



D·B·H·D·D

Behavioral Health Provider Meeting

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Dana McCrary, CPS-P, CPS-AD
Director, Office of Recovery Transformation
DBHDD, Division of Behavioral Health



Welcome to the Office of Recovery Transformation!



Office of Recovery Transformation Priorities

Within the Division of Behavioral Health, the Office of Recovery Transformation's ORTs focus is to work collaboratively with the other department Directors, Providers, and Community Stakeholders to promote Recovery Oriented Systems of Care ROSC, including the voices of lived experience and to operationalize recovery through system transformation.



Office of Recovery

3 Priorities

Align treatment with recovery orientation,

- CPS Supervision Training
- Develop an All-CPS Database
- Language As A Tool To Combat Stigma

Increase community supports for individuals living with behavioral health challenges

- Warmlines
- Addiction Recovery Support Centers, ARSC
- Peer Support Wellness & Respite Centers

Expand the inclusion of peer services and promote peer leadership.

- 988 - Building CPS Workforce
- Creating more opportunities for inclusion of the “*Lived Experience*”
- All CPS Continued Educational Training



A close-up photograph of a person's hand, with dark skin, reaching down to touch a golden wheat stalk in a field. The background is a vast, bright, and slightly blurred landscape of wheat under a clear sky. The text "Recovery is when someone's quality of life gets better!" is overlaid in white, sans-serif font across the center of the image.

Recovery is when someone's
quality of life gets better!

BH Provider Meeting

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Georgia Department of Behavioral Health & Developmental Disabilities

Danté McKay, JD, MPA

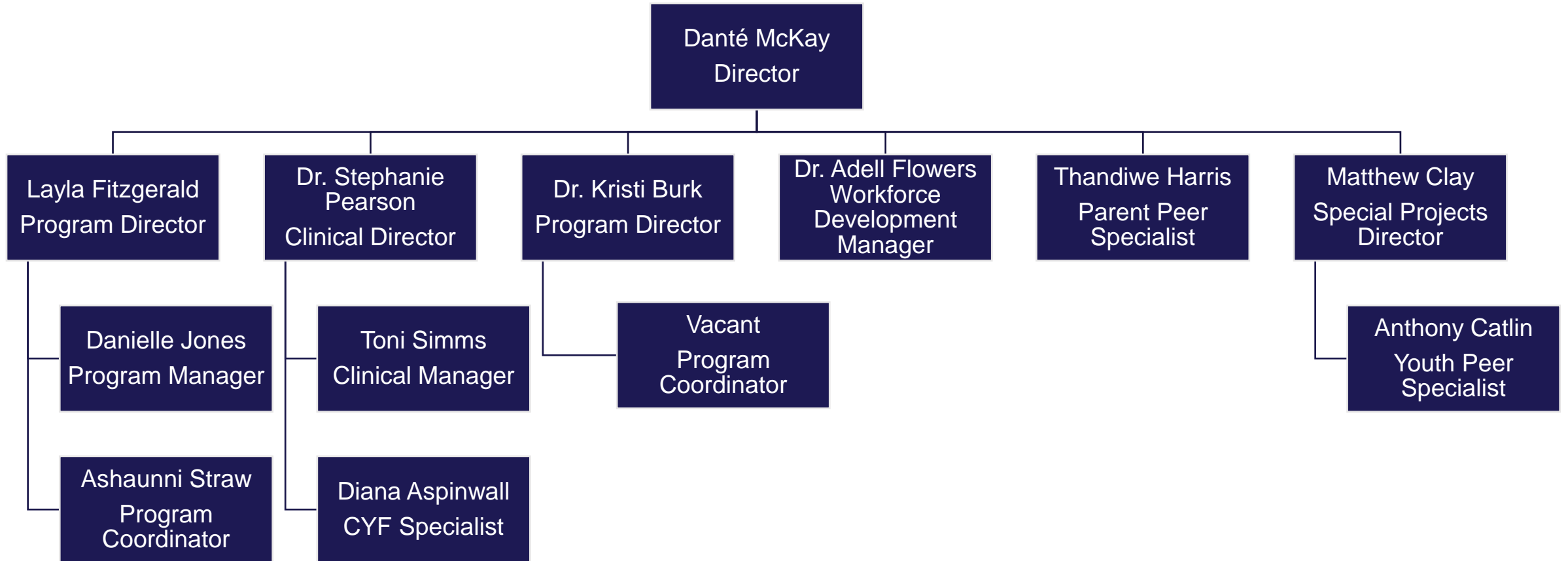
Director

Office of Children, Young Adults & Families (OCYF)

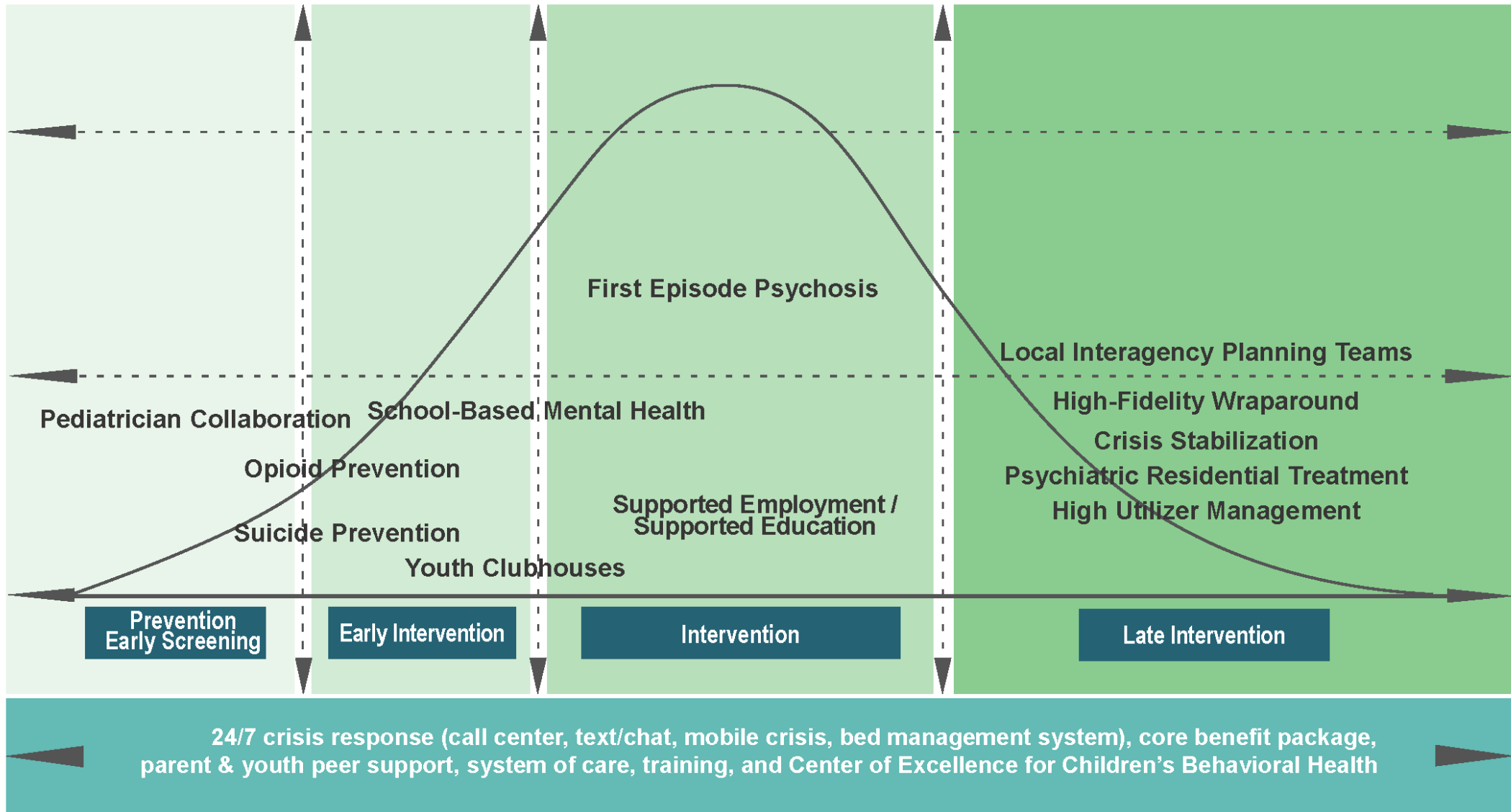
9/15/22



OCYF Organizational Chart



OCYF Continuum of Care



Priorities

Parent & Youth Peer Support

Intensive Customized Care Coordination (IC3) Expansion

HB 1013 (MATCH Provisions)

Discharge Planning

SoC website: <https://gasystemofcare.org>



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Georgia Department
of Behavioral Health
& Developmental
Disabilities

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



BE D·B·H·D·D

GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH &
DEVELOPMENTAL DISABILITIES



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Carol Caraballo
Director, Office of Adult Mental Health
Division of Behavioral Health

“The Year of Mental Health”

DBHDD received additional funds to support key initiatives within the organization. This represented a significant investment in the state’s behavioral health and intellectual and developmental disabilities services.

Office of Adult Mental Health received appropriations for new initiatives/programs, including:

1. Three Assisted Outpatient Treatment Programs
2. Co-responder Expansion to 10 new sites
3. 15 Forensic Peer Mentors

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
 - reduce frequency of interactions of individuals with severe and persistent mental illness with the crisis and judicial system

Assisted Outpatient Enhancement Pilot Sites (2)

- New Horizons CSB: Muscogee Co Probate Ct.
- Highland Rivers CSB: Gilmer Co. Probate Ct.

Assisted Outpatient Treatment Programs (3)

- Additional AOT Grant Programs funded by Dec. 31, 2022

Assisted Outpatient Treatment (AOT)

Special Bulletin Announcement

Assisted Outpatient Treatment (AOT) Program Grant Opportunity

DBHDD would like to announce the dissemination of the Assisted Outpatient Treatment (AOT) Program grant.

Assisted Outpatient Treatment is commonly referred to as the practice of providing court-ordered community-based mental health treatment under a civil commitment to individuals living with serious mental illness if it is determined that they may be a danger to themselves or others.

AOT is provided in collaboration between a community service board or private provider, a probate court or courts with jurisdiction in the corresponding service area, and a sheriff's office or offices with jurisdiction in the corresponding service area, which have demonstrated the ability with grant assistance to practice assisted outpatient treatment.

DBHDD is seeking applicants for the development of AOT programs throughout the State.

Grant application information and supporting documents can be found by clicking on the link: <https://dbhdd.georgia.gov/be-dbhdd/be-supported/mental-health-adults/aot-program-grant>

Co-responder Expansion

Co-responder programs are established through a partnership between a community service board (CSB) and one or more law enforcement agencies 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.

Co-responder Expansion is for new programs and not to be utilized for existing programs

Current Co-Responder Program Locations and Providers

Highland Rivers 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 Sherriff's Office	Serenity Behavioral Health Systems- McDuffie County Sherriff's Office	View Point Health- Chamblee Police Department *

* Operational team

Funding opportunity for 10 new Co-responder Programs will be made available by December 2022.

Forensic Peer Mentors

The Forensic Peer Mentor Program is a partnership between the Georgia Department of Corrections and the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD).

The goal of the Forensic Peer Mentor Program is to assist in re-entry efforts and reducing recidivism of returning citizens with serious mental illness and/or co-occurring substance use disorders who are incarcerated and within 12-18 months of release. Forensic Peer Mentors also work with returning citizens after release to support reentry and connect them to resources needed for sustained success.

The Forensic Peer Mentor (FPM) Program has shown to be very effective in giving returning citizens the hope and support they need for successful reintegration.

Forensic Peer Mentor Program: Current Sites Funded by DBHDD

13 State Prisons & TCs (2021)

- Lee Arrendale SP (filled)
- Lee Arrendale TC** (filled)
- Rutledge SP (filled)
- Metro Atlanta Re-Entry Center (filled)
- Central SP (filled)
- Atlanta Women's TC** (filled)
- Baldwin SP (filled)
- Valdosta SP (pending Background)
- Johnson SP (filled)
- Pulaski (pending background)
- Augusta SP (candidate identified)
- Charles D. Hudson TC**

Expansion to Prisons & ITFs (2022)

- Autry SP (Recruiting)
- Dooly SP (pending background)
- Emanuel SP (filled)
- Macon SP (pending background)
- Rogers SP (Recruiting)
- Telfair SP (pending background)
- Ware SP (Recruiting)
- Smith SP (Recruiting)
- Wilcox (pending background)
- Appling ITF* (Recruiting)
- Hays SP (candidate identified)
- Whitworth SP (candidate identified)
- Hancock SP (candidate identified)
- West Central ITF* (candidate identified)
- Coastal (pending background)

*Integrated Treatment Facility

**Transition Center

Additional Peer Mentor Program Sites Funded by DBHDD

7 Day Reporting Centers

- Athens DRC (filled)
- Atlanta DRC (filled)
- Griffin DRC (filled)
- Morrow DRC (filled)
- Gainesville DRC (filled)
- Lawrenceville DRC (filled)
- Columbus (filled)

10 Accountability Courts

- Fannin, Gilmer, Pickens Counties: Highland Rivers CSB (filled)
- Cobb County: Cobb CSB (vacant)
- Hall, Dawson: Avita CSB (vacant)
- Macon-Bibb County: River Edge CSB (filled)
- Spalding, Mitchell Counties: McIntosh Trail CSB (filled)
- Lowndes County: Legacy CSB (vacant)
- Thomas Co: Georgia Pines CSB (filled)

Office of Adult Mental Health Staff

Carol Caraballo – Director, Office of Adult Mental Health
Vernell Jones – Program Manager, Judicial Services Unit
and Supported Employment Unit
Tabatha Burke – Supported Employment Specialist
Rebecca Nix – Judicial Services Coordinator
Mary Celeste Bates – Behavioral Health Court Liaison
Joyava Bell – AMH Special Projects Coordinator
Kelley Brown – ACT/CST/ICM Program Coordinator
Natasha Howard - ACT/CST/ICM Specialist
Cheri Patton - Residential Services Program Coordinator
Chante Cabral - Program Manager AMH Crisis Services
Ramesh Puttamareddy – Operations Analyst OSH and
AMH

Office of Behavioral Health Prevention & Federal Grants

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Georgia Department of Behavioral Health & Developmental Disabilities

Donna Dent, Assistant Director
September 2022



OFFICE OF BEHAVIORAL HEALTH PREVENTION

OBHPFG develops and contracts for prevention services across the state specifically designed to reduce the risks and increase protective factors linked to substance abuse-related problem behaviors, suicide, and mental health promotion.

Areas of Focus

**Substance
Abuse
Prevention**

**Suicide
Prevention**

**Mental
Health
Promotion**

Prevention is Grounded in the Strategic Prevention Framework



Funding Sources

\$ Substance Abuse Prevention Block Grant Set-Aside (10/1/2020 – 9/30/2022)

\$ American Rescue Plan Act Grant (9/1/2021 – 9/31/2025)

\$ COVID 19 Supplemental Grant (3/15/2021 – 3/14/2023)

\$ State Opioid Response Grant (10/1/2022 – 9/30/2023)

\$ State Funding



MEDIA CAMPAIGNS

Statewide Alcohol Campaign – Traditional Statewide alcohol awareness campaign.

Alcohol Media Campaign (Modular PSN) - Statewide Positive Social Norms Alcohol Media Campaign with modular components that can be customized to local communities.

Alcohol Media Campaign for Asian & Hispanic Populations - Statewide Alcohol Media Campaign targeting Asian & Hispanic populations in Georgia.

Statewide Marijuana Initiative - Statewide Marijuana Media Campaign.

Tobacco Media Campaign - Statewide Tobacco Media Campaign.

Tobacco Campaign for Refugees & Minority Populations - create a culturally competent campaign inform of long/ short-term dangers. Identify healthy alternative behaviors.

Media Campaign to Promote Health Equity for Underserved Populations - Reduce stigma, increase knowledge and awareness of issues and challenges surrounding health access and service delivery biases. Based on assessment data.

State Opioid Response Media Campaigns – Opioid Prevention Multimedia Messaging Campaign.

YOUTH & COLLEGE-AGE FOCUSED PROJECTS

Targeted MSA Ed & Info - for women of childbearing age- MSA prevention ed & services (i.e. Opioid MSA Curriculum) in high-risk communities. TOT. Address populations impacted by Health Disparities.

Peer Assisted Student Transition (PAST) Projects - Expand the (PAST) Pilot Project to all 6 Regions. key transitional period student's paired with a peer leader, go thru curriculum, provide support and guidance.

GUIDE Teen Institute (GTI) - SPF and leadership training through the GUIDE Teen Institute. Increase # kids.

Prevention Clubhouses — Continue 3 Prevention Clubhouses. Expand into R2, R3, & R5. RFP for providers.

Virtual Clubhouses - 6 Virtual Clubhouses, one per BH Region

GA College Prevention Project Expansion - Use SPF in 89 Colleges & Univ.

Girls & Boys Youth Summit - Raise awareness, provide education and resource information

Virtual SAP Youth Summit - Virtual Youth Summit for our Teen Youth Groups/outside youth. 3 Tracks (College & Tech'l School; High School; Elem & Middle School). Approximately 6000 youth (2000 per track)

YOUTH & COLLEGE-AGE FOCUSED PROJECTS

- **Check-it Retailer Training & Reward Program** - designed to inform and remind retailers and the public of tobacco and alcohol regulations. Increase retailer and community awareness along with support for retailer and server trainings on the importance of ID verification.
- **Vaping Pilot Project** - Develop anti-vaping pilot program, cover marijuana and other substance vapes. Test in 8-10 high risk middle & high schools. Use established toolkits.
- **Georgia Tobacco Free Youth Project** – Provide community education and raise awareness to reduce youth/underaged tobacco use
- **3D Girls** - (Middle & High School Girls build resilience/coping skills, SP) in Atlanta.
- **Red Ribbon (RR) Year Round Initiative** - Yr-round RR activities and leadership training for youth through GTI Scholarships. 10 Liaison Stipends Primary & Secondary School & Organizations.
- **Red Ribbon Activity Books for Schools & Students** - Activity Books for Schools & Students to accompany Red Ribbon Week & Year Round Campaign (Alcohol, tobacco, and other drug and violence prevention awareness campaign celebrated annually Oct 23-31st). Raises awareness about the dangers of drugs and alcohol in a way that engages youth.
- **Prevengers** - Animated Superhero Characters & Shows. Like "school house rock".

COMMUNITY/LOCAL LEVEL PROJECTS

Governor's Challenge; Veterans, Active-Duty Military and Families Prevention Initiative -

Work with Ga's team implementing the SAMHSA/VA Governor's Challenge to Prevent Suicide Among Service Members.

Behavioral Health Youth Advocacy Initiative - Work with school age youth from 6th grade to college to teach youth advocacy and prevention Yr1 have Summit..

Faith Based Statewide Community Gatherings & Partnerships - Facilitate 3 faith-based comm mtgs per BH region (18). Present on impact of SA & SP in comm how faith-based comm can be involved. Increase awareness and education in underserved populations with faith based organizations serving a key role.

Behavioral Health Prevention Cultural Festival Events - Conduct 2 SAP, MHP, & SP events w cultural components.

Substance Abuse & Suicide SPF Interventions. Suicide coalitions collaborate w SPF providers . Conduct SPF in at risk communities.

Regional Health Wellness Fair - Regional events to raise awareness & provide prevention resource info to comm. Live radio; health screenings; mobile dental clinics; COVID-19, etc.]

COMMUNITY/LOCAL LEVEL PROJECTS

PIPP & New PIPPs (Expansion) – Continue 35 Partners In Prevention sites to address Alcohol and other drugs. Expand PIPP into additional sites. High need and disparity communities.

PIPP & New PIPPs (Expansion) – Continue 35 Partners In Prevention sites to address Alcohol and other drugs. Expand PIPP into additional sites. High need and disparity communities.

Historic Black Colleges & Univ Initiative - African Am Behav'l Hlth Ctr of Excellence at the Morehouse School of Medicine to develop culturally appropriate SAP, SP, MHP interventions & campaigns for Hlth Disparities

Hispanic Assoc of Colleges & Univ. Initiative - Work w ACU to develop culturally appropriate SP, SAP, MHP interventions and campaigns to address Hlth Disparities

GA Confess Prjt & Non Traditional SAP Sites - Use trusted community businesses (Barbar shops, Hair & Nail Salons) as info hubs for community support, referral, and stigma reduction. 40 High Need Areas.

GenRx Projects – Use SPF in 3 High needs areas. Maintain a community prevention alliance workgroup (CPAW) and hold quarterly meetings, promote Drug Take Back Days, and run local media campaign.

STATEWIDE PROJECTS

Georgia Prescription Drug Abuse Prevention Collaborative Initiative Project (GPDAPCI) –

Initiative focused on the prevention and reduction prescription drug abuse and substance abuse in GA. Composed of public and private sectors working collectively in 4 priority areas: Education, Monitoring, Proper Medication Disposal, & Enforcement

Drugs Don't Work - A Statewide initiative that assist Georgia Businesses in becoming certified drug-free workplaces by establishing employee assistance programs and drug-free workplace policies. Also, distributes quarterly Drugs Don't Work (DDW) newsletter with SAP Prevention related information.

V4P – Provide and promote advocacy education.

Synar Initiative – Work with DOR to prevent alcohol and tobacco sales to underaged youth

Suicide Prevention Conference 2023 – Suicide & Substance Abuse Prevention Shared R/P Factors Training

STATE OPIOID RESPONSE Grant

SOR II Grant

- 1) Media Campaign**
- 2) Statewide Naloxone Training**
- 3) Pilot Law Enforcement Education & Training Partnership**
- 4) College Mentoring (Adopt a School) Project**
- 5) Statewide Sources of Strength Initiative**
- 6) Opioid Prevention Community Showcase Series**
- 7) City of Atlanta Partnership Project**

SEOW (State Epidemiological Outcomes Workgroup)

The mission of the Georgia Strategic Prevention System's (GASPS) State Epidemiological Work Group (SEOW) is to increase the overall capacity of the state of Georgia in order to identify, gather, analyze, and operationalize substance abuse, suicide, and mental health related data and its co-occurring disorders for use in guiding and promotion positive behavioral health.

Needs Assessment, SIS & Epi Profiles Update Updated Comprehensive Needs Assessment/Social Indicator Study and County level Epi Profiles.



EMORY
UNIVERSITY



DATA WAREHOUSE <https://gaspdata.net/>



SIGNIFICANT DECREASE IN ADOLESCENT SUBSTANCE USE

The percentage of adolescents reporting substance use has decreased significantly in 2021 based on the latest data from the Monitoring the Future survey.

READ MORE

Find Data

Data Category

Any

Data Type

Any

Tags

Any

GET DATA

FOR IMMEDIATE RELEASE

Wednesday, December 15, 2021

9:00 am - 5:00 pm ET

THANK YOU

Donna Dent, Assistant Director

Phone: 404-232-1251

Donna.dent@dbhdd.ga.gov

<http://dbhdd.georgia.gov/substance-abuse-prevention>

9-8-8: National Suicide Prevention and Mental Health Crisis System

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9-8-8 Update

September 2022



“How does 9-8-8 work?” Animated Video



[How 9-8-8 Works: DBHDD Animated Video](#)

Georgia's Crisis System

CURRENT STATE

Note: Numbers reflect FY21 volume



Call volumes
increase by 105%



Mobile Crisis
Responses
increase by 176%

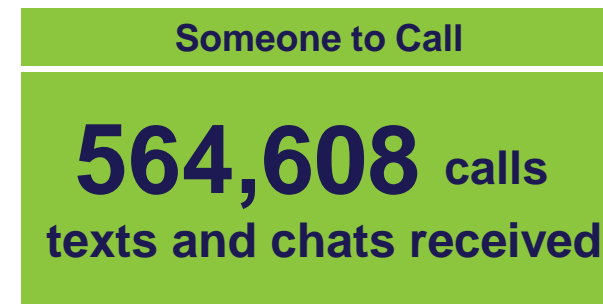


Bed Capacity will
need to increase
by 105%



FUTURE STATE

Note: Numbers reflect FY23 federally projected volume



Georgia's Response



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In Georgia, the Department of Behavioral Health and Developmental Disabilities (DBHDD) is the state behavioral health authority as designated in O.C.G.A. § 37-1-20 and, as such, is the lead agency for the 9-8-8 implementation.

DBHDD Steering Committee

9-8-8 Planning Coalition



Coalition Representation

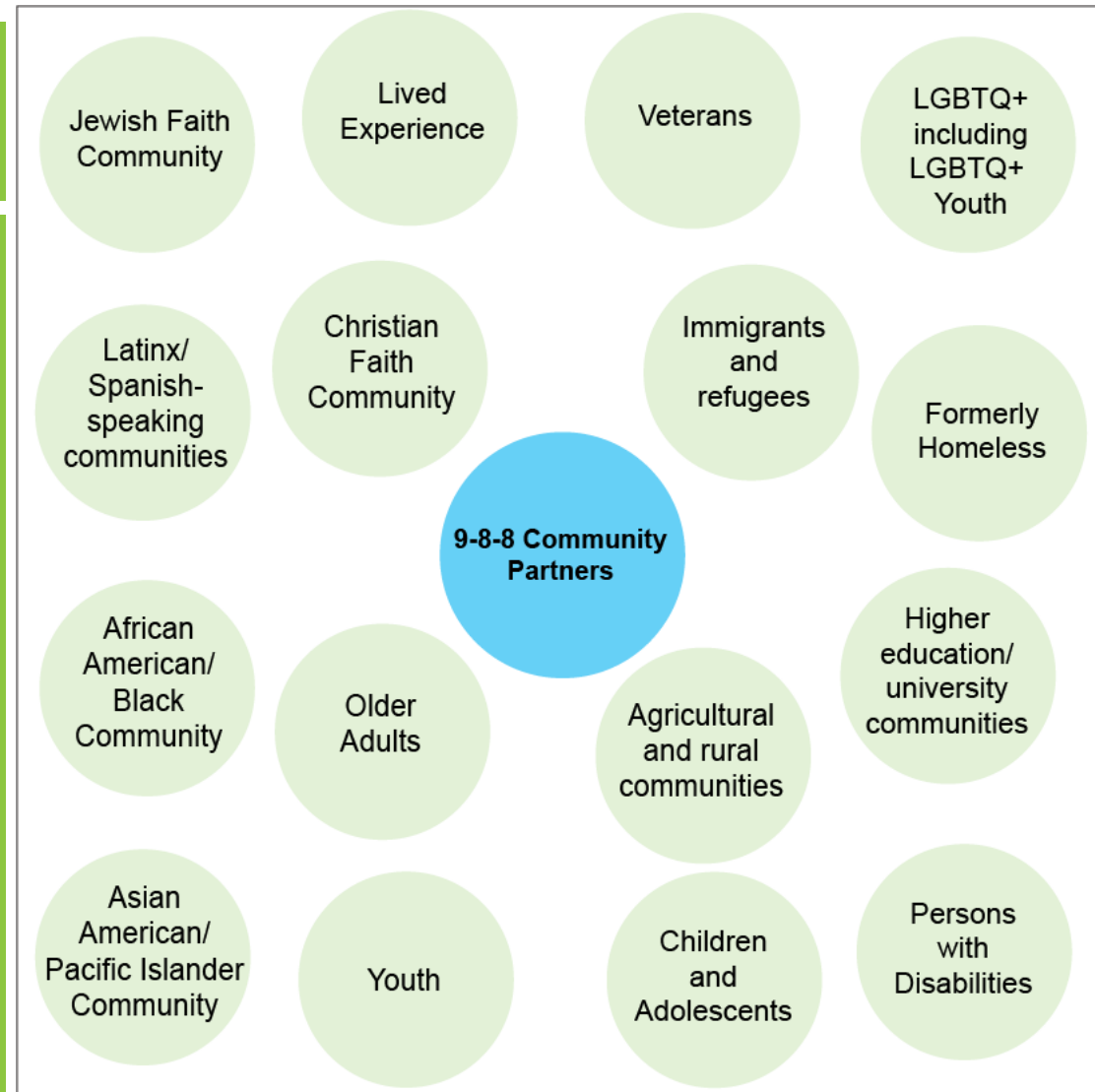
- 9-1-1
- Behavioral Health Link (BHL)
- Benchmark
- Children's Healthcare of Atlanta
- CSU and BHCC providers
- DBHDD Suicide Prevention
- Georgia Collaborative ASO
- Grady Memorial Hospital
- American Foundation for Suicide Prevention Georgia (AFSP)
- Community Service Boards (CSBs)
- Georgia Council on Substance Abuse (GCSA)
- Department of Public Health EMS
- Georgia Crisis and Access Line (GCAL)
- Veteran's Administration
- Sheriffs
- Georgia Emergency Communication Authority (GECA)
- Georgia Mental Health Consumer Network (GMHCN)
- Georgia Parent Support Network (GPSN)
- Governor's Office of Planning and Budget
- Mental Health America of Georgia
- National Alliance on Mental Illness Georgia (NAMI)
- Police Departments

Ongoing Stakeholder Engagement



Outreach “lessons learned” from Community Partners Meetings

- **Culturally competent outreach ensures:**
 - Faith leaders are engaged, because certain individuals prefer to seek mental health support from communities of faith
 - Use and understanding of different communities’ “idioms of distress”
 - Resources are marketed as confidential and safe for communities of color, considering historical context



Increasing Funding and Capacity



**\$20.5
MILLION
invested
in 9-8-8
in 20 months**



**Someone
to
talk to**

- **Expanded call center staffing**
- **Expanded use of peer workforce** and peer-run warm lines to infuse lived experience and recovery in crisis interventions



**Someone
to respond**

- **Added GPS functionality** for mobile crisis response teams
- **Expanded flexibilities for telehealth** use to expand reach of mobile crisis response teams in jails, hospitals and schools; considering further expansion in community
- **Expanded mobile crisis response team staffing**

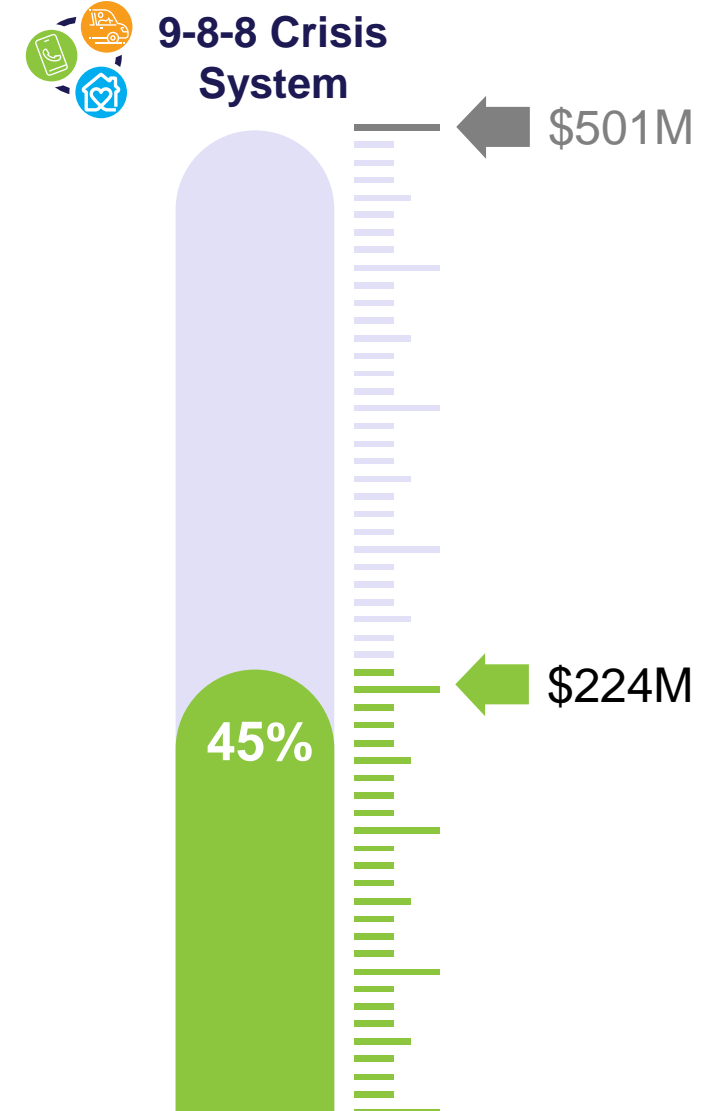
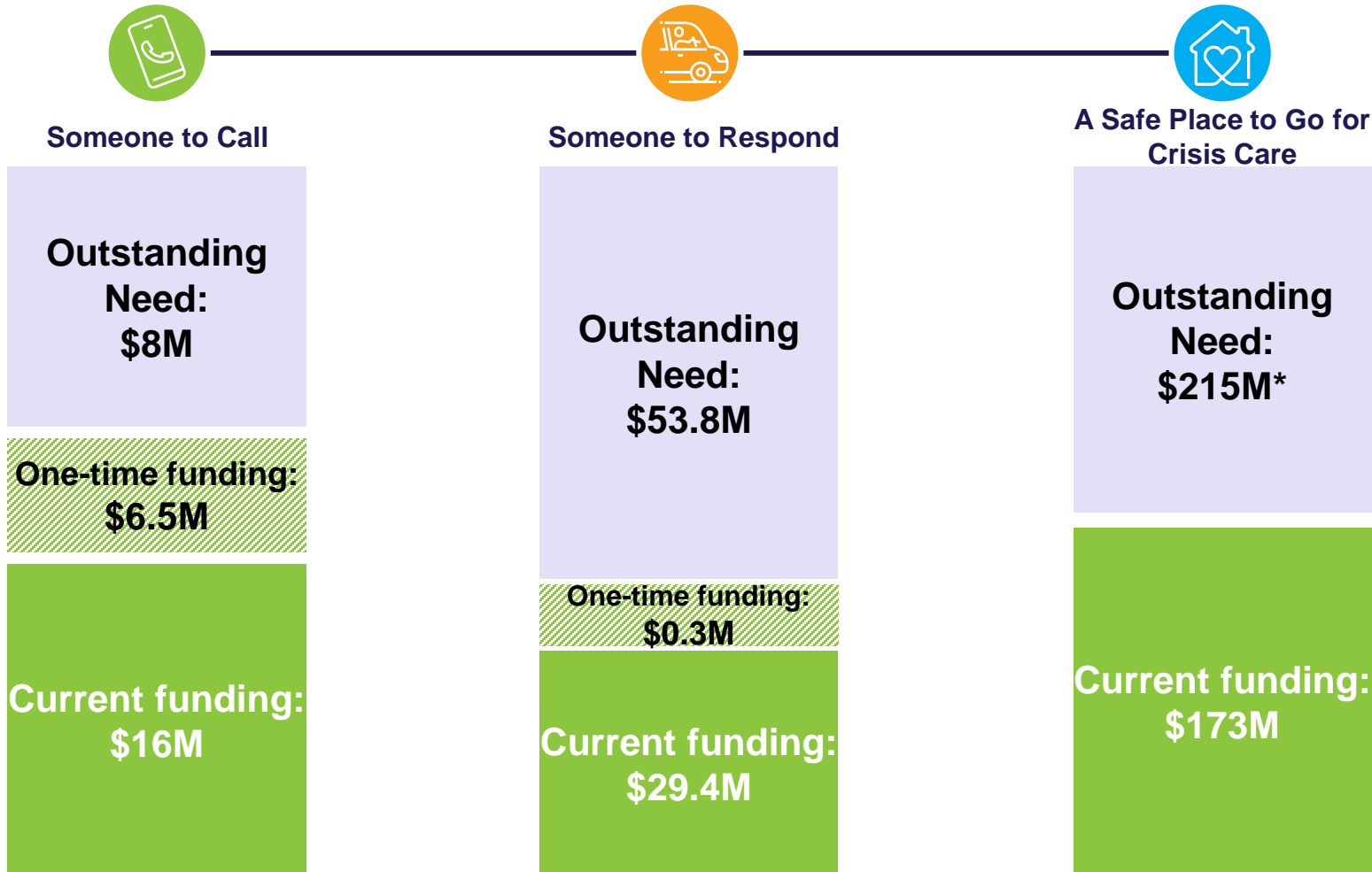


**A safe place
to go for
crisis care**

- **Enhanced “bed board”** function of GCAL
- **Future expansion of bed capacity** in high-need areas in facilities that are able to ramp up capacity quickly

9-8-8 Foundations and Projected Need

Projected Annual 9-8-8 Operating Costs



*Outstanding need does not include one-time capital investments needed for construction.

Note: One-time funding includes temporary funding (e.g. COVID supplemental) and federal grants; Graphic does not include funding needed for 988 administrative costs; Projections based on SAMHSA and Vibrant projections provided in April 2021.

Georgia 9-8-8 Contacts

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Georgia Department of Behavioral Health & Developmental Disabilities

Dawn Peel

Director, Office of Crisis Coordination

Anna Bourque

Director, Office of Provider Relations and ASO Coordination

Wendy White Tiegreen

Director, Office of Medicaid Coordination & Health System Innovation



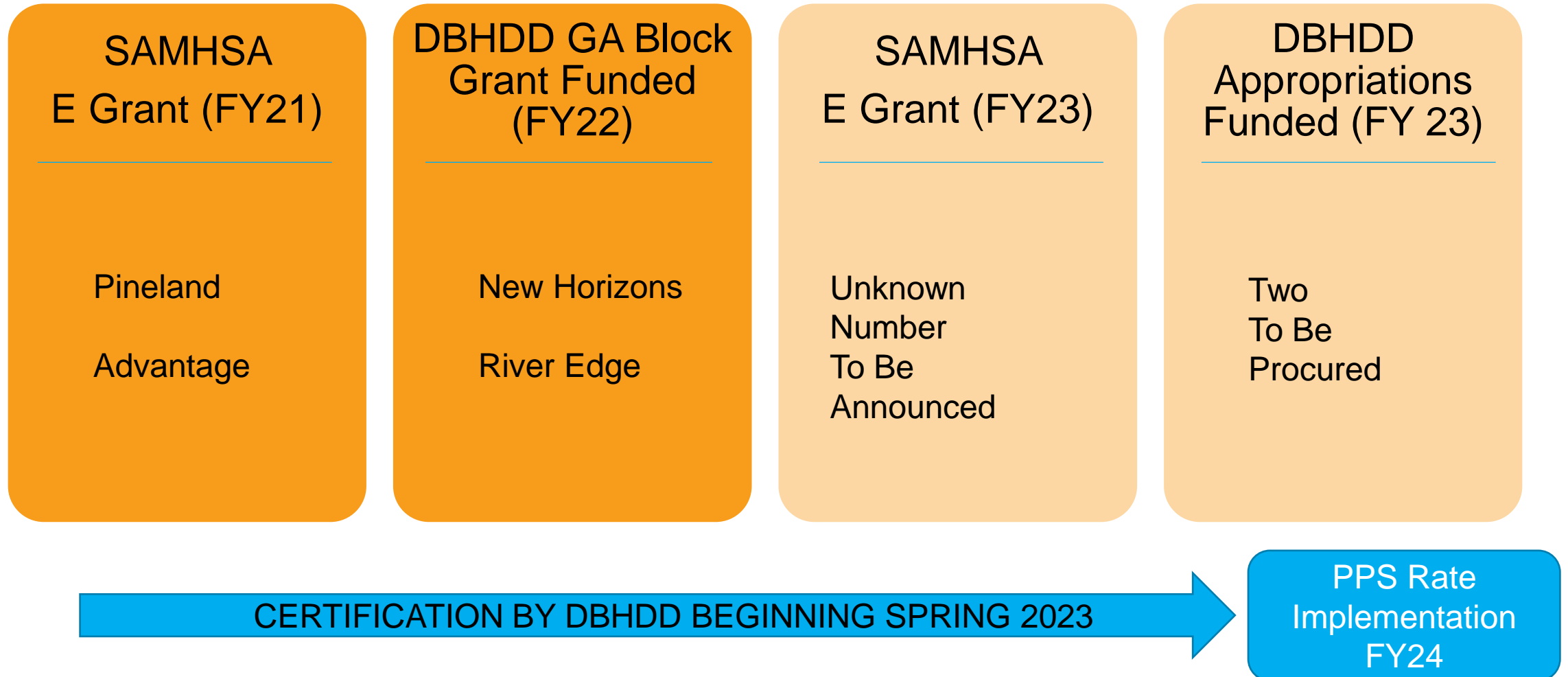
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Georgia's Implementation of Certified Community Behavioral Health Clinics



Staffing!
Access and Availability!
Care Coordination!
Quality Reporting!
Integrated Care!
**Organizational Authority and
Governance!**
and
**Prospective Payment
System!**

Georgia's Initial CCBHC Candidates





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Georgia Department of Behavioral Health & Developmental Disabilities



Incident Reporting for Behavioral Health Providers

Jennifer Rybak, MA, HLB

Director, Office of Incident Management and Compliance

Keisha Davis, LMSW, MBA

Manager, Office of Incident Management and Compliance



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Image and Incident Reporting



Incident Reporting Steps

- 1 Refer to Policy 04-106 and Attachment A to determine if reportable
- 2 To avoid late reporting, enter incidents into Image the same business day unless a death. Deaths are reported within 2 hours or as soon as practicable
- 3 Respond to requests for additional information from IMA within 24 hours
- 4 Implement any safety plan measures you've identified to prevent reoccurrence

Image and Incident Reporting

- All providers need to have at least one person registered in Image to report incidents in accordance with [Reporting Deaths and Other Incidents in Community Services, 04-106](#)
- A backup person registered is highly encouraged to maintain compliance with reporting
- To learn more about Image, you can access training resources, including the registration guide through [DBHDD University](#)
- Image pulls provider contact information and location site addresses from the information listed in the provider profile with the Georgia Collaborative ASO. Therefore, consistently report any staff changes and/or location changes to the Georgia Collaborative ASO by submitting the Staff Update Form or Change of Information form as appropriate.


Image and Incident Reporting Continued

- Additionally, be sure to set a reminder to log in to the Image Application at least once a month to keep your access active. If you forget and find yourself locked out after 45 days, please email Image.App@dbhdd.ga.gov for assistance.
- When requesting reactivation of your Image account or a password reset for Image, you must use the link and/or temporary password emailed to you within 24 hours, or it expires. Please email Image.App@dbhdd.ga.gov for assistance.
- When entering incident reports in Image, avoid using < or > symbols in any open text fields. These symbols cause issues in the system and will be automatically removed which may change the intent of what you have written.

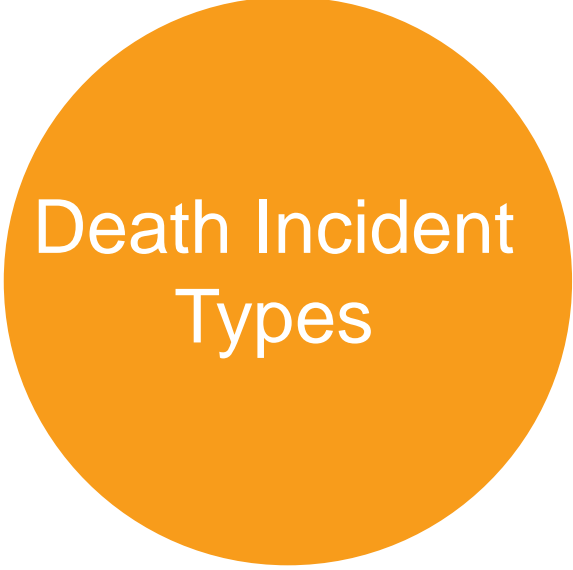
Common Issues



Incident Not
Reportable



Seclusion /
Restraint
Confusion



Death Incident
Types

Definition of a Reportable Incident

Any event that involves an immediate threat to the care, health or safety of any individual in community residential services, in community crisis home services, while on site or in the care of a provider, in the company of a provider staff or contractor, or enrolled in participant-directed services.

*****DEATHS HAVE ADDITIONAL REPORTING PARAMETERS**

Common Incident Errors

Hospitalization – Medical

- Admitted?
- Residential?
- On site/with staff?

Elopement

- Out of site?
- Residential?
- On site/with staff?

Medication Error

- Adverse consequences?

ANE by non-staff

- Report to APS
- Report to Law Enforcement

Requires an Injury Severity of 3+

- Aggressive Physical act
Ind/Ind
- Aggressive act
Ind/Non-Ind
- Suicide Attempt

Psychiatric Hospitalization

- Residential?
- ACT/CST/ICM?
- Admitted?

Seclusion Restraint – CSU/BHCC Only

The involuntary confinement of a person alone in a room or area where the individual is prevented from leaving, regardless of the purpose of this confinement. OR The application of manual physical force without the use of any device that immobilizes or reduces the ability of an individual to move his or her arms, legs, body or head freely or restricts normal access to his or her body, regardless of duration or timeframe. OR The use of any physical device, material, or equipment that immobilizes or reduces the ability of an individual to move his or her arms, legs, body or head freely, or restricts normal access to his or her body. OR The use of a medication or drug used to control behavior or restrict freedom of movement.

Death incident types

Expected Death

- COD from terminal disease greater than 30 days
- In residential services (not Shelter Plus)
- Occurred on site of provider or in presence of staff
- Person was discharged within 30 days of death

Unexpected Death

- Doesn't meet definition of other death codes
- In residential services (not Shelter Plus)
- Occurred on site of provider or in presence of staff
- Person was discharged within 30 days of death

Suicide

- Self-inflicted death of an individual
 - Individual was enrolled in DBHDD services
- OR
- Discharged/transferred from services within 30 days of death

Death incident types

Enrolled Individual

- Doesn't meet definition of other death codes
- Individual was enrolled in DBHDD services

Alleged Homicide

- Injury inflicted on an individual resulting in death

COVID Death

- Reported with another death incident type
- Reported when individual was known to be Positive, or death was suspected to be related to COVID

COVID Reporting-New Announcement

- As of September 16, 2022, BH providers only need to report the deaths of individuals in services that are known or suspected to be related to COVID-19.
- The death incident report should also include the applicable death incident type (e.g., expected, unexpected, enrolled, alleged homicide)

Email Contacts

Image Issues:
Image.App@dbhdd.ga.gov

Incident Reporting:
dbhddincidents@dbhdd.ga.gov

Investigations:
dbhdd.investigations@dbhdd.ga.gov

CAPS:
CAP.Request@dbhdd.ga.gov

Jennifer Rybak:
Jennifer.Rybak@dbhdd.ga.gov

Keisha Blackwell:
Keisha.Blackwell@dbhdd.ga.gov

Criminal History Record Process

Jennifer Rybak, MA, HLB

Director, Office of Incident
Management and Compliance

Melissa Jeffers, RN, BSN

Manager, Information Data Unit



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Georgia
Department of
Behavioral Health
& Developmental
Disabilities

Criminal History Record Process



Issues that delay background check processing

Failure to register the applicant in Gemalto

Failure to provide registration forms to DBHDD

Inaccurate information in Gemalto (ex. SSN, email addresses of applicants) causes restart

Requesting attestations when fingerprint locations are open

Attestation Allowances

During the Public Health Emergency, there is a partial suspension of the fingerprinting requirement:

ONLY IF FINGERPRINTING SERVICES ARE NOT AVAILABLE IN YOUR AREA

Attestation Requests

As of this month, there are more than 100 open fingerprint locations across the state of Georgia. Attestations will not be accepted if there are fingerprint locations available near the applicant or agency.

1. You can check for open locations through Gemalto.
 1. If locations are available, follow the regular process for registering applicants.
 2. If there is not a location available, email the Attestation Form, Attachment A to [COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications - 7/1/2021](#) to dbhdd-crs@dbhdd.ga.gov for approval.
2. You must retain the signed Attestation Form and the approval email for audit purposes.
3. If the attestation request is denied, the applicant must be processed per Policy 04-104, [Criminal History Record Check for DBHDD Network Provider Applicants, 04-104](#).

Attestation Requests (continued)

When the Public Health Emergency (PHE) ends:

1. All employees hired under Attestations must have a background check within sixty (60) days.
2. The provider is responsible for starting the process.
3. If a fingerprint location is currently available, have employees complete the fingerprint-based background check as soon as possible. You do not have to wait for the PHE to end.

Criminal History Record Process Overview

1. Registration
2. DBHDD staff reviews/approves registration and Registration Forms
3. Once registration is approved, Gemalto will email the applicant to proceed to a fingerprint location
4. Once fingerprinted, DBHDD staff reviews information and enters it into the CHRIS database
5. Provider pulls applicant's eligibility letter from CHRIS and maintains it in applicant's file

Fingerprint Registration

Fingerprint Registration is a multi-step process, and approval requires **all** of the following steps to be completed:

1. Register the applicant in [Georgia Applicant Processing Services \(GAPS\) – Gemalto](#)
2. Ensure the applicant completes an application for employment
3. Give the applicant a copy of the Non-Criminal Justice Applicant's Privacy Rights attached to policy [04-104, Criminal History Record Check for DBHDD Network Provider Applicants](#)
4. Have the applicant sign and date the Privacy Rights to confirm it was received and read
5. Retain the signed Privacy Rights, eligibility letter, and application in the applicant's personnel file

Registration Forms

- Registration Forms are attached to policy [04-104, Criminal History Record Check for DBHDD Network Provider Applicants](#)
- Both pages of the attachment are required
 - The registration form must be filled out and signed by the applicant
 - The cover sheet must include the provider contact information
- Email both pages to dbhdd.reg@dbhdd.ga.gov

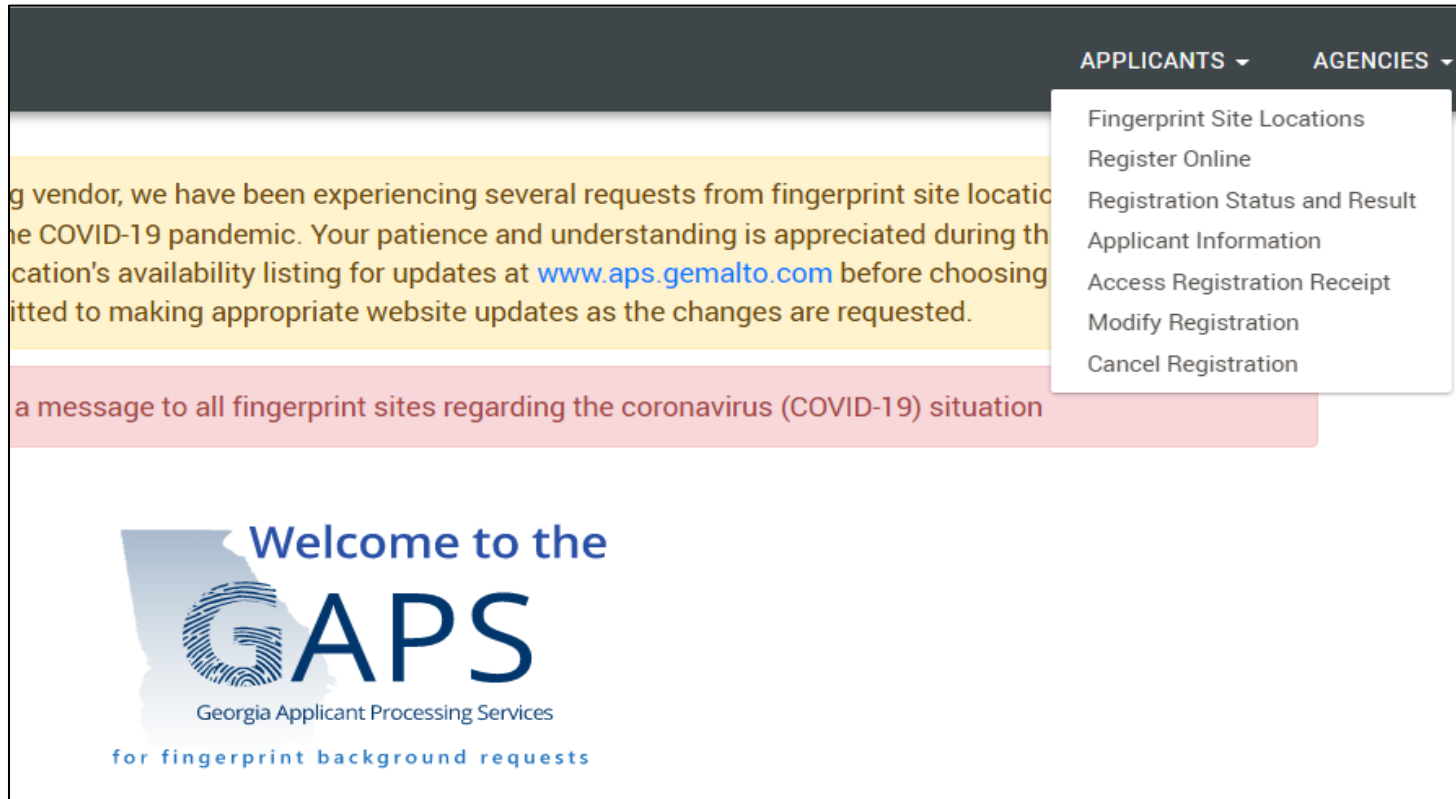
How to Check an Applicant's Registration Status

- Providers have direct access to an applicant's status in Gemalto and do not need to reach out to DBHDD for status checks
- The registration status will display and includes:
 - Registration Date
 - Approval Date
 - Fingerprint Date
 - Response Date
 - Email address the notification was sent

How to Check an Applicant's Registration Status (continued)

Go to [Georgia Applicant Processing Services \(GAPS\) – Gemalto](#). In the upper right corner,

- Select Applicants
- Select Registration Status and Result



Eligibility Letters in CHRIS

- Providers access applicant eligibility letters through CHRIS
- If the eligibility letter is available, a pdf of the letter will display, and providers will be able to download the letter
- Letter Status definitions:
 - Eligible – applicant is eligible for employment
 - Ineligible – applicant is NOT eligible for employment
 - Under Review – additional information is needed for eligibility determination – Provider should tell the applicant to email dbhdd-crs@dbhdd.ga.gov for their next step. DBHDD will also inform the applicant.

How-To Guides

- Step-by-Step Guides for different parts of the Criminal History Record process and the most recent list of open fingerprint locations are available on the DBHDD website, [Background Policy & Gemalto Information page](#)
 - *How to Search for Open Fingerprint Locations*
 - *How to Register an Applicant for Fingerprints*
 - *How to Check Applicant's Registration Status*
 - *CHRIS Registration Guide*
 - *How to Access Letters in CHRIS*
 - *GAPS Fingerprinting Locations*

Resources

- For questions about CHRIS and for attestation requests: dbhdd-crs@dbhdd.ga.gov
- For registration forms: dbhdd.reg@dbhdd.ga.gov
- Melissa Jeffers, Manager, Information Data Unit: Melissa.Jeffers@dbhdd.ga.gov
- Jennifer Rybak, Director, Office of Incident Management and Compliance: Jennifer.Rybak@dbhdd.ga.gov

2022 Legislative Update

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

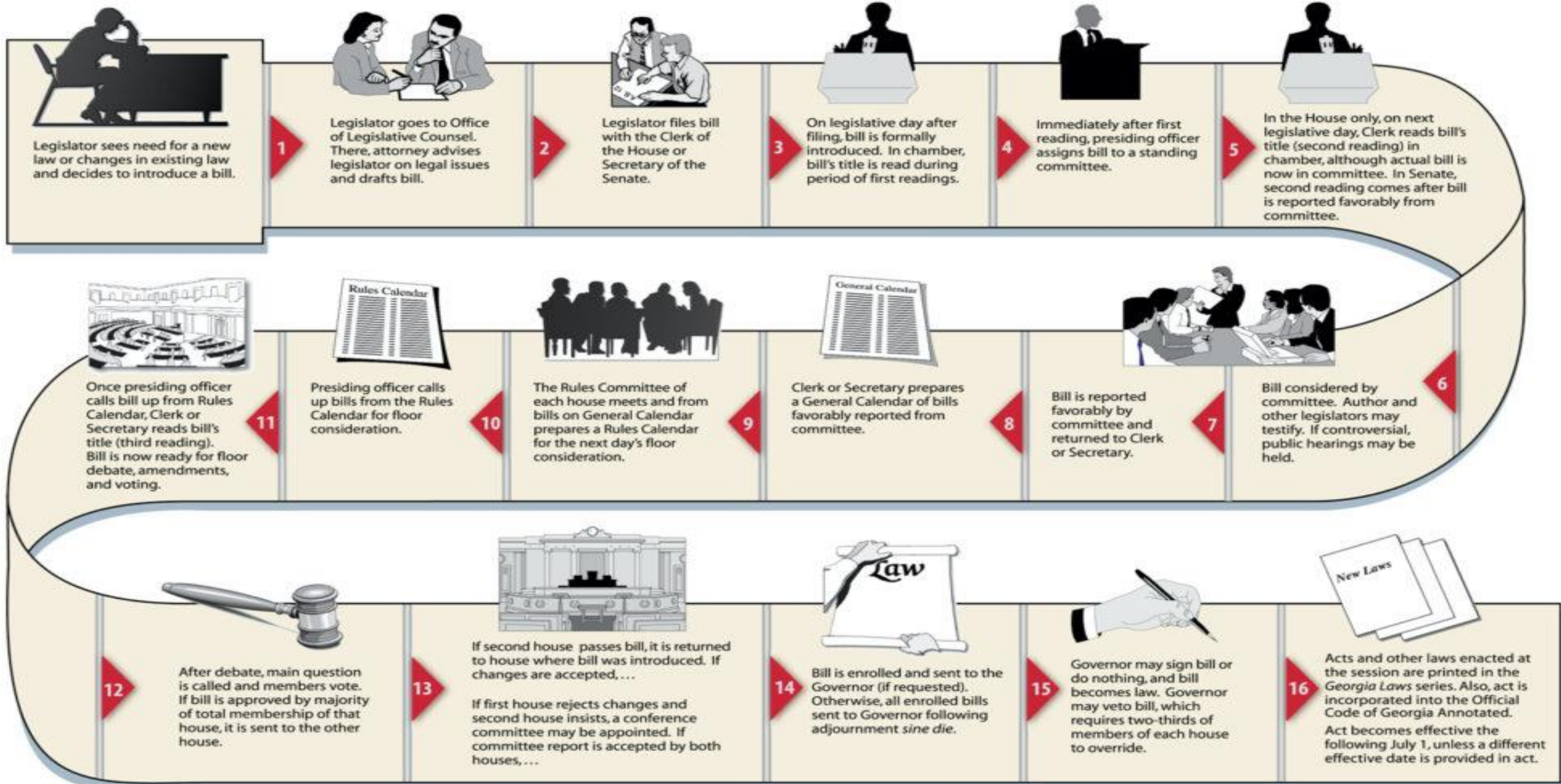
Michael Polacek

Director, Office of Legislative Affairs





Georgia Legislative Process



2022 DBHDD Legislative Update

The “Year of Mental Health” in Georgia

135 behavioral health bills were introduced during the 2021-2022 legislative sessions

Major themes – Workforce, Parity, and Public Safety

Historic year for DBHDD budget

Legislative Overview – Behavioral Health

HB 1013- Mental Health Parity Act (aka Mental Health Omnibus Bill)

HB 752- Psychiatric Advance Directive Act

SB 403- Georgia Behavioral Health and Peace Officer Co-Responder Act

SB 500- A litigation bar on governmental entities regarding certain statewide opioid litigation

SB 610- instructs DCH to submit a waiver request to CMS allowing private mental health institutions to be Medicaid reimbursable

SR 659- Senate Study Committee on Unsheltered Homelessness; create

HB 1013- “Mental Health Parity Act”

Overview

1. Hospital and Short-Term Care Facilities
2. Workforce and System Development
3. Involuntary Commitment
4. Mental Health Courts and Corrections
5. Child and Adolescent Behavioral Health



HB 1013 DBHDD Implications



D·B·H·D·D

- Assisted Outpatient Treatment (AOT)
- Evaluate effectiveness and any unintended consequences of AOT and submit a report to Governor, HHS committees, and Office of Health Strategy and Coordination
- Fund a minimum of five new co-responder programs.
- Provide to the Office of Health Strategy and Coordination a status report on housing placements and needs, programs for disabled children and adults, and the performance and fiscal status of CSBs
- Behavioral Health Coordinating Council changes
- Establish the Multi Agency Treatment for Children (MATCH) team to facilitate collaboration across state agencies to meet complex and unmet needs of children

Virtual Behavioral Health Provider Meeting- Opioid Settlement Funds

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Cassandra Price, GCADC II, MBA
Director, Office of Addictive Diseases

Brenda King Woodard, Esq.
General Counsel/Ethics Officer



September 15, 2022

Agenda

- McKinsey & Company Opioid Settlement Funds
- Distributors and Manufacturer Opioid Settlement Funds

A close-up photograph of a hand holding a blue pen, writing on a spiral-bound notebook. The notebook is open, and the pen is positioned over a line of text. The background is blurred, focusing attention on the writing process.

BE INFORMED

McKinsey & Company Opioid Settlement Funds

McKinsey & Company Opioid Settlement Funds

- DBHDD is the recipient of approximately \$11M in opioid settlement funds that will support the following:
 - Expand Medication Assisted Treatment (MAT)- \$4,750,000 will provide for DBHDD to expand funding for MAT service providers, including providers not currently contracted with DBHDD, that already have the training, staff capacity, and ability to offer MAT.
 - Enhance capacity for detoxification services-\$3,250,000 will allow for DBHDD to contract for detoxification beds with multiple existing detoxification service providers and to invest in system capacity across the state.
 - Implement statewide stigma reduction and opioid abuse public awareness campaign- DBDHD will contract with Shatterproof for \$2,064,000 to fund a two-year pilot program for DBHDD to create a public awareness campaign to reduce stigma regarding opioid use disorder statewide.
 - Expand naloxone training and education to service providers- \$1,000,000 will support DBHDD's current SOR-funded program to support training on naloxone administration and safety, specifically among community-based treatment and recovery providers.

Distributors and Manufacturer Opioid Settlement Funds

Distributors and Manufacturer Opioid Settlement Funds

- Georgia joined the \$26 billion multi-state agreement
- Georgia and its local governments will receive approximately \$636 million over 18 years
- National Administrator sends funds to Trustee
- DBHDD Commissioner appointed Trustee for Georgia's Funds
- Georgia's share of the settlement will be distributed among the state and local governments pursuant to a Memorandum of Understanding
- Currently in the process of establishing governance structures as required by the Memorandum of Understanding

Distributors and Manufacturer Opioid Settlement Funds

Government Participation Mechanism

- Equal representation between state and local governments
- Makes recommendations to Trustee regarding how funds are spent for benefit of state
- 60% of the settlement funds

Regional Advisory Councils

- Consult with the Government Participation Mechanism (described below) regarding regional spending
- 3, 5, or 7 members
- 3 mandatory members: county board of health, member of the executive team of a Community Service Board, sheriff
- 40% of settlement funds



D·B·H·D·D

Georgia Department
of Behavioral Health
& Developmental
Disabilities

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



BE D·B·H·D·D

GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH &
DEVELOPMENTAL DISABILITIES



D·B·H·D·D

Carol Caraballo

Adrian Johnson

Dante McKay

Division of Behavioral Health

Located in PolicyStat 04-107

DBHDD has a standard process for review and approval of requests for waivers of DBHDD requirements contained in the Provider Manual for Community Developmental Disability Providers, State-Funded Community Developmental Disability Providers, Provider Manual for Community Behavioral Health Providers, and in the electronic policy management system gadbhdd.policystat.com (PolicyStat).

Requests for Waivers of Service Requirements 04-107

Waivers are requested when:

- When the enforcement of one or more DBHDD requirement creates an undue hardship or barrier for individuals to access a needed service
- The waiver request and review process assures a continuing commitment to an individual's health and safety, compliance with requirements of external funding, regulatory entities, and accreditation or certification requirements.
- This policy DOES NOT waive licensure of any kind.

Requests for Waivers of Service Requirements 04-107

Timeframe for requesting waivers:

- Waiver requests are submitted electronically to the DBHDD Behavioral Health RSA or designee, via the [DBHDD Waiver of Service Requirement Form](#) no later than sixty (60) calendar days prior to projected start date.
 - Form must be filled out in its entirety and include all of the information requested
- Providers are required to submit renewal waiver of service requirement requests no later than sixty (60) calendar days prior to the expiration date.

Process for Review and Approval of Waiver:

Regional Review:

1. Provider submits waiver request through via the [DBHDD Waiver of Service Requirement Form](#)
2. RSA completes an initial review, makes recommendations, process the requests and sends it to Division of Behavioral Health Office Director within 14 calendar days of receiving the request

Requests for Waivers of Service Requirements 04-107

Process for Review and Approval of Waiver (con't):

Central Office Review:

1. The appropriate State Office Director approves or denies the requested waiver within twenty (20) calendar days after involving appropriate DBHDD staff in the review of the request
 - If additional information is required, the appropriate State Office Director will contact the Regional Field Office
 - Providers must respond to requests for additional information or supporting documentation within 5 business days of receiving the request. If a provider's response is not received within 5 business days, the waiver request will be denied and the provider must resubmit.
2. After review by State Director, Director of the Office of Medicaid Coordination approves or denies the requested waiver within twenty (20) calendar days after receipt from the State Director.

Requests for Waivers of Service Requirements 04-107

Process for Review and Approval of Waiver (con't):

Central Office Review (con't):

3. The Division of BH is responsible to notify the service provider (or other requesting party) by letter of the decision that has been made.

- The letter outlines the decision regarding the waiver request; if the request is approved; the expectations for the provider (or other requesting party); and the expiration date of the waiver if applicable.
- The letter is forwarded to the RSA for distribution to the service provider

All approved waivers expire on the date indicated in the approval letter, not to exceed one (1) year following approval.

Requests for Waivers of Service Requirements 04-107

Provider Responsibilities Following Approval of Waiver Request:

The service provider must maintain on file a copy of all approved waiver requests and have such waiver(s) available for review by DBHDD or its representatives.

The service provider must notify the appropriate RSA or designee when there is any change to services for which the waiver was requested.

For waivers of requirements for services that are audited or monitored by DBHDD, or Department of Community Health contracted entities, the provider must produce a copy of the waiver letter at the time of the audit for the reviewer.

The Administrative Services Organization (ASO) or other contracted entity will appropriately incorporate the approved waiver into the audit or monitoring activity.

Accessing Services and Supports for Deaf Individuals in need of BH services

Kelly Sterling, MSW, LCSW

Director, Office of Deaf Services

deafservices@dbhdd.ga.gov



D·B·H·D·D

Georgia Department of Behavioral Health
& Developmental Disabilities

Office of Deaf Services

- Facilitates reasonable accommodations for individuals who are deaf, hard of hearing, or deafblind to effectively communicate and access services
- Provides qualified mental health interpreters for behavioral health counseling or therapy services as requested by providers and/or individuals
- Conducts outreach to providers and the deaf community

Foundation of the System

**Policy
Development**

**Provider
Education**

**Notification
&
Referral**

**Communication
Assessment**

**Interpreter
Provision**

**Designated
Provider**

**ASL-Fluent
Clinicians**

**ASL-Fluent
Case Managers**

DBHDD Policies

- [15-111-Provider Procedures for Referral and Reporting of Individuals with Hearing Loss](#)
- [15-112-Communication Assessment Procedures for Individuals with Hearing Loss](#)
- [15-114-Accessibility of Community Behavioral Health Services for Individuals Who are Deaf and Hard of Hearing](#)

DBHDD's Commitment to ASL-Fluent Services

- Hope House (ASAM III.5 IRT 10 bed Deaf Male with SUD)
 - ASL is used in the treatment milieu
- Right Side Up (Female Residential SUD provider)
 - Interpreter Supported
- Establishment of Policy (15-111, 15-112, 15-114)
- Provider Education (Relias, RCC, GCAL, Clinical Trainings)
- Deaf Services Advisory Council
- DBHDD Funded State-Wide Contract with Avita
 - Sign-Fluent Case Managers
 - Sign-Fluent Clinicians

Questions for the Team?

deafservices@dbhdd.ga.gov

Kelly Sterling MSW, LCSW

Director, Deaf Services
Georgia DBHDD

23-140

Office: 404-463-0973

Text: 470-451-5321

VP: 404-991-2358

kelly.sterling@dbhdd.ga.gov



BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities



Office of Provider Relations & ASO Coordination

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Carole Crowley, Sr. Provider Relations Managers

Sharon Pyles, Sr. Provider Relations Managers

September 15, 2022



Division of Strategy, Technology &
Performance

Office of Provider Relations & ASO
Coordination

Provider Relations Team Members

Anna Bourque
Director
Provider Relations &
ASO Coordination

Carole Crowley
Senior Provider
Relations Manager

Sharon Pyles
Senior Provider
Relations Manager

Provider Relations DBHDD Website

BE CONNECTED

**GEORGIA DEPARTMENT of
BEHAVIORAL HEALTH and DEVELOPMENTAL DISABILITIES**

DBHDD Services For Providers Forensics & Law Enforcement Our Hospitals DBHDD Agency Information Find Services & Contacts

NOTICE: Georgia Crisis & Access Line
For access to services and immediate crisis help, call the [Georgia Crisis & Access Line \(GCAL\)](#) at 1-800-715-4225, available 24/7.

Provider Relations at DBHDD

The Office of Provider Relations strives to equip our network of providers with the right tools, services, resources and information to enable them to deliver high-quality services to the behavioral health and intellectual and developmental disabilities populations.

Our goal is to develop a consistent, collaborative and predictable process for providers in support of a stable network, informed partners, strategic and data-driven decisions, and a customer-centric focus.

Our responsibilities include promoting and coordinating consistent messaging with providers; providing exceptional customer service to strengthen and build provider relationships; and the tracking and monitoring of provider issues and how they are addressed.

- Become a Provider
- PIMS
- Training
- I/DD New Provider Welcome Packet
- BH New Provider Welcome Packet

Guidance and Memos on COVID-19

For special guidance and memos related to COVID-19.
[Coronavirus: COVID-19 Info](#)

[Coronavirus: COVID-19 Provider FAQs](#)

[Community Provider Manuals](#)

[PIMS FAQ](#)

[Provider Relations Communications](#)

[Policies](#)

Find Georgia DBHDD Services

Provider Issues Management System (PIMS)

What is PIMS?

“PIMS is a web-based application designed to capture, track, resolve and identify issues or common themes submitted by our network of providers”

Provider Relations Top 3 PIMS Responsibilities

1

Promotes and coordinates consistent messaging with providers

2

Provides exceptional customer service to strengthen and build provider relationships

3

Tracks and monitors provider issues and how they are addressed

What types of questions are submitted to PIMS?

Systemic
Process &
Procedures

Policies



Community
Standards

IMPORTANT NOTE: Questions related to specific Individuals regarding funding and approved services should be directed to the appropriate Regional Field Office.


How to access PIMS?

From the [DBHDD website](#), hover over the “For Providers” tab.


An official website of the State of Georgia. [How you know](#) Language: English Organizations: A-Z

  **GEORGIA DEPARTMENT of**
BEHAVIORAL HEALTH and DEVELOPMENTAL DISABILITIES Search

▼ DBHDD Services **▼ For Providers** ▼ Forensics & Law Enforcement ▼ Our Hospitals ▼ DBHDD Agency Information ▼ Find Services & Contacts

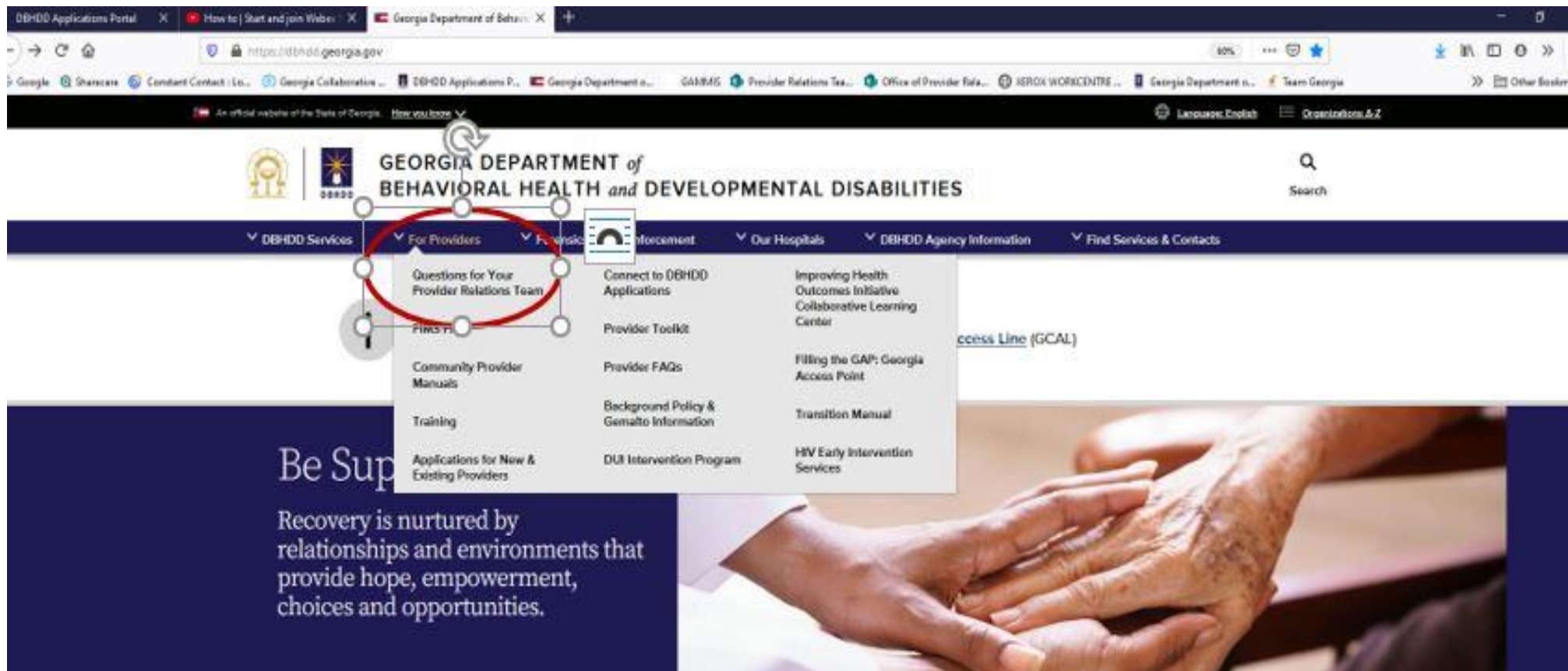
 **NOTICE: Georgia Crisis & Access Line**
For access to services and immediate crisis help, call the [Georgia Crisis & Access Line \(GCAL\)](#) at 1-800-715-4225, available 24/7.

Be Supported
Recovery is nurtured by relationships and environments that provide hope, empowerment, choices and opportunities.



How to access PIMS?

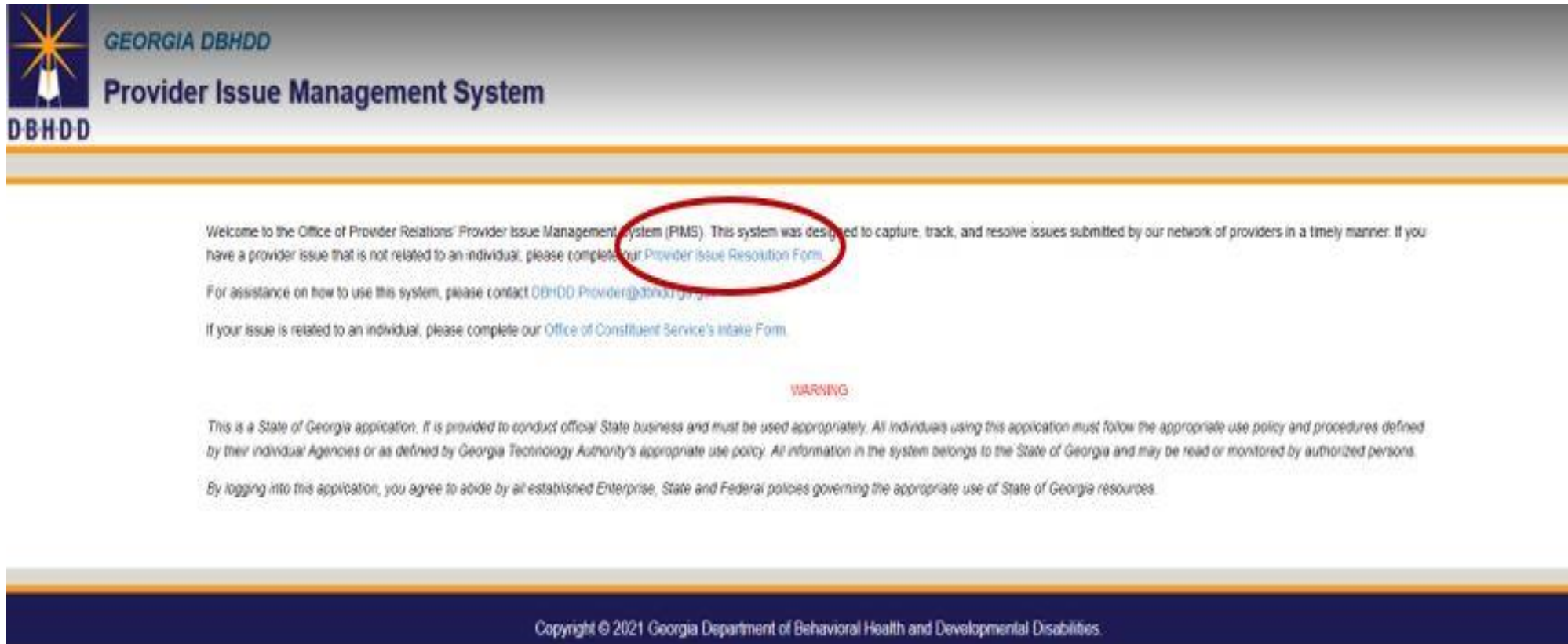
Click on “Questions for Your Provider Relations Team”.



The screenshot shows the website for the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD). The main navigation bar includes the following items: DBHDD Services, For Providers (highlighted with a red circle), Enforcement, Our Hospitals, DBHDD Agency Information, and Find Services & Contacts. A dropdown menu is open under "For Providers", listing the following options: Questions for Your Provider Relations Team (circled in red), PIMS, Community Provider Manuals, Training, Applications for New & Existing Providers, Connect to DBHDD Applications, Provider Toolkit, Provider FAQs, Background Policy & Gemalto Information, DUI Intervention Program, Improving Health Outcomes Initiative Collaborative Learning Center, Filling the GAP: Georgia Access Point, Transition Manual, and HIV Early Intervention Services. The website header also features the DBHDD logo, the text "GEORGIA DEPARTMENT of BEHAVIORAL HEALTH and DEVELOPMENTAL DISABILITIES", a search bar, and a language selector set to English. The footer contains the text "Be Supported" and "Recovery is nurtured by relationships and environments that provide hope, empowerment, choices and opportunities." along with an image of hands being held.

How to access PIMS?

Once on the PIMS site, click on “Provider Issue Resolution Form”.



GEORGIA DBHDD
Provider Issue Management System
DBHDD

Welcome to the Office of Provider Relations' Provider Issue Management System (PIMS). This system was designed to capture, track, and resolve issues submitted by our network of providers in a timely manner. If you have a provider issue that is not related to an individual, please complete our [Provider Issue Resolution Form](#).

For assistance on how to use this system, please contact DBHDD Provider@dbhdd.ga.gov.

If your issue is related to an individual, please complete our Office of Constituent Service's Intake Form.

WARNING

This is a State of Georgia application. It is provided to conduct official State business and must be used appropriately. All individuals using this application must follow the appropriate use policy and procedures defined by their individual Agencies or as defined by Georgia Technology Authority's appropriate use policy. All information in the system belongs to the State of Georgia and may be read or monitored by authorized persons.

By logging into this application, you agree to abide by all established Enterprise, State and Federal policies governing the appropriate use of State of Georgia resources.

Copyright © 2021 Georgia Department of Behavioral Health and Developmental Disabilities.

What happens after the question is submitted?

Case number is assigned

Provider Relations Manager is assigned

Contact no later than 2 business days

Office of Provider Relations
& ASO Coordination
Communications

Provider Relations Communications

Includes both behavioral health and intellectual developmental disability news

Consistent, predictable, and coordinated mechanism for mass provider communication

Currently received by over 4,300 Providers and Staff

Provider Relations Communications

Network News

- 1st business day of the Month

Learning Corner

- 15th business day of the month

Special Bulletins

- Periodically throughout the month



Contact Provider Relations at DBHDD.Provider@dbhdd.ga.gov

Network News

Volume 53

July 1, 2022

BE CONNECTED

NETWORK
NEWS
"News You Can Use"



Training Announcements

The Department of Behavioral Health and Developmental Disabilities (DBHDD), Office of Human Resources and Learning, is currently offering virtual trainings. Listed below are those currently scheduled. For more information regarding trainings, [click here](#).

- [DD Participant Direction New Enrollment](#)
- [Positive Behavior Supports Curriculum: Train-the-Trainer Training](#)



If you have any questions, please contact DBHDDLearning@dbhdd.ga.gov.

Learning Corner

Volume 20

July 15, 2022

BE EXCEPTIONAL LEARNING CORNER



D·B·H·D·D

Training Announcements

I/DD Statewide Provider Meeting

August 11, 2022
9:00 am - 12:30 pm



The DBHDD Division of Developmental Disabilities will be hosting an Intellectual and Developmental Disabilities (I/DD) Statewide Provider meeting. This meeting will be conducted remotely via our WebEx platform.

[Click here to register.](#)

For any questions, please email DBHDDLearning@dbhdd.ga.gov.

IMPORTANT NOTE: All I/DD Provider Agencies are required to have a representative in attendance at the I/DD Statewide Provider Meetings.

Special Bulletin

Special Bulletin

July 7, 2022

BE INFORMED

NETWORK
BULLETIN



IMPORTANT ANNOUNCEMENTS

2021 NCI Staff Stability Survey & 5% Rate Increase Billing Information

NEW DEADLINE! 2021 NCI Staff Stability Survey

The National Core Indicators (NCI) Staff Stability Survey deadline has been extended. **The new survey deadline is July 31, 2022.** We appreciate the diligent efforts of the Providers who have finished or are currently working to complete the survey. The survey is for eligible Providers who employed Direct Support Professionals (DSPs) during the 2021 calendar year.

DBHDD: Who are we, and who do we serve?

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Adrian Johnson

Deputy Director, Division of Behavioral Health

Kalie Burke

Disaster Mental Health Coordinator

September 15, 202





BE INSPIRED

Disaster Mental Health/Disaster Behavioral Health

Disaster behavioral health is the provision of mental health, substance abuse, and stress management services to disaster survivors and responders.

Disasters—earthquakes, pandemics, hurricanes, chemical explosions, wars, school shootings, mass casualty accidents, and acts of terrorism—can strike anyone, regardless of culture, ethnicity, or race. No one who experiences or witnesses a disaster is untouched by it.

Context:

Individuals' reactions to disaster and their coping skills, as well as their receptivity to crisis counseling, differ significantly because of their individual beliefs, cultural traditions, and economic and social status in the community.

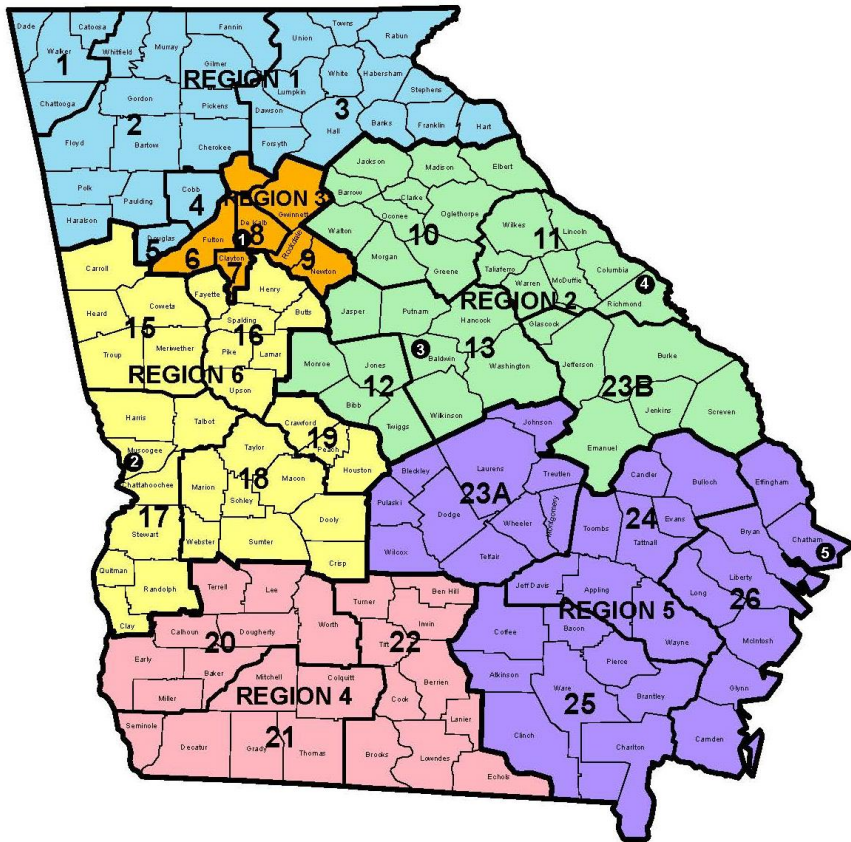
For this reason and many other reasons, we plan to roll out “Disaster Mental Health 2.0” we have recognized the importance of cultural competence in the development, planning, and delivery of effective disaster mental health services.

Context:

The increased focus on cultural competence also stems from the desire to better serve Georgia. Georgia's population is rapidly becoming more ethnically and culturally diverse.

- To respond more effectively to the mental health needs of all disaster survivors, crisis counseling programs must be sensitive to the unique experiences, beliefs, norms, values, traditions, customs, and language of each individual, regardless of his or her racial, ethnic, or cultural background.
- Disaster mental health services must be provided in a manner that recognizes, respects, and builds on the strengths and resources of survivors and their communities.

Public Safety Net



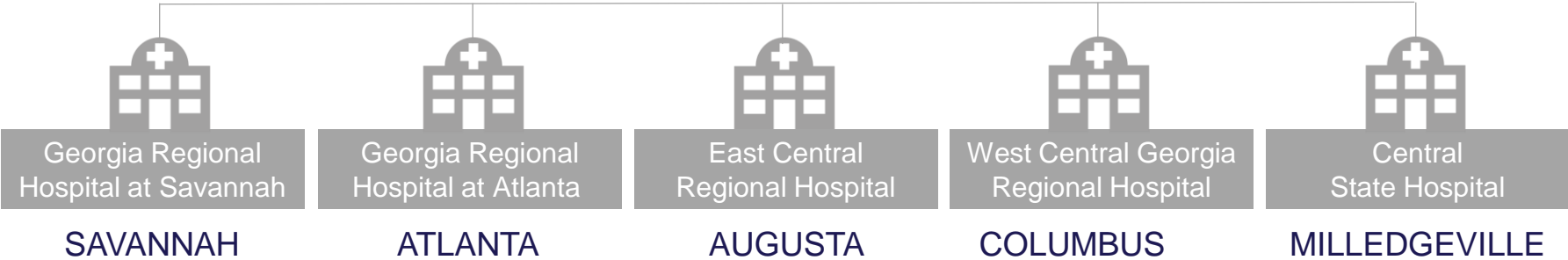
STATE OFFICE
2 Peachtree St, Atlanta

**22 Community
Service Boards**

6 REGIONS

Regions contain field offices with resources serving the community (i.e., integration homes and providers)

REGIONAL HOSPITALS



A close-up photograph of a hand holding a blue ballpoint pen, writing on a white spiral-bound notebook. The notebook is open, and the pen is positioned over a blank page. The background is a soft, out-of-focus brown surface.

BE INFORMED

Office of Disaster Mental Health

Office of Disaster Mental Health

DMH 2.0 “We Can’t Do It Alone”

A collaborative and community-based approach to disaster preparedness.

- Continuing partnerships with schools, nonprofits, community organizations, and other state/federal agencies to provide:
 - Crisis counseling and mental health resources
 - Targeted emergency preparedness information
- Developing plans for encouraging continuing education in emergency management and disaster response
 - Public Health Emergency Response Training
 - First Responder Training
 - Psychologic First Aide
 - FEMA ICS/NIMS

Resources:

Disaster Mental Health Website:

<http://georgiadisaster.info/>

Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) | Georgia Department of Public Health (DPH)

ENHANCED BY Google

Home Public Professionals Business Military Students Covid-19 Planning Resources Training Apps Podcasts GET HELP NOW

Georgia Disaster Mental Health

Georgia Crisis & Access Line | GHA011 Georgia Healthcare Alliance | Covid-19 Support Line

GEORGIA DEPARTMENT OF PUBLIC HEALTH COVID-19 UPDATES

Disasters come in many forms. They may occur suddenly or with advance warning. Disasters may be human-caused or an act of nature. Some disasters have names like hurricanes or schools, or flight numbers, while others have faces that we see on the television. Many are known simply as house fires or accidents. All involve sudden loss and profound tragedy in people's lives. Whether airplane crashes, hurricanes, infectious disease, school shootings, acts of terrorism, or something else, disasters have both physical and mental health components and consequences.

This site, sponsored by the [Georgia Department of Public Health](#) and the [Georgia Department of Behavioral Health and Developmental Disabilities \(DBHDD\)](#) addresses the Mental Health components of disasters.

Navigating Our Site

Visit Our YouTube Channel

Quick Links

- Find a Shelter
- Suicide Resources
- Prepare
- Disaster Resources
- Types of Disasters
- Children & Disaster
- Veterans Mental Health
- Recovery Defined
- PTSD Resources
- Special Needs
- For Children
- Training
- Covid-19
- Children of War
- Songs of Hope

Veterans Crisis Line | Georgia Emergency Preparedness Coalition for Individuals with Disabilities & Older Adults (GEMA) | CDC | U.S. DEPARTMENT OF HOMELAND SECURITY | GEORGIA DEPARTMENT OF EDUCATION

Thank you

