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
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

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAID FEES (MRO)</td>
<td>7%</td>
<td>$3,443,372</td>
</tr>
<tr>
<td>MEDICAID WAIVER FEES</td>
<td>15%</td>
<td>$7,700,281</td>
</tr>
<tr>
<td>MEDICAID FEES (CMO)</td>
<td>3%</td>
<td>$1,460,714</td>
</tr>
<tr>
<td>MEDICARE FEES</td>
<td>0.28%</td>
<td>$148,005</td>
</tr>
<tr>
<td>COMMERCIAL INSURANCE</td>
<td>0.21%</td>
<td>$110,701</td>
</tr>
<tr>
<td>CLIENT/PATIENT FEES</td>
<td>0.08%</td>
<td>$43,751</td>
</tr>
<tr>
<td>ADULT STATE FEE-FOR-SERVICE</td>
<td>8%</td>
<td>$4,234,058</td>
</tr>
<tr>
<td>C&amp;A STATE FEE-FOR-SERVICE</td>
<td></td>
<td>$12,540</td>
</tr>
<tr>
<td><strong>BILLED REVENUE</strong></td>
<td></td>
<td><strong>$17,153,422</strong></td>
</tr>
<tr>
<td>Georgia DBHDD CONTRACT REVENUE</td>
<td>52%</td>
<td>$26,945,812</td>
</tr>
<tr>
<td>Georgia DBHDD OTHER STATE CONTRACTS</td>
<td>6%</td>
<td>$3,252,834</td>
</tr>
<tr>
<td><strong>DBHDD CONTRACT REVENUE</strong></td>
<td></td>
<td><strong>$30,198,645</strong></td>
</tr>
<tr>
<td>OTHER CONTRACTS</td>
<td>3%</td>
<td>$1,668,404</td>
</tr>
<tr>
<td>FEDERAL GRANTS</td>
<td>3%</td>
<td>$1,370,606</td>
</tr>
<tr>
<td><strong>OTHER GRANTS</strong></td>
<td></td>
<td><strong>$26,625</strong></td>
</tr>
<tr>
<td>COUNTY CONTRIBUTIONS</td>
<td>2%</td>
<td>$1,079,012</td>
</tr>
<tr>
<td>OTHER INCOME</td>
<td>1%</td>
<td>$624,287</td>
</tr>
<tr>
<td><strong>TOTAL FY22 REVENUE</strong></td>
<td>100%</td>
<td><strong>$52,121,001</strong></td>
</tr>
</tbody>
</table>
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
Full Continuum of Care in BH/SUD

- Outpatient Clinics
- Peer Clubhouse Programs
- Case Management
- ACT Teams
- BHCC - Crisis Stabilization Units
- Addiction - Medication Assisted Treatment
- Residential programs
- Mental Health Courts
- Co-Responder Teams with LE
- Tele-psychiatry
- Same day crisis counseling
- APEX – school based care

Gateway Community Service Board
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

<table>
<thead>
<tr>
<th></th>
<th>Oct-Dec</th>
<th>Avg/mo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walk-ins</td>
<td>173</td>
<td>58</td>
</tr>
<tr>
<td>Law enforcement</td>
<td>63</td>
<td>21</td>
</tr>
<tr>
<td>Total diversion from Chatham County ED's</td>
<td>236</td>
<td>79</td>
</tr>
</tbody>
</table>

II. Transfers from ED's

<table>
<thead>
<tr>
<th></th>
<th>Oct-Dec</th>
<th>Avg/mo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candler</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>St Joseph</td>
<td>22</td>
<td>7</td>
</tr>
<tr>
<td>Other ED's</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Memorial</td>
<td>52</td>
<td>17</td>
</tr>
<tr>
<td>Total transfers from ED's</td>
<td>94</td>
<td>31</td>
</tr>
</tbody>
</table>

Diversion represents people who without the BHCC would have sought care at one of the hospital ED’s in town
Full Continuum of Care in BH/SUD

- Outpatient Clinics
- Peer Clubhouse Programs
- Case Management
- ACT Teams
- BHCC - Crisis Stabilization Units
- APEX – school based care
- Same day crisis counseling
- Tele-psychiatry
- Co-Responder Teams with LE
- Mental Health Courts
- Residential programs
- Addiction - Medication Assisted Treatment
Tour of Chatham County BHCC

Collect lunch
Full Continuum of Care in BH/SUD

- Outpatient Clinics
- Peer Clubhouse Programs
- Case Management
- ACT Teams
- BHCC - Crisis Stabilization Units
- Addiction - Medication Assisted Treatment
- Residential programs
- Mental Health Courts
- Co-Responder Teams with LE
- Tele-psychiatry
- Same day crisis counseling
- APEX – school based care
- APEX – school based care
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
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.
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.)


“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.
Memorial Health University Medical Center
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”
• 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

<table>
<thead>
<tr>
<th>Training</th>
<th>Total People Trained in Savannah Since 2017</th>
<th>Total Facilitators Trained Since 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Applied Suicide Intervention Skills Training (ASIST)</strong></td>
<td>1,208</td>
<td>27*</td>
</tr>
<tr>
<td><strong>Suicide Awareness Sessions (SuicideTALK, SafeTALK, QPR)</strong></td>
<td>19,998*</td>
<td>9</td>
</tr>
<tr>
<td><strong>Mindful Self-Compassion</strong></td>
<td>3,539</td>
<td>5</td>
</tr>
<tr>
<td><strong>Trauma Sensitive Yoga</strong></td>
<td>2,128</td>
<td>43</td>
</tr>
<tr>
<td><strong>Front Porch - Trauma Drama</strong></td>
<td>1,602</td>
<td>36</td>
</tr>
</tbody>
</table>

* Program launched in 2019

* Program launched in 2021
Workforce Development

Growing the workforce
Leveraging the workforce
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.
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.

<table>
<thead>
<tr>
<th>Internship Practicum Student Program: Savannah Track</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student:</strong></td>
</tr>
<tr>
<td><strong>Weeks</strong></td>
</tr>
<tr>
<td>Weeks 1-2</td>
</tr>
<tr>
<td>Weeks 3</td>
</tr>
<tr>
<td>Weeks 4</td>
</tr>
<tr>
<td>Weeks 5</td>
</tr>
<tr>
<td>Weeks 6-10</td>
</tr>
<tr>
<td>Weeks 11-15</td>
</tr>
<tr>
<td>Weeks 16-17</td>
</tr>
<tr>
<td>Weeks 18-21</td>
</tr>
<tr>
<td>Weeks 22-25</td>
</tr>
</tbody>
</table>
**Curriculum: Preparing students to provide high quality care regardless of where they work after graduation**

<table>
<thead>
<tr>
<th>Week One</th>
<th>Week Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Ethics and Responsibilities</td>
<td>o Mindful Self-Compassion Training</td>
</tr>
<tr>
<td>o Corporate Compliance</td>
<td>o Daily Living Activities Assessment (DLA 20)</td>
</tr>
<tr>
<td>o Incident Reporting</td>
<td>o Person Centered Treatment Planning</td>
</tr>
<tr>
<td>o HIPAA, HIPAA, HIPAA, etc. (😊)</td>
<td>o Adult Needs and Strengths Assessment</td>
</tr>
<tr>
<td>o Intro to Cross Culture Communication Skills</td>
<td>o Child &amp; Adolescent Assessment</td>
</tr>
<tr>
<td>o CPR; First Aid; Active Shooter; Alerts</td>
<td>o Columbia Suicide Assessment Training</td>
</tr>
<tr>
<td>o Fire Safety</td>
<td>o Assessing &amp; Managing Suicide Risk (AMSR)</td>
</tr>
<tr>
<td>o AAA Driver Safety</td>
<td></td>
</tr>
<tr>
<td>o Disaster Preparedness</td>
<td>Within the first three months:</td>
</tr>
<tr>
<td>o Mindset: De-escalation and Safety Intervention</td>
<td>o Applied Suicide Intervention Skills Training</td>
</tr>
<tr>
<td></td>
<td>(ASIST)</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Academic Year 2021-2022: Post Graduate Year (PGY) 3 Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Emily Aquadro, MD" /></td>
</tr>
</tbody>
</table>
| **Emily Aquadro, MD**  
Medical College of Georgia  
at Augusta University | **Yvonne Eruslafe, MD**  
Madonna University College of Medicine | **Domonic Hill, MD**  
Drexel University College of Medicine | **Sitwat Malik, MD**  
Jinnah Sindh Medical University |
| ![Johnathan Pierson, MD](image5) | ![Shahin Zohoori, MD](image6) |
| **Johnathan Pierson, MD**  
University of Louisville  
School of Medicine | **Shahin Zohoori, MD**  
Ross University  
School of Medicine |
Second class of Residents – started June 2020

<table>
<thead>
<tr>
<th>Lorelys Arroyo, MD</th>
<th>Modupeoluwa Babalola, MD</th>
<th>Naomi Gunadeva, MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Medicine and</td>
<td>Medical College of Georgia</td>
<td>Medical College of Georgia</td>
</tr>
<tr>
<td>Health Sciences, St. Kitts</td>
<td>at Augusta University</td>
<td>at Augusta University</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caitlyn Fitzgerald, MD</td>
<td>Mary Mercer, MD</td>
<td>Jasmine Murchison, MD</td>
</tr>
<tr>
<td>University of Medicine and</td>
<td>Medical University of South</td>
<td>USF Health Morsani College of</td>
</tr>
<tr>
<td>Health Sciences, St. Kitts</td>
<td>Carolina College of Medicine</td>
<td>Medicine</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nisha Ramchander, DO</td>
<td>Zuleimye Valle Blas, MD</td>
</tr>
<tr>
<td></td>
<td>Lake Erie College of Osteopathic Medicine</td>
<td>University of Medicine and Health Sciences, St. Kitts</td>
</tr>
</tbody>
</table>
# Third class of Residents – started June 2021

<table>
<thead>
<tr>
<th>Carolyn Akin, MD</th>
<th>Kaitlyn Halsema, DO</th>
<th>Luis Hernandez, MD</th>
<th>Daniel Perry, MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercer School of Medicine – Savannah</td>
<td>Kansas City University of Medicine and Biosciences College of Osteopathic Medicine</td>
<td>University of Medicine and Health Sciences, St. Kitts</td>
<td>Emory University School of Medicine</td>
</tr>
<tr>
<td>Natalie Rivera, MD</td>
<td>MacKenzie Sloas, DO</td>
<td>Kristen Williams, MD</td>
<td></td>
</tr>
<tr>
<td>University of Medicine and Health Sciences, St. Kitts</td>
<td>West Virginia School of Osteopathic Medicine</td>
<td>Mercer School of Medicine</td>
<td></td>
</tr>
</tbody>
</table>

**Academic Year: 7/1/21 - 6/30/22**
**PGY1 Residents 2021-2022**
General start 7/1/2021 - anticipated graduation date 6/30/2025
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

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

Jacob DeBellis, MD
University of Cincinnati
College of Medicine

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

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

Gateway
Community Service Board
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
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

<table>
<thead>
<tr>
<th>Adult</th>
<th>At Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth</td>
<td>Public Safety</td>
</tr>
<tr>
<td>Teen</td>
<td>Fire/EMS</td>
</tr>
<tr>
<td>Older Adults</td>
<td>Rural</td>
</tr>
<tr>
<td>Public Safety</td>
<td>Veterans</td>
</tr>
</tbody>
</table>