

Behavioral Health Coordinating Council

ANNUAL REPORT | 2019

Georgia Department of Behavioral Health and Developmental Disabilities
Submitted by: Judy Fitzgerald, Commissioner



Georgia
Department of
Behavioral Health
& Developmental
Disabilities

BACKGROUND

The 150th Georgia General Assembly reorganized Georgia's health and human services agencies and in 2009 established the Behavioral Health Coordinating Council (O.C.G.A. § 37-2-4), which is administratively attached to the Department of Behavioral Health and Developmental Disabilities, as provided by O.C.G.A. § 50-4-3.

COUNCIL AUTHORITY, POWERS, AND FUNCTIONS

The Behavioral Health Coordinating Council (the "Council," or "BHCC") supports Georgia's behavioral health-serving agencies and partners by establishing goals, monitoring and evaluating those goals, and recommending measures for improved efficacy and access to services. Specifically, the Council is tasked with:

- **Recommending funding, policy, and practice changes** that address systemic barriers to the delivery of behavioral health services;
- **Focusing on specific goals** designed to resolve issues related to coordination of care for individuals receiving services from at least two member agencies;
- **Monitoring and evaluating the implementation** of established goals; and
- **Establishing common outcome measures.**

COUNCIL COMPOSITION

By statute, the Council is comprised of the following representatives:

- The Commissioner of the Department of Behavioral Health and Developmental Disabilities
- The Commissioner of the Department of Community Affairs
- The Commissioner of the Department of Community Health
- The Commissioner of the Department of Community Supervision
- The Commissioner of the Department of Corrections
- The Commissioner of the Department of Human Services
- The Commissioner of the Department of Juvenile Justice
- The Commissioner of the Department of Labor
- The Commissioner of the Department of Public Health
- The Chair of the State Board of Pardons and Paroles
- The State Disability Services Ombudsman
- The State School Superintendent
- A member of the Georgia House of Representatives
- A member of the Georgia State Senate
- An adult who uses public behavioral health services
- A family member of someone who uses public behavioral health services
- A parent of a child receiving public behavioral health services

COUNCIL LEADERSHIP

Chairman:

Commissioner Judy Fitzgerald, *Department of Behavioral Health and Developmental Disabilities*

Vice Chair:

Commissioner Frank W. Berry, *Department of Community Health*

Secretary:

Stanley Jones, Esq., *family member of consumer of public behavioral health services*

Members:

Commissioner Christopher Nunn, *Department of Community Affairs*

Commissioner Michael Nail, *Department of Community Supervision*

Commissioner Gregory Dozier, *Department of Corrections*

Commissioner Robyn A. Crittenden, *Department of Human Services*

Commissioner Avery D. Niles, *Department of Juvenile Justice*

Commissioner Mark Butler, *Department of Labor*

Commissioner J. Patrick O'Neal, M.D., *Department of Public Health*

Chairman James Mills, *State Board of Pardons and Paroles*

Ombudsman Jacquice Stone, *Office of Disability Services Ombudsman*

State School Superintendent Richard Woods, *Department of Education*

State Representative Katie Dempsey, *Georgia House of Representatives*

State Senator Renee Unterman, *Georgia State Senate*

Julie Spores, *adult consumer of public behavioral health services*

Diane Reeder, *parent of a child receiving public behavioral health services*

The various agency commissioners, the chair of pardons and paroles, the ombudsman, and the state school superintendent are members of the council as a matter of law.

Representative Katie Dempsey of the 13th district, Senator Renee Unterman of the 45th district, the adult consumer of public behavioral health services, the family member of a consumer of public behavioral health services, and the parent of a child consumer of behavioral health services are appointed. All members serve at the pleasure of their appointing authority with no term limit.

COUNCIL EXECUTIVE COMMITTEE

The BHCC is led by an executive committee comprised of a chair, vice chair, secretary, and two members-at-large. The commissioner of the Department of Behavioral Health and Developmental Disabilities (DBHDD) serves as the chair of the executive committee. The vice chair and secretary are elected by the members of the council and serve two-year terms; they may succeed themselves.

Commissioner Judy Fitzgerald, Chair

Department of Behavioral Health and Developmental Disabilities

Commissioner Frank W. Berry, Vice Chair

Department of Community Health

Stanley Jones, Esq., Secretary

Family Representative

Commissioner Robyn Crittenden

Department of Human Services

Office of Disability Services Ombudsman

COUNCIL MEETINGS

In 2019, council meeting were scheduled, open to the public, and well-attended by a variety of stakeholders. Meeting minutes and supporting documentation are posted in accordance with the Open Meetings Act (O.C.G.A. § 5-18-70 et. seq.) and can be found on DBHDD's website at: <http://dbhdd.georgia.gov/georgia-behavioral-health-coordinating-council>.

COUNCIL INITIATIVES

Georgia Interagency Directors Team (IDT)

This abridged IDT Annual report provides an overview of the activities of Georgia's Interagency Directors Team (IDT) for state fiscal year (FY) 2019: July 1, 2018 through June 30, 2019. The Georgia IDT is a multi-agency, public-private collaborative created to design, manage, facilitate, and implement an integrated approach to a child and adolescent System of Care (SOC) that informs policy and practice, and shares resources and funding. The IDT functions as a workgroup of the [Behavioral Health Coordinating Council \(BHCC\)](#) and currently consists of more than 30 representatives from state agencies and non-governmental organizations that serve children with behavioral health needs in Georgia (please see the [IDT website](#) for a full list of members). The group finds its roots in the Substance Abuse and Mental Health Services Administration (SAMHSA)

Child and Adolescent State Infrastructure Grant (CASIG) Interagency Workgroup (“Kidsnet Georgia”), which focused on supporting local SOC development, and ran from 2004 through March 2011. Since then, the workgroup has continued to collaborate as the IDT in order to improve the lives of those with behavioral health challenges. Responsibility for children’s behavioral health in Georgia is shared among multiple state and local agencies. The IDT provides a platform for partnership building between agency program directors, as well as a forum for leadership to develop and implement shared strategic objectives for the SOC for children’s behavioral health.

Structure of the IDT

The IDT operates as a work group of, and reports to, the BHCC. The BHCC provides high-level support to IDT initiatives. The IDT is headed by a chair, who facilitates meetings, strategic planning, and initiative development. The IDT vice-chair works alongside the IDT chair to develop meeting agendas and strategic planning objectives. In FY 2019, the IDT was chaired by Danté McKay, director of the Office of Children, Young Adults, and Families at the Department of Behavioral Health and Developmental Disabilities, and the vice-chair was Rebecca Blanton, manager of the School Climate Transformation Grant in the Office of School Safety and Climate at the Georgia Department of Education. Strong leadership, commitment, and varied agency representation from the IDT chair and vice-chair have been critical components of the group’s success. All IDT members have a voice in decision-making. The Center of Excellence for Children’s Behavioral Health (COE), housed in Georgia State University’s Georgia Health Policy Center, provides backbone support to the group through administration, communications, project management, research, evaluation, strategic planning, and thought partnership.

FY2019 Strategic Plan Work

In FY 2019, the IDT focused on continued implementation of the Georgia System of Care (SOC) State Plan for children’s behavioral health – a three-year strategic roadmap for improving children’s behavioral health in the state. The detailed plan, which guides the IDT’s work, includes strategies and action items built around the focus areas of access, coordination, workforce development, funding and financing, and evaluation. The SOC State Plan symbolizes a strong commitment in the state to improving children’s behavioral health services. The IDT focused the majority of its efforts in FY 2019 on implementing the tasks identified under each goal area and preparing for the third and final year of the current SOC State Plan. Each task lead worked with a team to develop the steps required to achieve strategic goals, track implementation timelines, facilitate collaborative work on tasks via subgroup membership, provide periodic updates on subgroup activities, and further refine action items.

In order to manage the scope of work under the SOC State Plan, the IDT continued to dedicate a substantial amount of time during each monthly meeting to the SOC State Plan work, as well as time outside of regularly scheduled IDT meetings to review

document content, meet with subgroups and plan project action items. IDT members were divided into self-selected subgroups. A total of ten active subgroups met throughout year two of implementation. COE staff facilitated the subgroup meetings, provided project management support, and coordinated the collaborative input process across partners. The COE's backbone support enabled the IDT members to focus on providing subject matter expertise and content creation for the deliverables. Robust and varied input from the diverse group of IDT and subgroup members ensured that a diverse group of stakeholders in the children's behavioral health system were represented, and able to inform the implementation of the plan. In Year 2, the continuous involvement of family and youth representatives with lived experience, helped to ensure that family and youth voice was present throughout the process. IDT had a number of invited guest speakers this year that represented family and youth, including DBHDD staff with lived experience, as well as Respect Institute speakers who shared their personal stories and participated in discussion with IDT members.

The IDT was successful in execution of Year 2 of the plan, which resulted in the following accomplishments:

- In an effort to continue to increase access to school-based mental health (SBMH) services, an updated school survey was designed to inventory types of SBMH tiered interventions based on learnings from Year 1 of the SOC plan and will be distributed statewide to school principals. This follows an initial data collection from over 700 school counselors on SBMH. Preliminary results indicated that about one-third of the schools in Georgia represented in the sample were implementing some SBMH initiatives, including universal mental health promotion through social emotional learning and mental health in-service trainings; targeted services for at-risk students, including individual therapy; and intensive interventions for students with a diagnosable mental health concern, including crisis services and behavioral assessments.
- Continued to disseminate behavioral health services navigation guides for families and young adults and the "Little Green Book," a pocket-sized behavioral health system glossary, in order to improve SOC communication and coordination.
- Completed an analysis of 2017 and 2018 indicators to assess access to Intensive Care Coordination/High-Fidelity Wraparound services; compiled and shared results.
- Completed a survey with DBHDD providers to inform the need for and interest in a seminar about trauma-informed care, and engaged providers about opportunities for internships and supervision.
- Began development of a trauma seminar curriculum for university students through a partnership among five universities in Georgia.

- Developed initial measures and recommended next steps to evaluate the SOC in Georgia, including the pilot of a Local Interagency Planning Team (LIPT) Data Collection Tool to better understand the work of LIPTs across the state.
- Developed and disseminated various materials to promote and build capacity in SOC, including videotaped key stakeholder interviews and a webinar series that focuses on SOC family and youth engagement¹.

In addition to continued work on the SOC State Plan, the IDT also worked on a number of children's behavioral health initiatives in FY 2019. In the area of Attention-Deficit/Hyperactivity Disorder (ADHD) diagnosis and treatment best practices, IDT members finalized and disseminated a survey of behavioral health providers about the provision of evidence-based treatments for children with ADHD. Survey results were shared with IDT and included a summary of the most commonly used evidence-based treatments among respondents and the largest sources of payment for services. The IDT continued to serve as the advisory body for three SAMHSA grants supporting the SOC framework in Georgia: Project AWARE (**Advancing Wellness and Resilience in Education**), Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), and AIME (Access, Integrate, Mobilize, Educate) grants. The IDT's positive and cooperative atmosphere, fostered by the commitment of its members and leadership, has allowed the group to continue to serve as a unique forum for children's behavioral health discussions, learning, and collaboration in the state of Georgia.

Next Steps

The IDT will have a dual focus for its FY 2020 efforts. The group will be implementing the third and final year of the SOC State Plan, which will include managing identified tasks to completion and documenting progress. Additionally, the IDT will be dedicating time at monthly meetings to developing a strategy for the next three-year cycle of the SOC State Plan.

Projects from year two that will continue with implementation in year three will include school-based mental health initiatives, understanding the landscape of telemedicine, dissemination of informational documents (e.g. family navigation guides), and trauma-informed curriculum implementation in higher education settings. Projects for year three also include continuing to pursue solutions for a shared interagency data hub, addressing behavioral health workforce shortages, building and maintaining feedback loops between local, regional and state systems, pursuing collaborative funding initiatives, and finalizing evaluation methods and tools for the SOC State Plan. Additionally, in FY 2020, the Center for Excellence will hire a System of Care state director. This position will continue to move forward the work of the SOC State Plan and support the creation of the next SOC State Plan.

¹ These materials can be found on the COE website: <https://gacoeonline.gsu.edu/soc/lipt/>

Transition Reentry Committee

Committee Co-Chairs:

Terri Timberlake, Ph.D., director of the Office of Adult Mental Health (DBHDD)
Michelle Stanley, deputy director of reentry services in the Field Operations Division (DCS)

Initially convened in May 2013, this committee is charged by the BHCC with developing strategies to address interagency barriers and formulate plans, programs, and recommendations targeting inter-agency collaboration that will better facilitate access to community mental health services and supports for individuals with serious mental illness transitioning from the correctional system into the community.

Workgroup Committee Representation:

Department of Corrections (GDC)
Department of Pardons and Paroles (PAP)
Department of Community Supervision (DCS)
Department of Family & Children's Services (DFCS)
GA Vocational Rehabilitation (GVRA)
Department of Community Affairs (DCA)
Department of Community Health (DHC)
Department of Human Services (DHS)
Department of Behavioral Health and Developmental Disabilities (DBHDD)

Barriers and systemic challenges

The committee identified four primary barriers and systemic challenges faced by state agencies serving this population and returning citizens. These are priorities for the committee:

- a. Stigma: addressing stereotypes and misconceptions about people with histories of behavioral health challenges
- b. Capacity and Access: collaboratively addressing the ability to meet the needs of this population via services and supports
- c. Awareness and Access to Knowledge: increasing opportunities for sharing and disseminating information on appropriate and available services and resources
- d. Housing: collaboratively addressing access and resource planning

Current Year Accomplishments/Learnings

Continued data sharing: 1) total mental health population incarcerated from month to month and 2) total number of persons released from a level 3 or 4 GDC categorization back into the community. During each BHCC Transition Reentry Committee meeting

and Behavioral Health Coordinating Council meeting these statistics are provided specific to the population of people with a level 3 or 4 classification in the GDC system as well as those being released with a mental illness diagnosis. As service needs are being discussed, this allows the committee and council to be continually mindful of the population of focus.

The committee and Council continued to include RESPECT Institute speakers at agency staff meetings and trainings for all partnering agencies. Several partnering state agencies have incorporated a RESPECT Institute speaker into agency meetings, trainings, and orientations to share their personal experience of mental illness or mental illness and criminal history, and their process of recovery. This targets the area of stigma by providing in-vivo examples of recovery.

For the third year in a row, the Department of Community Supervision included the 'Introduction to Behavioral Health; Decreasing Stigma & Improving Interactions between Community Supervision Officers and Individuals Living with Behavioral Health Problems' in mandatory annual training. The Transition Reentry Committee developed this anti-stigma, train-the-trainer curriculum to address the need for increased understanding and awareness of behavioral health challenges for DCS officers.

Partnership with the Council of Accountability Court Judges (CACJ)

As an expansion of the collaboration between law enforcement, the criminal justice system, and DBHDD, our partnership with CACJ continues and involves members of the Transition Reentry Committee who are DBHDD team members, CACJ staff, accountability courts staff, and judges who work together to increase access to treatment for court participants diagnosed with mental health, substance use, and or co-occurring disorders. In addition to increasing access, this work includes education on integrating court liaisons and forensic peer mentors into treatment courts and judicial processes.

BHCCT Employment Sub-Committee

This sub-committee is working to address one of the targets for this population via identification of policies and practices that are barriers to gainful and reliable employment opportunities for individuals with criminal justice involvement and diagnosed with mental health, substance use, or co-occurring disorders. The sub-committee will be working to identify and partner with employers who will champion this effort.

Forensic Peer Mentor Program

The Forensic Peer Mentor (FPM) program is funded by DBHDD and continues as a collaboration involving DBHDD, GDC, DCS, and the Georgia Mental Health Consumer Network (GMHCN). The FPM program initially developed in 2014 as an initiative of the Transition Reentry Committee and was the first forensic peer mentor collaboration in the state. This ground-breaking program involves a curriculum which is used to train certified peer specialists who have lived experience both with mental illness and criminal justice. The first four cohorts to graduate from the program were trained using

a curriculum developed by Pennsylvania FPM Program. Thanks to a grant awarded by the Substance Abuse and Mental Health Services Administration to GMHCN, a revised curriculum was developed and included in the fifth training cohort this past November. Twenty new forensic peer mentors completed the 40-hour training and are now eligible to join the FPM workforce in state prisons, day reporting centers, regional hospitals, and mental health treatment courts.

In 2019, DBHDD funded 19 positions through Georgia Mental Health Consumer Network at the following facilities:

- **State Prisons and Transition Centers (8 positions, 5 filled):** Metro Atlanta Transition Center, Lee Arrendale State Prison (2), Baldwin State Prison, Phillips State Prison and Phillips Transition Center, Rutledge State Prison, Pulaski State Prison;
- **Daily Reporting Centers (9 positions, 6 filled):** Atlanta DRC, Columbus DRC, Gainesville DRC, Griffin DRC, Gwinnett DRC, Morrow DRC, Rome DRC, Athens DRC; and
- **State Regional Hospitals (2 positions, 1 filled):** Georgia Regional Hospital-Atlanta, Central State Hospital.

DBHDD also funded, through special grants, five forensic peer mentor positions assigned to work exclusively with Mental Health Courts (MHC) and employed by Community Service Boards (5 positions, 3 filled), Cobb CSB-Cobb MHC, Avita CSB-Hall/Dawson MHC, Highland Rivers CSB-Fannin/Gilmer/Pickens MHC, and added in 2019, River Edge CSB-Bibb MHC and McIntosh Trail CSB-Spalding MHC.

In 2019, across all prisons, day reporting centers and state forensic units, a total of 715 individuals with behavioral health needs were served by the Forensic Peer Mentor program. At each of the sites, FPMs participate in discharge planning and or transition planning sessions with returning citizens whom they support. A total of 17,426 such sessions were facilitated in 2019. FPMs provide support to individuals as they transition from prison or hospital forensic unit or day reporting center, back into the community. Outcomes for participants are tracked for as long as they remain engaged with the FPM post release. In 2019, there were 11 returning citizens who were released and had been participants in the FPM program. These returning citizens were tracked post-release from a correctional facility, of that 36% obtained employment, 45% obtained housing, 100% participated in community behavioral health services. Combining the 183 criminal justice-involved participants served in the MHCs, with the 715 served in prisons, DRCs and state forensic hospitals, 898 people received FPM services and of these, there were two re-arrests, or .003%, with zero reconvictions, and zero probation or parole revocations, or .003%, and zero inpatient readmissions to psychiatric facilities. This program continues to be a great success, expansion of FPMs into additional facilities has been requested and we hope to receive additional funding in order to support program growth.

Prison to purpose video project

The “From Prison to Purpose” video was completed and released in July 2018. This was an outcome of the collaboration between DBHDD, DCS, and GDC and the result of the Transition Reentry Committee’s focus on strategies to extend messaging about the Forensic Peer Mentor Program throughout the state and beyond. The video features instrumental stakeholders (a prison warden, state agency leadership, returning citizens and FPMs) responsible for the program’s inception, development, and growth and is proudly posted on multiple partnering agency websites. “From Prison to Purpose” serves to highlight the integral role of the Forensic Peer Mentor Program in interrupting the cycle of recidivism among Georgia’s returning citizens who have mental health and substance use disorders and for whom transition back into the community can be extremely challenging. This video continues to be shared by our partnering agencies and used as inspiration in presentations to stakeholders and returning citizens.

4th Annual Respect in Recovery 5k

The 4th Annual Respect in Recovery 5k Race/Walk took place Friday, October 11, 2019, in the City of Atlanta’s Grant Park. Approximately 186 staff, providers, partners, and advocates came together walked, ran, fellowshiped, and listened to speakers sharing impactful messages of recovery. The event included messages affirming our collaboration from partnering state agency leadership of Georgia’s Department of Corrections (GDC), Department of Community Supervision (DCS), State Board of Pardons and Parole (PAP), and the Department of Behavioral Health and Developmental Disabilities (DBHDD). In addition to speakers, the featured an artist’s gallery for peers and people in recovery to display their works of art. The Annual Respect in Recovery Race successfully highlighted the collaborative work of DBHDD, GDC, DCS, and PAP along with other state and local agencies in support of individuals with behavioral health needs who are transitioning from Georgia’s correctional system back into the community. There are approximately 10,000 people (20 percent of the total GDC population) with behavioral health needs who will be released back into the community at some point. Our state agencies partner to ensure that services and supports are accessible to this population and that they have opportunities to live lives of recovery and independence.

Family Reunification Project

A sub-committee of the Transition Reentry Committee has been working with a consultant from the National Incarceration Association to develop the Family Reunification Project. The goals of the Family Reunification Project are to:

1. Assist returning citizens in strengthening positive communication and relationship outcomes with their family/support network members, as well as identifying and managing familial/relational stressors that may hinder successful transition into the community;
2. Increase access to comprehensive community providers and other stakeholders and develop a continuum of service delivery from prison to the community; and

3. Evaluate the impact of designed intervention on recidivism rates and recovery outcomes for returning citizens.

This program is the result of responses obtained from returning citizens who had previously recidivated and who identified the need for stronger, more supportive family relationships as something that would have been beneficial in preventing their subsequent recidivism. This new program will be an expansion of our DBHDD, GDC, DCS collaboration and programming to support returning citizens. Program implementation will involve returning citizens who have a behavioral health categorization and up to two of their natural supports, with program facilitation by a forensic peer and certified peer specialist-parent. Outcomes include convening focus groups that include returning citizens and forensic peers; developing a 12-module training curriculum; identifying the pilot location (Metropolitan State Reentry Facility); and joint planning with facility staff.

The work group has completed its goals and the curriculum is in the last stages of formatting into DBHDD standards for use with completion estimated for Spring 2020. Proposals are being considered for attainment of staff to facilitate the program in the community, and an implementation start date of July 1, 2020, is contingent on funding.

2019 Training provided by BHCC Transition Reentry Committee members

January 16: Presented Family Reunification Program curriculum training to staff at Metro Transition Center

January 17: Crisis Intervention Team (CIT) Advisory Council; FPM and Family Reunification, Education, and Empowerment programs presented

March 26: Presented Adult Mental Health Services at CIT Community Training for Hall/Dawson County accountability court staffs

April 29: Forensic Peer Mentor Training—Role of FPM in Judicial services (treatment courts, day reporting centers, prisons, regional hospitals)

May 19-23: Peerpocalypse (Salem, Oregon)—Integrating Forensic Peer Mentors into Treatment Courts and Judicial Processes

July 22: Child Abuse and Neglect Institute (MD-CANI) Meeting—presented on Available Adult Services for Parents involved with the Division of Family and Children Services

September 15-18: Council of Accountability Court Judges Mental Health Court Tune-up training—Integrating Forensic Peer Mentors into Treatment Courts and Judicial Processes

November 18-22: Forensic Peer Mentor Training on Adult Mental Health community services

OUTCOMES AND RECOMMENDATIONS

Interagency Collaboration

Communication continues to be a key component to reducing state bureaucracy that can lead to silos of program policy and practice. The work of state agencies can be strengthened by recognizing methods and solutions that address inadequacies, gaps, challenges and efficiency in Georgia's health and human service delivery systems.

The Behavioral Health Coordinating Council has greatly improved interagency communication and relations. Congruity and shared interests have been created and identified through open discussions and dialogue between state agency heads and community stakeholders.

The Council will continue to work on these issues through ad-hoc groups comprised of key staff from the various agencies and represented on the Council. Continued priorities in 2020 include: education and training; developing and promoting programs, services, and supports; shared health information across state agencies to work toward a common goal; and further enhancing relations and interagency partnerships.

The BHCC continues to explore barriers to accessing services, as well as infrastructure, staffing, service, housing, and educational resources for diverting and transitioning individuals with behavioral and developmental issues under the jurisdiction or care of the departments of Corrections, Juvenile Justice, Behavioral Health and Developmental Disabilities (forensic services), and the State Board of Pardons and Paroles.

The Council supports a robust discussion of the multiple barriers inhibiting individuals' transitions from the corrections and justice systems into appropriate community behavioral health services along with access to essential supports.

2019 BHCC MEETING SCHEDULE

The Behavioral Health Coordinating Council meetings are held at the Department of Behavioral Health and Developmental Disabilities (2 Peachtree St, NW, Atlanta, Georgia 30303) in the 24th floor board room. All meetings begin at 10:00 a.m., unless otherwise noted. The 2019 meeting dates were:

February 14, 2019
May 15, 2019
August 14, 2019
November 13, 2019

CONTACTS

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Appendix A

Acronyms

ADHD	Attention Deficit Hyperactivity Disorder
ADRC	Aging and Disability Resource Connection
BHCC	Behavioral Health Coordinating Council
CASIG	Child and Adolescent State Infrastructure Grant
CHINS	Children in Need of Services
CHIPRA	Children’s Health Insurance Program Reauthorization Act
COE	Center of Excellence
CSB	Community Service Board
DBHDD	Department of Behavioral Health and Developmental Disabilities
DCA	Department of Community Affairs
DCH	Department of Corrections
DFCS	Division of Family and Children Services (DHS)
DCS	Department of Community Supervision
DHS	Department of Human Services
DJJ	Department of Juvenile Justice
DOC	Department of Corrections
DOE	Department of Education
DOL	Department of Labor
DPH	Department of Public Health
GPSN	Georgia Parent Support Network
GPSTC	Georgia Public Safety Training Center
GSU	Georgia State University
IDT	Interagency Directors Team
NAMI	National Alliance on Mental Illness
PAP	State Board of Pardons and Parole
POST	Peace Officer Standards and Training
RPH	Re-entry Partnership Housing
SNAP	Supplemental Nutrition Assistance Program
SOAR	SSI/SSDI Outreach, Access, and Recovery
SOC	System of Care Academy
SSDI	Social Security Disability Income
SSI	Social Security Income
TAP	Technical Assistance to Providers