

Behavioral Health Coordinating Council

Georgia
Department of
Behavioral Health
& Developmental
Disabilities



2020 BHCC Annual Report

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

Behavioral Health Coordinating Council 2020 Annual Report

BACKGROUND

In 2009, the 150th Georgia General Assembly convened its first session and reorganized Georgia's health and human services agencies and 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 composed 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 Timothy Ward, *Department of Corrections*

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

Commissioner Tyrone Oliver, *Department of Juvenile Justice*

Commissioner Mark Butler, *Department of Labor*

Commissioner Kathleen Toomey, M.D, *Department of Public Health*

Chairman Terry Barnard, *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*

Commissioners from various agencies, 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

Jacquice Stone

Office of Disability Services Ombudsman

COUNCIL MEETINGS

In 2020, council meetings were scheduled, open to the public, and 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

Georgia's Interagency Directors Team's (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 \(BHCC\)](#); currently there are over 30 representatives from state agencies and community-based organizations that serve children with behavioral health needs in Georgia.

The IDT and SOC state plan are structured for the State of Georgia fiscal year. This BHCC 2020 report will provide the specific details about the work and accomplishments of the IDT and SOC plan from July 1, 2019 to June 30, 2020.

IDT Chairperson:

Danté McKay, Director of the Office of Children, Young Adults, and Families, DBHDDD

Vice Chair:

Rebecca Blanton, School Climate Transformation Grant Manager at the Georgia, DOE

Members:

State Agencies:

- Georgia Department of Behavioral Health and Developmental Disabilities
- Georgia Department of Community Health
- Georgia Department of Early Care and Learning
- Georgia Department of Education
- Georgia Department of Human Services Division of Family and Children Services
- Georgia Department of Juvenile Justice
- Georgia Department of Public Health
- Georgia Vocational Rehabilitation Agency

Consulting Member:

- Centers for Disease Control and Prevention

Partner Organizations:

- Amerigroup Community Care
- CareSource
- The Carter Center
- Center of Excellence for Children’s Behavioral Health, Georgia State University
- Center for Leadership in Disability, Georgia State University
- Children’s Healthcare of Atlanta
- Georgia Alliance of Therapeutic Services for Children and Families
- Georgia Chapter of the American Academy of Pediatrics
- Georgia Appleseed
- Georgia Association of Community Service Boards
- Georgia Early Education Alliance for Ready Students (GEEARS)
- Georgia Parent Support Network
- Get Georgia Reading
- Mental Health America, Georgia
- National Alliance on Mental Illness (NAMI), Georgia
- Peach State
- Resilient Georgia
- Together Georgia
- United Way of Greater Atlanta

- View Point Health CME
- Voices for Georgia's Children
- WellCare
- WinGeorgia CME

The workgroup was initially developed through local SOC development and funding; over the years, the team has worked collaboratively toward improving the lives of Georgia's children and families who are affected by behavioral health challenges. Although FY2020 was met with unforeseen circumstances with the COVID-19 pandemic, the IDT was able to persevere and continue its efforts to bring together agency leaders, community stakeholders, and family partners in strategic plan development, policy education and awareness, and grant oversight for children's behavioral health. The group works collaboratively to address children's behavioral health needs through monthly meetings, workgroup development, and sharing of resources and information. 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 is a working group of the BHCC. The BHCC provides high-level support to IDT initiatives. In SFY 2020, Danté McKay, Director of the Office of Children, Young Adults, and Families at the Department of Behavioral Health and Developmental Disabilities, continued to serve as the IDT chairperson with Rebecca Blanton, School Climate Transformation Grant Manager at the Georgia Department of Education, serving as the vice-chair. The chair leadership role will transition to Rebecca Blanton at the end of FY 2021. In FY20, the IDT created the SOC Director position to provide more leadership and guidance for state plan implementation, outward facing representation of IDT, and fiscal responsibility and maintenance of the team. Renee Johnson was hired as the SOC Director in November 2019 and, in addition to the regular director responsibilities, will fulfill the future IDT chair duties and responsibilities. The IDT operating guidelines were updated to reflect the change in leadership structure. In one of her first acts as Director, Renee Johnson spearheaded the development of the new SOC state plan that will guide the next three years of children's behavioral health service planning and implementation in Georgia. Active participation of all IDT members has been vital to its success and the team continues to identify state and community partners who will contribute to its ongoing success. The Center of Excellence for Children's Behavioral Health (COE), housed at Georgia State University's Georgia Health Policy Center, continues to support the IDT through administration, communications, project management, research and evaluation, and partnership.

SFY2020 Strategic Plan Work

During the SFY20 period, the IDT continued to serve as an advisory board to the Project LAUNCH, Project AWARE, and AIME grant funded projects. Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) was a collaborative, early intervention project through the Department of Public Health (DPH) and DBHDD for youth ages 0-8 in Muscogee County. The Department of Education (DOE) was awarded SAMHSA funding for Project AWARE (Advancing Wellness and Resilience in Education) to increase mental health awareness in schools, provide Youth Mental Health First Aid training, and connect youth to behavioral health services. Through the SAMHSA funded Access, Integrate, Mobilize, Educate (AIME) project, two Youth M.O.V.E. (Motivating Others through Voices of Experience) Chapters and three Federation of Families for Children's Mental Health Chapters were started in southeast and southwest Georgia. AIME is a three-year System of Care expansion project focused in the southeast and southwest region of Georgia. The grant also supported increased community mental health training, developed a social marketing campaign to decrease stigma around mental health, and piloted the implementation of Certified Peer Specialist-Youth (CPS-Y) and Certified Peer Specialist-Parent (CPS-P) inclusion to support increased peer support utilization and support in the local SOC.

Project LAUNCH was an early intervention developed to ensure the social, emotional, and behavioral health of children ages 0-8 through increased screening, assessment and referral to appropriate services. Although Project LAUNCH ended in August 2019, many of the lessons learned were integrated into and sustained through the Help Me Grow Georgia campaign. Help Me Grow (888-HLP-GROW) is a free, confidential access line for healthcare referrals serving children ages 0-8 and their families. Referrals for developmental screening, childcare, early learning, and behavioral services are coordinated with local child-serving agencies.

In September 2019, the Department of Education's (DOE) five-year initiative, Project AWARE, came to an end. During the grant period, nearly 6,100 professionals in Muscogee County, Newton County and Griffin-Spalding Schools received Youth Mental Health First Aid (YMHFA) training. Sustainable outcomes from the Project AWARE grant include:

- Adoption and implementation of Sources of Strength, a youth suicide prevention training, in schools.
- Increase of \$1 million in funding for YMHFA training approved by the Georgia General Assembly.
- Continuation of Suicide Prevention training; over 2,000 individuals have been trained since 2014.
- Continued training offered to educators by, DOE's Office of School Safety and Climate for children's behavioral, social, emotional, and mental health skills building.

New partners/ongoing initiatives

The IDT continued opening meetings with guest speakers with lived experience. These powerful stories of youth and/or parent challenges and triumphs with behavioral health and substance misuse challenges helped to center the work and set the atmosphere for planning and discussions for children and families. Family and Youth Voice discussion was a bimonthly addition to the meeting agenda, creating a dedicated time for team members to brainstorm ways to ensure a family-focused and child-centered perspective in SOC development. The team has discussed methods to capture the conversation, such as storyboarding, so that it can be incorporated into the work plan.

In August 2019, Georgia Early Education Alliance for Ready Students (GEEARS) and Resilient Georgia were added as new partner agencies to IDT. VOICES for Georgia's Children and GEEARS, a nonprofit organization focusing on early childhood policy and research, worked closely with the IDT to develop briefs and reports analyzing children's behavioral health and related issues. Resilient Georgia is a nonprofit organization working to develop public-private partnerships to promote existing child focused initiatives, address gaps, and build resiliency for young adults. The addition of Resilient Georgia and GEEARS to IDT helped to support and expand ongoing children's behavioral health improvement efforts across the state.

The SOC webpage has become an important tool in expanding the knowledge and awareness of IDT, Local Interagency Planning Teams (LIPTs), and SOC in Georgia. By way of funding through the AIME grant, plans have started for the development of a Georgia SOC website that will house information related to SOC infrastructure inclusion from all child-serving agencies. The site will be an interactive, user-friendly site that will directly connect individuals to SOC in their community and help them to access available services and resources. The IDT newsletter is also a great resource for partners and community stakeholders to stay abreast of ongoing children's behavioral health projects, ways to be engaged in SOC, and services and resources for communities. During the pandemic, the IDT has continued to meet virtually and use the space to share agency updates, present on important changes in the child serving systems including Medicaid waivers, statewide school policy changes, parent and youth peer support, and telemedicine, and provide an opportunity for partners to collaborate in real time.

SOC State Plan

The Georgia System of Care State Plan for children's behavioral health continued to be a focus of the IDT in SFY2020. For implementation of the plan, there were eight active workgroups that met throughout the year to carry out the plan objectives. By way of funding support from DBHDD, COE staff continued to provide backbone assistance to the plan implementation by helping coordinate workgroup meetings, conducting background research, and contributing their subject matter expertise to agencies. In addition to wrapping up the final year of the plan, the team began planning and development of the next state plan. The IDT was successful in execution of objectives in the plan's final year, which resulted in the following accomplishments:

- There was ongoing technical assistance and support provided to LIPTs. Trauma informed systems training and a three-part webinar series centering on SOC in Georgia were conducted for LIPT chairs and co-chairs across the state. To increase awareness of LIPT processes across partner agencies, the DFCS-LIPT Trainings were developed and five, one-hour, web-based and/or in-person sessions were offered to over 200 DFCS and DJJ staff, hospital staff, prevention providers, caregivers and childcare providers.
- Through the evaluation workgroup, the LIPT data collection tool was piloted in the AIME catchment areas of Southeast and Southwest Georgia (DBHDD regions 4 and 5). All Community Service Board partners participated in implementation training for the tool. The pilot kicked off in January 2020 but was postponed in February 2020 due to COVID-19. The team has continued researching the best platforms and features for the tool and has plans for relaunching the pilot in SFY22. The team facilitated the Wilder Collaboration Factors Inventory, or Wilder Survey, and piloted the Social Network Analysis (SNA) with IDT members to assess overall satisfaction with the work of the collaborative and the degree of connectedness among the agencies. The Wilder Survey is a tool used to collaboration based on 22 success factors while SNA is a mapping technology tool that measures relationships and flows between people and groups. Results showed a highly collaborative network, and overall satisfaction with the work of the group, noting a few areas for improvement, including the current level of collaboration from cooperation to coordination during the next fiscal year.
- The Trauma Seminar implementation was completed at five pilot university sites: Georgia State University, Kennesaw State University, University of Georgia, Albany State University, and Clark Atlanta University. Over 300 Master of Social Work (MSW) students completed the three-hour seminar in trauma awareness.
- There is ongoing dissemination of behavioral health tools and resources, including the Apex School Based Mental Health briefs, national and state policy briefs on telemedicine and telehealth, SOC pocket guide, behavioral health guides for youth and families, and behavioral health access posters. These materials can be found on the COE website: <https://gacoeonline.gsu.edu/soc/>

Toward the end of the fiscal year, the team worked to develop the implementation plan for the second iteration of the three-year state plan with the focus on improving strategies for children’s behavioral health across the state. The team continued with the five focus areas of the state plan: Access, Coordination, Workforce Development, Funding and Finance, and Evaluation. The plan development centered around reviewing carryover items from the previous plan, conducting a series of stakeholder interviews with key leadership from state and community partner agencies and facilitated workgroups. Key themes were pulled from these discussions that helped to finalize the objectives and goals for the new plan. The SOC State Plan 2.0 is arranged to support the full-service continuum from Prevention/Early Screening and Intervention to Late Intervention and those Spanning the Full Continuum. New workgroups will

include infant and early childhood mental health (IECMH), peer support and lived experience, cultural and linguistic competence, and marketing/communications.

Moving Forward

The IDT has made great strides in children's behavioral health for the state of Georgia through partnering with state agencies and organizations and actively including and following the lead of families in planning and development. In addition, the IDT will simultaneously streamline its membership and continue to identify new agencies to partner with to carry out its collective work.

Despite the ongoing uncertainty of COVID-19, the IDT has remained focused on the service availability for children and families. The IDT partners have developed resource pages on their agency websites to provide information to community members around COVID-19. These supports include resiliency for children and families, behavioral health services and provisions, and access to community resources such as COVID-19 testing, food security, and other supplies. With so many meetings moving to virtual platforms, the IDT has transitioned to monthly virtual meetings and continues to use email as a primary means of communication. In addition, the COE SOC team has invested in additional web-based resources to support the state plan workgroups as they facilitate implementation planning meetings, develop materials, and securely store information about children's behavioral health services.

The IDT has been charged with brainstorming how they can best use their resources and influence during the pandemic to help vulnerable populations. The team has discussed securing funding to support the COVID-19 response in addition to identifying innovative ways to reach children in need and their families. The implementation of the new SOC state plan will continue the efforts of the previous plan while also framing new efforts in the care continuum context, beginning with early childhood intervention and safeguarding Georgia's children.

Transition Re-Entry Committee

Committee Co-Chairpersons:

- Terri Timberlake, Ph.D., Director, Office of Adult Mental Health, DBHDD
- Michelle Stanley, Deputy Director, Reentry Services, 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 or 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.

State Agency Committee Representation:

- Department of Corrections (GDC)
- Department of Community Supervision (DCS)
- Division of Family & Children Services (DFCS)
- Georgia Vocational Rehabilitation Agency (GVRA)
- Department of Community Affairs (DCA)
- Department of Community Health (DCH)
- Department of Human Services (DHS)
- Department of Behavioral Health & Developmental Disabilities (DBHDD)

Areas of focus: barriers and systemic challenges

As part of the initial organizing, this committee identified four primary barriers and systemic challenges that are faced by state agencies serving this population and returning citizens as priority areas of focus for the committee:

- a. Stigma- addressing stereotypes and misconceptions about persons 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

- The continuation of data sharing with the Department of Corrections. Examples of data sharing were 1)Georgia Department of Corrections (GDC) population with a mental health classification incarcerated on a monthly basis and, 2)the total number of persons released from GDC categorized on levels 2, 3 or 4 with a mental health diagnosis returned back to their respective communities. These statistics were provided at the BHCC and Transition Re-entry Committee meetings. As service needs are being discussed, this allows the committee and council to be continually mindful of the population of focus.
- The continued inclusion of Respect Institute speakers at agency staff meetings, orientations, 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 exposure to persons who are actual examples of recovery. Multiple DCS and GDC partners have included Respect Institute speakers into their agency staff meetings/trainings.

Training continues to be provided via inclusion of the curriculum; *‘Introduction to Behavioral Health; Decreasing Stigma & Improving Interactions between*

Community Supervision Officers and Individuals Living with Behavioral Health Problems' into the DCS in-service annual training. The BHCC transition re-entry committee developed this anti-stigma train-the-trainer curriculum to address the need for increased understanding and awareness of behavioral health challenges for Department of Community Supervision officers. This curriculum is in its fourth year of inclusion as part of the annual mandatory in-service for officers statewide.

- The Committee developed a partnership with the Council of Accountability Court Judges (CACJ). As an expansion of the collaboration between the criminal justice system and DBHDD, our partnership with CACJ continues and involves members of the transition re-entry committee who are DBHDD team members, CACJ staff, accountability courts, and Judges who work together to increase access to behavioral health treatment for accountability court participants diagnosed with mental health, substance use, and or co-occurring disorders. In addition to increasing behavioral health service access, this work includes provision of education and presentations on Integrating Court Liaisons and Forensic Peer Mentors into Treatment Courts and Judicial Processes. Dates have been set in early 2021 for the DBHDD Liaison to offer 2 trainings on development of accountability court alumni groups in existing accountability courts and this material will also be presented at the annual CACJ Training in Fall 2021.

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 present as barriers to gainful and reliable employment opportunities for individuals with criminal justice involvement and diagnosed with Mental Health, Substance Use, or Co-occurring Disorders. This sub-committee works to identify and partner with employers across the state who will champion this effort. The committee has representation from state agencies, City of Atlanta, and Non-Profit agencies.

BHCCT Re-Entry employment subcommittee hosted their first Town Hall meeting on December 1, 2020. The town hall "Informational Expo and Forum" was attended by DBHDD behavioral health providers throughout Georgia and stakeholders from GA Dept. of Community Supervision. The Town Hall meeting focused on sharing resources available to returning citizens and others in need of services and supports within the community geared towards vocational activity, training, and employment. The panel of experts included representation from DBHDD, GA Dept. of Labor, GA Dept. of Vocational Rehabilitation, US States Attorney's Office, GA Dept. of Community Supervision, Worksource Atlanta (City of Atlanta), GA Dept. of Technical Colleges and the Urban League of Greater Atlanta. Following the meeting attended by approximately 70 participants, the information and resources identified during the meeting were also distributed via email.

Forensic Peer Mentor Program (FMP)

The FPM program is funded by DBHDD and continues as a collaboration involving DBHDD, Georgia Department of Corrections (GDC), Georgia Department of Community Supervision (DCS) and the Georgia Mental Health Consumer Network (GMHCN). The FPM program initially developed in 2014 as an initiative of the transition re-entry committee, this was the first forensic peer mentor collaboration in the state. The groundbreaking program involves a curriculum which is used to train certified peer specialists who have a history of lived experience with mental illness, with or without co-occurring addictive disease, and a history of involvement in the criminal justice system. The first 4 cohorts to graduate from the program were trained using a curriculum developed by Pennsylvania FPM Program. Thanks to a SAMHSA grant awarded to GMHCN, a revised training curriculum was developed and implemented in late 2018. This 40-hour training graduated 36 new Forensic Peer Mentors in 2020, who are now eligible to join the FPM workforce.

In 2020, DBHDD funded 10 FPM positions through Georgia Mental Health Consumer Network at the following facilities:

State Prisons and Transition Centers: (5 positions) Metro Atlanta Reentry Center, Lee Arrendale State Prison (2), Phillips State Prison and Phillips Transition Center, Rutledge State Prison

Daily Reporting Centers: (DRC), (5 positions) Atlanta DRC, Gainesville DRC, Griffin DRC, Morrow DRC, Athens DRC

State Regional Hospitals: Due to existing FPM staffed through DBHDD at regional hospitals, the FPM staffed by GMHCN has been reallocated to a prison position where need is more prevalent.

Mental Health Courts

DBHDD funded, through special grants, 5 Forensic Peer Mentor positions assigned to work exclusively with Mental Health Courts (MHC) and employed by Community Service Boards (CSB), Cobb CSB-Cobb MHC, Avita CSB-Hall/Dawson MHCs, Highland Rivers CSB-Fannin/Gilmer/Pickens MHCs, River Edge CSB-Bibb MHC and McIntosh Trail CSB-Spalding MHC.

In 2020, across all prisons, day reporting centers, mental health courts and state hospital forensic units a total of 573 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 13,138 such sessions were facilitated in 2020, even with limitations of the pandemic. FPMs provide support to individuals as they transition from prison or hospital forensic unit, back into the community and while enrolled in DRC programs and mental health courts. Returning citizens are tracked for as long as they remain engaged with the FPM. In 2020, the outcomes continue to be impressive as shown in the following table.

Forensic Peer Mentor Program Outcomes

Jan 1, 2020 - Nov 30, 2020	Prisons	DRCs	Hospitals	MH Courts	Totals
# Served in Facilities	127		9		136
# Served in Community	30	224	8	175	437
Total served by FPMs					573
Planning and Transition Sessions	4734	4568	402	3434	13,138
Employed	23/77%	223/99.6%	8/100%	93%	
Housed	25/83%	199/89%	8/100%	100%	
Participating in Community MH Services	24/96%	137/61%	8/100%	100%	
Readmissions to Inpatient	3	4	1	9	17
Re-Arrests	0	4	0	7	11
Re-Convictions	0	0	0		0
Probation/Parole Revocations	0	3	1		4

This program continues to be a great success and expansion of FPMs into additional facilities has been requested, we are exploring options for obtaining additional funding to support program growth.

Family Reunification, Education, and Empowerment (FREE) Program

A sub-committee of the transition re-entry committee along with a consultant from the National Incarceration Association have been working collaboratively to develop this program. Outcomes include convening focus groups with returning citizens and forensic peers, development of a training process and curriculum, and identification of the pilot locations. 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. 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.

The goals of the Family Reunification Program are: (1) to assist Returning Citizens in strengthening positive communication and relationship outcomes with their family/support network members, as well as identify and manage familial/relational stressors that may hinder successful transition into the community; (2) to increase access to comprehensive community providers and other stakeholders and develop a continuum of service delivery from prison to the community; and (3) to evaluate the impact of

designed intervention on recidivism rates and recovery outcomes for Returning Citizens. This new program will be an expansion of our DBHDD, GDC, DCS collaboration and programming to support returning citizens.

The 14-week Curriculum, Family Session Guides, and staff training modules have been completed and are ready to be implemented. The COVID-19 pandemic delayed progress, the pilot location of Metro Atlanta Reentry Center is confirmed, and program initiation is underway. A 2nd pilot location at Central State Prison awaits confirmation. A contract was initiated on July 1, 2020 with iHOPE, Inc. to hire and supervise Central State FPM and CPS-P to deliver tandem services in the community to families of participating returning citizens.

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 BHCC transition-re-entry committee’s focus on strategies to extend messaging about the forensic peer mentor program throughout the state and beyond. The video features instrumental stakeholders (GDC 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 amongst 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 and incorporated into training events.

Training provided by BHCC Transition Reentry Committee members

January 4 - Presented AMH services at DBHDD/DCS/GDC Cross-training

March 17 - Presented Forensic Peer Mentor Project and AMH Services at FPM Training

May 17 - Presented Forensic Peer Mentor Project at ACT/CST Coalition Meeting

Jun 2 - Presented Forensic Peer Mentor Project at Metro Atlanta Reentry Coalition (MARC) Meeting

August 12 - Presented Forensic Peer Mentor Project at Supported Employment Coalition Meeting

October 1 - Presented AMH services at 2nd DBHDD/DCS/GDC Cross-training

October 13 - Conducted 1st Mental Health Court coalition meeting

October 28, 29, 30 - Sequential Intercept Model (SIM) Training for Rockdale County

December 1 - Conducted the Informational Expo and Forum: collaboration of agencies focused on sharing resources available to returning citizens

December 9 - Presented Adult Mental Health community services at Mental Health Specialized Training for peace officers

OUTCOMES AND RECOMMENDATIONS

Interagency Collaboration

Communication continues to be a key component to breaking through 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.

2020 BHCC MEETING SCHEDULE

The Behavioral Health Coordinating Council meetings were 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 began at 10:00 a.m., unless otherwise noted. The 2020 meeting dates were:

February 12, 2020

May 13, 2020

August 12, 2020

November 18, 2020

CONTACTS

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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