



National Conference of State Legislatures
January 13th 2023

Acronyms you may meet today

- CSB – Community Service Board
- DBHDD – Georgia's Department of Behavioral Health and Developmental Disabilities
- IDD – Intellectual and Developmental Disabilities and Disorders
- BHCC – Behavioral Health Crisis Center
- SPD – Savannah Police Department
- “Breaking the Cycle” – The Sequential Intercept Model
- CIT Training – a Crisis Intervention Team training
- CMHC – Community Mental Health Clinic



Highlights in Chatham County

- Gateway Community Service Board – Coastal Georgia
- “Breaking the Cycle” – The Sequential Intercept Model
 - Chatham County Behavioral Health Crisis Center
 - Continuity of care; Jail liaison program; Housing; Etc.
- “Prevent Suicide Today”
- Workforce Development:
 - Gateway’s curriculum for students
 - Psychiatry Residency in Savannah
 - Child & Adolescent Psychiatry Training
 - Addiction Medicine Fellowship Training
 - Marriage and Family Therapy



Gateway Executive Leadership Team



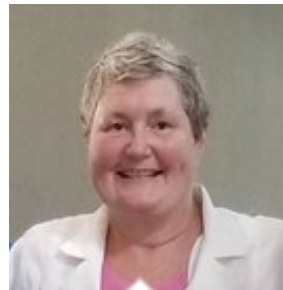
Dr. Mark Johnson
Chief Executive Officer



Heather Ott
Human Resources Director



David Crews
Chief Financial Officer



Cathy Thompson
Director of Nursing



Stacy Morgan
Director of Quality Assurance



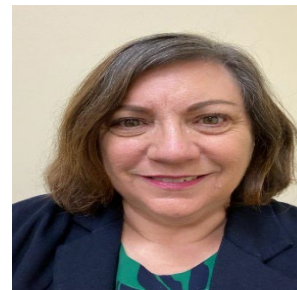
Felecia Singleton
Executive Assistant



Rufus Johnson
Director of Intellectual
Developmental Disabilities



Phylicia Anderson
Director of Child and
Adolescent Programs and Outreach



Marlene Flowers
Associate Director of IDD
Residential Services



Karen Morrison
Associate Director of IDD
Community Activities Clubhouses

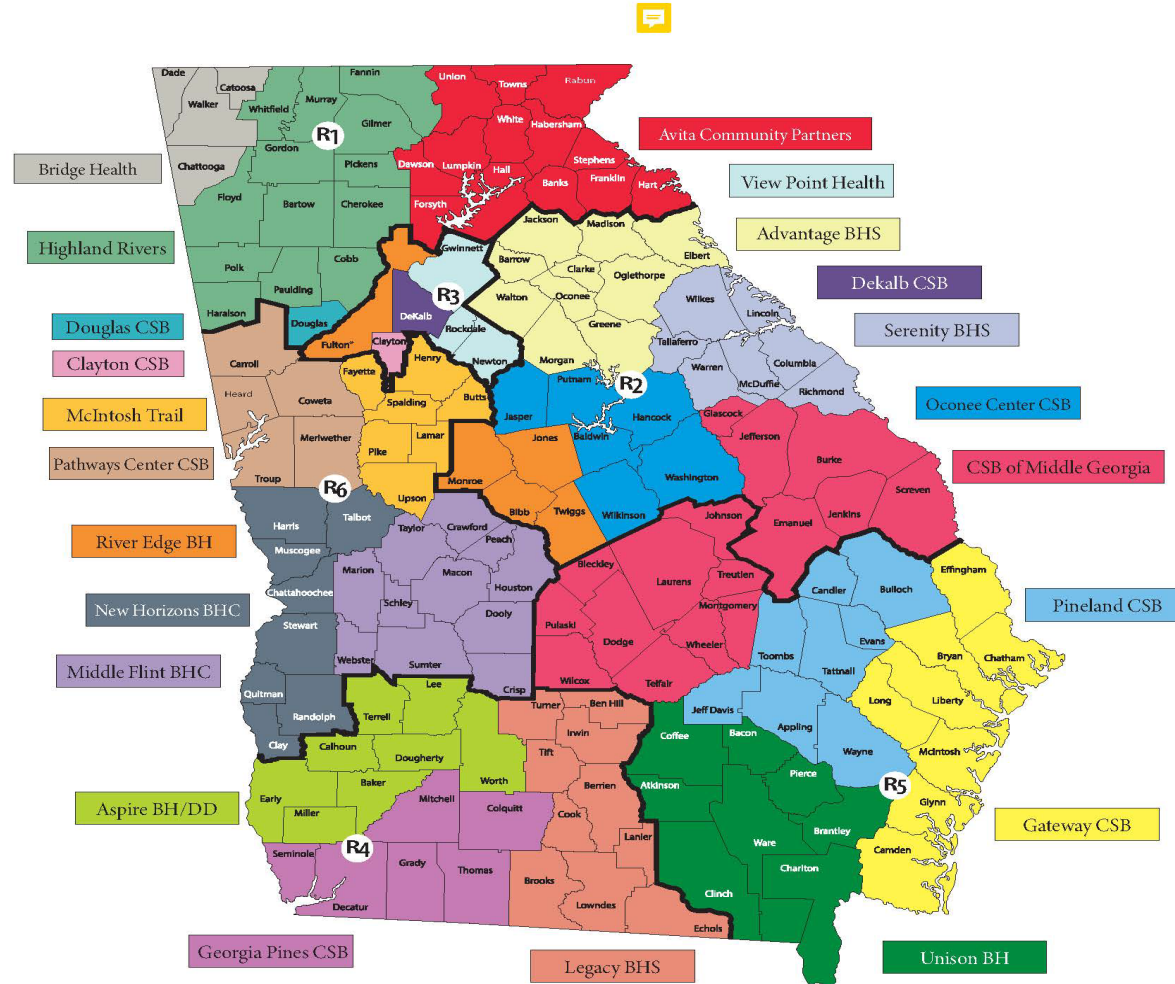


Sharon Smith
Clinical Director

What is a “Community Service Board”?

- “The providers of public mental health and addiction treatment in Georgia”
CSB’s were created in 1992 to be the public mental health “Safety Net” for people throughout the state who have Medicaid or no insurance at all
- Their structure includes
 1. CMHC’s (Community Mental Health Clinics or Centers)
 2. A wide range of other public (mental health) treatment and interventions.
- There are 22 CSB’s – each has an assigned region of Georgia (see map).
- Gateway – Eight counties: from the Savannah River to the St. Marys River





What is “Community Service Board” not?

- The provider of long term inpatient
- The provider of jail based mental health care
- The forensic evaluator of “Not Guilty by reason of insanity (NGI)
- A social service organization for homeless people
- Part of state government (e.g., “DBHDD”)
(Department of Behavioral Health and Developmental Disorders Disabilities)
- And much, much more



Gateway Counties



- Annual revenues: \$52M
- Approximately 720 employees
- Target population: people who are uninsured and Medicaid
- Permissible population: Anyone in need regardless of coverage

Gateway Mission

“To be a leader in the provision of comprehensive community services for mental health, substance use disorders, developmental disorders and disabilities in the communities it serves.”



Gateway Vision

“Individuals, families, and communities
improve their health and wellness,
direct their own futures,
and strive to reach their full potential.”



Source of revenues

7%	MEDICAID FEES (MRO)	\$ 3,443,372		
15%	MEDICAID WAIVER FEES	\$ 7,700,281		
3%	MEDICAID FEES (CMO)	\$ 1,460,714		
0.28%	MEDICARE FEES	\$ 148,005		
0.21%	COMMERCIAL INSURANCE	\$ 110,701		
0.08%	CLIENT/PATIENT FEES	\$ 43,751		
8%	ADULT STATE FEE-FOR-SERVICE	\$ 4,234,058		
	C&A STATE FEE-FOR-SERVICE	\$ 12,540		
	BILLED REVENUE		\$ 17,153,422	33%
52%	Georgia DBHDD CONTRACT REVENUE	\$26,945,812		
6%	Georgia DBHDD OTHER STATE CONTRACTS	\$ 3,252,834		
	DBHDD CONTRACT REVENUE		\$ 30,198,645	58%
3%	OTHER CONTRACTS	\$ 1,668,404		3%
3%	FEDERAL GRANTS	\$ 1,370,606		3%
	OTHER GRANTS	\$ 26,625		
2%	COUNTY CONTRIBUTIONS	\$ 1,079,012		2%
1%	OTHER INCOME	\$ 624,287		1%
100%	TOTAL FY22 REVENUE	\$52,121,001		100%

CSB - Margins

Capital expenses

Marketplace salary adjustments

New programs and increased access

Rates set by Medicaid/State Authorities

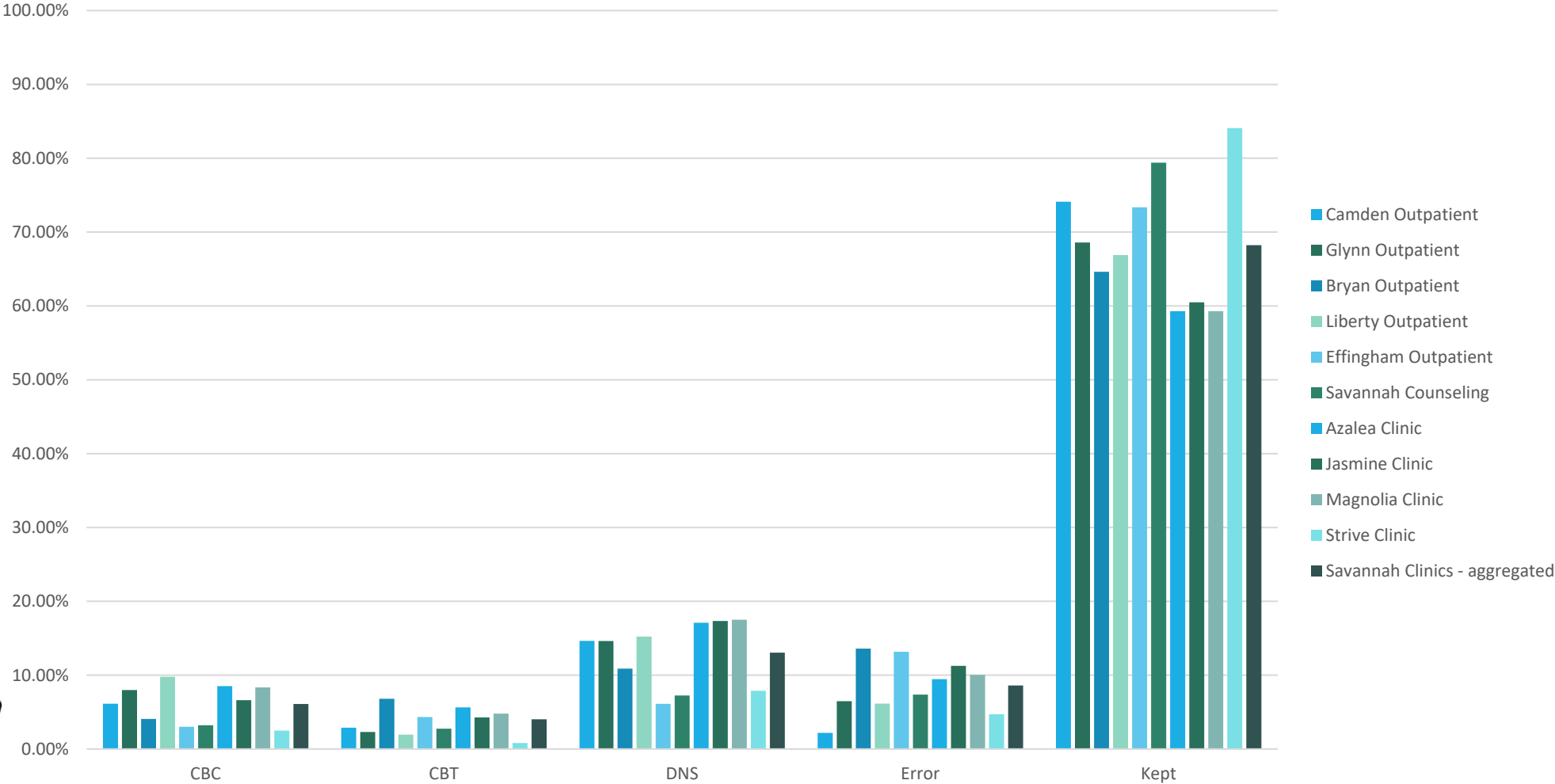
Parity – Lack of full parity

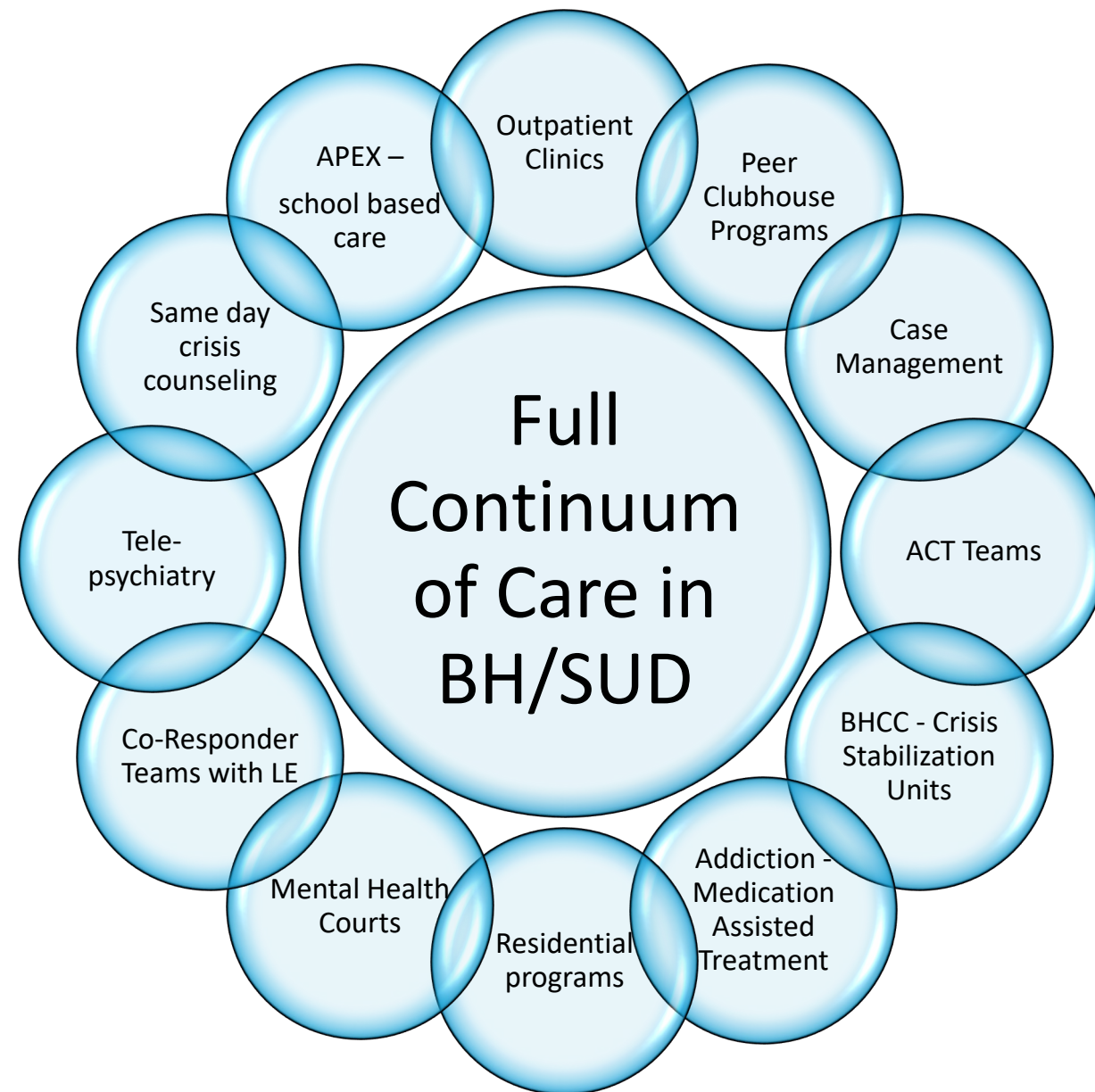
Note: State regulatory requirements can siphon off clinical staff and reduce job satisfaction



Outpatient Clinics – Status of Appointments – Impact on Margin

Status of scheduled appointments: April 2022 - November 2022





Behavioral Health Crisis Centers

Introduction



Behavioral Health Crisis Centers

Treatment for people in
acute mental health crisis

24 hours a day

7 days a week

365 days a year



What does a Behavioral Crisis Center do?

Emergencies: An alternative to the hospital emergency room for people with mental illness

Non-emergencies: A walk-in psychiatric/mental health crisis center for the community

A jail intercept resource for non-violent misdemeanor offenders who have a mental illness



Pathways into the BHCC

1. Walk-in: self-referred or family and friend referred
2. Agency referred (used just like an emergency room)
3. Law Enforcement transported (“Intercept” 0 and 1)
4. EMS transported (waiver)

Annual operating cost for Chatham BHCC:

Chatham County Board of Commissioners - \$700,000

**Georgia General Assembly through the Georgia
Department of Behavioral Health and Developmental
Disabilities (DBHDD) – \$7,300,000**

Opened in Savannah – June, 2020 at 2121 E. DeRenne



A multi-year collaborative effort

Chatham County Board of Commissioners

Senator Ben Watson (R) and Senator Lester Jackson (D)

Local State Representatives and Chair “Butch” Parrish (R)

Georgia Department of Behavioral Health Developmental Disorders

- **Commissioner Frank Berry (DBHDD; DCH)**
- **Commissioner Judy Fitzgerald (DBHDD)**



Chatham County BHCC Value to Partners

Gateway CSB - Chatham County

Diversion and transfers from hospital emergency departments

October 1 - December 31, 2020

I. Diversion from Chatham County Emergency Departments

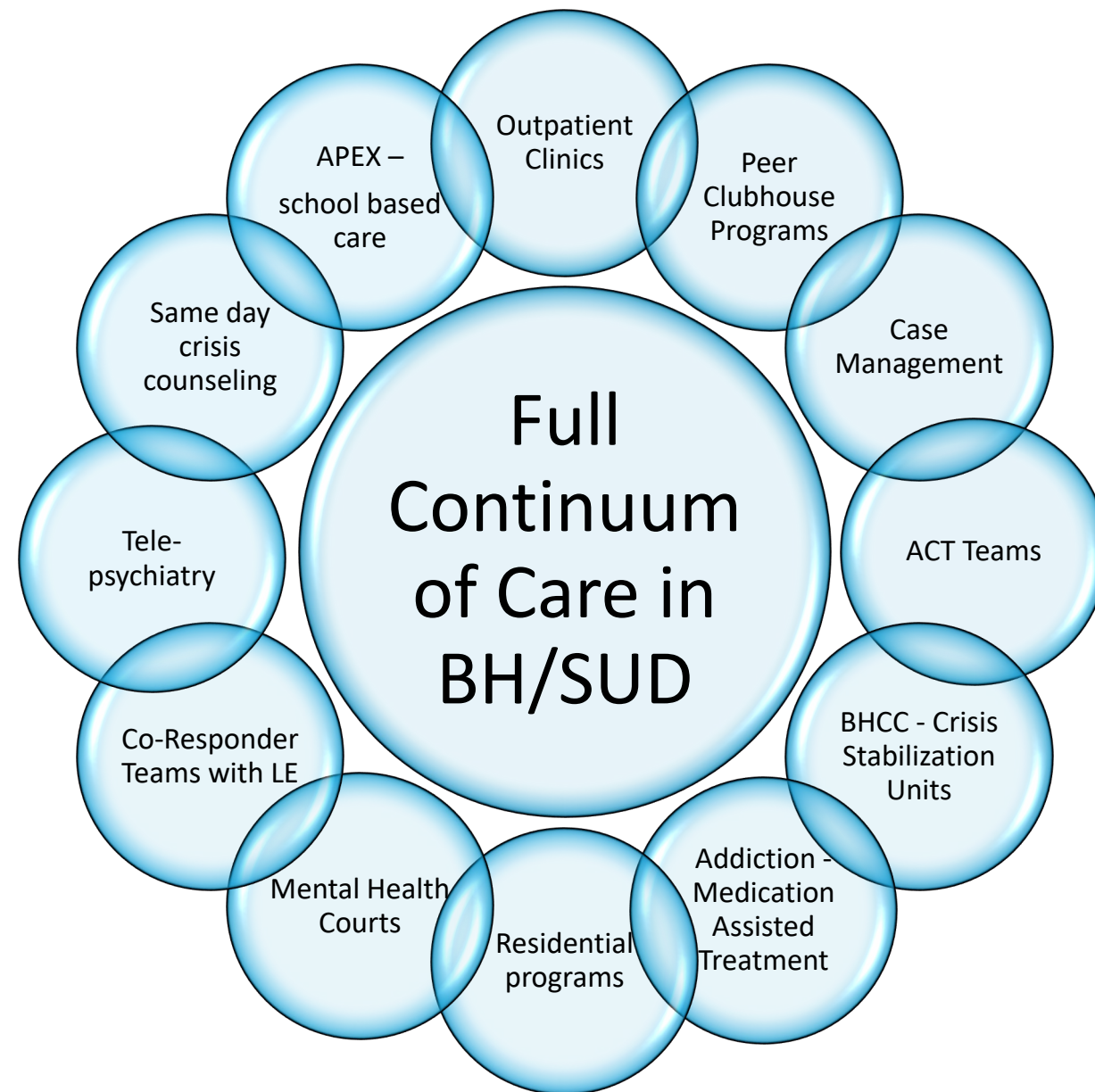
	Oct-Dec	Avg/mo
Walk-ins	173	58
Law enforcement	63	21
Total diversion from Chatham County ED's	236	79

II. Transfers from ED's

	Oct-Dec	Avg/mo
Candler	10	3
St Joseph	22	7
Other ED's	10	3
Memorial	52	17
Total transfers from ED's	94	31

Diversion represents people who without the BHCC would have sought care at one of the hospital ED's in town

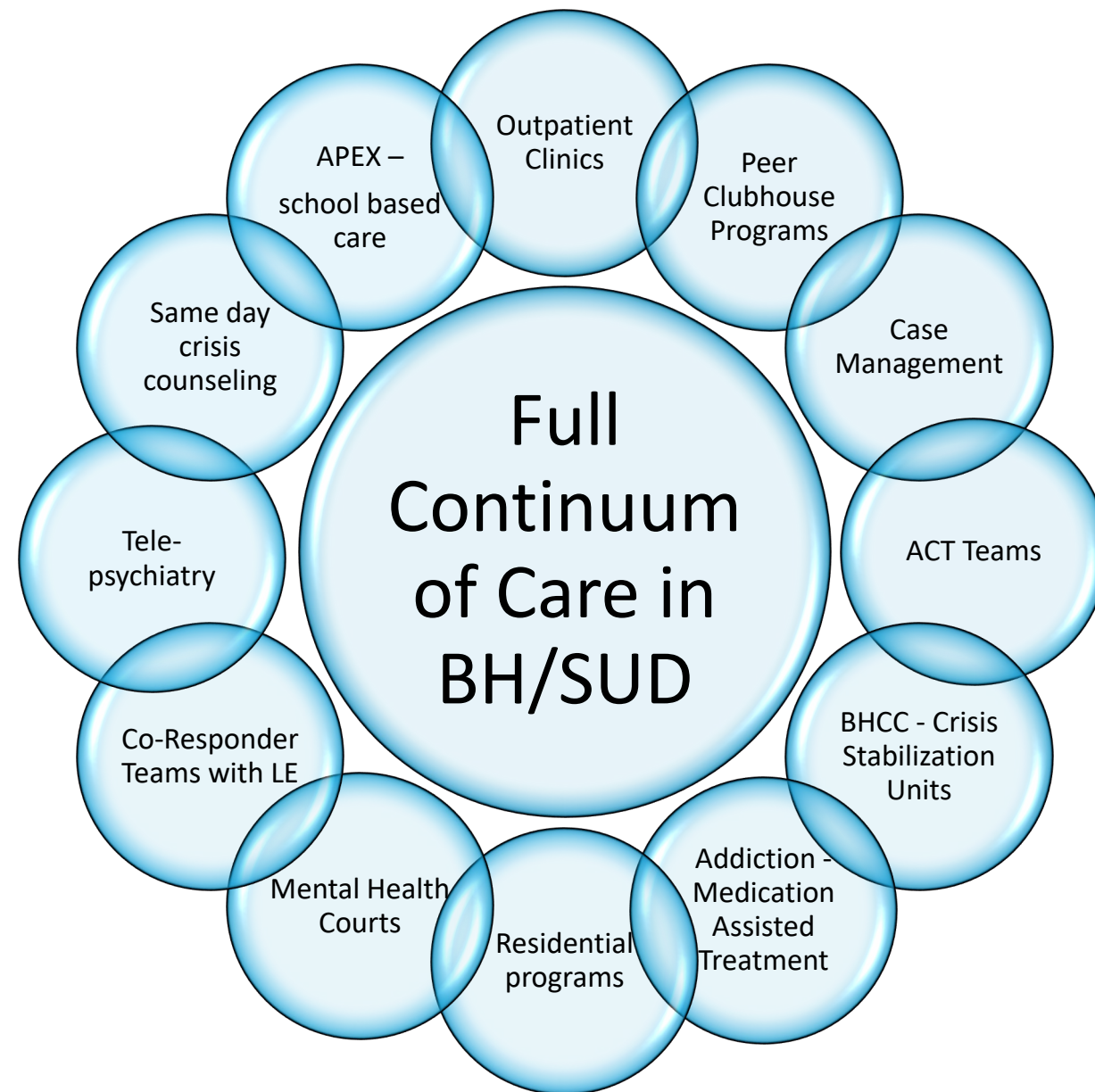




Tour of Chatham County BHCC

Collect lunch





Successful service

Collaborations

Collaborations

Collaborations



Community Opportunities

Community-wide Suicide Prevention Programs

- >8,000 “Suicide Talks”; >300 “ASIST” trainees in five years

Regional Community Collaborative (RCC's)

Coastal Georgia Indicators Council (Chatham County Blueprint)

Annual Chatham County Mental Health Symposium

“Breaking the Cycle”

- Collaboration with law enforcement to reduce use of jail with people with mental illness

Innovation and Pilots

The key to success: Local Collaborations

State: General Assembly

Local government: County

Local organizations



Sponsored collaborative structures

Chatham County Board of Commissioners

- Coastal Georgia Indicators Council
- Chatham County Safety Net Planning Council
- Annual Chatham County Mental Health Symposium

Georgia DBHDD sponsored collaboration

- Regional Community Collaborative



Aligned with: The Chatham Community Blueprint

1.3. Health

1.3.1. Vision: Chatham County has a culture of health including equal access to quality and affordable healthcare, chronic disease prevention, health inclusive policies and environmental design

1.3.2.1. Goal 1: Effectively address mental health by educating the public, reducing stigma, increasing early prevention programs, removing gaps and barriers, and increasing access to treatment particularly as it impacts incarcerated individuals, children, and adolescents.

1.3.2.1.2 Strategy 2: Increase access to crisis services and increase capacity of service providers to provide for those who lack resources.



Aligned with : The Chatham Community Blueprint

1.4. Quality of Life

1.4.1. Vision: Chatham County citizens achieve a superior quality of life within a safe, active and healthy environment inclusive of the area's history, natural resources, public mobility and efficient government.

1.4.2.3. Goal 3: Develop local and regional collaboration among similar organizations to improve the delivery of social services and to expand the continuum of services

1.4.2.3.1. Strategy 1: Provide additional resources for the mentally ill through a continuum of care facility rather than jail.



Community Collaborations

“The Front Porch” – A Multi-Agency Resource Center (M.A.R.C.)

“Breaking the Cycle” – Jail Interception/Diversion/B.H.U.

“Braking the Stigma” – Outdoor street fair and car show

“Street Medicine” – JC Lewis and MUMC Family Medicine

“Prevent Suicide Today” – CC Safety Net Planning Council

“APEX” – Counselors and Case Managers in Public Schools

Diversion Courts (mental health and drug courts)

Jail Liaisons – Savannah and Brunswick



Collaborative Projects – Highlighting Two

“Breaking the Cycle”

- Known nationally as “Step Up Together”
- Savannah Police Department – Behavioral Health Unit (BHU)
- Diversion Court-Chatham County Detention Center Liaison

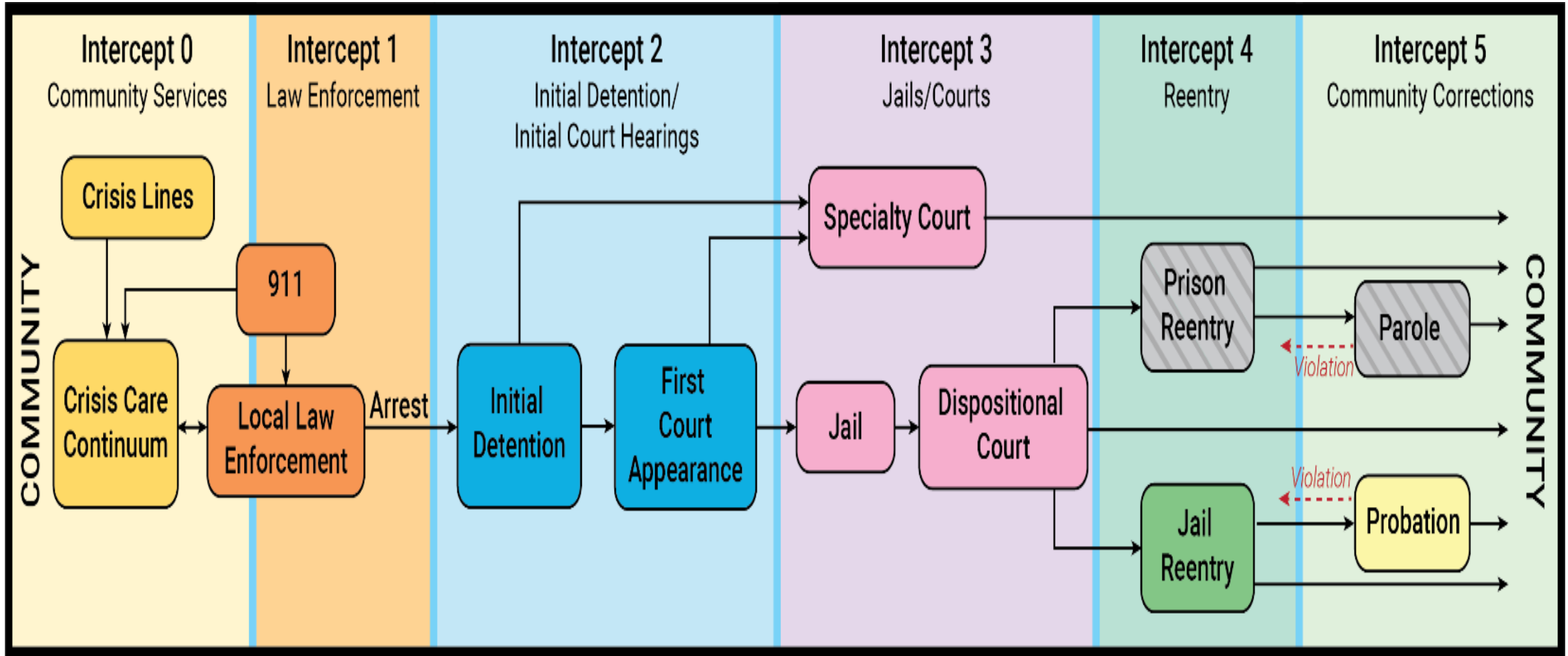
“Prevent Suicide Today”

- Broad local involvement (Trainers from various organizations)
- Start up funding from County Board of Commissioners



“Breaking the Cycle”

The Sequential Intercept Model



Co-responder model

“Right intervention by the right team to the right place”

- Outcome based on the true need of the person needing assistance

“Continuity of care”

- Individuals have a warm hand off and referrals to case management, peer programs, outpatient treatment and other supports that assist with continued recovery efforts and decrease recidivism

Treatment advantages of the Co-Responder Model

“Right care at the right time at the right place”

- Choice based on the true need of the person needing assistance

“Continuity of care”

- Individuals have a “warm hand off” to case management, peer programs, outpatient treatment and supports that assist with continued recovery efforts and decrease recidivism



Co-responder model in Savannah

Savannah Police Department – Behavioral Health Unit

Currently 1 full time squad

Expanding this year to 4 full time squads

SPD encourages other municipalities to participate



Co-responder model context and training

“CIT” training – “Crisis Intervention Team”

- 40 hours (a 5 day training)
- Designed for law enforcement by law enforcement
- In consultation with NAMI
 - the National Alliance on Mental Illness
 - Train 100% of officers – “before they hit the street”

“CIT Plus” – An additional 20 hours for selected officers

A strategic resource for mental health in the Community

An evidence-based suicide prevention program for the community:

Skills development – “ASIST”

(Applied Suicide Intervention Skills Training)



Together, we can prevent suicide

Suicide is preventable

Anyone can make a difference.

ASIST empowers participants with the skills to intervene and help someone stay safe-for-now.

Many people worldwide have carried out life-saving interventions by using ASIST.



Prevent Suicide Today



Chatham County Health Department
Chatham County Juvenile Court
Chatham County Sheriff's Office
Savannah Police Department
First Baptist Church of the Islands
Forever4Change Inc.
Georgia Southern University
Hospice Savannah-Demere Center for Living

Memorial Health University Medical Center
Savannah Fire & Emergency Services
Savannah Police Department
Savannah State University
Savannah-Chatham Public School System
St. Joseph's/Candler Health System
St. Mary's Community Center
Union Mission



What is ASIST?

ASIST is an evidence-based training developed by LivingWorks.

FOCUS: Suicide intervention training

DURATION: Two days (15 hours)

PARTICIPANTS: Anyone 16 or older

TRAINERS: Two registered trainers
per 15–30 participants



ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety.

Applied Suicide Intervention Skills Training -“ASIST”

“The average person”

“People who others go to and share their feelings”

“Listeners”

Missouri experience
Savannah experience



Who uses ASIST skills?



Community members



Counselors, social workers, and clinicians



Crisis line workers



Doctors, nurses, and medical professionals



Faith community



Firefighters



Military personnel



Police and corrections officers



Athletes



Teachers & Professors



EMTs and other first responders



Volunteers

Five Days for Training of Trainers

Venue: Epworth by the Sea, St Simon's Island

Size of group being trained as Trainers: 15

Length: One week - Sunday night through Friday at 4 pm

Tuition \$3,250

Housing and food \$1,200

- Five nights and 15 meals

Webpage of the Living Works organization:

www.LivingWorks.net

Google: "Prevent Suicide Today– Savannah"



TRAINING MENU



- ***Applied Suicide Intervention Skills Training (ASIST)***
is an evidence-based 2-day interactive workshop in suicide first aid
- ***SuicideTALK***
is an evidence-informed 60-minute training in suicide awareness
- ***Suicide Safety & Resilience for Schools***
is an evidence-informed 60-minute training in suicide prevention, intervention and postvention

Prevention & Resilience Program Outcomes

TRAINING:	TOTAL PEOPLE TRAINED IN SAVANNAH SINCE 2017	TOTAL FACILITATORS TRAINED SINCE 2017	
Applied Suicide Intervention Skills Training (ASIST)	1,208	27*	
Suicide Awareness Sessions (SuicideTALK, SafeTALK, QPR)	19,998*	9	
Mindful Self-Compassion	3,539	5	PROGRAM LAUNCHED IN 2019
Trauma Sensitive Yoga	2,128	43	PROGRAM LAUNCHED IN 2019
Front Porch - Trauma Drama	1,602	36	PROGRAM LAUNCHED IN 2021

Workforce Development

Growing the workforce

Leveraging the workforce

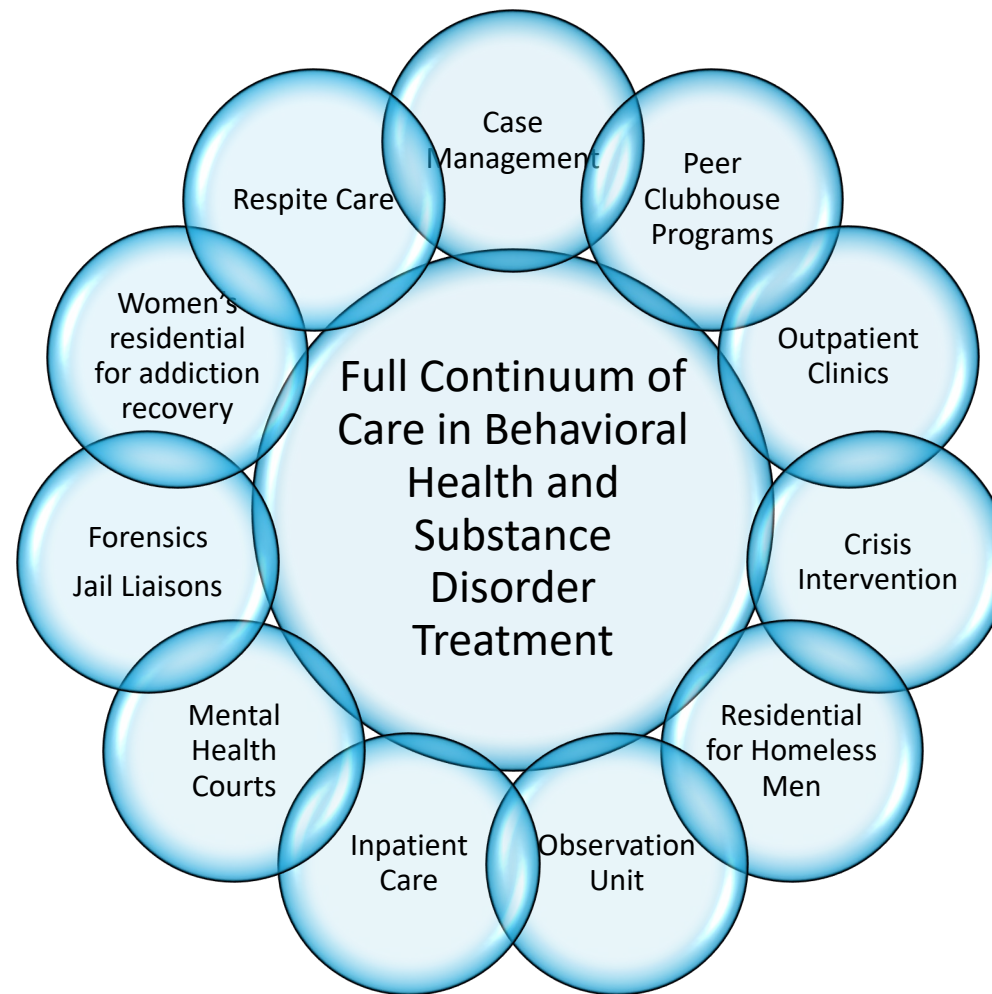


Workforce Development

Students at Gateway:
Internships and Practicums

AA/BA/MA/LPC/MSW/MFT/PA/NP





Internal Curriculum for students: With a full continuum of care interns and practicum students have the opportunity to gain experience in a variety of settings. Students and their Gateway sponsors will choose the locations best suited to their training needs.

Savannah Track

Rotation at outpatient clinics, a behavioral health crisis center, a child and adolescent crisis stabilization unit, adult, child, and adolescent specialty programs, a peer clubhouse (Reed House) and an addiction recovery program.

Internship Practicum Student Program: Savannah Track	
<u>Student:</u>	<u>Site Supervisor:</u>
Weeks	Site Rotation
Weeks 1-2	Orientation and Training (same as new employees)
Weeks 3	Shadow Site Supervisor or their designee
Weeks 4	Shadow BHCC or Lakeside Childrens CSU
Weeks 5	Shadow Outpatient Programs (Azalea or Jasmine & Maganolia)
Weeks 6-10	Co-Facilitate groups (site assigned by supervisor)
Weeks 11-15	Specialty Program: practice at assessments, tx plans, other services per program/etc. (Example: strive, ICM, YTA)
Weeks 16-17	Peer Program: shadow, assist with groups and outings
Weeks 18-21	Discharge planning, individual counseling, assessments, etc.
Weeks 22-25	Site of choice, as available

Curriculum: Preparing students to provide high quality care regardless of where they work after graduation

Week One

- **Ethics and Responsibilities**
- **Corporate Compliance**
- **Incident Reporting**
- **HIPAA, HIPAA, HIPAA, etc. (☺)**
- **Intro to Cross Culture Communication Skills**
- **CPR; First Aid; Active Shooter; Alerts**
- **Fire Safety**
- **AAA Driver Safety**
- **Disaster Preparedness**
- **Mindset: De-escalation and Safety Intervention**

Week Two

- **Mindful Self-Compassion Training**
- **Daily Living Activities Assessment (DLA 20)**
- **Person Centered Treatment Planning**
- **Adult Needs and Strengths Assessment**
- **Child & Adolescent Assessment**
- **Columbia Suicide Assessment Training**
- **Assessing & Managing Suicide Risk (AMSR)**

Within the first three months:

- **Applied Suicide Intervention Skills Training (ASIST)**

Workforce Development

Workforce Growth:

- Psychiatry Residency in Savannah
Class size of 8; total complement of 28
- Child & Adolescent Fellowship
Class size of 2; total complement of 4
- Marriage and Family Therapists – drawing board



Accreditation in Graduate Medical Education

- ACGME Institutional Sponsor
 - Initial accreditation: 7/1/2017
- Program – General Psychiatry
 - Ongoing accreditation: 4/20/2020
- Fellowships – Child & Adolescent Psychiatry
 - Initial accreditation: 2/12/2021
 - First trainees start: 7/1/2023
- Fellowships – Addiction Medicine
 - Application for accreditation 10/12/2022



Accreditation in Graduate Medical Education

Direct funding from General Assembly

- General Psychiatry \$480,000
- Child & Adolescent Psychiatry \$480,000
- Addiction Medicine
 - No direct funding necessary
- Masters program in Marriage and Family Therapy
 - No direct funding necessary



Gateway Psychiatry Residency

Academic Affiliation

- Mercer University School of Medicine, Savannah Campus

Collaborative Partnerships

- Community Health Clinics
 - Curtis V Cooper FQHC
 - JC Lewis Health Center FQHC
- Georgia Regional Hospital, Savannah, GA (state psychiatric hospital)
- Fort Stewart (U.S. Army in Hinesville, GA)
- Memorial University Medical Center, Savannah, GA (community hospital)



Inaugural Class: Psychiatry Residents who started June 2019

Academic Year 2021-2022: Post Graduate Year (PGY) 3 Residents



Emily Aquadro, MD
Medical College of Georgia
at Augusta University



Yvonne Erusiafe, MD
Madonna University College
of Medicine



Domonic Hill, MD
Drexel University College of
Medicine



Sitwat Malik, MD
Jinnah Sindh Medical
University











Johnathan Pierson, MD
University of Louisville
School of Medicine










Shahin Zohoori, MD
Ross University
School of Medicine

Second class of Residents – started June 2020

Academic Year: 7/1/20 - 7/30/21 PGY1 Residents 2020-2021 <i>General start 7/1/2020 - anticipated graduation date 6/30/2024</i>			
 <p>Lorelys Arroyo, MD University of Medicine and Health Sciences, St. Kitts</p>	 <p>Modupeoluwa Babalola, MD Medical College of Georgia at Augusta University</p>	 <p>Naomi Gunadeva, MD Medical College of Georgia at Augusta University</p>	 <p>Caitlyn Fitzgerald, MD University of Medicine and Health Sciences, St. Kitts</p>
 <p>Mary Mercer, MD Medical University of South Carolina College of Medicine</p>	 <p>Jasmine Murchison, MD USF Health Morsani College of Medicine</p>	 <p>Nisha Ramchander, DO Lake Erie College of Osteopathic Medicine</p>	 <p>Zuleimye Valle Blas, MD University of Medicine and Health Sciences, St. Kitts</p>

Third class of Residents – started June 2021

Academic Year: 7/1/21 - 6/30/22 PGY1 Residents 2021-2022 <i>General start 7/1/2021 - anticipated graduation date 6/30/2025</i>			
 Carolyn Akin, MD Mercer School of Medicine – Savannah	 Kaitlyn Halsema, DO Kansas City University of Medicine and Biosciences College of Osteopathic Medicine	 Luis Hernandez, MD University of Medicine and Health Sciences, St. Kitts	 Daniel Perry, MD Emory University School of Medicine
 Natalie Rivera, MD University of Medicine and Health Sciences, St. Kitts	 MacKenzie Sloas, DO West Virginia School of Osteopathic Medicine	 Kristen Williams, MD Mercer School of Medicine	

Fourth class of Residents – started June 2022

Academic Year 7/1/2022-6/30/2023

PGY1 Residents 2022-2023

Anticipated Graduation Date: 6/30/2026



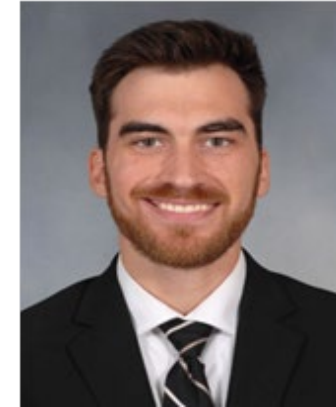
Nisha Beard, DO
Philadelphia College of
Osteopathic Medicine



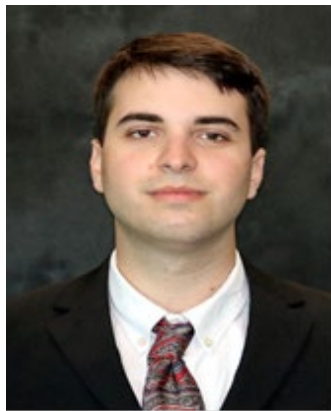
Michael Boring, MD
University of Central Florida
College of Medicine



George Butler, DO
Edward Via College of
Osteopathic Medicine



Jacob DeBellis, MD
University of Cincinnati
College of Medicine



Joseph Harwood, MD
Medical University of South
Carolina College of Medicine



Youngmin Kim, MD
Mercer University
School of Medicine



Aleksandra Smith, MD
St. George's
University



Xiang You, MD
Shanghai Jiao Tong
University



Medical Schools

- ❖ Mercer School of Medicine
- ❖ Medical College of Georgia - Augusta University
- ❖ Emory University School of Medicine
- ❖ Drexel University College of Medicine
- ❖ West Virginia School of Osteopathic Medicine
- ❖ Philadelphia College of Osteopathic Medicine
- ❖ Edward Via College of Osteopathic Medicine
- ❖ University of Louisville School of Medicine
- ❖ University of Cincinnati College of Medicine
- ❖ Kansas City University of Medicine and Biosciences College of Osteopathic Medicine

Medical Schools

- ❖ University of South Florida - Morsani College of Medicine
- ❖ University of Central Florida College of Medicine
- ❖ Lake Erie College of Osteopathic Medicine
- ❖ Madonna University College of Medicine
- ❖ St. George's University
- ❖ Shanghai Jiao Tong University
- ❖ Jinnah Sindh Medical University
- ❖ Ross University School of Medicine
- ❖ University of Medicine and Health Sciences, St. Kitts

Upcoming projects

Project	Capital expense	Operating expense
Addiction Medicine Fellowship	None – application submitted 10/12/2022	Covered by billing and funding for opioid treatment
Sleep lab	\$280,000	Covered by billing
“TMS” – non-invasive	\$250,000	Covered by billing
Masters in Marriage and Family Therapy	On child & youth campus	Faculty from Mercer University and billing
Child and Youth Campus	\$17,000,000	Covered by billing
Certification for BH and IDD “Techs”	Gateway staff to assist in teaching classes	Covered by margin



Thank
You

Opening Doors to Recovery

The model built upon Georgia's collaborative

1. Crisis Intervention Team (CIT) program (a collaboration between law enforcement, advocacy, and mental health systems)
2. Peer specialist programs and accomplishments

ODR uses a team of 3 non-traditional Community Navigation Specialists (CNSs):

- a. a licensed social worker
- b. a peer specialist
- c. a family member of someone with SMI (“lived experience”)



Opening Doors to Recovery

Results:

ODR was shown to be associated with

- 1. Fewer days hospitalized (RR=0.86, P=.001)**
- 2. A lower incidence of arrests (OR=0.35, P=.001)**
- 3. In addition, measures of housing satisfaction (Cohen d=0.45) and recovery (Cohen d=0.33) were significantly more improved in ODR patients compared to Case Management patients**

Opening Doors to Recovery

Research validating the approach (240 patients)

Publication date: Monday January 16, 2023

Journal of Clinical Psychiatry 2023;84(00):22m14498



A Child & Youth Mental Health Campus

Child and Youth Crisis Center
Outpatient Care

Capital construction cost \$ 17M

Chatham County Board of Commissioners – \$1M
GA DBHDD - \$ 4M

Balance outstanding \$ 12M



Child and Adolescent CSU and Crisis Center





Mental Health 1st Aid – what it covers – six hours

1. Common signs and symptoms of mental health challenges.
2. Common signs and symptoms of substance use challenges.
3. How to interact with a person in crisis.
4. How to connect a person with help.
5. Expanded content on trauma, substance use and self-care.

Mental Health 1st Aid - versions

- Adult
- Youth
- Teen
- Older Adults
- Public Safety
- At Work
- Public Safety
- Fire/EMS
- Rural
- Veterans