

Board of Behavioral Health and Developmental Disabilities



DBHDD

**GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH AND
DEVELOPMENTAL DISABILITIES**

**BOARD MEETING
OCTOBER 19, 2017**

Agenda

Call to Order

Recovery Speaker

Action Items:

Approval of Minutes

Approval of 2018 Board Meeting Calendar

Approval of Board Resolution

Commissioner's Report

Vice Chair's Report

Public Comment

Next Meeting Date

Call to Order

**DAVID GLASS
VICE CHAIR**

Recovery Speaker

**PAM BROOKS-CRUMP
RESPECT INSTITUTE OF GEORGIA**

Action Items

**APPROVAL OF MINUTES
APPROVAL OF 2018 BOARD MEETING CALENDAR
APPROVAL OF BOARD RESOLUTION**

State Targeted Response to Opioid Grant

CASSANDRA PRICE
DIRECTOR, OFFICE OF ADDICTIVE DISEASES

Grant Overview

- 2-year grant that aims to address the opioid crisis by
 - Increasing access to treatment,
 - Reducing unmet treatment need, and
 - Reducing opioid overdose deaths through the provision of
 - ❖ Prevention
 - ❖ Treatment, and
 - ❖ Recovery activities for opioid use disorder (including both prescription opioids and illicit drugs, such as heroin)

Funding Amount & Requirements

- \$11,782,710 per year for two years
 - **Cannot use grant funding to supplant existing opioid services**
- 80% of grant award must be spent on opioid use disorder treatment and recovery support services
- 20% of the grant award must be spent on opioid prevention services
- Up to 5% of award can be used for administrative/ infrastructure costs

STR Opioid Grant Service Providers

Treatment Providers

Time Period: June 1, 2017 to April 30, 2018

Provider	DBHDD Region
Advantage Behavioral Health Systems	2
Atlanta Harm Reduction Coalition	Statewide
Avita Community Partners	1
Grady Memorial Hospital Corporation	3
Newport Integrated Behavioral Healthcare	3
Recovery Place Community Services, Inc.	5
River Edge Behavioral Health (effective 9/1/17)	2
St. Jude's Recovery Center	3
Southside Medical Center	3
Unison Behavioral Health	5

STR Opioid Grant Service Providers

Prevention Providers

Time Period: August 1, 2017 to April 30, 2018

Provider	DBHDD Region
Current brand (media development)	Statewide
NCM and WSB (media campaign)	Statewide
Augusta University Research Institute, Inc.	2
GUIDE, Inc.	3
Bulloch County Alcohol and Drug Council	5
Association of Village Pride, Inc.	6
The Council on Alcohol and Drugs, Inc.	TBD
Atlanta Harm Reduction Coalition	Statewide
Medical Association of Georgia	Statewide
Peer Assisted Student Transition (PAST) Project	TBD

STR Opioid Grant Service Providers

Recovery Providers

Time Period: June 1, 2017 to April 30, 2018

Provider	DBHDD Region
Georgia Council on Substance Abuse	Statewide
Navigate Recovery Gwinnett	3
Georgia Association of Recovery Residences	1, 2, 3, 4, 5

Status of Activities (Treatment and Recovery)

- Ads and billboards are displayed to bring awareness of resources available in identified high-need communities
- Providers have contacted local hospitals to extend available treatment resources, especially for indigent citizens
- Trainings and drug-free community meetings are being held to educate citizens on the opioid epidemic
- The warmline for peer recovery support is scheduled to start receiving calls in October 2017

Status of Activities (Prevention)

- Recent naloxone administration training for Behavioral Health Division staff
- Naloxone administration trainings are being conducted in communities throughout Georgia
- The first public service announcement has been completed with the kick-off event to follow
- The Council on Alcohol and Drugs (TCAD) has been contracted to develop curriculum for the Peer Assisted Student Transition (PAST) project
- Providers have been contracted to address opioid abuse in identified high-need areas, using the Strategic Prevention Framework (SPF)

Settlement Agreement Extension

AMY HOWELL
ASSISTANT COMMISSIONER AND GENERAL COUNSEL

EVELYN HARRIS
SETTLEMENT COORDINATOR

Americans with Disabilities Act and Georgia

- In 2010 the U.S. Department of Justice (DOJ) filed suit against DBHDD and DCH alleging violations of the ADA for failures to administer services in the most integrated settings
- Settlement Agreement entered on October 29, 2010
- The five-year agreement ended on June 30, 2015
- The DOJ agreed to release Georgia from numerous provisions of the original agreement in an extension agreement signed on May 18, 2016
- The settlement agreement extension will conclude on June 30, 2018

Original Settlement Agreement

- Prescribes additional community-based services for people with developmental disabilities who are currently in state hospitals and those who are at risk of hospitalization
- Requires the state to move individuals with developmental disabilities out of state hospitals into an integrated community setting appropriate to their needs
- Focuses on individuals with severe and persistent mental illness (SPMI) who are currently in state hospitals, frequently readmitted to state hospitals, frequently seen in emergency rooms, chronically homeless, or are being released from jails and prisons

Overview of the Extension Agreement

Specific provisions of the agreement center upon:

- Transitions from State Hospitals
- High-Risk Surveillance and Clinical Oversight
- Support Coordination
- Crisis System
- Provider Recruitment
- Supported Housing
- Investigations and Quality Improvement

Division of Developmental Disabilities

**RON WAKEFIELD
DIRECTOR**

Hospital Transitions

BETH SHAW
DIRECTOR, OFFICE OF TRANSITIONS
DIVISION OF DEVELOPMENTAL DISABILITIES

Transitions

The settlement agreement requires The state to transition individuals with intellectual disabilities to the community at a reasonable pace, specifying 25 individuals in 2016.

Transitions Accomplishments

- Since July 1, 2015, **more than 70 individuals** have transitioned from a hospital setting to a home in the community
 - FY 2016: 26 individuals
 - FY 2017: 29 individuals
 - FY 2018: 20 individuals (10 forensic, 9 Gracewood)

Transition Accomplishments

- **First quarter transition comparisons:**
 - 1st quarter FY 2018: 14 transitions (9 forensic, 5 ICF)
 - 1st quarter FY 2017: 3 transitions (2 forensic, 1 ICF)
- **Gracewood:**
 - 131 individuals remaining in ICFs
 - 24 individuals remaining in SNFs

Transition Process Improvements

- Individualized, person-centered approach
- Transition Fidelity Committee
- Developed and implemented transition guidelines to ensure fidelity (Policy 04-120)
- Transition from all programs for IDD – skilled nursing, intermediate care facility, forensics, adult mental health
- Engagement of intensive support coordinators (ICS) 60 days prior to discharge
- Engagement of ICS team during transition phase
- Training of Providers

High-Risk Surveillance and Statewide Clinical Oversight

DANA SCOTT
DIRECTOR, OFFICE OF HEALTH AND WELLNESS
DIVISION OF DEVELOPMENTAL DISABILITIES

High-Risk Surveillance and Clinical Oversight

The settlement agreement extension requires high-risk surveillance and statewide clinical oversight for individuals with intellectual disabilities with medical and behavioral complexities.

High-Risk Surveillance and Clinical Oversight

- Statewide clinical oversight was implemented in July 2017 via the Office of Health and Wellness
- Provided by team of regional teams of registered nurses and other clinical support entities

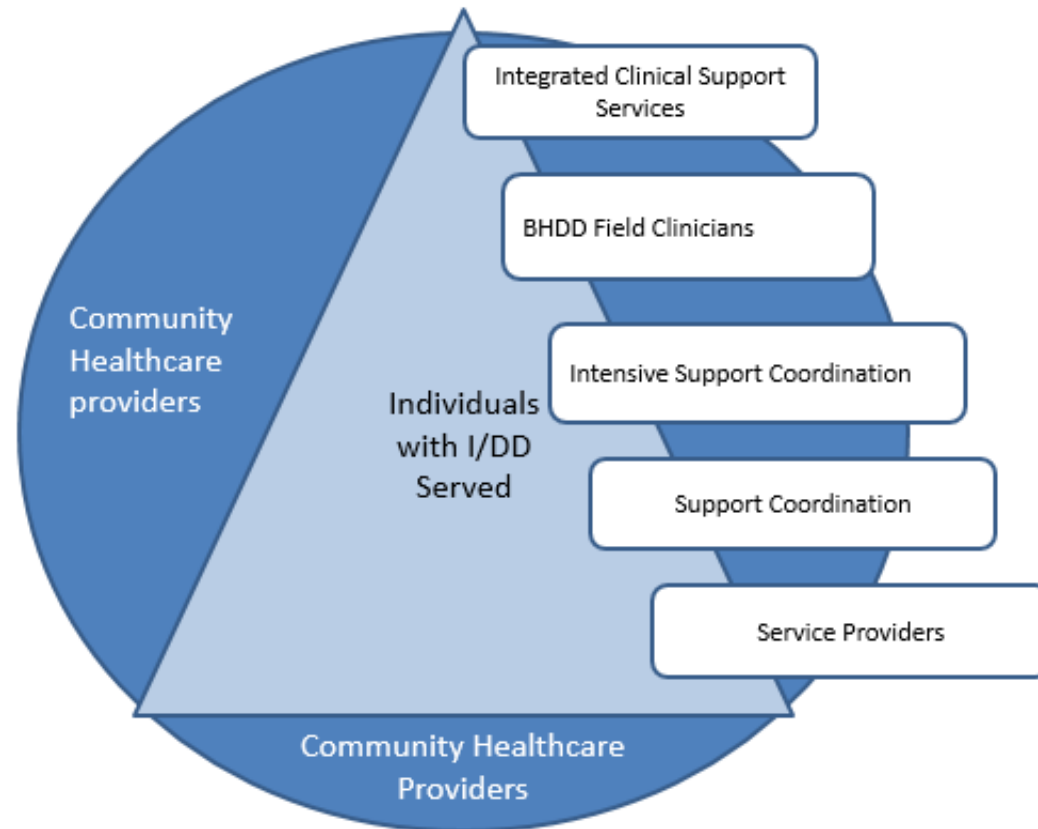
High-Risk Surveillance and Clinical Oversight

- **Office of Health and Wellness**
 - Provides oversight of services provided to individuals with intellectual and developmental disabilities in the community who face a heightened level of risk due to their medical and behavioral complexities
 - Integrated Clinical Support Team
 - Medical and clinical staff available to consult with community health practitioners (PCP, dentist, hospitals)

Statewide Clinical Oversight Team Members

Oversight by the Office of Health and Wellness

Risk Monitoring and Response



How is “Heightened Risk” Determined?

To include but not limited to:

- Clinical Assessments (initial, annual, or TAC)
- Service Review and Technical Assistance (SRTA)
- Outcome Reviews (SC)
- Improving Health Outcomes initiative implementation
- Integrated Clinical Support Services referrals
- Collateral information resulting from mortality reviews

Heightened Risk Escalation Criteria

- Hospitalization (behavioral or medical)
- Recurring serious illness without resolution
- New diagnosis of “Fatal Five”
- Increase in health care level identified by the HRST indicating significant change in health status
- Allegation of neglect/abuse

Heightened Risk Escalation Criteria

- Behavioral Crisis resulting in:
 - Crisis Respite Admission,
 - Involvement of Law Enforcement, or
 - Danger to self or others
- Hospital to Community Transition
- Transitions within community residences that come with elevated risks
- Abrupt loss of natural support resulting in an immediate need for change in services

Heightened Risk Escalation Criteria

- Environmental Threat
- Medical equipment not available or evaluation of specific need required
- Need for Assessment or Screening
- Provider training needs in areas with potential impact to health or safety of individuals

Once Identified, Then What?

- Office of Health and Wellness is notified
- Clinician engaged/deployed to conduct assessment from one or more of the following:
 - Field Office
 - Central Office
 - Community Clinical Providers (Contracted or Independent)

Office of Health and Wellness Responsibilities

- Continued oversight of those identified as being at heightened risk until resolution, stabilization, or transition to other levels of care
- Review and approval of ICSS referrals
- Facilitated consultation
- Data collection resulting in identifying trends
- Assistance with development of a community-based clinical provider network

Commissioner's Report

COMMISSIONER JUDY FITZGERALD

Hurricane Irma Update

Safety Net Update

Vice Chair's Report

**DAVID GLASS
VICE CHAIR**

Public Comment

**Next Board Meeting:
Thursday, December 14, 2017
1:00 p.m.**