mental health clinician is embedded with either a local police department or Sheriff office to (1) respond to mental health crises in the community and (2) to assist individuals obtain the necessary services and resources after crisis conclusion.

The Why...

What we know: mental health calls take more time + resources, are easily escalated, & often lead to arrest

- Jails/prisons are the largest mental health treatment providers in the country, and law enforcement often acts as the access point to mental health services
- Individuals with a SMI are often frequent utilizers of emergency services and experience high rates of incarceration and recidivism

Outcomes of our co-responder program benefit law enforcement officers/agencies, the community, and most importantly, the individuals we serve

- Increased officer and citizen safety, decreased use of force incidents
- Additional options for individuals experiencing a behavioral health crisis/committing quality of life crimes & increased access to services
- Decreased demand on patrol officers

The Path...



State legislative updates: The GA General Assembly passed 2 new bills (HB 1013 & SB 403) during the 2022 Legislative Session that are directly related to co-responder programs

HB 1013: addresses mental health transports
SB 403: requires all GA Community Service Boards to provide co-responder clinicians to any law enforcement agency in their service area who requests one and requires all law enforcement agencies to participate in Co-Responder Protocol Committee meetings with CSBs.



These new laws reflect a larger paradigm shift in the way we conceptualize and treat behavioral health in GA

There are over 50 Co-responder teams working throughout the state of Georgia. A co-responder team is determined as one mental health clinician and one assigned law enforcement officer.

The Models...

1

Dispatched Model

Clinician is centrally housed and called out by law enforcement to join a crisis call, usually in progress

2

Assigned Model

Clinician is assigned to a law enforcement officer and rides along, responding to crisis calls

3

Liaison Model

Clinician is contacted by law enforcement for technical assistance or clinical direction and may report to a crisis if necessary

The Training...

Clinician Side

- u Integrating Communications, Assessment and Tactics (I-CAT)
- u Counseling on Access to Lethal Means (CALM)
- u Columbia Suicide Severity Rating Scale (C-SSRS)
- u Police Department Policies and Procedures
- u Specifics in Developmental Disability and Sensory Perception
- u Use of Force Tactics and Procedures

Officer Side

- u Integrating Communications, Assessment and Tactics (I-CAT)
- u Counseling on Access to Lethal Means (CALM)
- u Mental Health First Aid (MHFA)
- u Question, Persuade, Refer (QPR) Suicide Prevention Training
- u Crisis Intervention Training (*MHFA & QPR not required if CIT is completed*)
- u Officer Survival Training

The Benefits

- Improvements in officer and deputy safety
 - Less use of force
 - Less injuries and loss of worktime
 - Less injuries to citizens
- Increase access to behavioral health services
 - Increased use of crisis services
 - More refers for appropriate mental health care
 - Increased continuity in community healthcare
- Decrease reliance on criminal justice system
 - Fewer arrest and increase in treatment
 - Increase in jail diversion
- Improved Community Relations
 - Increased in community policing

View Point Health Team

- Program Director: Pej Mahdavi, LCSW (Pej.Mahdavi@vphealth.org)
- Team Lead: Anne McMicken, LCSW (Anne.McMicken@vphealth.org)
- Conyers PD: Anne McMicken and Amber Coachman, LPC (Amber.Coachman@vphealth.org)
- Gwinnett PD:
 - Renee Bryan, LPC (Renee.Bryan@vphealth.org)
 - Melia Crawley, LPC (Melia.Crawley@vphealth.org)
 - Diane Dighiera, LCSW (Diane.Dighiera@vphealth.org)
 - Lisa Hightower, LCSW (Lisa.Hightower@vphealth.org)
 - Raquel Moore, LCSW (Raquel.Moore@vphealth.org)
 - Evi-Luise Pover, LPC (Evi-Luise.Pover@vphealth.org)
- Lawrenceville PD: Meagan Wynn, MSW (Meagan.Wynn@vphealth.org) and Charles Carney (Charles.Carney@vphealth.org)
- Norcross PD: Patricia Webb, LAPC (Patricia.Webb@vphealth.org)
- Rockdale County Sheriff's Office: Anna Marie Smith, LMSW (Anna.Smith@vphealth.org)
- Suwanee PD: Amber Coachman, Patricia Webb, and Meagan Wynn

Email: Co-Responder@vphealth.org

View Point Health Team



Questions?



chad.jones@vphealth.org

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Brenda Cibulas, APRN,BC,CGP

Executive Director, Division of Behavioral Health

June 13, 2024



D·B·H·D·D

Co-Responder Programs

- Senate Bill 403 defines a co-responder program as a program established through a partnership between a community service board (CSB) and a law enforcement agency to utilize the combined expertise of peace officers and behavioral health professionals on emergency calls involving behavioral health crises to de-escalate situations and help link individuals with behavioral health issues to appropriate services.



DBHDD Deliverable

- No later than July 15, 2023, and annually thereafter, the department shall submit to the board proposed budgets for co-responder programs for each community service board.

State Funded Co-Responder Programs (2023)

Advantage
Loganville/Monroe

Clayton Center
Clayton County

Georgia Pines*
Mitchell County
Colquitt County

Highland Rivers
Floyd County

McIntosh Trail
Stockbridge

Middle Flint
Perry

New Horizons
Harris County

Pineland
Bulloch County

Unison
Ware County

***Submitted 2 programs and both were awarded.**

Co-Responder Budget Workbook

- In collaboration with the Georgia Association of Community Service Boards, a budget template was created and shared with all CSBs to submit their budgets in the same format.
- Individual program budgets are based on community needs and the program model that was implemented. Some programs are with one county or city partner while other programs are taking a multijurisdictional approach.
- The budgets presented are the needs of each CSB to fulfill the requirements of Senate Bill 403.



Co-Responder Team vs Co-Responder Program

- Senate Bill 403 provides requirements for a co-responder program.
- Funding received for 10 new co-responder programs is \$897,060. Each program receives \$89,706 each.
- The funding set aside allows funding for a behavioral health professional to participate as a team member on the co-responder team but not the development of a co-responder program.
- A team can meet the following elements of Senate Bill 403 given the resources available:
 - Establish a co-responder program to offer assistance or consultation to partnering law enforcement agency responding to emergency call involving an individual experiencing a behavioral health crisis.
 - Behavioral health profession available to accompany law enforcement in person or via virtual means or be available for consultation via telephone or telehealth
 - Facilitate training for the behavioral health professional to learn the operations, policies, and procedures of partnering law enforcement agencies.
 - Establish a co-responder protocol committee
 - Contact an individual who has had a response from a co-responder team within 2 business days
 - Transfer cases to appropriate CSB area if individual does not live in service area
 - Collect and report data to DBHDD

Co-Responder Team vs. Co-Responder Program

SB 403 Co-Responder Program Requirements

- Follow-up services for individual transported for an emergency evaluation prior to being released from an emergency receiving facility
- Receive training on operations, policies, procedures of partnering law enforcement agencies
- Establish a co-responder protocol committee
- Contact individual within 2 business days following crisis that requires co-response
- Recommendations for jail release plan for individual incarcerated during co-response
- Collect and Report data to DBHDD
- On-call availability at all times

SB 403 Co-Responder Program Requirements

- Behavioral health professional (licensed or certified)
- Accompany an officer in-person/virtual or provide consultation via telephone or telehealth during emergency call.
- Written recommendation to law enforcement and jail for consideration for an individual who would be treated more effectively within the behavioral health system.
- Provide evaluation, consultation and/or appropriate treatment when a referral from law enforcement has been accepted by DBHDD.

Co-Responder Team vs Co-Responder Program

- The Co-Responder program standards included in Senate Bill 403 are well crafted for successfully partnering with law enforcement to support not only those individuals experiencing behavioral health crises but also our overburdened justice system and hospitals.
- Initial investments in increased and/or expanded program funding will fill a genuine and immediate need and bring benefits to Georgia's citizens and our behavioral health, law enforcement, justice, and healthcare systems.
- Senate Bill 403 can be sustainable at the local level long-term with continued investments in the growth of statewide Co-Responder access.

Co-Responder Programs – Region 1

Region	CSB	Service Area	Total
1	Avita	Forsyth County	\$296,010
1	Bridge Health	Catoosa	\$184,447
1	Douglas	Douglas County	\$907,837
1	Highland Rivers	Cherokee County, Cobb County, Marietta, Pickens County	\$2,277,809

Region 1

Region 1 Total = \$3,666,103

Personnel
\$3,015,290

Supplies
\$22,220

Transportation
\$191,937

Technology
\$84,908

Training
\$33,750

Administrative
\$317,999

Co-Responder Programs – Region 2

Region	CSB	Service Area	Total
2	Advantage	Athens- Clarke County, Loganville/Monroe	\$575,831
2	CSB of Middle Georgia	Burke, Emanuel, Screven	\$258,521
2	River Edge	Macon-Bibb County	\$348,154
2	Serenity	McDuffie County	\$155,193

* Oconee CSB did not submit a budget for a co-responder program.

Region 2

Region 2 Total = \$1,337,699

Personnel
\$1,145,770

Supplies
\$10,804

Transportation
\$40,594

Technology
\$25,713

Training
\$20,750

Administrative
\$94,069

Co-Responder Programs – Region 3

Region	CSB	Service Area	Total
3	Clayton Center	Clayton County	\$292,896
3	Claratel	DeKalb County, Decatur, Dunwoody/Doraville	\$913,666
3	View Point Health	Gwinnett County, Newton County, Rockdale County, Conyers, Lawrenceville, Norcross, Suwanee	\$1,721,716

Region 3

Region 3 Total = \$2,928,277

Personnel
\$2,517,352

Supplies
\$36,780

Transportation
\$44,200

Technology
\$88,436

Training
\$24,600

Administrative
\$216,909

Co-Responder Programs – Region 4

Region	CSB	Service Area	Total
4	Aspire	Dougherty County, Early County/Miller County/Calhoun County	\$482,645
4	Georgia Pines	Moultrie, Decatur County, Mitchell County, Thomas County	\$1,496,000
4	Legacy	Valdosta, Adel, Irwin County/Tift County	\$794,065

Region 4

Region 4 Total = \$2,772,709

Personnel
\$2,300,400

Supplies
\$35,000

Transportation
\$52,220

Technology
\$61,393

Training
\$93,125

Administrative
\$230,571

Co-Responder Programs – Region 5

Region	CSB	Service Area	Total
5	CSB of Middle Georgia	Laurens County, Telfair County, Dublin, Soperton	\$258,521
5	Gateway	Chatham County	\$223,338
5	Pineland	Bulloch County	\$385,668
5	Unison	Ware County	\$417,177

Region 5

Region 5 Total = \$1,287,704

Personnel
\$1,042,103

Supplies
\$27,950

Transportation
\$48,200

Technology
\$51,780

Training
\$22,250

Administrative
\$92,421

Co-Responder Programs – Region 6

Region	CSB	Service Area	Total
6	McIntosh Trail	Stockbridge, Henry County	\$314,936
6	Middle Flint	Crisp County, Perry	\$170,988
6	New Horizons	Columbus, Muscogee County	\$1,333,784
6	Pathways	Coweta County	\$485,094

Region 6

Region 6 Total = \$2,306,302

Personnel
\$1,786,156

Supplies
\$196,029

Transportation
\$67,100

Technology
\$40,779

Training
\$43,478

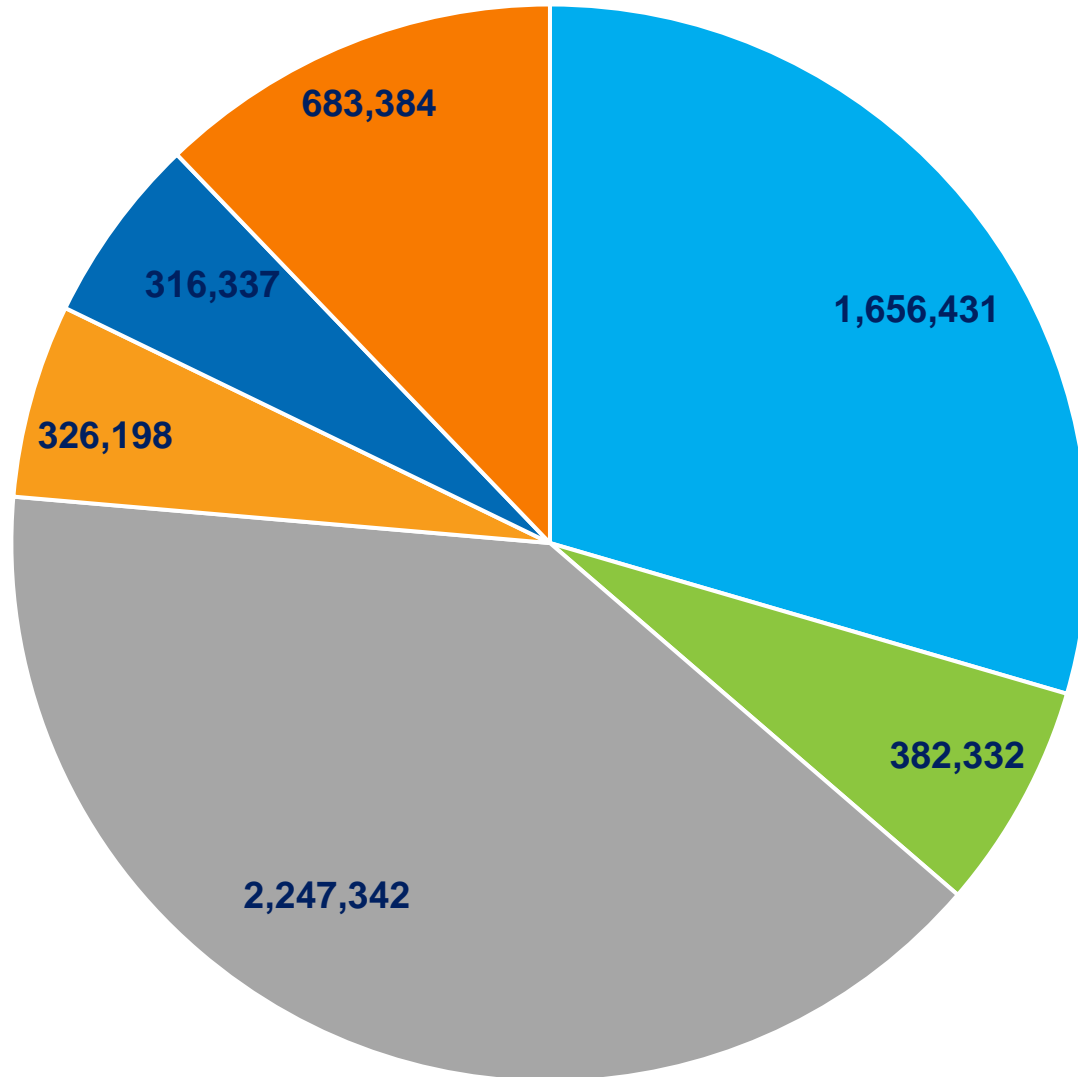
Administrative
\$172,761

Summary Budget Justification

Summary Budget Justification

Personnel	
Total:	\$ 11,807,069
General Supplies	
Total:	\$ 328,783
Transportation - Specific to costs incurred by CSB - does not include LEA co-response vehicle	
Total:	\$ 444,251
Technology	
Total:	\$ 353,009
Training	
Total:	\$ 237,953
Total Direct Costs:	
	\$ 13,178,264
Administrative	
Total:	\$ 1,124,730
Total	
	Budget Proposal: \$ 14,295,795

Region Wise Population



BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Theodore Carter, Jr. – Sr. Director, Talent
Acquisition and Learning

June 13, 2024



“ If you want something new, you
have to stop doing something old.”

Peter Drucker

Management consultant and educator

Recruiting vs. Talent Acquisition

Recruiting

- Focus solely on filling vacancies.
- Measured by rapidity to fill slots.
- Driven by the number of employees filled and less on “fit”.
- Hiring scared.



Talent Acquisition

- Devise a strategy to approach, identify, evaluate, and hire the best candidates for the agency.
- Focus on long-term goals and objectives.
- Visionary.
- Data-Driven.



Talent Acquisition Strategy



- Connection to the DBHDD Mission, Vision, and Goals.
- Modernization of talent acquisition.
- Embrace technology and build new partnerships.
- Evaluate and evolve.

Modernization of Talent Acquisition

- Refresh to the DBHDD job brand with a focus on “Being a Caregiver with DBHDD”.
- Revision of the DBHDD job descriptions with a focus on attracting the modern-day employee.



BE D·B·H·D·D
Georgia Department of Behavioral Health & Developmental Disabilities

Registered Nurse

Are you a compassionate and dedicated Registered Nurse looking to make a difference in the lives of people with serious mental illness? Join our team and make a meaningful impact in mental health recovery! Our hospital teams are committed to delivering high-quality care and being leaders in providing effective medical, mental, and behavioral health treatments for this population.

DBHDD Hospital Locations


- East Central Regional Hospital – Augusta (ECRH)
- Central State Hospital – Milledgeville (CSH)
- Georgia Regional Hospital- Atlanta (GRHA)
- Georgia Regional Hospital – Savannah (GRHS)
- West Central Regional Hospital – Columbus (WCRH)

Services and Responsibilities

In this role, you will work collaboratively with multidisciplinary treatment teams in an acute inpatient setting, serving adults with severe mental illness, trauma histories, impulse control issues, and interpersonal challenges. Your primary responsibility will be to support the recovery of the people we serve by:

- Assessing client health problems and needs, providing health care and first aid as necessary.
- Reviewing and determining the immediate needs of patients - i.e., current medications and treatments.
- Administering prescribed medications and documenting times and amounts in the client's charts.
- Monitoring all aspects of client care, including diet and treatment, and reporting symptoms and changes in the client's conditions.
- Maintaining accurate, detailed client records and reports.
- Preparing clients for and assisting with examinations and treatments.
- Evaluate and notify doctor/Psychiatrist for evaluation and implementation of obtain of orders.
- Prepares rooms, sterilize instruments, equipment, and supplies, and ensure the maintenance and stock of supplies.
- Administer nursing care and education to patients as needed or required.
- May advise clients on health maintenance and disease prevention and refer to Social Service within the Admission are as needed.

BE HERE



Modernization of Talent Acquisition

Focused on the enhancement of current relationships or the establishment of new partnerships with education and career development organizations.



Embracing Technology and Partnerships

- Engaging with the applicant of today requires an investment in technology.
 - Talent Acquisition is improving our utilization of Team Georgia Careers.
 - Partnerships with Indeed and Handshake.
 - Recruitment video and recruitment website are in development.



“ Learning and innovation go hand in hand. The arrogance of success is to think that what you did yesterday will be sufficient for tomorrow. ”

William Pollard

Evolution of Talent Acquisition



DBHDD Candidate Experience Survey

Welcome to the DBHDD New Employee Candidate Experience Survey

What is the Candidate Experience survey?

The survey has been designed by the Department of Behavioral Health and Developmental Disabilities (DBHDD) Office of Talent Acquisition and Learning to better understand how and why the application, interview, and onboarding process has or has not worked.

How do you complete the survey?



- Talent Acquisition is at the service of the DBHDD hiring manager and the community of job seekers.
- Developing the Candidate Experience and Hiring Manager Experience surveys to evaluate our service.

Evolution of Talent Acquisition

Talent acquisition analytics is the process of tracking and analyzing various TA metrics with the goal of improving the process of recruiting and selecting applicants.



Candidate and
hiring
manager
Experience



TA Process



Sourcing
Effectiveness



TA
Professional
Development

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Taylor Peyton
Opioid Abatement Liaison

June 13, 2024



**GEORGIA
OPIOID CRISIS
ABATEMENT TRUST**





**GEORGIA
OPIOID CRISIS
ABATEMENT TRUST**

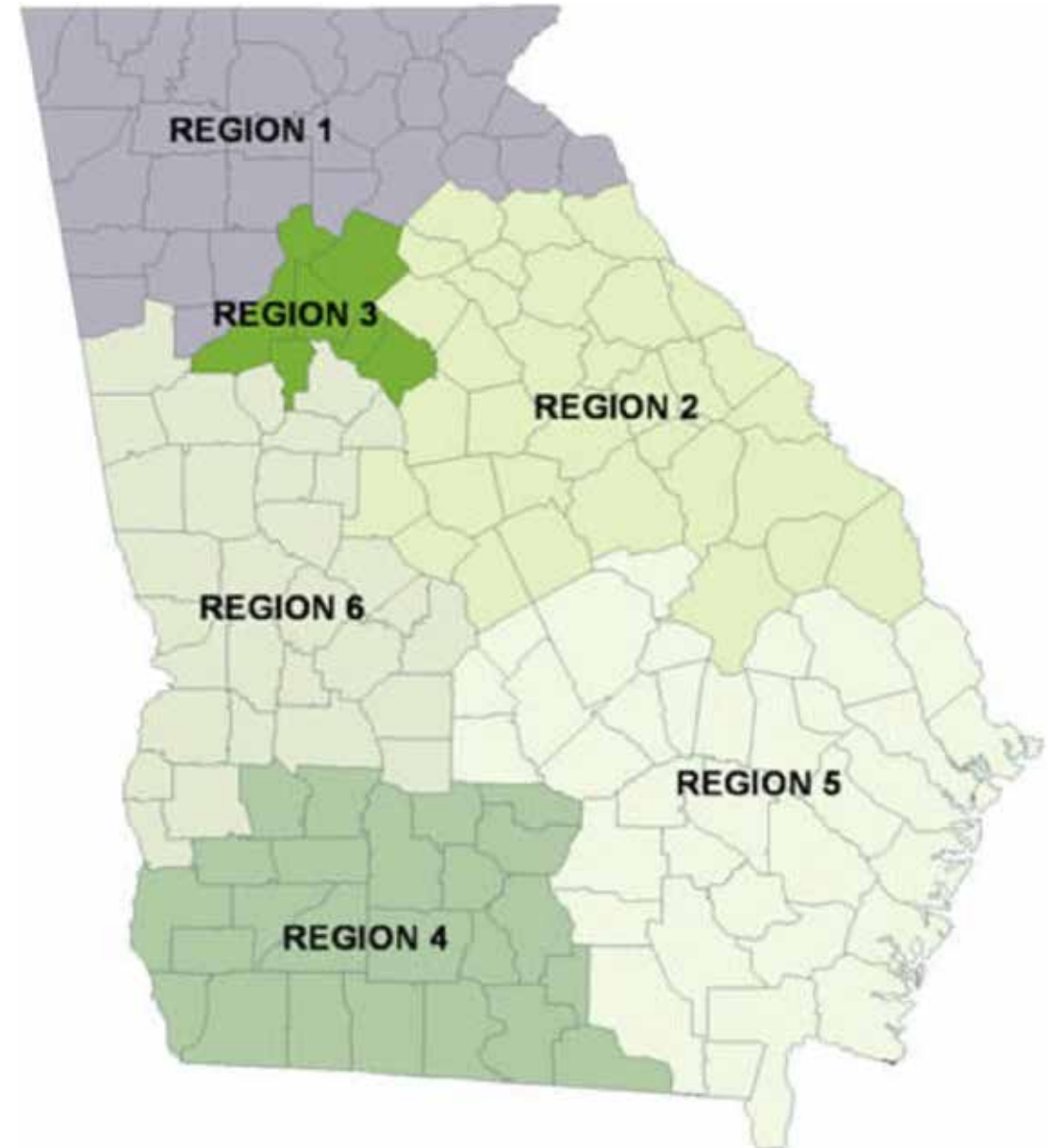
Session Locations and #'s of Attendees:

- §Atlanta (150)
- §Brunswick (33)
- §Columbus (21)
- §Macon (20)
- §Virtual (301)



Georgia Opioid Crisis Abatement Trust: First Round

ENTER TOTAL SETTLEMENT AMOUNT	\$50,000,000
Percent of Trustee Fund to State/Regions	60%/40%
Region Allocation Metrics	MOU Metrics
OUD Data Years	2016-2018
Total Amount to State	\$30,000,000
Total Amount to Regions	\$20,000,000
Regions Detailed Outputs	
Region 1	\$4,835,205
Region 2	\$2,890,652
Region 3	\$735,020
Region 4	\$914,791
Region 5	\$2,648,376
Region 6	\$2,880,022
Region 7 (Cobb County)	\$1,433,191
Region 8 (Gwinnett County)	\$1,195,014
Region 9 (DeKalb County)	\$833,403
Region 10 (Fulton County)	\$644,002
Region 11 (Atlanta)	\$990,325
Percent of Total Regional Allocation	
Region 1	24.18%
Region 2	14.45%
Region 3	3.68%
Region 4	4.57%
Region 5	13.24%
Region 6	14.40%
Region 7 (Cobb County)	7.17%
Region 8 (Gwinnett County)	5.98%
Region 9 (DeKalb County)	4.17%
Region 10 (Fulton County)	3.22%
Region 11 (Atlanta)	4.95%





Total Regional Projects: 210
Total Regional Requested Dollars:
\$113,454,111.06

Requested Regional Funding and Project Totals		
Region	Sum of Budget Amount	Number of Projects
Region 1	\$41,621,055.38	70
Region 2	\$20,332,915.89	39
Region 3	\$9,979,731.01	25
Region 4	\$9,095,694.42	13
Region 5	\$13,454,111.06	34
Region 6	\$18,769,628.94	29
Total:	\$113,253,136.70	210



**GEORGIA
OPIOID CRISIS
ABATEMENT TRUST**

- Total State Projects: 98
- Total Requested Dollars: \$135,104,315.63

State Requested Funding and Project Totals

Region	Sum of Budget Amount	Number of Projects
Region 1	\$50,041,696.39	26
Region 2	\$32,417,663.66	25
Region 3	\$12,603,599.35	15
Region 4	\$1,099,876.16	3
Region 5	\$29,629,337.21	21
Region 6	\$9,312,142.86	8
Total	\$135,104,315.63	98



**GEORGIA
OPIOID CRISIS
ABATEMENT TRUST**

Website Visits

Organization: 646

Anonymous: 22,561

Requested Funding Type is Regional	
Project Category	Sum of Budget Amount
Treatment	\$62,130,306.13
Recovery	\$25,918,282.81
Prevention	\$18,482,737.60
Harm Reduction	\$3,506,478.90
Other - Training	\$2,244,050.00
Other - Leadership Planning & Coordination	\$971,281.26
Total	\$113,253,136.70

Requested Funding Type is State	
Project Category	Sum of Budget Amount
Prevention	\$49,344,949.38
Treatment	\$48,547,131.32
Other - Training	\$14,165,030.60
Recovery	\$8,401,068.98
Research & Evaluation	\$7,111,976.97
Harm Reduction	\$3,271,617.86
Other - First Responders	\$2,882,240.52
Other - Leadership Planning & Coordination	\$1,380,300.00
Total	\$135,104,315.63

Georgia Opioid Grant Application Review Timeline

Initial Review by Liaison

May 17-June 14

Four weeks for initial review and send out to reviewers

- *Define total budget for round one*
- *Analyze and create reports to compare budget and requested amounts*
- *IWG/RAC training (Process & SmartSheets)*
- *SmartSheet status setting / reviewer assignment*
- *Notification of projects funding source changes*

Initial Reviewer/Liaison prepares packets for GOSAC consent agenda

- *Create reports for recommended and not-recommended projects*
- *Analyze and create reports to compare budget and requested amounts of recommended projects*

Liaison to move the applications not recommended by IWG and RAC to "Trust does not recommend."



Initial Review (Liaison) prepares packets for GOSAC consent agenda

- *Set up meetings with 9 members*
- *Begin vendor research for projects that have been recommended*
- *Change Status within SmartSheets*

Initial Review (Liaison) moves recommendation based on GOSAC approval

Award process initiates after award email including contracting and vendor information

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Kaleb McMichen, MPA
Director of Communications

June 13, 2024



988 Marketing Update

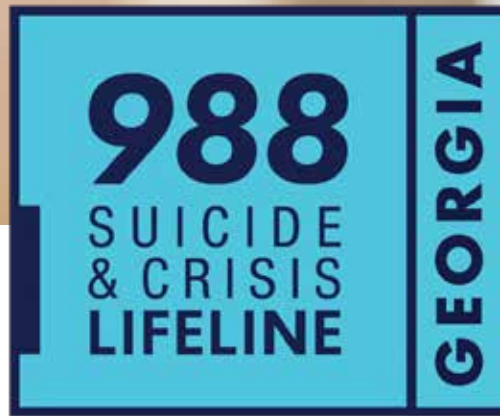


988

WHAT IS 988?

988 is a direct, national three-digit line that will connect individuals with suicide prevention and mental health crisis resources.

988 calls in Georgia ARE being answered by the Georgia Crisis and Access Line (GCAL), 24 hours a day, 7 days a week, 365 days a year.



Some of 988's key features include:

- Connect a person with immediate and ongoing resources
- Promote cost efficiency
- Reduce burden on safety resources
- Help end stigma of seeking care



November 2023 – May 2024



Paid Media

75.28 M

Actual Impressions

Earned Media
Print / Online

221.2 M

Potential Impressions

Earned Media
Broadcast

4.39 M

Potential Impressions

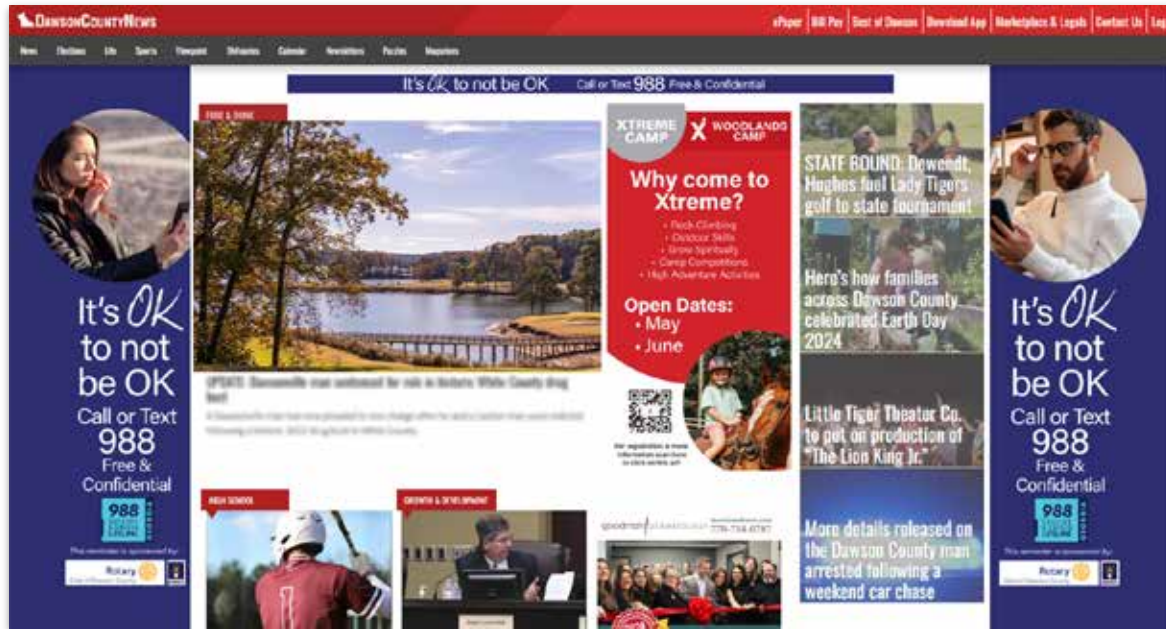
988 Champion: Georgia First Lady Marty Kemp



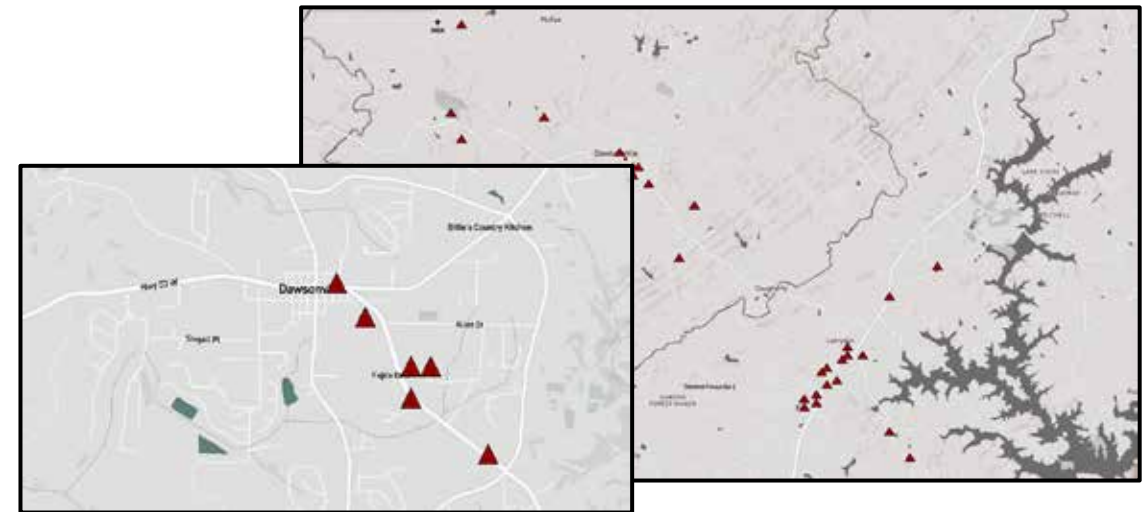
Highlighting Innovative 988 Campaigns

- Theater Lobby & On-Screen
- Georgia Association of Broadcasters
- Dawson County Rotary Partnership
- Strike Out the Stigma Partnership with the Atlanta Braves

Dawson County Rotary Campaigns



Geographic Coverage:



Outdoor Coverage:

- Digital outdoor billboards (9)
- Gas station pumps (32)
- Convenience store kiosks (2)
- Shopping Mall screens (4)
- Restaurants/Dining (2)
- Grocery Check-Out counters (6)

Dawson County Rotary Campaigns



Billboards &
Out-Of-Home

900,000

Projected Impressions



Social
Media

200,000

Projected Impressions



Dawson
County News

20,000

Projected Impressions



Dawson County Rotary Campaigns



Total
Impressions

1,224,628

Strike Out the Stigma: Atlanta Braves Partnership



Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD) logo and Atlanta Braves 'A' logo.

IT'S OKAY TO NOT BE OKAY

Georgia's Department of Behavioral Health and Developmental Disabilities (DBHDD) and the Atlanta Braves are joining forces to "Strike Out The Stigma" surrounding mental health.

Their goal is to encourage Georgians to reach out for support by calling or texting 988, the new nationwide dialing code for mental health assistance. Calls to 988 are answered by licensed and trained counselors, available 24/7/365 to provide free and confidential help.

Tyler Matzek
Tyler Matzek
Atlanta Braves Pitcher

Call • Text • Chat
988

IT'S OKAY to ASK FOR HELP!



Now Pitching: Commissioner Kevin Tanner





Strike Out the Stigma: May 29th



Newsletter Impressions

155,831

Stadium Impressions

33,654

With thanks...

- Governor Brian Kemp & First Lady Marty Kemp
- Commissioner Kevin Tanner & DBHDD Leadership
- Georgia's GCAL/988 Team & Partners
- Office of Communications
- Dawson County Rotary Club
- Atlanta Braves
- Lexicon Strategies & Advertising Partners

A close-up photograph of several hands of different skin tones being held together in a supportive grip. The hands are positioned in the center and foreground, with a soft, out-of-focus background. The lighting is warm and natural, highlighting the texture of the skin and the interlocking fingers.

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities



Chair's Report

David Glass

Chair

Public Comment





BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities



D·B·H·D·D