Board of Behavioral Health and Developmental Disabilities



GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES

BOARD MEETING JUNE 15, 2017

Agenda

Call to Order **Recovery Speaker Action Items: Approval of Minutes Resolution: Bond Sales** Commissioner's Report **New Options Waiver Hospital-to-Community Partnership** Chair's Report **Public Comment Next Meeting Date**

Call to Order

KIM RYAN CHAIR

Recovery Speaker

ANGELA STEWARD RESPECT INSTITUTE OF GEORGIA

Action Items

APPROVAL OF MINUTES RESOLUTION: BOND SALES

Commissioner's Report

COMMISSIONER JUDY FITZGERALD

Commissioner's Updates

- Stabilizing the Safety Net
- Opioid Use and Strategies in Georgia
- Youth Suicide
- Autism Services
- Child and Adolescent Mental Health
- Office of Public Affairs
- Health Care Environment of the Future

New Options Waiver (NOW)

CATHERINE IVY DIRECTOR, COMMUNITY SERVICES DIVISION OF DEVELOPMENTAL DISABILITIES

Overview of the NOW Waiver

- Significant differences in the two intellectual and developmental disability waiver programs
 - New Options Waiver (NOW)
 - Comprehensive Supports Waiver (COMP)

Primary Differences

COMP

- Provides residential services in group homes and host homes
- *CMS Cost Neutrality aggregate
- **Number Served: 7,789

*cost of care in the community v. institutional cost of care

** as of March 31. 2017

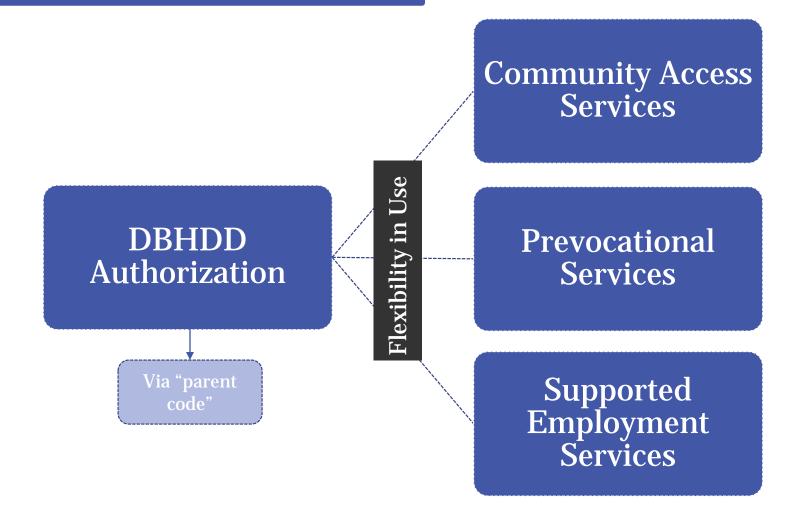
NOW

- Provides services to people who live in family homes or their own homes
- CMS Cost Neutrality individual
- Number Served: 4,423

Overview of Changes

- Synchronize service descriptions and rates with the recently approved COMP Waiver programs
- Increase the individual cost cap relative to CMS-required cost neutrality
- Recreate the model for day services to provide greater flexibility for individuals and families

Increased flexibility in use of day services



Timeline

- DCH is currently reviewing all draft descriptions
- DCH will submit to CMS on or before June 30, 2017
- Renewal date by September 30, 2017
- Implementation date: October 1, 2017

Hospital-to-Community Partnership

BEHAVIORAL HEALTH & HOSPITAL COORDINATION INITIATIVE

MONICA JOHNSON, MA, LPC
DIRECTOR, DIVISION OF BEHAVIORAL HEALTH

CHARLES LI, M.D.
ADMINISTRATOR, GEORGIA REGIONAL HOSPITAL-ATLANTA

Team Members

- Monica Johnson, Co-Lead
- Dr. Charles Li, Co-Lead
- Dr. Terri Timberlake
- Debbie Atkins
- Gwen Craddieth
- Adrian Johnson
- Kimberly Briggs
- Tony Sanchez
- Fred Coleman
- Cassandra Price
- Dr. Delquis Mendoza



Goals

- Individuals with behavioral health needs who are transitioning to *or* from the community/hospitals will have easy access to appropriate and adequate community-based services
- Develop a more effective continuum of care that ensures
 - O Appropriate levels of care throughout the continuum
 - O Access
- Ensure that a recovery-oriented system of care is in place to support treatment planning, general treatment, and supports

- Eligible individuals transitioning to the community from a hospital will have an active or in-process application for benefits
- Reduce the length of stay between discharge readiness and actual discharge

- Individuals will be scheduled to be seen by a community licensed physician/psychiatrist/physician extender within 14 business days of discharge
- Discharge planning meetings will include representation by appropriate community providers (face-to-face, conference call, skype, etc.)

- Efforts will be made for individuals discharged from a hospital to go into permanent, temporary, or transitional housing
- Decrease the amount of inappropriate referrals to a hospital from the community
- Increase use of peer workforce in the hospitals by adding 2 certified peer specialists to each state hospital

- For each objective, data has been identified to measure progress
- Baseline data has been gathered where applicable, so we know where we started and where we end up



Outcomes to Date

• Peer Mentor Pilot to be implemented

 Regions 1 and 3 ACT Teams and Hospital Meet and Greet held

 Planning of short-term respite housing for individuals ready for discharge but unable to secure housing and needing additional time for placement

Outcomes to Date

• Level of Care work to distinguish appropriate referrals for hospital v. community crisis programs (e.g. BHCC, CSU)

- Revamping of transitional specialists positions in region offices to improve transitions in progress
- Improved general communication and coordination

"Great things in business are never done by one person. They are done by a team of people."

- Steve Jobs

Chair's Report

KIM RYAN CHAIR

Public Comment

Next Board Meeting: Thursday, August 17, 2017 1:00 p.m.