

Board of Behavioral Health and Developmental Disabilities

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

October 17, 2019



Agenda

Call to Order

Recovery Speaker

New Member Welcome

Commissioner's Report

Action Items

Chair's Report

Public Comment

Next Meeting Date

Call to Order

Kim Ryan
Chair

Recovery Speaker

Doreen Kennie

Georgia Council on Substance Abuse

Welcome New Board Members

Kim Ryan
Chair

Action Item:

- Past Meeting Minutes

Commissioner's Report

Judy Fitzgerald
Commissioner

Hospital System Update

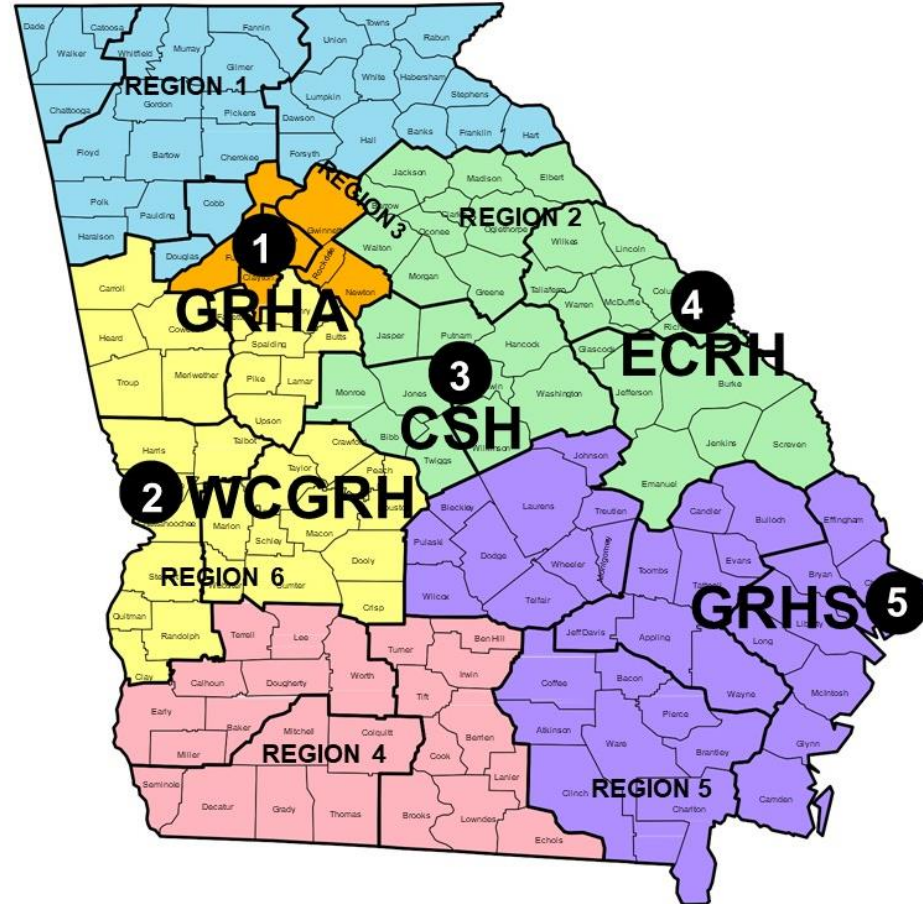
BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

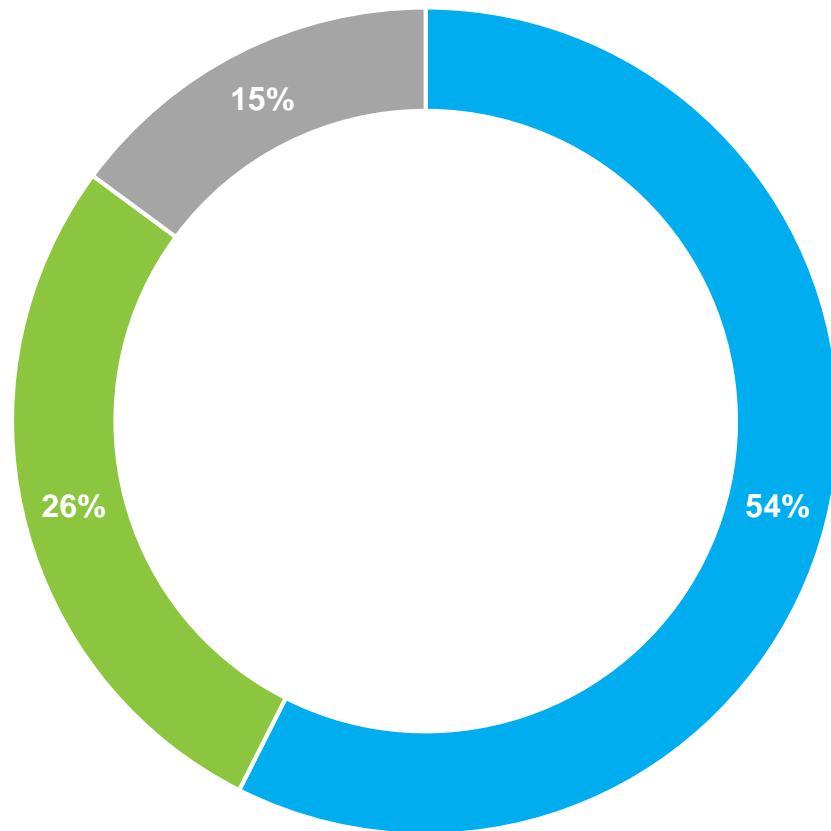
Emile Risby, M.D.
Medical Director
Director, Division of Hospital Services
October 17, 2019



DBHDD Hospitals



DBHDD Hospitals



- Adult Mental Health
- Forensic
- Intellectual and Developmental Disabilities (ICF/SNF)

Capacity: ~1,191

As of December 31, 2018

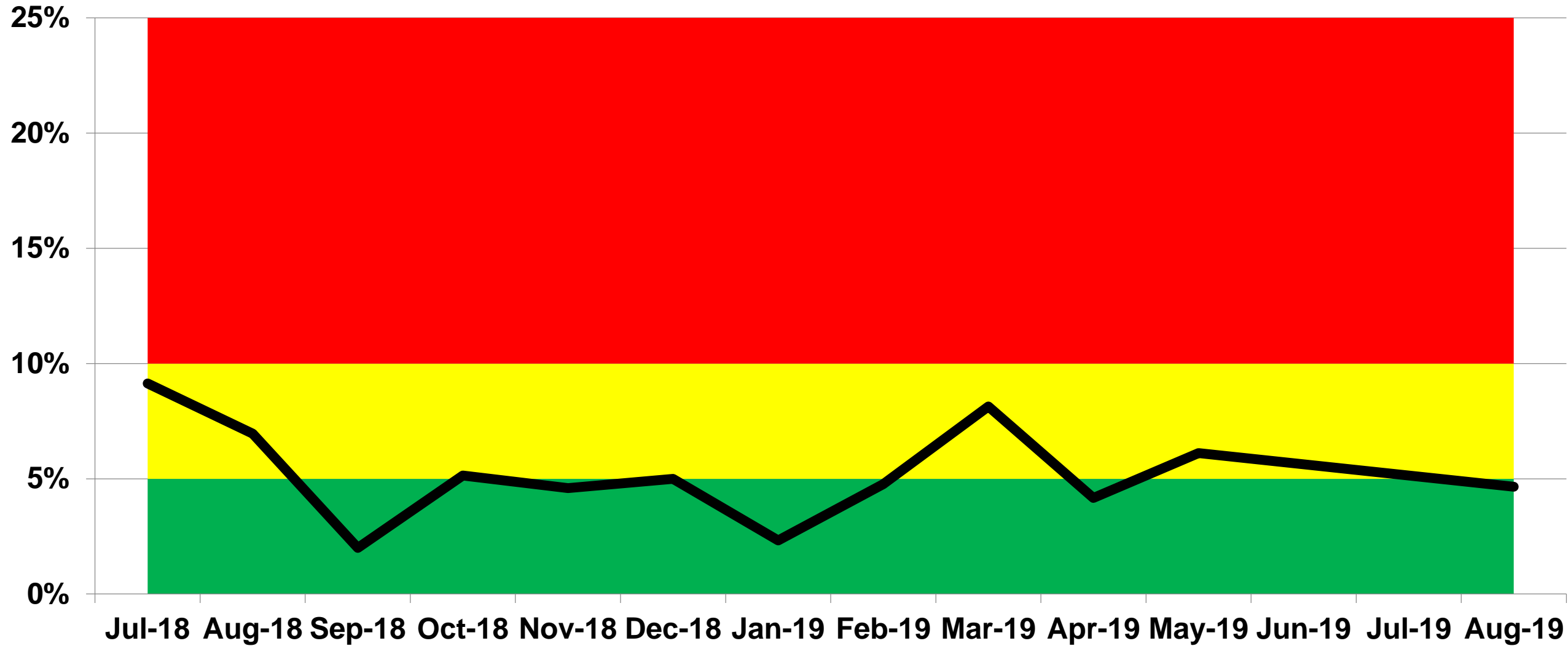
DBHDD Inpatient Bed Capacity

Hospital	Adult Mental Health	Forensic	I/DD	Nursing Home	TOTAL
GRHA - Atlanta	114	124		24	262
WCGRH - Columbus	40	154			194
CSH - Milledgeville		182			182
ECRH - Augusta	90	71	97	25	283
GRHS - Savannah	66	110			176
Total	310	641	97	49	1,097

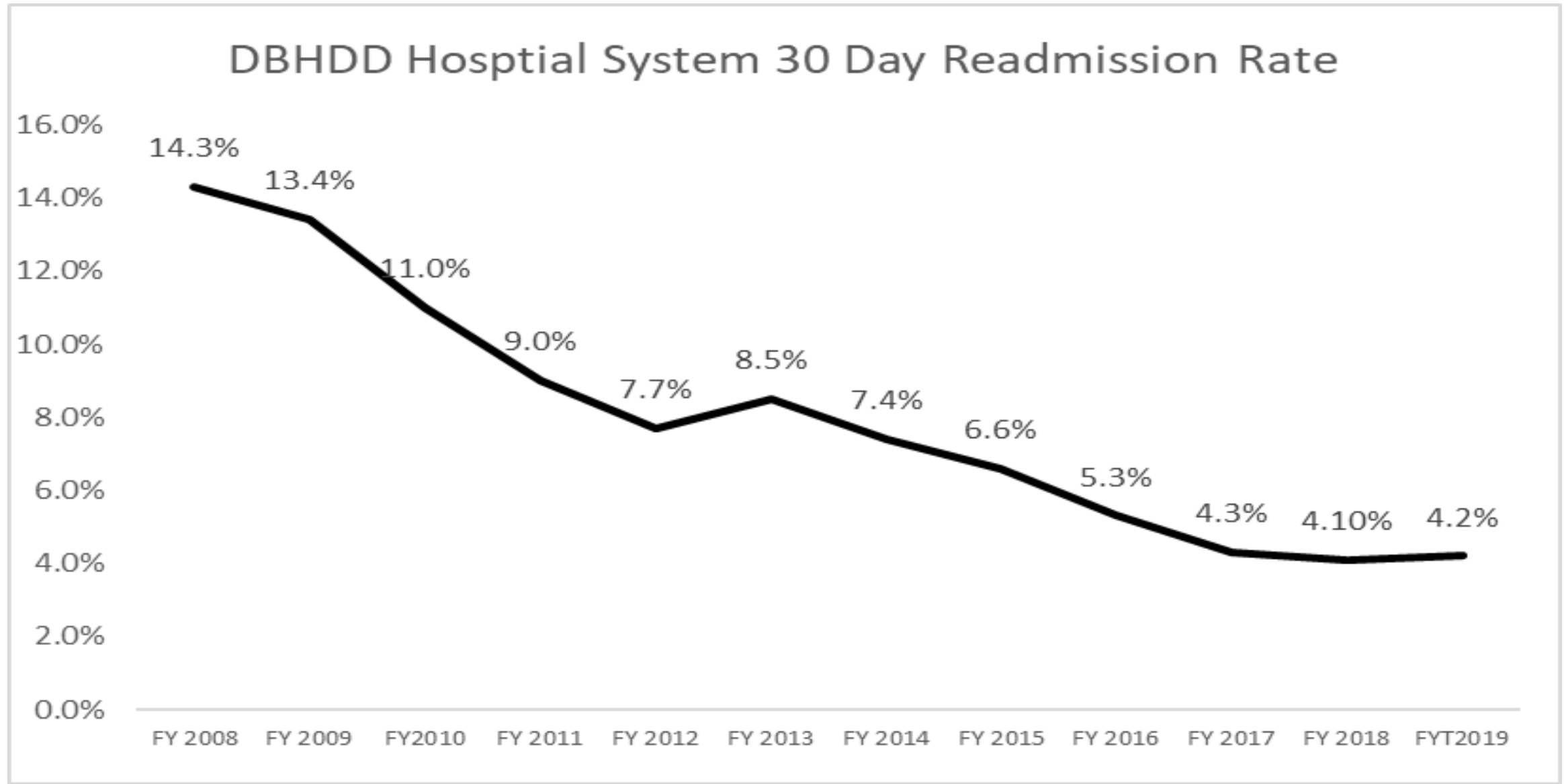
Adult Mental Health Services – FY 2019

Hospital	Discharges	Median Length of Stay
GRH-Atlanta	811	21
West Central	55	112
East Central	664	14
GRH-Savannah	655	10

30-Day Readmit Rate (AMH not Court Controlled)

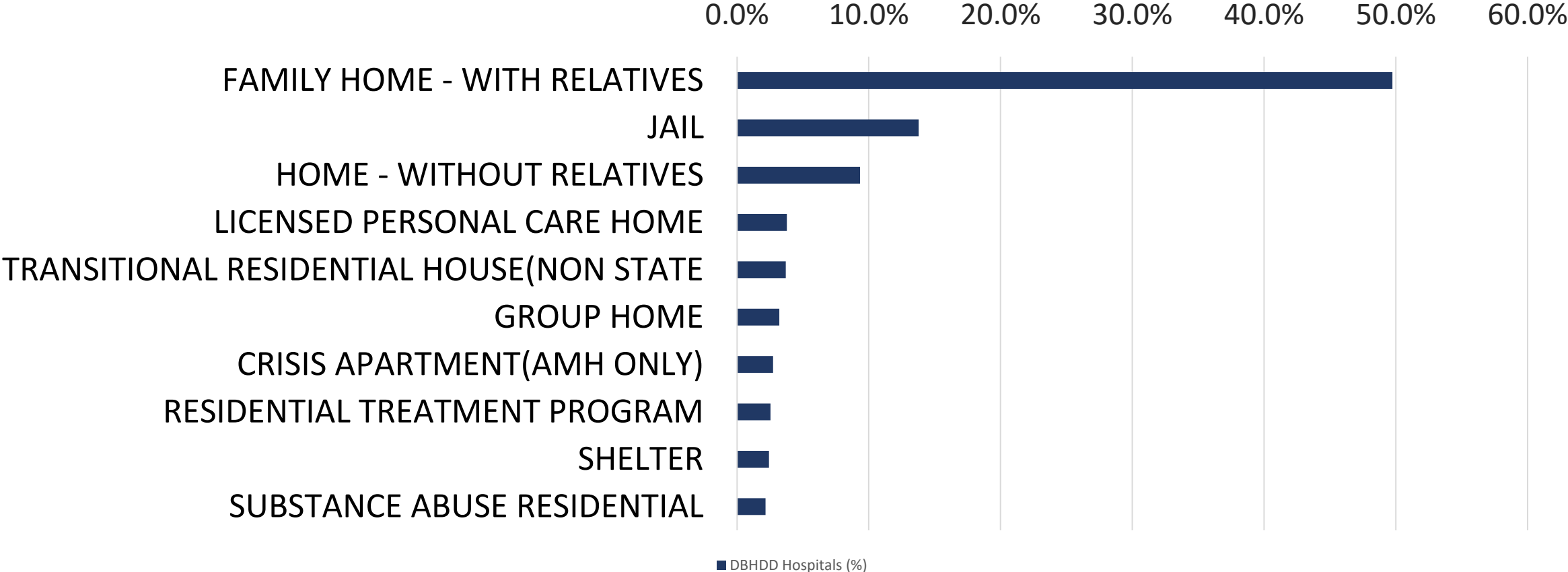


30-Day Readmit Rate (AMH not Court Controlled)



Top Ten Residence at Discharge

DBHDD Hospitals Residence at Discharge (%)
Jul 1, 2017 - Sep 30, 2019

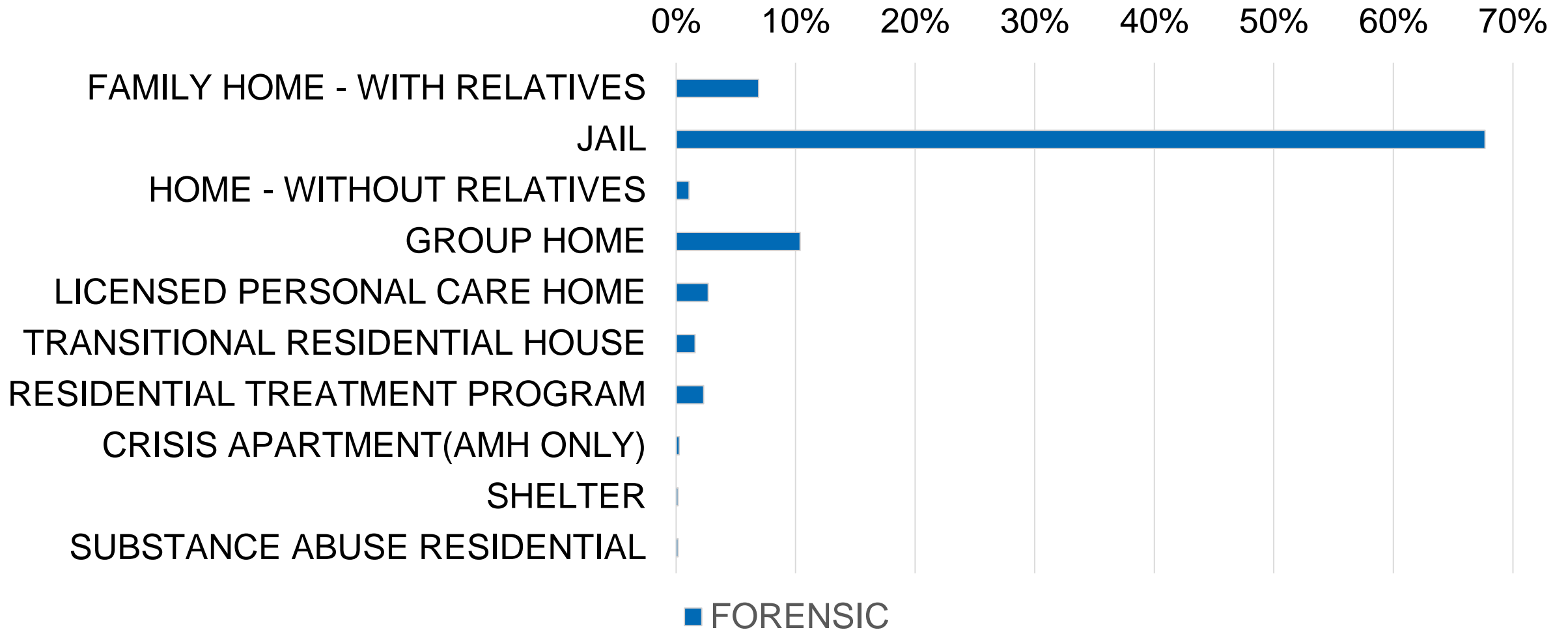


Forensic Services – FY 2019

Hospital	Discharges	Median Length of Stay
GRH-Atlanta	136	150
West Central	154	102
Central State	181	108
East Central	65	107
GRH-Savannah	129	91

Top Ten Residence at Discharge

DBHDD Hospitals Residence at Discharge (%) - Jul 1, 2017 - Sep 30, 2019



Suicide Prevention Training Data

Hospital	Total	Incomplete	Number Trained	% Trained
CSH	458	17	441	96.29%
ECRH	897	199	698	77.81%
GRHA	719	56	663	92.21%
GRHS	375	94	281	74.93%
WCGRH	434	8	426	98.16%
Total	2,883	374	2,509	87.02%

Sexual Harassment Training

1

On January 14, 2019, Governor Kemp issued an Executive Order requiring that staff and employees (3,902 people in the hospital system) complete sexual harassment prevention training by June 30, 2019.

2

DBHDD's hospital system led the way in achieving 100% compliance within the identified deadline periods.

3

DBHDD required all managers/supervisors (427) to complete the training by April 30, 2019. DBHDD achieved 100% compliance before the deadline.

4

All DBHDD new hires receive SHP training via New Staff Orientation within 30 days of employment.

Sexual Harassment Posters

Sexual Harassment

What is it? Attention that is unwanted such as:

Visual

- Ogling
- Staring
- Sexually implicit posters, magazines, etc.

Verbal

- Requests for dates
- Questions about personal life
- Lewd comments
- Dirty jokes
- Whistling

Written

- Love poems/letters/cards
- Obscene emails, internet sites

Touching

- Violating personal space
- Patting/ caressing/kissing
- Grabbing / pinching

Power

- Using position to request dates, sex etc.
- Threatening loss of job

IF IT'S UNWANTED, IT'S HARASSMENT.

DBHDD

20/200

20/100

20/70

20/40

20/30

20/25

State of Georgia Sexual Harassment Prevention, Policy 22-102

Culture of safety It starts with YOU

Is the message clear?

ELIMINATE

SEXUAL HARASSMENT

KNOW YOUR PART

DO YOUR PART

Sexual Harassment
is NOT a joke.
It is NOT funny.
It is NEVER funny.

**UNFAIR
UNWANTED
UNACCEPTABLE
UNLAWFUL**

Stop Sexual Harassment
in the workplace
And **SAY** something
if you see it happen

Sexual Harassment Training

Hospital	Total Trained	Percent Trained
GRHA - Atlanta	955	100%
WCGRH - Columbus	614	100%
CSH - Milledgeville	717	100%
ECRH - Augusta	1,108	100%
GRHS - Savannah	508	100%
Total	3,902	100%

Workforce Concerns

Dentistry

22% Vacancy Rate

Our aging workforce will be very difficult to replace.

Physicians and
Extenders

34%
Vacancy Rate

Nursing
(RM/LPN)

31%
Vacancy Rate

Social Work

14%
Vacancy Rate

Psychology

20%
Vacancy Rate

Existing vacancies are mitigated through the use of agency staff and overtime.




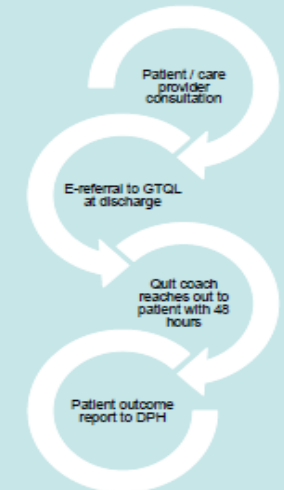

DBHDD Support of Public Health Initiatives

Mandatory Seasonal Influenza Vaccination
03-233

and

The Joint Commission's Tobacco Cessation
Performance Measure

DBHDD-DPH Partnership Nationally Recognized

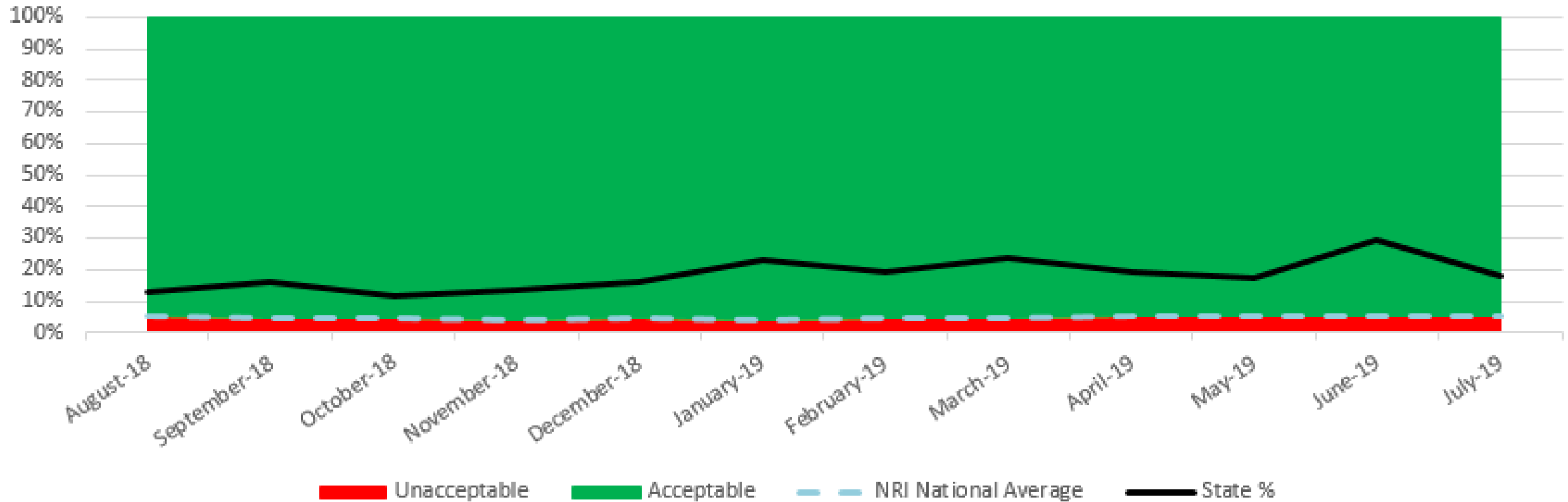
  	<h2>Linking Inpatient Mental Health Consumers to the Georgia Tobacco Quit Line (GTQL) through a Policy, System and Environmental Change Approach for Treating Tobacco Use Dependence</h2> <p><i>Emma Joyce Bicego¹, MPH, MA; Kayla Knight Lloyd¹, MPH, CHES; Alina Chung¹, MPH; Shana Scott¹; Colleen Commons¹; Justin Norzon²; Evelyn Harris²; Maria Martin³, MPH; Jean O'Connor¹, JD, DrPH</i> ¹[Georgia Department of Public Health], ²[Georgia Department of Behavioral Health and Developmental Disabilities], ³[Optum Health]</p>		
<h3>BACKGROUND</h3> <p>The Centers for Disease Control and Prevention (CDC) estimates smoking rates among individuals with psychiatric disorders to be 2-4 times higher than the general U.S. population. According to the 2015 Behavior Risk Factor Surveillance Survey (BRFSS), in the state of Georgia, 37.3 percent of adults who reported frequent mental distress were current smokers, and approximately 66.6 percent of these individuals want to quit.</p> <p>Evidence shows that implementing the US Public Health Services (USPHS) "5 A's" (Ask, Advise, Assess, Assist, Arrange) in treating tobacco dependence is effective. Following the direction of recent health care reform initiatives that encourage coordination and system changes, the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) coordinated with the Georgia Department of Public Health (DPH) to automate tobacco cessation referrals via DBHDD's electronic medical records system to DPH's quitline serviced by Optum Health, Inc.</p> <h3>OBJECTIVE</h3> <p>The objective of this initiative was to coordinate and streamline treatment of mental health patients who use tobacco and are willing to quit by using already existing systems.</p>	<h3>METHODS</h3> <p>The Centers for Medicare and Medicaid Services' (CMS) health care reform initiative requires state psychiatric hospitals not to only assess tobacco use but to provide referrals at discharge. Under this direction, DBHDD and DPH formed a partnership that used existing systems to coordinate care for psychiatric patients. Within DBHDD, the Hospital Services and Office of Technology staff worked together to modify their electronic medical records to allow staff to simply, electronically, and securely refer discharged patients to Georgia Tobacco Quit Line (GTQL). The GTQL is serviced by Optum Health, Inc. and managed by Georgia Tobacco Use Prevention Program (GTUPP), within DPH. These system changes have enabled integrating cessation services in all the five regional psychiatric hospitals in the state. The five state psychiatric hospital in Georgia are:</p> <ul style="list-style-type: none"> •Central State Hospital in Milledgeville •East Central Regional Hospital in Augusta •Georgia Regional Hospital at Atlanta •Georgia Regional Hospital at Savannah •West Central Georgia Regional Hospital in Columbus <p>GTQL quit coaches call the referred patients within 48 hours of discharge and send quarterly patient outcome reports and monthly referral and acceptance reports to GTUPP.</p> <p>GTUPP made available a web-based training to the state psychiatric health care providers on implementing the cAARDs-Ask, Advise and Refer cessation protocol to increase their competency in treating tobacco use.</p>	<div style="text-align: center;"> <p>Working Together to Improve Outcomes</p>  </div> <p>Acknowledgements: The authors would like to acknowledge DBHDD Hospital and Office of Technology staff and Optum IT staff that played a major role in ensuring the success of the development and implementation of the electronic system; and DPH tobacco use prevention program staff coordinated the effort. This work and the production of this poster was made possible in part with funding from CDC Cooperative Agreement Grant or Cooperative agreement number: 1U38DP001977 and 5 NU38DP005312.</p>	<h3>RESULTS</h3> <p>All five DBHDD hospitals launched cAARDs, reaching approximately 275 discharged patients monthly. Adopting the e-referral system has reduced the amount of time staff spend on the referral process by eliminating the need to manually complete and fax paper forms, while increasing data integrity due to automation. The streamlined process has led to an increase in the number of referrals made to tobacco cessation programs upon discharge.</p> <p>Additionally, DPH and DBHDD promote smoke-free air policies and prevention initiatives in all Georgia state hospitals.</p> <h3>CONCLUSIONS</h3> <p>Implementing the brief cAARDs-Ask, Advise and Refer cessation protocol is simple and beneficial to tobacco users.</p>  <p>For additional information please contact: Emma Joyce Bicego, MA, MPH Program Evaluator, Georgia Department of Public Health, 2 Peachtree St, NW Atlanta, GA 30303 Email: emma.bicego@dph.ga.gov Colleen Commons, BS, TTS Tobacco Cessation Coordinator, Georgia Department of Public Health, 2 Peachtree St, NW Atlanta, GA 30303 Email: colleen.commones@dph.ga.gov</p>

What is DBHDD doing to help those we serve quit using tobacco?

- Operating Tobacco-Free and Smoke-Free facilities (in accordance with DBHDD Policy 20-201)
- Following CMS-recommended best practices: nicotine replacement therapy and 'practical counseling'
- Providing psychosocial rehabilitation mall class: "Learning About Healthy Living: Tobacco and You"
- Offering referrals at discharge for ongoing support

Tobacco Treatment – Referral at Discharge

TOB-3a - Tobacco Use Treatment at Discharge





BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities



D·B·H·D·D

Serving Georgia's Most Vulnerable Citizens

Georgia Department of Behavioral Health & Developmental Disabilities

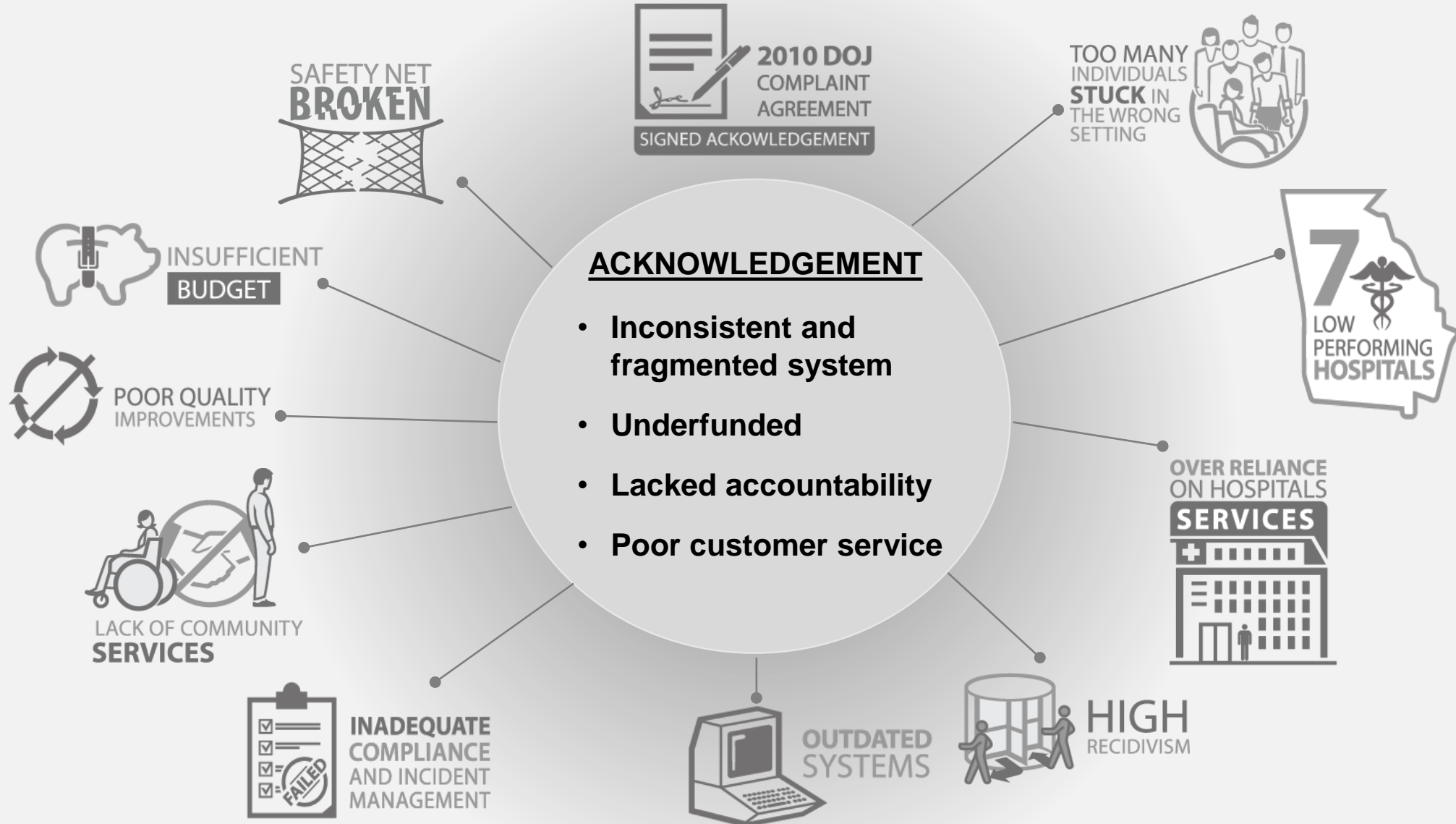
BE D·B·H·D·D

Judy Fitzgerald, Commissioner

**DBHDD in the
Health Care Environment of the Future**



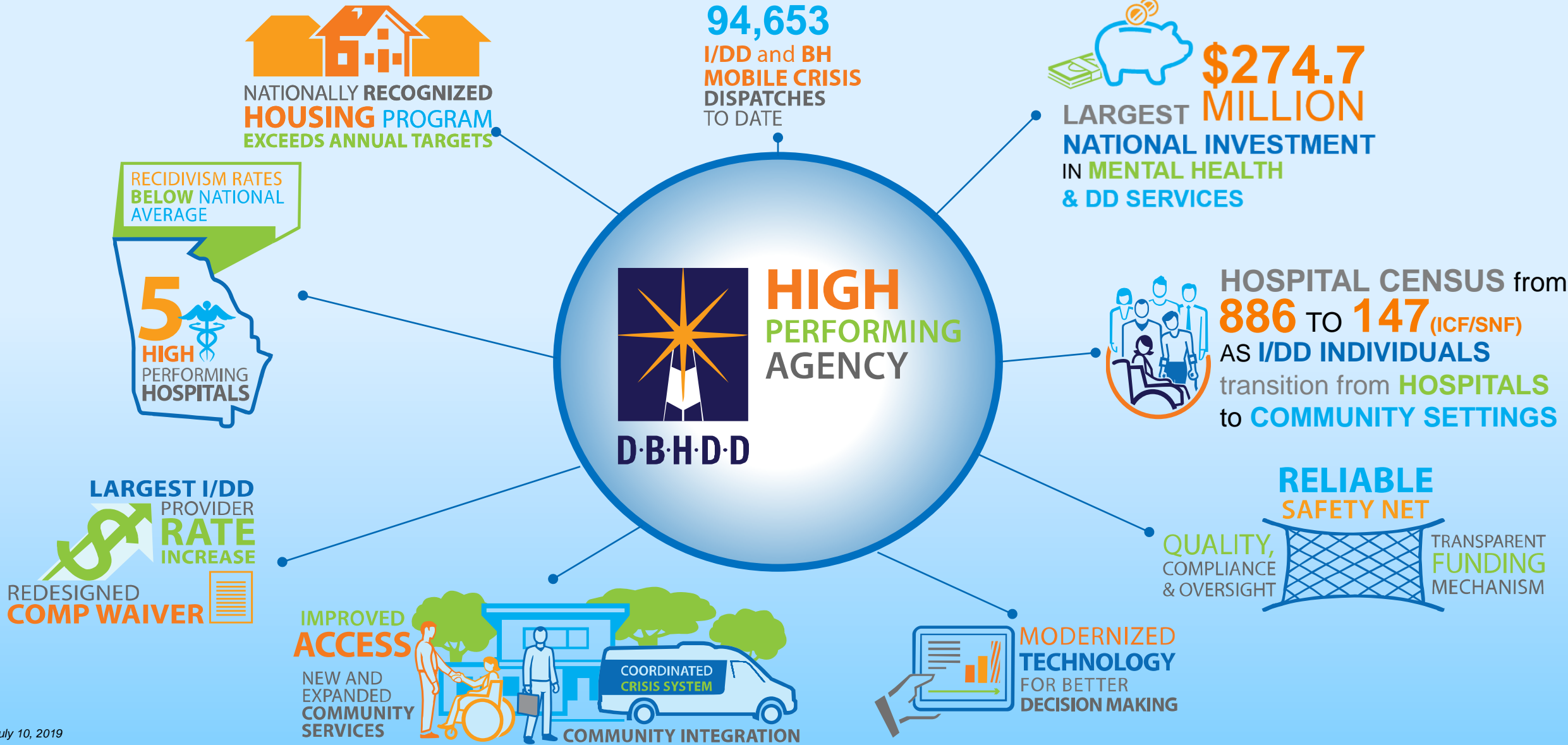
Then: 2009...A New Department is Formed



Transformation: Telling OUR Story



Now: OUR ACHIEVEMENT



Advancement: Beyond Compliance — Looking to the Future

Urgent and critical priorities warrant additional focus and development



Outpatient “Core” Funding

Increasing demand; Growing population; Treating before crisis



Opioid Crisis

Increasing access; Reduce overdose deaths; Prevention, Treatment, and Recovery



Crisis Support

Integrating, enhancing, and expanding crisis services; Meeting current and addressing forecasted need



Children and Youth Services

Implementing Children’s MH Commission report; Developing innovative programming; Collaborating with child-serving partners



Prevention

Establishing sustainable prevention programs across the lifespan (Suicide Prevention, SU Prevention, MH Promotion)



I/DD Transitions: Planning List and Hospitals

Implementing 5-year plan: Addressing current needs and anticipating future demand; Continue hospital transitions



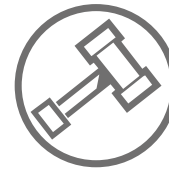
Whole Health for BH and I/DD Population

Coordinating BH and I/DD services within health care system; Promoting the overall well-being of the individual



Value-Based Purchasing

Preparing the network for alternative payment mechanisms; Rewarding positive outcomes



Forensic Population

Ensuring viable facilities and workforce; Addressing growing population of individuals involved with court systems



Aging Population

Facing clinical and fiscal challenges resulting from aging individuals and caregivers



National Workforce Shortage

Developing short- and long-term strategies; Address impact on Georgia with particular attention to rural areas

Health Care Environment of the Future

We want to move FROM:

- Fee-for-Service
- Siloed from the INDIVIDUAL Standpoint
- Siloed from a DELIVERY Standpoint
- Paper Dependent System (low technology)
- System-driven Services
- Bureaucratic Processes
- Institution/Custodial-based Services

We want to move TO:

- Value-based Purchasing
- Whole Health and Well-being of Individuals
- Technology-driven Health Care Management
- Consumer-driven Individualized Services
- Recovery-based Services
- Increased Awareness and Understanding of our Patient Populations
- Community-based Services



The Journey Ahead

Purpose Statement: Why This, Why Now?

Georgia's health care environment is full of risk and opportunity. We believe DBHDD and the Safety Net have an essential role in this environment. We have embraced a framework that establishes a core set of objectives and strategies that unite us in our pursuit of shared success.

Objective: Why Are We Doing This?

Response: To Create and Ensure



DBHDD Objectives

Successfully
fulfill the
principles of
ADA
Settlement
Extension

Influence the
design and
direction of the
health care
environment in
Georgia

Manage a
network of
providers

Be a team of
individuals who
are effective,
engaged,
empowered
and recognized



BE **D·B·H·D·D**

Georgia Department of Behavioral Health and Developmental Disabilities



D·B·H·D·D

Chair's Report

Kim Ryan
Chair

Public Comment

Next Board Meeting

Thursday, December 12, 2019
1:00 p.m.