

# ANNUAL REPORT 2021

**Behavioral Health Coordinating Council**

*Submitted by Judy Fitzgerald, Commissioner*

Georgia Department of Behavioral Health and Developmental Disabilities



**D·B·H·D·D**

Georgia  
Department of  
Behavioral Health  
& Developmental  
Disabilities

# Behavioral Health Coordinating Council 2021 Annual Report

## HISTORICAL BACKGROUND

---

Georgia's Behavioral Health Coordinating Council was established in Georgia law in 2009 after the Georgia General Assembly reorganized Georgia's health and human services agencies and established the Department of Behavioral Health and Developmental Disabilities. The Council, created by O.C.G.A. § 37-2-4, 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 PURPOSE

---

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 efficiency and access to services. The Council is tasked to:

- **Recommend funding, practice changes, and policy** that address systemic barriers to the delivery of behavioral health services;
- **Focus on specific goals** designed to resolve issues related to coordination of care for individuals receiving services from at least two member agencies;
- **Monitor and evaluate the implementation** of established goals; and
- **Establish 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 Caylee Noggle, *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 Candice Broce, *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 Kay Kirkpatrick, *Georgia 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. Appointees from the Georgia House of Representatives, Georgia Senate, adult consumer of public behavioral health services, and who represent a family member of a consumer of public behavioral health services, and the parent of a child consumer of behavioral health services are all named by the Speaker of the House of Representatives, the Lt. Governor, and the Governor, respectively. 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 Caylee Noggle, Vice Chair**  
**Department of Community Health**

**Stanley Jones, Esq., Secretary**  
**Family Representative**

**Commissioner Candice Broce**  
Department of Human Services

**Jacquice Stone**  
Office of Disability Services Ombudsman

## COUNCIL MEETINGS

---

In 2021, council meetings were held virtually on the Webex video conferencing platform, as a result of the COVID-19 pandemic. The meetings were open to the public and attended by a variety of stakeholders. Meeting minutes, Webex meeting links, and supporting documentation were 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**

The Georgia Interagency Directors Team (IDT) is a formal workgroup of the BHCC. The IDT is designed to manage, facilitate, and implement an integrated approach to a child and adolescent system of care that informs policy and practice, and shares resources and funding.

## **IDT Leadership**

Renee Johnson, Director, System of Care - Center of Excellence for Children's Behavioral Health

Rebecca Blanton, IDT Chair - School Climate Transformation Grant Manager, Georgia Department of Education

(January 2021 to September 2021)

Beginning in 2020 and moving into 2021, the IDT focused on the development and implementation of the new, three-year System of Care (SOC) state plan. The new state plan builds on the previous focus areas of access, coordination, workforce development, evaluation, and funding and finance. While the plan is inclusive of these topics, it has been restructured with the following workgroups and leadership:

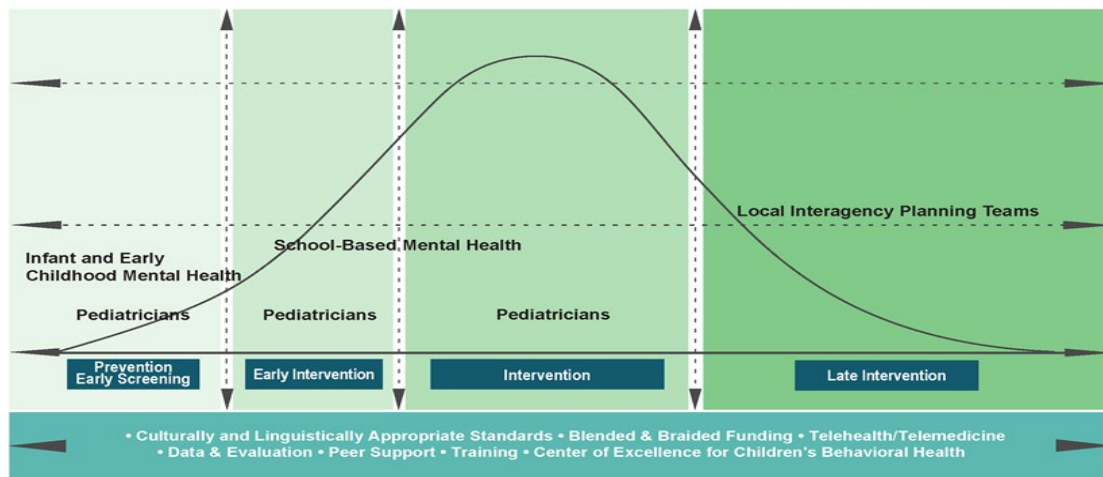
### **IDT SOC state plan workgroup Chairs and Co-chairs**

<b>Workgroup</b>	<b>Workgroup Leadership</b>
1. Coordination	Krystl White-Hardy, CareSource Hannah Smith, GAAAP La'Keidra Mitchell, COE, GSU
2. Peer Support & Lived Experience	Tami Brown, COE, GSU Anita Speed, GPSN La'Keidra Mitchell, COE, GSU
3. Marketing and Communications	Matthew Clay, DBHDD Shilloy Bates, Anthem
4. Evaluation	Ani Whitmore, COE, GSU Christine Doyle, DJJ
5. Infant and Early Childhood Mental Health	Lisa McGarrie, COE, GSU Callan Wells, GEEARS Arianne Weldon, GFCEP
6. Telehealth	Ann Mukherjee, COE, GSU Danielle Jones, DBHDD
7. Cultural and Linguistic Competence	Nykia Greene-Young, DBHDD Sandra Thompson, CareSource
8. Funding	Helen Robinson, Carter Center Angela Snyder, COE, GSU
9. BH Mapping	Melissa Haberlen DeWolf, Voices Wendy White Tiegreen, DBHDD
10. Workforce Development	Emily Graybill, CLD, GSU Layla Fitzgerald, DBHDD
11. School Based Mental Health	Ebony Johnson, UWGA Chad Jones, View Point

The workgroup additions and new structure of the state plan align with the continuum of care, starting at prevention/early screening and continuing through late intervention.

(Fig. 1).

Fig. 1



During the stakeholder interviews conducted in 2020 to develop the state plan, many participants shared that their organizations' strategic priorities were structured along the care continuum as well. As a collaborative, multi-agency team, the IDT is intentional about supporting existing organizational goals and being a thought partner in carrying out initiatives, replicating this focus in the plan.

### **IDT Restructure:**

In addition to state plan implementation, the team has focused on restructuring the operations of the IDT. In the previous reporting year, Rebecca Blanton with the Department of Education (DOE) served as the IDT Chair with Renee Johnson from the Center of Excellence for Children's Behavioral Health serving as the SOC Director. Rebecca resigned in September 2021. In January 2022, Laura Lucas, DECAL, will become the new the IDT Chair, serving as a thought partner and providing subject matter expertise and insight to the SOC Director. The IDT operating guidelines were updated to reflect this new structure, including an Executive Committee.

### **IDT Membership:**

#### **State Agencies:**

- Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)
- Georgia Department of Community Health (DCH)
- Georgia Department of Early Care and Learning (DECAL)
- Georgia Department of Education (GaDOE)
- Georgia Department of Human Services Division of Family and Children Services (DFCS)
- Georgia Department of Juvenile Justice (DJJ)

- Georgia Department of Public Health (DPH)
- Georgia Vocational Rehabilitation Agency (GVRA)

**Consulting Member:**

- Centers for Disease Control and Prevention (CDC)

**Partner Organizations:**

- Amerigroup Community Care (Amerigroup)
- CareSource
- The Carter Center
- Center of Excellence for Children’s Behavioral Health, Georgia State University (COE, GSU)
- Center for Leadership in Disability, Georgia State University (CLD, GSU)
- Children’s Healthcare of Atlanta (CHOA)
- Georgia Alliance of Therapeutic Services for Children and Families (GATS)
- Georgia Chapter of the American Academy of Pediatrics (GAAAP)
- Georgia Appleseed
- Georgia Association of Community Service Boards (GACSB)
- Georgia Early Education Alliance for Ready Students (GEEARS)
- Georgia Parent Support Network (GPSN)
- Get Georgia Reading
- Mental Health America, Georgia (MHA-GA)
- National Alliance on Mental Illness (NAMI), Georgia
- Peach State
- Resilient Georgia
- Together Georgia
- United Way of Greater Atlanta (UWGA)
- ViewPoint Health Care Management Entity (View Point)
- Voices for Georgia’s Children (Voices)
- WellCare
- WinGeorgia Care Management Entity (WinGeorgia)

**Challenges:**

As many agencies and organizations have likely experienced over the past few years, the Covid-19 pandemic has posed some challenges with meetings and partner engagement with IDT. However, meetings have continued through the Zoom platform with strong agency and partner participation and a plan to revisit in-person meetings in 2022. While monthly meetings have had consistent participation, many members are representatives from child serving agencies with workforce challenges that have been heavily impacted by the pandemic. As a result, work duties and responsibilities of members have changed and have impeded some participation with the workgroups. There were some budget cuts that affected the workforce for children’s behavioral health and efforts to combat the shortages are reflected in the SOC state plan. Despite some

challenges faced by SOC stakeholders, there were more opportunities and accomplishments made by the IDT members and stakeholders.

### **Accomplishments and Opportunities:**

- The IDT will continue its focus on funding priorities, including the development of strategies to support blended and braided funding. One step toward this goal is a new financial contribution from Georgia DOE to support the work of the IDT and SOC activities, which serves as a milestone toward the long-time goal of diversifying funding support for IDT.
- Through a multi-agency collaboration between DBHDD, American Academy of Pediatrics-Georgia Chapter, Children’s Healthcare of Atlanta, and COE, the team was awarded a federal Health Resources and Services Administration (HRSA)<sup>1</sup> five-year, Pediatric Mental Health Care Access grant. The IDT will serve as an advisory group to the grant that will support increased access to pediatric mental health services.
- The IDT still serves as an advisory group for the AIME (Access, Integrate, Mobilize, Educate) project in its fourth and final year of programming. The AIME project has been successful in building up workforce capacity, supporting development of the SOC website, increasing collaboration between pediatricians and behavioral health providers, and establishing new Federation of Families for Children’s Mental Health (FFCMH) chapters in southeast and southwest Georgia, among other accomplishments. AIME is funded by a federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant.
- The IDT members developed a behavioral health navigation guide for families and young adults during the last SOC state plan and it continues to be a great resource for families looking to identify services in the community. The 11 Alive News “Keeping” series that followed youth with behavioral health challenges and their families highlighted and quoted the guide as one of the resources available to Georgia youth and families. Additionally, the team viewed the news series, and observed the real-life experiences of the families, to inform discussions, breakout sessions, and discuss strategic alignment with current state plan initiatives.
- Currently, the COE hosts the SOC webpage on their site and stores all SOC related materials including the state plan, briefs, and SOC partner contact information among other important tools and resources. Through support of DBHDD, AIME funding, and the IDT Marketing and Communications workgroup, a full-scale SOC website is in development and scheduled for launch in early 2022. The SOC website will serve as a key resource for youth and families looking for providers, services available to them through Georgia’s SOC and their locations, and important SOC related materials. The site will also be a central location for conferences, workshops, and training for providers, partners, and stakeholders.

The SOC state plan workgroups meet virtually every month or every other month and are spearheaded by a chair and/or co-chair(s). Communication between workgroup members has been streamlined through the implementation of Box as a data sharing

---

<sup>1</sup> Health Resources and Services Administration



and storage platform. All members have access to upload and view meeting information, workgroup related documents, and agency resources and the program allows for cross-team collaboration. Some of the workgroup highlights include:

- Formation of the Infant and Early Childhood Mental Health (IECMH) workgroup whose accomplishments include development of four heat maps with a database, a Medicaid screening scan for the IECMH Task Force, draft of a DC:0-5 diagnostic crosswalk, and hosting state agency partners who each presented information about how they work with very young children. Several team members from COE and DECAL published an IECMH issue brief: [Prioritizing the Mental Health of Infants and Toddlers in Georgia: Why It's Important and What Comes Next](#). The team also created a close partnership with the IECMH Task Force established by DECAL in 2021.
- The Behavioral Health Mapping workgroup has worked closely with representatives of each child-serving state agency (DBHDD, DOE, DCH (Medicaid), DFCS, DJJ, DECAL, DPH, and GVRA) to develop a “map” or story of Georgia’s spending on children’s behavioral health, using a snapshot of SFY2019. The goal of the map is to help agencies, policy makers and the public understand how Georgia’s SOC is currently supported by each agency and assist in identifying future spending opportunities. Financial data have been collected from each agency on services, supports, training and other infrastructure investments, as well as corresponding estimates of the number and ages of children served. The spending data have been categorized across the spectrum of need, from prevention and early intervention to late intervention, and the group has traced the dollars by state and federal sources.
- Through the Cultural Linguistic Competence workgroup efforts, a workshop on providing culturally responsive behavioral health care for various populations has been developed and will be held in early 2022 (January 19, 2022). The workgroup polled IDT members to identify interests and gaps in providing culturally responsive care, and to identify diversity, equity and inclusion (DEI) efforts taking place among partner organizations.

As previously mentioned, an update to the IDT structure is the Executive Committee. The role of committee members is to close the communication feedback loop between the Behavioral Health Coordinating Council (BHCC) and IDT, improve strategic decision-making, provide executive level perspectives, and inform recommendations for children’s behavioral health.

#### **IDT Executive Committee Members:**

- Erica Fener Sitkoff, Executive Director – Voices for Georgia’s Children
- LaMarva Ivory, Deputy Commissioner, External Affairs – Department of Human Services
- Ryan Loke, Deputy Commissioner and Chief Health Policy Officer, DCH
- Dahlia Bell-Brown, Program Officer - Woodruff Foundation

- Margaret Caywood, Deputy Commissioner, Division of Support Services - DJJ
- Matt Jones, Chief of Staff, Georgia DOE
- Monica Johnson, Director, Division of Behavioral Health - DBHDD
- Susan Adams, Deputy Commissioner, Georgia DECAL

In the second year of the SOC state plan, the workgroups will move from research, planning, and level setting to full on implementation of the plan objectives and goals. Training and workshops are in development to better inform community members about state plan initiatives and garner more support of, and coordination with, children’s behavioral health services. In 2022, the Behavioral Health Mapping workgroup plans to have the mapping work completed and ready for presentation to the IDT and BHCC. The SOC website will launch as a centralized, engaging information hub for Georgia’s System of Care and related children’s behavioral health initiatives. In addition, IDT rebranding will take place in 2022. The IDT Executive Committee will continue to strategize around funding opportunities for the IDT and expand its reach into the community. As the team stays focused on current goals and objectives, they will continue to engage new partners and identify innovative ways to support children and families and strike a path forward in a world with increasing virtual formats.

## **Transition Re-Entry Committee**

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.

### **Committee Co-Chairpersons:**

Terri Timberlake-Briscoe, Ph.D. Director, Office of Adult Mental Health, DBHDD

Michelle Stanley, Director, Division of Reentry Services, DCS

### **State Agency Committee Representation:**

Department of Corrections (GDC)

Department of Community Supervision (DCS)

Department of Family & Children’s Services (DFCS)

Georgia Vocational Rehabilitation (GVRA)

Department of Community Affairs (DCA)

Department of Community Health (DHC)

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

These areas of focus are primarily addressed via work that occurs in either the employment subcommittee, the housing subcommittee, or the forensic peer mentor program.

### **Current Year Accomplishments/Learnings**

The Continuation of data sharing: 1) Georgia Department of Corrections (GDC) population with a mental health classification incarcerated from month to month and, 2) total number of persons released from a level 3 or 4 GDC mental health categorization back into the community. During each BHCC transition re-entry committee meeting and BHCC meeting these statistics are provided specific to the population of persons with a mental health level 2, 3 or 4 classifications 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.

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 is in its fifth year of inclusion as part of the annual mandatory in-service for officers statewide.

### **Partnership with the Council of Accountability Court Judges (CACJ)**

The ongoing collaboration between the criminal justice system and DBHDD via our partnership with CACJ continues and involves members of the transition re-entry committee. This includes 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 BH service access, this work includes provision of education and presentations on Integrating Court Liaisons and Forensic Peer Mentors into Treatment Courts and Judicial Processes. DBHDD/CACJ Treatment Court Liaison continues to support Mental Health Courts by attending court status hearings, providing technical assistance, and assisting courts with development of Alumni Groups. The Liaison attended the 1<sup>st</sup> CACJ Training for New Courts in November 2021 and presented, *The Role of the Treatment Provider in Accountability Courts*. Plans are underway for the Liaison to work with CACJ Staff on the development of a fidelity tool for standardizing treatment in the Mental Health Courts, and to join planning meetings and “Virtual Office Hours” to answer service accessibility questions from courts.

### **BHCC-T Reentry Employment Sub Committee**

This sub-committee works to address one of the targets for this population via the 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. In addition, 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, the City of Atlanta, and Non-Profit agencies.

BHCC-T Reentry employment subcommittee hosted and supported an array of workshops in 2021 for potential employers. Workshops included the Bonding/Opportunity Tax Credit, How to Brand, and the SBA Lunch & Learn. Workshops were attended by DBHDD behavioral health providers, local employers, other stakeholders from non-profit, state, and local agencies. The focus was to provide advocates with additional tools to support the employment needs of returning citizens. An additional project in 2021 was the addition of (Adult Reentry Programs) information webpage to the DBHDD agency website under DBHDD Services. The webpage highlights the GA Dept. of Labor, GA Dept. of Vocational Rehabilitation, Urban League of Greater Atlanta, Worksource Georgia, and the GA Dept. of Community Supervision.

### **Forensic Peer Mentor Program (FPMP)**

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), iHOPE, Inc., and the Georgia Mental Health Consumer Network (GMHCN). The FPM program initially developed in 2014 and implemented in 2016 as an initiative of the transition re-entry committee and was the first forensic peer mentor collaboration in the state. The ground-breaking 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. This 40-hour training graduated four cohorts with a total of 63 new Forensic Peer Mentors in 2021, who are now eligible to join the FPM workforce bringing the total of FPMs that have been trained to 119.

In 2021, DBHDD funded 11 FPM positions through Georgia Mental Health Consumer Network at the following facilities:

**State Prisons and Transition Centers:** (3 positions) Metro Atlanta Reentry Center, Lee Arrendale State Prison, 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.

In 2021, DBHDD added a second contracted provider, iHOPE, Inc. which employs 2 FPMs (Central State Prison and the Forensic Family Support Specialist (FFSS) working with the new family reunification program (detailed below).

### **Expansion of FPM Program into Additional Prisons in 2022**

Legislative funding allocation has allowed the expansion of FPMs to nine additional prison sites. GMHCN will add three positions at (Lee Arrendale Transitional Center (female), Metro Atlanta Transition Center (female), and Hays State Prison. iHOPE, Inc. will add 6 positions at Baldwin, Pulaski, Augusta, Johnson, Georgia, and Valdosta State Prisons. These additional positions will bring the total to 13 prisons and seven DRC sites.

### **Mental Health Courts**

DBHDD funded, through special grants, five 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 2021, funding for an additional two MHCs have been awarded to Georgia Pines CSB-Thomas Co. MHC and Legacy CSB-Alapaha Circuit MHC/Berrien, Lanier, Cook Counties.

### **Outcomes of FPM Program**

In 2021, across all prisons, day reporting centers, mental health courts a total of 623 returning citizens with behavioral health needs were served by the forensic peer mentor program. At each of the sites (prisons or DRCs), FPMs participate in discharge planning and or transition planning sessions with returning citizens whom they support. Even with limitations of the pandemic a total of 12,628 such sessions were facilitated in 2021. FPMs provide support to individuals as they transition from prison back into the community or assist participants in DRC facilities and Mental Health Courts to successfully navigate programs for success. Returning citizens and participants are tracked for as long as they remain engaged with the FPM. In 2021, the outcomes continue to be impressive as shown in the following table.

## Forensic Peer Mentor Program Outcomes

Jan 1, 2021 - Nov 30, 2021	Prisons	DRCs	MH Courts	Totals
Individuals Served	102	307	214	<b>623</b>
Planning and Transition Sessions	2415	6897	3316	<b>12,628</b>
Readmissions to Inpatient	0	5/2%	13/6%	
Re-Arrests	0	24/8%	17/8%	
Probation/Parole Revocations	0	17/6%	0	
<b>Census as of Nov. 30, 2021</b>	43 (1 in Community)	104	156	
<b>Served in Community</b>	22	307	214	
Employed/Benefits/Student	16/73%	167/54%	71%	
Housed	22/100%	305/99%	95%	
Participating in Community Mental Health Services	13/59%	166/54%	100%	
Incidents of Homelessness	1	2	9	

This program continues to be a great success and DBHDD continues to explore options for obtaining additional funding to support program growth to include more state prisons.

### **Family Reunification, Education, and Empowerment (FREE) Program**

A sub-committee of the transition reentry committee along with a consultant from the National Incarceration Association worked collaboratively to develop this program. Outcomes included 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 involved 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 and DBHDD staff clinician.

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 is 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 implemented at Metro Atlanta Reentry Facility (MARF). Staff were trained in March 2021 and the first cohort of 10 returning citizens began in April. Phase I of the program involved implementing the 14-week curriculum facilitated by the FPM in MARF while the community FPM worked in the community with family using the family version of the curriculum. Phase II began in August with bi-monthly virtual family sessions facilitated by the MARF FPM, the community FPM, and a DBHDD staff clinician. These sessions allowed the returning citizens and their supports to practice the learned skills in a real-time setting. This phase is scheduled to complete in January 2022 when data and satisfaction surveys will be collected and analyzed. A 2<sup>nd</sup> pilot location at Central State Prison is scheduled to begin in 2022 along with Cohort 2 at MARF.

### **Prison to purpose video project**

The “From Prison to Purpose” video was completed and released in July 2018 and is still available on DBHDD website. 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.

### **Access to Housing Sub-committee**

Key stakeholders from the GA Departments of Behavioral Health (DBHDD), Corrections (GDC), Community Supervision (DCS) have developed a collaborative partnership to review and implement a pilot program for inmates located in a GDC facility who do not have a stable housing plan and are ready for release. These individuals have been classified as GDC Level 3 Mental Health. The pilot seeks to assist with access to independent housing that is affordable and allows housing placement using a continuum of housing options. The pilot also seeks to provide access to GDC mental health counselors to make a direct referral to supportive housing for the target population. Two primary

goals of the program pilot include 1) developing partnerships with local housing providers statewide willing to offer opportunities to individuals with a criminal justice involvement and 2) promoting partnerships and access to a full continuum of services and supports that are critical to the stability of returning citizens to prevent re-arrest and/or incarceration.

### **Training provided by committee members**

#### **CACJ/DBHDD Judicial Services Liaison**

April 7 & Sept 14– *Conducted DBHDD/DCS/GDC Cross-trainings*

April 13, July 13, October 12– *Conducted Quarterly Mental Health Court coalition meetings*

April 14, August 11, Nov 8– *GPSTC Presented Adult Mental Health community services at Mental Health Specialized Training for peace officers.*

March 11-12– *Initial Family Reunification, Education and Empowerment (FREE) Staff Training*

Nov 8– *Presented “The Role of the Treatment Provider in Accountability Courts” for CACJ’s 1<sup>st</sup>, 3-day training for new accountability courts.*

Aug 20, Dec 8– *Nov Conducted virtual trainings for Accountability Courts, “Developing Alumni Groups”*

Sept 29– *Presentation at CACJ Annual Training, “Developing Alumni Groups”*

December 9– *Facilitated meeting between GDC Integrated Treatment Facility staff and CACJ staff to educate each agency on services*

March 15, July 19, Sept 13– *Presented Adult MH Services at Ready for Reentry FPM Trainings*

Dec 9 – *Presented FPM Program to Expansion sites*

#### **Medicaid Eligibility Specialists**

April 14– *Presented SOAR to Recidivism and Reduction Unit of DCS.*

May 6– *Facilitated SOAR training to GDC MFCO.*

August 11– *Presented SOAR to DCS Reentry Services Divisions Quarterly meeting.*

September 2– *Facilitated SOAR training to GDC MFCO.*

December 18– *Presented SOAR to DCS Quarterly meeting.*



## **Employment Sub Committee**

April 14– *“Bonding/Opportunity Tax Credit” facilitated by GA Dept. Of Labor*

September 30– *Small Business Association Lunch & Learn*

October 28– *“How to Brand” facilitated by Worksource Atlanta*

## **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 2022 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, Community Supervision, 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.

## 2021 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 24<sup>th</sup> floor board room at 10:00 a.m., unless otherwise noted. The 2021 meeting dates were:

February 10, 2021

May 12, 2021

August 11, 2021

November 17, 2021

## CONTACTS

---

**Commissioner Judy  
Fitzgerald**  
***DBHDD Commissioner***  
2 Peachtree Street, 24<sup>th</sup> Floor  
Atlanta, Georgia 30303  
[Judy.Fitzgerald@dbhdd.ga.gov](mailto:Judy.Fitzgerald@dbhdd.ga.gov)  
(404) 463-7945

**Tracy L Gamble**  
***DBHDD Council Liaison***  
2 Peachtree Street, 24<sup>th</sup> Floor  
Atlanta, Georgia 30303  
[TracyLynn.Gamble@dbhdd.ga.gov](mailto:TracyLynn.Gamble@dbhdd.ga.gov)  
(404) 623-5004

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