<table>
<thead>
<tr>
<th>Agenda</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBHDD State Hospitals and Crisis System</td>
</tr>
<tr>
<td>Behavioral Health Services</td>
</tr>
<tr>
<td>Addictive Diseases</td>
</tr>
<tr>
<td>Children, Young Adults, and Families</td>
</tr>
<tr>
<td>Psychiatric Treatment</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Full array of therapeutic modalities</td>
</tr>
<tr>
<td>• Nursing Care</td>
</tr>
<tr>
<td>• Psychosocial Rehabilitation</td>
</tr>
<tr>
<td>• Occupational Therapy</td>
</tr>
<tr>
<td>• Physical Therapy</td>
</tr>
<tr>
<td>• Speech Therapy</td>
</tr>
<tr>
<td>• Activity Therapy</td>
</tr>
<tr>
<td>• Music Therapy</td>
</tr>
</tbody>
</table>
DBHDD Hospital Bed Capacity

- Adult Mental Health (313 beds) - 13%
- Forensic (641 beds) - 58%
- Intellectual and Developmental Disabilities (ICF/SNF) (145 beds) - 29%

Total Bed Capacity: 1,099

As of December 12, 2019
### DBHDD Inpatient Bed Capacity

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Adult Mental Health</th>
<th>Forensic</th>
<th>I/DD</th>
<th>Nursing Home</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRHA - Atlanta</td>
<td>114</td>
<td>124</td>
<td></td>
<td>23</td>
<td>261</td>
</tr>
<tr>
<td>WCGRH - Columbus</td>
<td>40</td>
<td>154</td>
<td></td>
<td></td>
<td>194</td>
</tr>
<tr>
<td>CSH - Milledgeville</td>
<td>90</td>
<td>71</td>
<td>97</td>
<td>25</td>
<td>182</td>
</tr>
<tr>
<td>ECRH - Augusta</td>
<td>69</td>
<td>110</td>
<td></td>
<td></td>
<td>179</td>
</tr>
<tr>
<td>GRHS - Savannah</td>
<td>14</td>
<td>57</td>
<td>27</td>
<td></td>
<td>175</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>313</strong></td>
<td><strong>641</strong></td>
<td><strong>97</strong></td>
<td><strong>48</strong></td>
<td><strong>1,099</strong></td>
</tr>
</tbody>
</table>
Adult Mental Health Services – FY 2019

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Discharges</th>
<th>Median Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRH-Atlanta</td>
<td>811</td>
<td>21</td>
</tr>
<tr>
<td>West Central</td>
<td>55*</td>
<td>112*</td>
</tr>
<tr>
<td>East Central</td>
<td>664</td>
<td>14</td>
</tr>
<tr>
<td>GRH-Savannah</td>
<td>655</td>
<td>10</td>
</tr>
</tbody>
</table>

*West Central primarily serves people with chronic inpatient needs.
30-Day Readmit Rate (AMH not Court Controlled)

DBHDD Hospital System 30 Day Readmission Rate

FY 2008: 14.3%
FY 2009: 13.4%
FY 2010: 11.0%
FY 2011: 9.0%
FY 2012: 7.7%
FY 2013: 8.5%
FY 2014: 7.4%
FY 2015: 6.6%
FY 2016: 5.3%
FY 2017: 4.3%
FY 2018: 4.10%
FY 2019: 4.2%
Top Ten Residence at Discharge

DBHDD Hospitals Residence at Discharge (%)
Jul 1, 2017 - Sep 30, 2019

- FAMILY HOME - WITH RELATIVES
- JAIL
- HOME - WITHOUT RELATIVES
- LICENSED PERSONAL CARE HOME
- TRANSITIONAL RESIDENTIAL HOUSE (NON STATE)
- GROUP HOME
- CRISIS APARTMENT (AMH ONLY)
- RESIDENTIAL TREATMENT PROGRAM
- SHELTER
- SUBSTANCE ABUSE RESIDENTIAL
Forensic Services

Forensic Evaluation and Expert Testimony

- Focus
  - Competency to stand trial
  - Criminal responsibility

- Customer: The Court

- 98% outpatient (mostly in the jail)

Juvenile Forensic Services

- Outpatient Evaluations
  - Behavioral Health
  - Competency

- Outpatient restoration
Forensic Services

### Competency Restoration

- Inpatient at state hospital
  - Average length of stay: 120 days
  - Note: SB 440 youth - 14-bed contracted facility
- Outpatient (if non-violent felony)
- Jail

### Inpatient Treatment for Forensic Civil Commitment

- Individuals Adjudicated:
  - Incompetent and cannot be restored
  - NGRI (Not Guilty by Reason of Insanity)
- Average length of stay: 7 years
- Long-term recovery-oriented services
- Risk assessment
State Hospital Forensic Bed Use

641 beds on dedicated units across 5 state hospitals

State Hospital Bed Utilization

- Pretrial Evaluations: 2%
- Competency Restoration: 45%
- Civilly Committed Forensic Patients: 53%

As of March 1, 2019
## Community Forensic Services

<table>
<thead>
<tr>
<th>Forensic Community Coordinators</th>
<th>Community Integration Homes</th>
<th>Forensic Apartments</th>
</tr>
</thead>
</table>
| • Community monitoring of forensic individuals discharged with a court order for continued oversight | • Group residences for forensic individuals who need a high level of supervision  
  • 24/7 on-site DBHDD staff  
  • 11 homes statewide with a total 61-bed capacity  
  • 2020: adding 2 homes (total of 73 beds) | • Step-down residential service for individuals discharging from a community integration home (or state hospital)  
  • CSB (community service board) operated – under a contract with DBHDD  
  • 4 locations with a total 60-bed capacity |
| • Outpatient competency restoration |                           |                     |
| • 25 coordinator positions statewide |                           |                     |
Workforce Concerns

Dentistry
22% Vacancy Rate
Our aging workforce will be very difficult to replace.

Physicians and Extenders
34% Vacancy Rate

Nursing (RM/LPN)
31% Vacancy Rate

Social Work
14% Vacancy Rate

Psychology
20% Vacancy Rate

Existing vacancies are mitigated through the use of agency staff and overtime.
Clinical Training Collaborations

- Emory Department of Psychiatry
- Morehouse School of Medicine
- Mercer University
- Augusta University
- Nursing Schools (multiple schools/universities)
- Psychology Intern (various universities)
- Dental Hygiene Students
- Gateway Psychiatric Residency Program
Behavioral Health Services: Crisis and Non-Crisis Overview

Monica Johnson, MA, LPC
Director
Division of Behavioral Health
Behavioral Health Crisis Services
Behavioral Health Crisis Continuum

Crisis Response
- Georgia Crisis & Access Line (GCAL)
- Mobile Crisis Response Dispatch
- GCAL Text to Chat Line
- Crisis Bed Management System

Behavioral Health Crisis Center (BHCC)
- Crisis Services Center (BH Urgent Care Walk-in Clinic)
- Temporary Observation
- Crisis Stabilization Beds

Crisis Stabilization Unit
- Crisis Stabilization Beds

State-Funded Detox Facility
- Detox Inpatient Beds

Crisis Bed Referrals are made via:
- GCAL 800 toll-free line
- BHL Web Electronic referral system (Live Board)
- Direct Admissions by BHCC/CSU

Referrals Originate from:
- Emergency Departments
- Sheriff/Law Enforcement
- Mobile Crisis
- Providers/Professionals
- Individuals seeking assistance and/or their family

Private Psychiatric Hospitals
- Contracted Beds

State Hospital
- Psychiatric Inpatient Unit
Georgia Crisis and Access Line (GCAL)

• 24 hours a day, 7 days a week
• Statewide (159 counties)
• Connects callers with licensed clinicians and trained professionals
• Deploys mobile crisis response
• Manages entry into crisis services
• For individuals with intellectual/developmental disability and/or behavioral health
• Provider referrals
• Free and confidential
• Mobile application and texting capability
GCAL Crisis Call Center
Georgia Crisis and Access Line (GCAL)

• Atlanta-based call center receives 650-1,000 contacts on most business days
  • Nearly 40% are individuals calling for themselves
  • 6% are calling for their friends or family
  • 46% are professionals seeking support for an individual under their care or in their services

• Professionals call GCAL from emergency rooms, community mental health centers, private psychiatric hospitals, family and children services, courts, schools, law enforcement, probation and parole, and juvenile justice.
GCAL Referral Board

• Electronic database to provide a real-time picture of the use and availability of state-funded crisis beds

• GCAL and DBHDD-contracted providers can easily access information about who is waiting for a bed, how long they have been waiting, and how many beds are available 24/7

• Facilitates referral to services and/or placement in an appropriate treatment facility
Referrals are viewable by crisis providers electronically or can be accessed via a call to the Georgia Crisis and Access Line (GCAL)

- The referral is viewable by the appropriate provider in the region where the crisis occurred
- The facilities are required to review and assess individuals

- Once a facility receives and evaluates a person and that person meets criteria to be placed in a bed, the facility can place the person in a bed
- This bed is considered occupied and no longer available
- DBHDD can track volume, length of stay, and many other data points to help improve the system
Benefits of the Referral Board

- Air traffic control of the referrals to the crisis system
- Data on volume and wait times
- Ability to see the crisis capacity and demand across the state
- Better access to services
Crisis Stabilization Units (CSU)

- Residential alternative to inpatient hospitalization
- Community-based, medically monitored, short-term psychiatric stabilization and detoxification
- 71 CSU youth bed capacity
- 245 CSU standalone adult bed capacity
- 509 total adult crisis bed capacity (CSU and BHCC)
Crisis Supports

Behavioral Health Crisis Centers (BHCC)

- 24/7 walk-in access
- Psychiatric crisis assessment, intervention, and counseling
- Interventions include temporary observation, mobilization of natural support systems, and successful linkage to appropriate level of care
- 264 BHCC bed capacity
- 509 total adult crisis bed capacity (BHCC and CSU)
- 96 bed temporary observation capacity
| Community-based, face-to-face rapid response to individuals in active crisis |
| Statewide services for individuals with BH or I/DD conditions |
| Available 24/7 through GCAL at 800-715-4225 |
| Offers crisis assessment, intervention, and referral services |
| Available in homes, schools, hospital emergency departments, jails, etc. |
| Includes post-crisis follow-up to ensure linkage with recommended services |
Behavioral Health Services
(non-crisis)
Behavioral Health Services

• Behavioral health services provided to individuals in their own communities, offering high-quality services and supports through an array of comprehensive and specialty services.

• Statewide service delivery system for the prevention and treatment of:
  • Mental illness (adult),
  • Serious emotional disturbance (children and youth), and
  • Substance use disorders in adults and youth.

• Focus on recovery through community-based care, providing appropriate levels of service in the least restrictive setting possible.
Behavioral Health Services

• More than 130,000 people served annually
• State authority for behavioral health
• Contracts statewide with a comprehensive network of providers
• Statewide prevention services designed to reduce the risks and increase protective factors linked to substance-abuse-related problem behaviors, suicide, and mental health promotion
• Single state agency for Georgia and the only eligible entity for federal grants addressing prevention, treatment, and recovery for opioid misuse statewide
Behavioral Health Provider Tiers

DBHDD relies on a network of contracted providers to deliver services. There are approximately 255 behavioral health providers statewide.

DBHDD categorizes behavioral health providers into three tiers based on the type of services delivered by the provider and the funding source for the service.

**Tier 1:** Comprehensive Community Providers (Medicaid and State-Funded)

**Tier 2:** Community Medicaid Providers

**Tier 3:** Specialty Providers
<table>
<thead>
<tr>
<th>Core Benefit Package</th>
<th>Specialty Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Behavioral health assessments</td>
<td>• Addiction treatment and support</td>
</tr>
<tr>
<td>• Case management and skill building</td>
<td>• Assertive community treatment (ACT)</td>
</tr>
<tr>
<td>• Crisis intervention</td>
<td>• Behavioral health crisis service centers</td>
</tr>
<tr>
<td>• Diagnostic assessment</td>
<td>• Crisis stabilization units (youth &amp; adults)</td>
</tr>
<tr>
<td>• Individual, family, and group counseling</td>
<td>• Supportive housing</td>
</tr>
<tr>
<td>• Nursing evaluations</td>
<td>• Residential services</td>
</tr>
<tr>
<td>• Peer support services</td>
<td>• Intensive case management</td>
</tr>
<tr>
<td>• Psychiatric evaluation</td>
<td>• Intensive family intervention</td>
</tr>
<tr>
<td>• Psychological Testing</td>
<td>• Mobile crisis</td>
</tr>
<tr>
<td></td>
<td>• Peer wellness centers</td>
</tr>
<tr>
<td></td>
<td>• Prevention services</td>
</tr>
<tr>
<td></td>
<td>• Psychosocial rehabilitation</td>
</tr>
<tr>
<td></td>
<td>• Supported employment</td>
</tr>
<tr>
<td></td>
<td>• Youth clubhouses</td>
</tr>
</tbody>
</table>
Addictive Diseases

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

Georgia Department of Behavioral Health & Developmental Disabilities
<table>
<thead>
<tr>
<th>Substance Use Treatment and Addiction Recovery Supports</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>22 Crisis Stabilization Programs</strong></td>
</tr>
<tr>
<td><strong>7 Transitional Programs</strong></td>
</tr>
<tr>
<td><strong>3 Residential Detox Programs</strong></td>
</tr>
<tr>
<td><strong>38 Residential Programs (varying intensity)</strong></td>
</tr>
<tr>
<td><strong>24 Addiction Recovery Support Centers</strong></td>
</tr>
<tr>
<td><strong>25 Non-Intensive Outpatient</strong></td>
</tr>
<tr>
<td><strong>7 Substance Abuse Intensive Outpatient</strong></td>
</tr>
<tr>
<td><em><em>7 MAT</em> Providers working on SOR</em>* Grant**</td>
</tr>
<tr>
<td><strong>State Targeted Response Grant &amp; SOR Grant</strong></td>
</tr>
<tr>
<td><strong>72 Approved Non-Funded OTP</strong>* Providers**</td>
</tr>
<tr>
<td><strong>13 Medicaid OTP</strong></td>
</tr>
<tr>
<td><strong>2 DBHDD Contracts for OTP</strong></td>
</tr>
</tbody>
</table>

*Medication-Assisted Treatment; **State Opioid Response; ***Opioid Treatment Program*
# Addictive Diseases Treatment and Recovery Service Areas

**Adult**
- 24 addiction recovery support centers
- Peer-led program that offers non-clinical activities
- Recovery activities are community-based services

**Women**
- For women with substance use disorders who are pregnant and/or parenting children under 13
- Addresses barriers to employment, education, housing, family roles and responsibilities, and natural supports in the community

**Youth**
- 24-hour intensive residential treatment program
- Substance abuse recovery support clubhouses – engaging adolescents and families in recovery
Adult Treatment and Recovery Support Services

Withdrawal Management (Detoxification)
- 3 withdrawal management (detoxification) providers
- 24/7 oversight and support for withdrawal complications and treatment interventions

Residential Treatment
- 16 intensive residential programs
- 15 semi-independent residential programs
- 7 independent residential programs

Recovery Support
- 24 recovery support service providers throughout the state
- Non-treatment recovery supports to enhance sobriety, long-term recovery, health, and wellness

DBHDD Funding
Adult Treatment and Recovery Support Services

Crisis Stabilization Units

- 22 crisis stabilization units
- 24/7 oversight and support for withdrawal complications, and treatment interventions

Transitional Housing

- 7 transitional housing programs
- Step-down service for CSUs, providing 30-day services for housing and outpatient treatment
Women’s Treatment and Recovery Support Services (WTRS)

RESIDENTIAL
DBHDD funds 22 providers
Maximum 6-month stay
• Intensive residential treatment for substance use disorders and/or co-occurring mental health challenges
• Focus on clinical interventions, trauma, priority admission for pregnant women, IV users, and DFCS/child welfare involvement, family centered approach

OUTPATIENT
DBHDD funds 17 providers
4–12 months of services
• Community-based treatment for substance use disorders and/or mental health challenges
• Focus on trauma, psychoeducation, group and individual counseling, work readiness and job/life skills, parenting, case management services, and peer support

TRANSITIONAL
DBHDD funds 14 providers
Maximum 6-month stay
• Safe, stable housing for women/families that have completed care
• Focus on independent living skills, employment support, case management, and peer support
• Direct linkage to community-based services including childcare and primary health care
### Youth Substance Use Treatment and Recovery Support Services

#### Intensive Residential
- DBHDD funds 2 adolescent intensive residential treatment (IRT) programs
- 24-hour supervised residential treatment for adolescents ages 13-17 who need a structured residence due to substance abuse

#### Non-Intensive Outpatient
- Treatment services for adolescents ages 13-17 who require structure and support to achieve and sustain recovery
- Focus on early recovery skills, including the negative impact of substances, tools for developing support, and relapse prevention skills

#### Clubhouses
- DBHDD funds 9 adolescent recovery support clubhouses for youth who struggle with alcohol and substance use
- Comprehensive substance abuse recovery support model designed to engage adolescents and their families in their own recovery
- Youth participate in social outings, educational supports, employment supports, and transitional services
Opioid Use Prevention, Treatment, and Recovery

• DBHDD is designated by the Substance Abuse and Mental Health Services Administration (SAMHSA) as the single state authority for Georgia

• Responsible for the State Targeted Response (STR) and State Opioid Response (SOR) grants administered by the Substance Abuse and Mental Health Services Administration to address the Opioid Crisis statewide

• Total of $73.7 million of grant funds to increase access to treatment and reduce overdose related deaths through the provision of prevention, treatment, and recovery activities
Medication-Assisted Treatment Providers in DBHDD’s Network before and after STR and SOR

- Addition of **19 new providers** since 2016 (950% increase)
- **1,704 Georgians** supported through MAT (May 1, 2017 to August 31, 2019)
Increases in state and federal funding have contributed to a **400% increase** in Addiction Recovery Support Centers (ARSCs) (from 5 to 25) since 2016.
STR/SOR funded Peer Recovery Support Services

Peer Recovery Support Service Encounters by Type
(Only STR/SOR-funded programs, May 1, 2017 to August 31, 2019)

Total: 20,023

- Warmline Encounters
- Emergency Department Peer Encounters
- ARSC Encounters

8,037 (39%)
8,665 (41%)
4,116 (20%)

STR/SOR Opioid Grant Prevention Program Components

Statewide Media Campaign
Increases awareness about opioid misuse and abuse, provides education about the problem and available resources, reduces stigma, and increases awareness and understanding of the Good Samaritan Law.

Naloxone Education and Training
Provides naloxone/NARCAN training for first responders and people in the community (ambulance drivers, emergency room professionals, firefighters, police officers, community service boards, etc.).

Peer Assisted School Transition Program
Opioid prevention education program and toolkit for use across key student transitional periods (elementary to middle school, middle to high school, high school to college).
Opioid Overdose Reversal

As of November 30, 2019

Training

4,079 first responders trained

Kit Distribution

3,739 kits distributed to first responders

13,824 kits distributed to citizens

Results

1,892 self-reported overdose reversals

11,100 citizens trained
State Opioid Response Initiatives

Georgia Recovers
(statewide anti-stigma campaign to remind everyone that people do recover from substance use disorder)

Statewide Emergency Department Initiative
(training 18 recovery community organizations/addiction recovery support centers on how to support EDs regarding individuals that present with overdose or inquire about substance use disorder)

Faith-Based Initiative
(training 20 faith-based leaders on how to engage and educate their communities on substance use disorder)
First Statewide Stigma Reduction Campaign
DBHDD provides a continuum of care for youth and families experiencing behavioral health disorders. This continuum spans from prevention and early screening to later intervention, such as crisis stabilization or in-patient.
State of Georgia Behavioral Health Public Payers

Amerigroup
Amerigroup Foster Care
Wellcare
Peachstate

Medicaid Fee-for-Service

DBHDD Covered Lives (non-Medicaid)

Private Insurance
Sample of Services for Children, Young Adults & Families

**Core Benefit Package**
- Evaluation/Assessment
- Diagnosis
- Counseling/Medication
- Therapy (individual, group, family)
- Community Support Services
- Crisis Assessments
- Physician Services

**Specialty Services**
- Mental Health Resiliency Support Clubhouses
- Georgia Apex Program
- System of Care
- Youth Suicide Prevention

**Crisis Services**
- MyGCAL Text/Chat
- Mobile Crisis Response Services
- Crisis Stabilization
- Psychiatric Residential Treatment Facilities
Youth Mental Health Resiliency Support Clubhouses

Therapeutic environment for youth and young adults with mental health needs.

- Educational Supports
- Employment Supports
- Peer Support
- Family Engagement
- Social Activities
Georgia Apex Program Goals

School-Based Mental Health

Detection

Access

Coordination
Georgia Apex Program

Tier 1

- School events
- Parent education
- Mental health awareness events
- Classroom observation
- Social emotional curricula and programs
- Universal screenings
- Positive Behavioral Intervention and Supports
- In-service trainings on mental health
Georgia Apex Program

Tier 2

- Individual therapy for at-risk students
- Group therapy for at-risk students
- Targeted screening
- Check-in/check-out
- Youth Mental Health First Aid
Georgia Apex Program

Tier 3

- Individual therapy for indicated students
- Behavior assessment
- Crisis management services
- Group therapy for indicated students
- Family therapy
Three Phases of Apex

Apex 1.0
- Base Budget
  - $9.5 million (annualized)

Apex 2.0
- Commission on Children’s Mental Health
  - $4.3 million (annualized)

Apex 3.0
- Governor Kemp’s Allocation
  - $8.4 million (one-time)
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Schools</td>
<td>136</td>
<td>210</td>
<td>309</td>
<td>436</td>
</tr>
<tr>
<td>First-time students served</td>
<td>2,419</td>
<td>2,822</td>
<td>3,464</td>
<td>5,419</td>
</tr>
<tr>
<td>Students served</td>
<td>9,695</td>
<td>23,240</td>
<td>36,404</td>
<td>51,793</td>
</tr>
<tr>
<td>Services</td>
<td>22,640</td>
<td>40,044</td>
<td>60,318</td>
<td>89,642</td>
</tr>
</tbody>
</table>

Note: 319,003 students had access to universal prevention services during the 2018-19 academic year.
System of Care Infrastructure in Georgia

- Behavioral Health Coordinating Council (BHCC) (§ 37-2-4)
- Interagency Directors Team (IDT)
- Local Interagency Planning Teams (LIPTs) (§ 49-5-225)
Interagency Directors Team

- **Department of Behavioral Health & Developmental Disabilities**
- Department of Community Health
- Department of Early Care and Learning
- Department of Education
- Department of Juvenile Justice
- Department of Public Health
- Division of Family and Children Services (DHS)
- Georgia Vocational Rehabilitation Agency
- Care Management Entities
- Care Management Organizations
- Center of Excellence for Children’s Behavioral Health, GSU
- Center for Leadership in Disability, GSU
- Children’s Healthcare of Atlanta
- Georgia Alliance of Therapeutic Services for Families and Children
- Georgia Appleseed
- Georgia Association of Community Service Boards
- Georgia Chapter American Academy of Pediatrics
- Georgia Early Education Alliance for Ready Students
- Georgia Parent Support Network
- Mental Health America, Georgia
- National Alliance on Mental Illness, Georgia
- Resilient Georgia
- The Carter Center
- Together Georgia
- Voices for Georgia’s Children
- The United Way of Greater Atlanta
- Federal Consultant – Center for Disease Control
Values & Principles:

• Spectrum of effective, community-based services and supports
• Organized into a coordinated network
• Builds meaningful partnerships with families and youth
• Addresses cultural and linguistic needs, in order to improve functioning at home, in school, in the community
Georgia System of Care (SOC) State Plan

**SOC PLAN DEVELOPMENT: Areas of Influence/Goals**

**ACCESS**
Provide access to a family-driven, youth-guided, culturally competent, and trauma-informed comprehensive system of care.

**COORDINATION**
Facilitate effective communication, coordination, education and training within the larger system of care and among local, regional, and state child serving systems.

**Funding/Financing**
Use financing strategies to support and sustain the system of care anchored in cross-agency commitment to effective and efficient spending.

**Workforce Development**
Develop, maintain, and support the workforce to meet the needs of children, youth, and young adults and their families.

**Evaluation**
Use a framework for measuring and monitoring data on key SOC outcomes to demonstrate and communicate the value of a SOC approach for improving children’s behavioral health and support ongoing quality improvement.
Centers of Excellence for Behavioral Health

1) Georgia Center of Excellence for Children’s Behavioral Health, Georgia State University
2) Center of Excellence for Infant & Early Childhood Mental Health Consultation, Georgetown University
3) Center for Effective Interventions, University of Denver School of Social Work
4) Center for Innovative Practice, Case Western Reserve University
5) Child Health and Development Institute of Connecticut
6) DMH UCLA Prevention Center of Excellence
7) EPISCenter, Penn State University
8) Evidence Based Practice Institute, University of Washington School of Medicine
9) Institute for Innovation & Implementation, University of Maryland School of Social Work
10) PerformCare New Jersey
11) Texas Institute for Excellence in Mental Health, University of Texas
12) Youth and Family Training Institute, University of Pittsburgh
Behavioral health initiatives often involve needs assessments, stakeholder convenings, data analysis, policy analysis and development, and evaluation. COEs provide these functions and a level of consistency to achieve the desired (and sometimes required) outcomes.

Support for grant implementation, evaluation of existing programs, streamlining and growth of training, and workforce development.

COEs support states by providing data analysis and evaluations for multiple child-serving systems, which can lead to synergy across systems and linkage between unique datasets to look at outcomes and opportunities.

Opportunities to leverage university system resources: ability to educate and train the current and future behavioral health workforce and other community members; and innovate through research and knowledge gathering, act as a conduit for evidence-based programming (training, evaluation, research).
Suicide Prevention Activities

- Training Initiatives
- Needs Assessments
- Leverage Shared Resources
- Policy Guidance
- Statewide Suicide Prevention Conference
- 2020-2025 Georgia Suicide Prevention Plan
Garrett Lee Smith Youth Suicide Prevention

SAMHSA funded five-year grants to support suicide prevention work in campus, state, and tribal communities for ages 10-24

- Advantage Behavioral Health
- Highland Rivers Health
- View Point Health

- Approximately 1,100 people received gatekeeper training
- Approximately 4,000 youth screened for suicide risk
- Approximately 87 referral processes established for suicide risk cases with agencies in 16 counties

- Trained UGA School of Social Work students
- Participate in statewide suicide prevention stakeholder group
- Collaborate with DBHDD suicide prevention activities
- Provide technical assistance to local suicide prevention coalitions
- Manage program data with GLS evaluator to document program impact
Suicide Prevention Public Service Announcement

You can help someone picture a different outcome.
U.S. v. State of Georgia
Americans with Disabilities Act
Settlement Agreement

Amy V. Howell, Esq.
Assistant Commissioner and General Counsel

Georgia Department of Behavioral Health & Developmental Disabilities
Alleged violations of Title II of Americans with Disabilities and Section 504 of the Rehabilitation Act of 1973

Georgia was alleged to have failed to administer services in the most integrated settings appropriate for the needs of qualified individuals with disabilities.

The U.S. Department of Justice and Georgia entered a settlement agreement in 2010

In 2016, Georgia achieved compliance with the majority of the provisions of the agreement
DOJ alleged noncompliance with limited terms of the settlement agreement.

Parties entered into settlement agreement extension in 2016.

Written term of extension agreement concluded June 30, 2018.

To date, oversight and monitoring under the extension agreement continues.
Developmental Disabilities

• Cease admissions to state hospitals for people for whom the reason for admission would be a primary diagnosis of a developmental disability

• Provide enhanced community services to people whose primary diagnosis is a developmental disability and who are either currently hospitalized in state hospitals or who are at risk of hospitalization in state hospitals
Mental Health

- Target Population: people with Severe and Persistent Mental Illness (SPMI) who are either currently being served in state hospitals, are frequently readmitted to state hospitals, are frequently seen in emergency rooms, are chronically homeless, and/or who are being released from jails or prisons.

- State agreed to have the capacity to provide supported housing to any individuals in the target population who have an assessed need for supported housing.
## ADA Settlement Agreement Requirements - Mental Illness

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<td>Peer Support and Supported Employment</td>
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Settlement Agreement Extension Mental Illness and Other Terms

- Supportive Housing
- Housing Vouchers and Bridge Funding
- Investigations and Quality Improvement
U.S. v. Georgia Settlement Agreement Terms (continued)

General Provisions

- Implementation of a quality management system regarding community services for the populations targeted by the agreement.

- An Independent Reviewer jointly selected to monitor the state’s compliance with the terms of the settlement agreement
  - Required to produce a semi-annual report to the Court
BE INFORMED

Questions?