Board of Behavioral Health and Developmental Disabilities

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Georgia Department of Behavioral Health & Developmental Disabilities

February 14, 2019

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Agenda

- Call to Order
- Recovery Speaker
- Action Items
- Commissioner’s Report
- Chair’s Report
- Public Comment
- Next Meeting Date

Call to Order

Kim Ryan
Chair

Recovery Speaker

Unique Dixon

Action Items:

- Past Meeting Minutes

Commissioner’s Report

Judy Fitzgerald
Commissioner

Trauma-Informed Care at GRHS

In support of a trauma-informed approach

Steven Barron, Ph.D., Forensic Director
Ivy Hofstadter, Psy.D., Forensic Psychologist
Georgia Regional Hospital – Savannah

Georgia Department of Behavioral Health
& Developmental Disabilities

“[Trauma-Informed Care] has made my job easier. We have less incidents on the unit.”

- Lead Tech at GRHS

Agenda

What is Trauma?

What is Trauma-Informed Care (TIC)?

How Georgia Regional Hospital Savannah has adopted a trauma-informed approach

The effects of a trauma-informed approach

What is Trauma?

Trauma Defined

Trauma results from an *event*, series of events, or set of circumstances that is *experienced* by an individual as physically or emotionally harmful or threatening and that has lasting adverse *effects* on the individual's functioning and physical, social, emotional, or spiritual well-being.

Prevalence

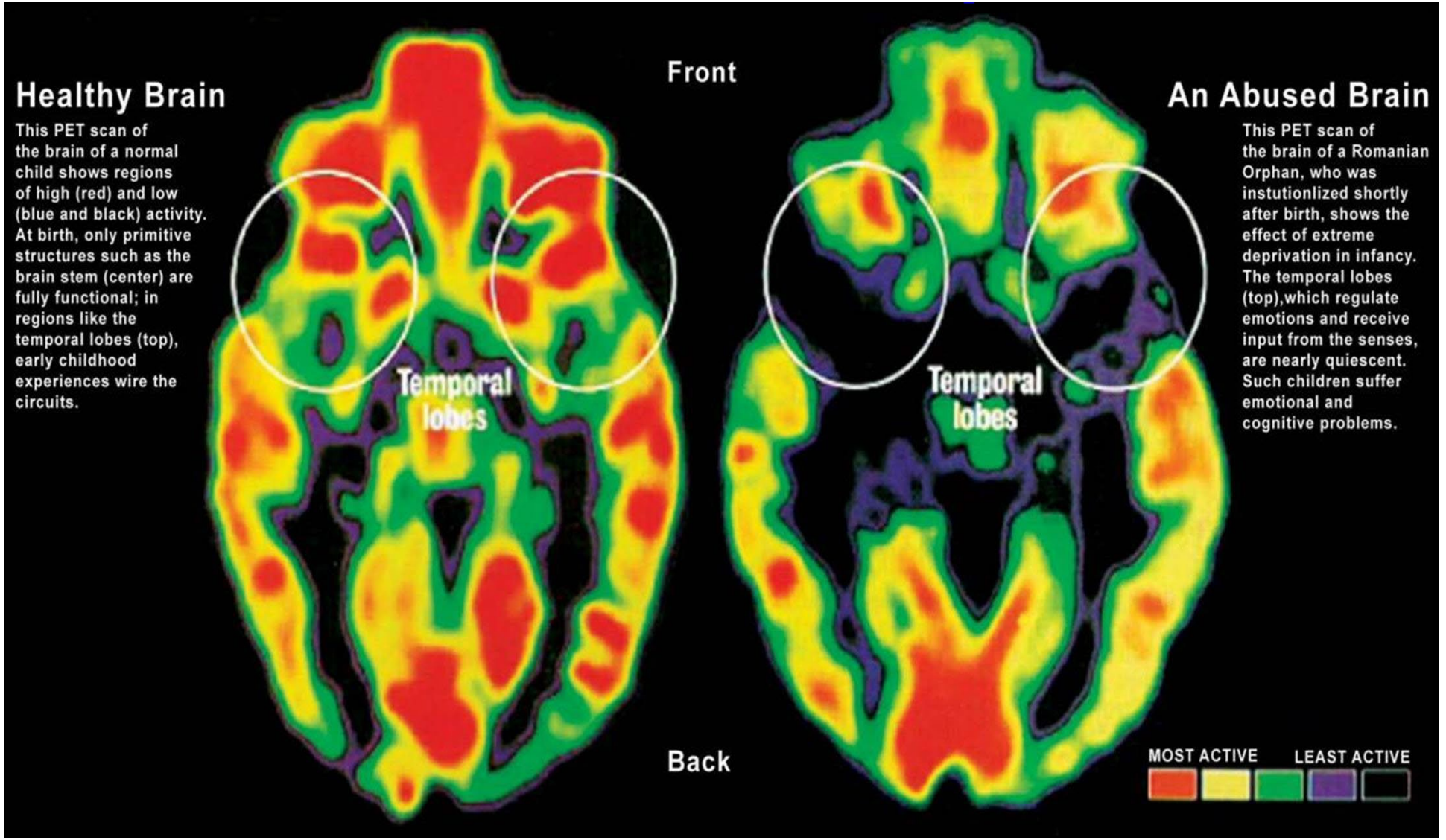
Nearly 80% of female offenders with a mental illness report having been physically and/or sexually abused

About 95% of people with psychiatric diagnoses have experienced at least one traumatic event in their lives

Potential Traumatic Events

- Rape/sexual abuse
- Domestic violence
- Physical abuse
- Witnessing death and/or violence
- Natural disaster
- War
- Racism
- Homelessness

Impact of Trauma on the Brain



The effects of trauma can lead to short-term and long-term problems

Behavioral Responses

- Becoming aggressive when criticized
- Reckless or self-destructive behavior
- Being very protective of personal space

Emotional/Physical Responses

- Nightmares, sleeping problems
- Difficulty trusting others
- Mood swings

Psychological Responses

- Confusing what is safe and what is dangerous
- Trouble concentrating
- Always expecting something bad to happen

What is Trauma-Informed Care (TIC)?

“Recovery is nurtured by relationships and environments that provide hope, empowerment, choices, and opportunities.”

(Recovery, Wellness, and Independence, 15-150)

What is Trauma-Informed Care (TIC)?

TIC is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.

Trauma-Informed Organizations

Acknowledge the widespread impact of trauma

Understand that many problem behaviors began as attempts to cope with trauma

Recognize that all employees, not just therapists, can be therapeutic

Adapt polices, procedures, and practices, and make an effort to prevent re-traumatization

What is Trauma-Informed Care (TIC)?

A key principle of trauma-informed care is giving individuals a voice and choice in their recovery, and supporting the development of self-advocacy skills and self-empowerment in an environment that promotes resiliency.

What is Trauma-Informed Care (TIC)?

An example of promoting "empowerment, voice, and choice," is as simple as asking individuals how they prefer to be addressed. Do they want staff members to use their first name, a nick name, or their last name preceded by Mr. or Ms.?

Respect is a Two-Way Street

By asking individuals how they would like to be addressed, they are treated respectfully and given an opportunity for healthy self-advocacy and self-empowerment.

When treated with respect, individuals are more likely to return respect.

How GRHS has adopted a trauma-informed approach?

Initial Steps

A TIC committee was formed consisting of clinical, nursing, and direct care staff

Ideas were generated by committee members and from our individuals during community meetings

Feasible ideas were chosen for implementation and reviewed by the nurse manager and forensic director

Implementation of Trauma-Informed Care at GRHS

Daily community meetings

Daily peer-led support group

Peer ambassadors for newly admitted individuals

Wake-up time delayed an hour

Groups and activities offered throughout the day

All newly admitted individuals receive a blanket

Appreciation box with notes for staff and individuals

One wall turned into a chalkboard

Unit Decorated with Art Created by our Individuals

Creating a Trauma-Informed Approach at GRHS

Monthly TIC article in the hospital newsletter

Direct care staff are taught motivational interviewing techniques

Clinical staff are encouraged to help direct care staff when needed

TIC principles are reviewed in treatment team and during shift change

Effects of Trauma-Informed Care at GRHS

Impact on our Individuals

"I'm not just sitting watching TV all day. It is great when we are able to do projects with everyone. It feels more like a healing place."

Female individual

Impact on our Individuals

"I like decorating the unit for the holidays. For a moment, I thought I was at a community center."

Female individual

Impact on our Staff

"I go directly to direct care staff if I want to learn about what is happening with an individual. After all, they spend the most time with our individuals."

Psychologist at GRHS

Impact on our Staff

"I never knew how hard direct care staff work until I sat in for staff for an afternoon."

Behavioral Health Counselor at GRHS

Senate Study Committee on the Excessive and Duplicative Regulatory Oversight of Community-Based Intellectual and Development Disability Services

Ronald Wakefield
Director
Division of Developmental Disabilities

Georgia Department of Behavioral Health
& Developmental Disabilities

Committee Members

- Senator Mike Dugan of the 30th (Chair)
- Senator Greg Kirk of the 13th
- Senator Larry Walker III of the 20th
- Ms. Lynnette Bragg, Provider
- Mr. Charles Harper, Provider
- Ms. Tena Blakey, Ex-Officio, Provider

Public Meetings:

- September 13, 2018
- October 2, 2018
- November 13, 2018

Process

- Presentation by providers, DCH, and DBHDD
- Recommendations by presenters
- Final recommendations by the committee

Collaborative work between DBHDD and DCH

Reducing any unnecessary administrative burden on providers

Working collaboratively to determine opportunities for streamlining

DBHDD and DCH continue to improve our systems with **individuals**, **providers**, and **sustainability** in mind.

Guiding principles:

- Health and safety for the people we serve is of utmost importance
- Where there is opportunity to streamline processes without placing risk on individuals, this is beneficial to all parties

Collaborative work between DBHDD and DCH

Collaborative effort has resulted in measured improvements in site visits, applications, and ongoing review. A few highlights:

Site Visits

- DBHDD has discontinued the initial site visit for licensed homes, instead relying on licensure review by DCH's Healthcare Facility Regulation Division (HFRD).
- HFRD will collaborate with accrediting bodies to allow a "deemed" status for accredited providers. The annual site visit may be waived for these providers.

Collaborative work between DBHDD and DCH

Applications

- DBHDD and DCH have reviewed each line of all “paper” applications for enrollment and licensure and removed any duplicative or redundant requirements.

Ongoing Review

- Certification reviews are now conducted via an electronic tool that reduces the time “on-site” from 3.5 days to just over 1 day.
- Administrative service organization review tools are currently under review and are anticipated to be updated for FY 2020.

Information Sharing

- DBHDD and DCH are working together to review our respective requirements (rules/code) related to fingerprinting and background checks.
- DCH is in process of developing a repository for summary information.

Settlement Agreement Extension Update

Amy Howell

Assistant Commissioner and General Counsel

Georgia Department of Behavioral Health
& Developmental Disabilities

U.S. v. State of Georgia

Alleged violations of Title II of Americans with Disabilities and Section 504 of the Rehabilitation Act of 1973

- Alleged that Georgia failed to administer services in the most integrated settings appropriate for the needs of qualified individuals with disabilities.

Parties entered into settlement agreement in 2010

Parties entered into a settlement agreement extension in 2016

Extension concluded June 30, 2018

U.S. v. State of Georgia Settlement Agreement Terms

Developmental Disabilities

- Cease admissions to state hospitals for people for whom the reason for admission would be a primary diagnosis of a developmental disability

- Provide enhanced community services to people whose primary diagnosis is a developmental disability and who are either currently hospitalized in state hospitals or who are at risk of hospitalization in state hospitals

U.S. v. State of Georgia Settlement Agreement Terms

Mental Health

- Target population: approximately 9,000 people with **severe and persistent mental illness** who are:
  - Currently being served in state hospitals,
  - Frequently readmitted to state hospitals,
  - Frequently seen in emergency rooms,
  - Chronically homeless, and/or
  - Being released from jails or prisons

- State agreed to have the capacity to provide **supported housing** to individuals in the **target population** who have an assessed need for such support

U.S. v. Georgia Settlement Agreement Terms (continued)

General Provisions

- Implementation of a quality management system regarding community services for the populations targeted by the agreement

- An independent reviewer jointly selected to determine whether the state is in compliance with the terms of the settlement agreement
  - Required to produce an annual report to the Court

U.S. v. Georgia Settlement Agreement Extension

DOJ alleged noncompliance with limited terms of the settlement agreement

Parties entered into settlement agreement extension in 2016

Extension concluded June 30, 2018

Focus Areas for Settlement Agreement Extension

Achieving the Goals of Deinstitutionalization

7 State Hospitals	**5** State Hospitals
2,603 individuals with MI/DD served in State Hospitals	**1,331** individuals with MI/DD served in State Hospitals (**52%** under forensic court order)

0 State Hospital admissions of individuals with I/DD due solely to I/DD diagnosis since May 2011

Community-Based Care for Individuals with I/DD Through Creation of Waivers

4,050 waivers awarded to avoid institutionalization and facilitate services in the community

603 waivers awarded to facilitate transitions from state hospitals to the community

Care for Individuals with I/DD through Increased Safety and Oversight

Creation of Skilled Nursing as a standalone service	Creation of Intensive Support Coordination	Support Coordination and Intensive Support Coordination role reformation	Creation of Office of Health and Wellness and implementation of clinical oversight and high-risk surveillance models
allows portability of clinical supports	promotes specialized coordination for individuals with exceptional medical and/or behavioral needs	focus on advocacy, planning, and service evaluation	identify and address clinical support needs

Care for Individuals with Mental Illness

Creation of a Need for Supported Housing Survey to identify those in need

Development of a Unified Referral Process to expedite entry to housing

Partnerships with sister agencies (DCA, DCS, GDC, DCH)

Outreach and Education (law enforcement, landlords, providers)

Wellness checks to promote program compliance, health, and safety

Bridge Funding to address short term barriers to housing

Care for Individuals with Mental Illness

4,574 individuals have received a Georgia Housing Voucher

Through DBHDD's programs and partnerships, **8,532 individuals** received supported housing from October 29, 2010 to June 30, 2018

Oversight and Accountability

Reformation of processes to improve efficiency of reporting and investigation of critical incidents

Conducting mortality reviews for all deaths

Findings from investigations and mortality reviews used to inform a mortality report and ongoing quality improvement initiatives

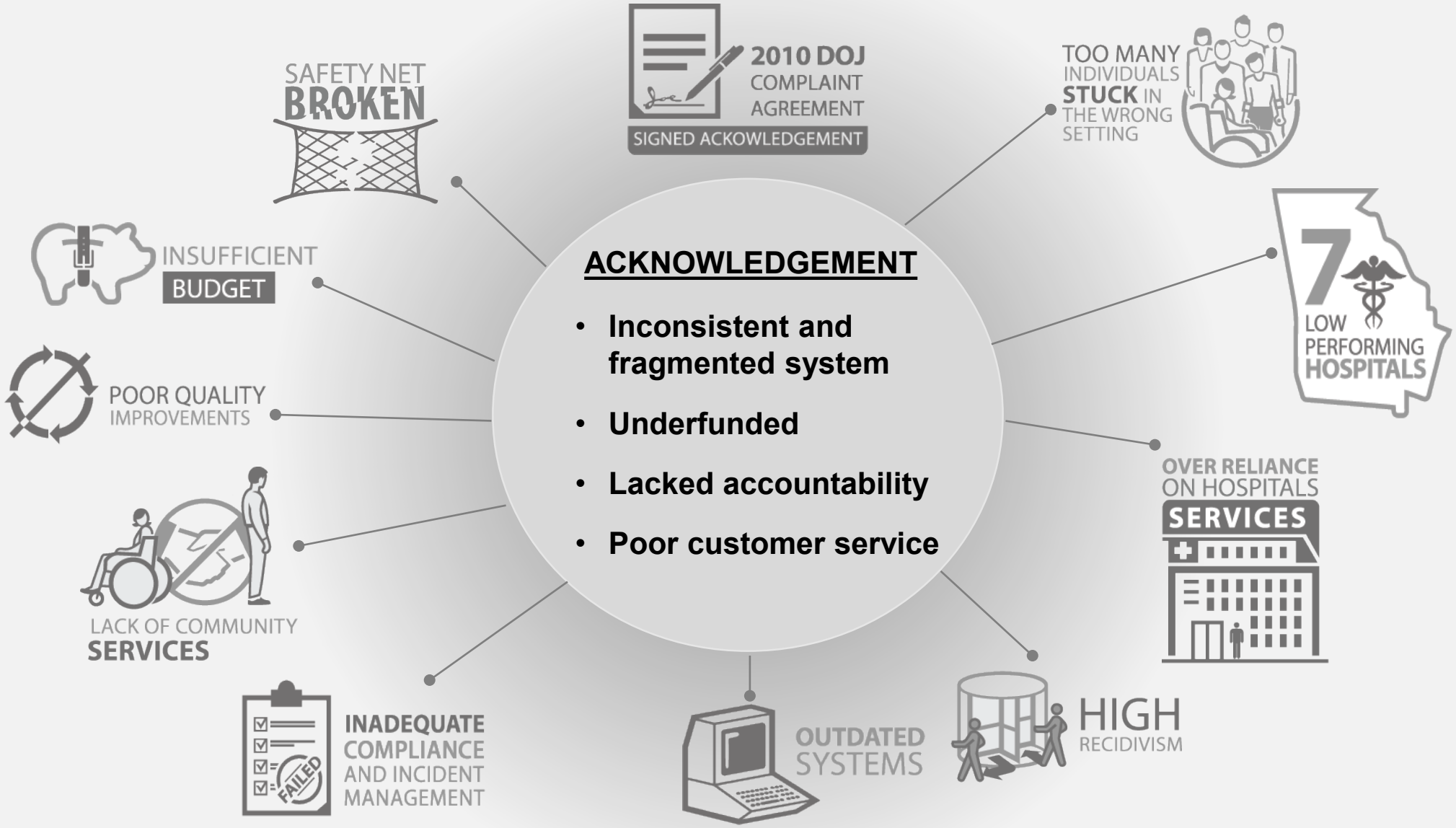
Creation of robust system that identifies and tracks corrective action necessary to remedy and mitigate risk to individuals

Our History

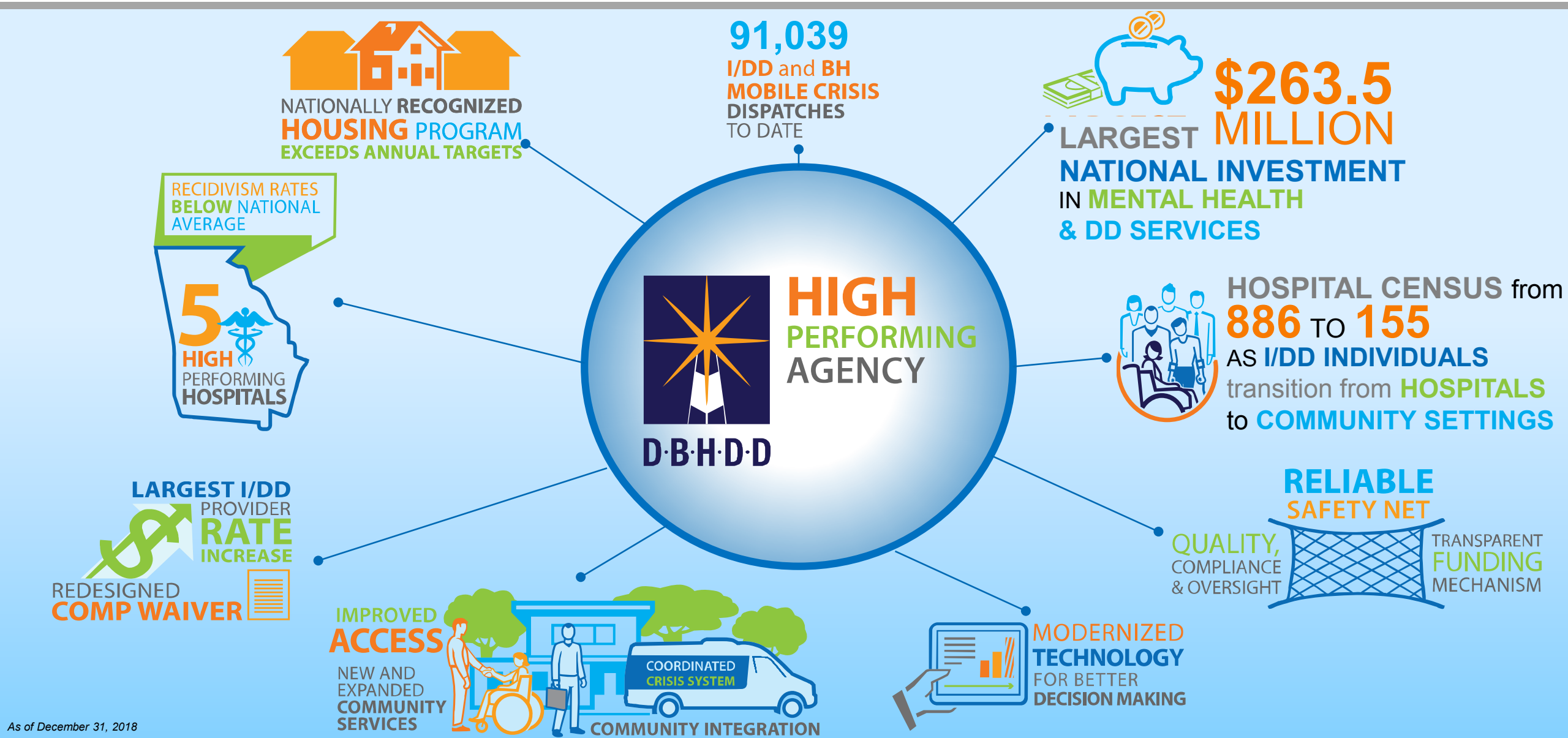
2009 – 2019:
A Decade of Transformation

Serving Georgia's Most Vulnerable Citizens

Then: 2009…A New Department is Formed



Now: OUR ACHIEVEMENT



As of December 31, 2018

Georgia Apex Program

Danté McKay, JD, MPA
Director
Office of Children, Young Adults, and Families

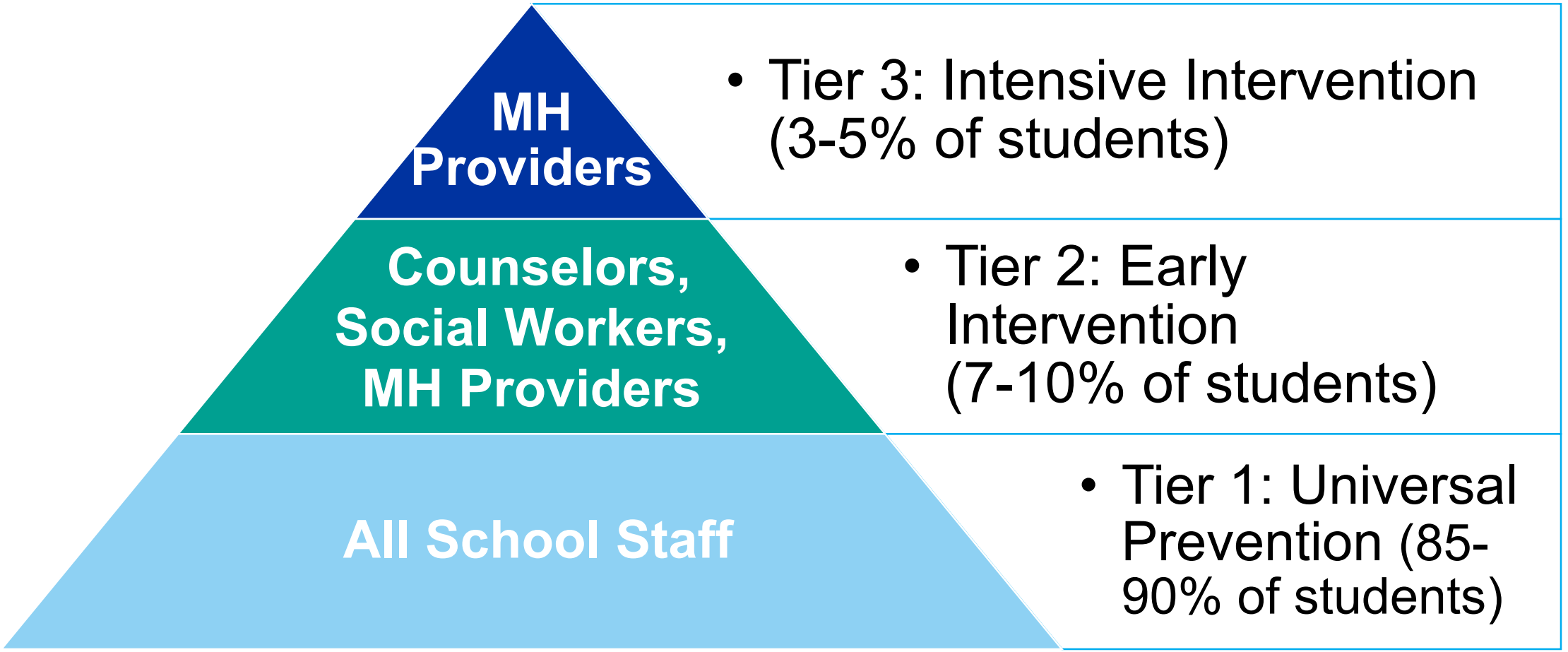
Marnie Braswell
Child, Adolescent, Emerging Adults Program Coordinator
CSB of Middle Georgia

Georgia Department of Behavioral Health
& Developmental Disabilities

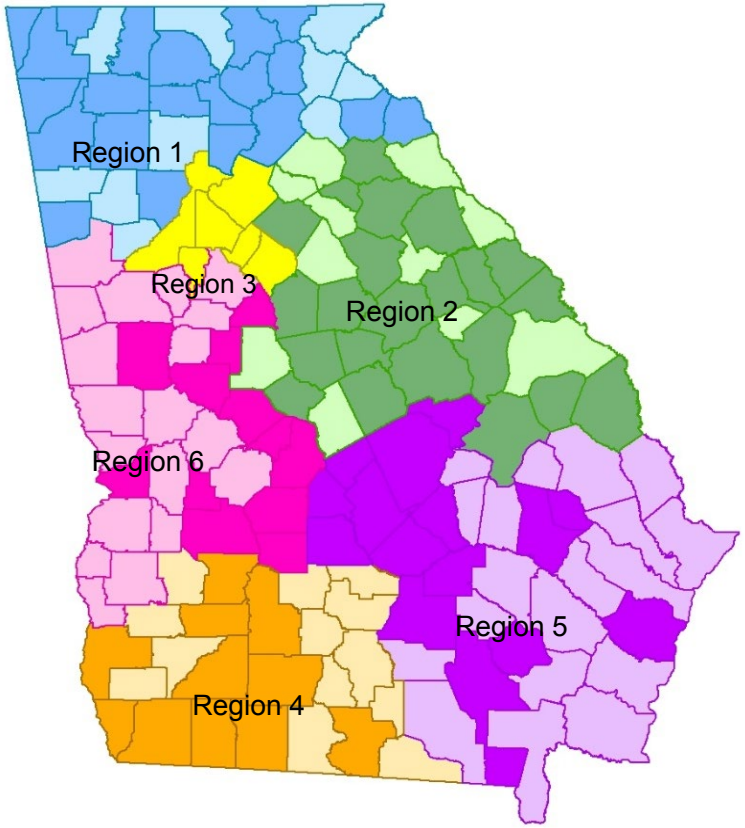
Program Goals

- **Early Detection**: Provides early detection of child and adolescent behavioral health needs
- **Increased Access**: Improves access to mental health services for children and youth
- **Increased Coordination**: Sustains increased coordination between Georgia's community mental health providers and local schools and districts in their service areas

Multi-Tiered Approach



Reach



Darker shaded counties contain at least one Apex school.

As of June 2018:

- 87 counties (55%)
- 101 school districts* (56%)
- 396 schools (17%)

*Includes two alternative, military, and state charter schools

School Type	Number of Schools
Elementary	180
Middle	102
High	78
Alternative	36
Positive Behavioral Interventions and Supports (PBIS)	159

Apex Expansion 2.0

Region 1
- Avita Community Partners
- Highland Rivers Health

Region 2
- CSB of Middle Georgia
- River Edge Behavioral Health

Region 3
- Chris 180
- DeKalb CSB
- View Point Health

Region 4
- Aspire Behavioral Health
- Vashti Center*

Region 5
- Gateway BHS*
- Unison Behavioral Health

Region 6
- New Horizons Behavioral Health
- Tanner Medical Center *

*New Apex provider

CSB of Middle Georgia

- Counties Served
- Number of schools
- Total number of unduplicated students served
- Provider Prospective
- Success Story
- Future Goals

Chair’s Report

Kim Ryan
Chair

Public Comment

Next Board Meeting

Thursday, April 18, 2019
1:00 p.m.