Board of Behavioral Health and Developmental Disabilities

BE **D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities

April 18, 2019

Agenda

Call to Order

Recovery Speaker

Action Items

Commissioner's Report

Chair's Report

Public Comment

Next Meeting Date

Call to Order

David Glass
Vice Chair

Recovery Speaker

Jeff Breedlove

Action Items:

- Past Meeting Minutes
- Bond Sale Resolution

Commissioner's Report

Judy Fitzgerald
Commissioner

2019 Legislative Session Wrap-Up

Doug Reineke
Director
Legislative Affairs

Georgia Department of Behavioral Health
& Developmental Disabilities

DBHDD Budget Highlights

FY2019 Annualizations	AFY2019		FY2020	
Annualization of 125 IDD Waivers (FY2019) - Adult DD			$	3,666,672
Annualize Funding for BHCC's			$	8,263,770
Annualize Funding for 500 Supported Employment Slots - C&A MH			$	1,530,000
Total Annualizations			**$**	**13,460,442**
Budget Request	**AFY2019**		**FY2020**	
ASO Funding Requirements - Adult DD	$	1,387,583	$	1,556,142
ASO Funding Requirements - Adult MH	$	7,125,448	$	7,991,022
GA Apex Program - C&A MH	$	8,400,000	$	-
Delayed Implementation of C&A MH Commission Items - C&A MH	$	(1,184,657)	$	-
Medicaid Revenue Offset - DCSS	$	7,054,652	$	7,054,652
AD Residential Treatment Programs - Adult AD	$	-	$	4,939,920
AD Women's Treatment Programs - Adult AD			$	50,000
125 New NOW & COMP Waivers - Adult DD			$	4,249,798
10 % Supported Employment Rate Increase - Adult DD			$	120,417
Permanent Supported Housing in Forsyth County - Adult DD			$	50,000
Forensic Coordinator Positions (8 Total) - Adult FS			$	627,344
Forensic Integration Home - Adult FS			$	433,080
Forensic Evaluator Positions (5 Total) - Adult FS			$	782,480
Delayed Start of a 40 Bed Forensic Inpatient Unit - Adult FS			$	(2,212,611)
Core Behavioral Health Outpatient Services - Adult MH			$	10,550,421
Crisis Bed Capacity Funding - Adult MH			$	7,659,262
ADA Settlement GHVP Housing - Adult MH			$	2,468,254
HomeFirst Behavioral Health Homeless Initiative - Adult MH			$	500,000
Mercy Care Indigent Services - Adult MH			$	250,000
Delayed Start of the GCAL Mobile App - C&A MH			$	(30,000)
Total Budget Requests	**$**	**22,783,026**	**$**	**47,040,181**
Total Budget Requests & Annualizations	**$**	**22,783,026**	**$**	**60,500,623**

House Bills

- HB 26 (Belton-112th) "Psychology Interjurisdictional Compact"
- HB 91 (Welch-110th) Long-Term Care Background Check Program
- HB 197 (Dempsey-13th) Georgia Data Analytic Center
- HB 186 (Stephens-164th) Office of Health Strategy and Coordination
- HB 217 (Gaines-117th) Syringe Service Program
- HB 324 (Gravley-67th) "Georgia's Hope Act"
- HB 514 (Tanner-9th) Behavioral Health Innovation and Reform Commission
- HB 551 (Hill-3rd) Kratom Restriction

Senate Bills

- SB 15 (Albers-56th) "Keeping Georgia's Schools Safe Act"
- SB 16 (Kirkpatrick-32nd)"Interstate Medical Licensure Compact Act"
- SB 100 (Martin-9th) Statewide Dual Party Relay Service
- SB 106 (Tillery-19th) Governor's "Patient First Act"
- SB 115 (Unterman-45th) "Medical Practice Act of the State of Georgia"
- SB 118 (Unterman-45th) "Telehealth Act"
- SB 121 (Walker-20th) Prescription Drug Monitoring Program
- S 168 (Kirk-13th) "Nurse Compact"

Study Committees Formed

- House Study Committee on Infant and Toddler Social and Emotional Health
- House Study Committee on Georgia's Barriers to Access to Adequate Health Care
- Senate Study Committee on Evaluating and Simplifying Physician Oversight of Midlevel Providers
- Senate Reducing Waste in Health Care Study Committee

Information Technology Initiatives

Doug Engle
Chief Information Officer

Georgia Department of Behavioral Health
& Developmental Disabilities

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Office of Health and Wellness Clinical Oversight Applications

Dana Scott
Director

Karen Cawthorn
Project Manager

Georgia Department of Behavioral Health
& Developmental Disabilities

Home   Help ▸

Welcome to the Developmental Disabilities Clinical Oversight Application

Welcome to the Office of Health and Wellness' Statewide Clinical Oversight Application (SCO). The Statewide Clinical Oversight Application is designed to track and monitor the timely and comprehensive resolution of events/incidents for High Risk Individuals with Developmental Disabilities (DD) receiving Waiver services with the goal of reducing morbidity and mortality threats. If you have been granted access to the application, please Log in Here. If you need access to the application to perform your job duties, please click Here to request access. For assistance with navigating the application, please contact Dana Scott. For Technical Issues, please request support through the DBHDD Work Request Manager.

"This is a State of Georgia application. It is provided to conduct official State business and must be used appropriately. All individuals using this application must follow the appropriate use policy and procedures defined by their individual Agencies or as defined by Georgia Technology Authority's appropriate use policy. All information in the system belongs to the State of Georgia and may be read or monitored by authorized persons.

By logging into this application," you agree to abide by all established Enterprise, State and Federal policies governing the appropriate use of State of Georgia resources."

https://dbhddapps.dbhdd.ga.gov/DDCO/##

Enter Event Qualifiers by Description, Priority, Type… allowing easy search results & reporting

Qualifier	Qualifier Description	Priority	Type
Primary	Allegation of Abuse	Life Threatening	Medical
Subsequent	Allegation of Neglect	Deteriorating Health	Behavioral
	Aspiration w/Adverse Outcome	NRI Health Decline	Other
	Behavioral Crisis Involving Law Enforcement		
	Change of Address		
	Change of HRST (recurrent Dx)		
	Constipation/Bowel with Adverse Outcome		
	Dehydration with Adverse Outcome		
	Emergency Room Visit		
	Failure to Document Indicated Tracking		
	GERD with Adverse Outcome		
	Hospitalization		
	Indicated HRST Update		
	Needed Equipment		
	Other		
	Outstanding Assessment		
	Placement Risk		
	Recent Community Transition		
	Seizure with Adverse Outcome		
	Sepsis with Adverse Outcome		

Home Individual Search Event Search Admin Tools ▸ Reports Help ▸

Welcome, Cawthon Karen   ✎ My Profile   ⏻ Log out

Search Type: [Event Qualifier ▼]

Qualifier	Primary	Qualifier Description	Emergency Room Visit	Priority	Deteriorating health	Type	Behavioral, Medical

Qualifier	Primary
Primary Provider Type	Residential
Reporting Provider Type	Residential
Event Start Date	
Category	Category 1

Qualifier Description	Emergency Room Visit
Primary Provider Agency	All
Reporting Provider Agency	All
Event End Date	
Qualifier Status	Inquiry Initiated

Priority	Deteriorating health
Primary Provider SC Agency	All
Reporting Provider SC Agency	All
Aware Start Date	
Central Office Review	All

Type	Behavioral, Medical
Region	Region 1
Population	HR
Aware End Date	
Source	ROCI Notification

Search

Export to Excel   Export to PDF

Developmental Disabilities

Service Review and Technical Assistance

D·B·H·D·D

Search Service Reviews

Enter Individual's Name

🔍

▼ Filter By Region   <u>All</u>   Region 1   Region 2   Region 3   Region 4   Region 5   Region 6   Region 7   Test!3   Test!6   Test33

Individual's Name

Search by Individual's Name 🔍

Provider's Name

Search by Provider's Name 🔍

Location

Search by Address 🔍

Date of Discharge

April ⌄   8 ⌄   2016 ⌄

Submit   Cancel

In-Progress ● ─── ○ RQR Team Review ─── ○ Final Review ─── ○ Complete

Question Filters: All Intervals ▾ All Roles ▾ ☐ Flagged for Follow Up ☐ Pinned to Summary

Visit Information

Add Service Provider Staff:

| Service Provider Staff Name   🔍 |

Can't find the Service Provider Staff Member you are looking for? Click here to create a new one for this provider:

Create Service Provider Staff

► Has there been a change of address since the last visit? If yes, create a new service review ONLY if it is a permanent move. RIA [i] **Yes** **No**

► Has there been a change in HRST score? If yes, please update the individual's information. RIA [i] **Yes** **No**

► How will the individual's information be provided?

☐ Non-verbal

☐ Information Provided By Natural Support Staff

31 Therapies, exams, and assessments Health & ⓘ
core Safety

Question Issues (0) ▼

Physical Therapy ⓘ

Toggle All N/A Responses

Is there a need for Physical Therapy as indicated through HRST and/or clinical evaluation? Health & Safety RIA   ⓘ | Yes | **No** | N/A | CND | ☐ Flag for Follow Up   ☐ Pin to Summary

Question Comments ▼

Question Response History ▼

If an indicated need, has the assessment been ordered by an MD, Physician Extender: PA or NP? Health & Safety RIA   ⓘ | Yes | No | **N/A** | CND | ☐ Flag for Follow Up   ☐ Pin to Summary

Question Comments ▼

Question Response History ▼

Has an assessment been completed? Health & Safety RIA   ⓘ | Yes | No | **N/A** | CND | ☐ Flag for Follow Up   ☐ Pin to Summary

Question Comments ▼

Question Response History ▼

Are there assessed findings that require follow up, clinical visits, medical equipment, or other needs?   Health & Safety RIA   ⓘ | Yes | No | **N/A** | CND | ☐ Flag for Follow Up   ☐ Pin to Summary

Question Comments ▼

Question Response History ▼

Is follow up documented, e.g. physician or healthcare provider order in place?   Health & Safety RIA   ⓘ | Yes | No | **N/A** | CND | ☐ Flag for Follow Up   ☐ Pin to Summary

Question Comments ▼

Question Response History ▼

Occupational Therapy ⓘ

Is there a need for Occupational Therapy as indicated through HRST and/or clinical   ⓘ | Yes | No | **N/A** | CND | ☐ Flag for Follow Up   ☐ Pin to Summary

HRST
State RN
Assessment

Messages 📧 New   Persons Served ▾   Providers ▾   Users ▾   **Case Management** ▾   🌐 Reports ▾   ⊕ Help ▾

CASE MANAGEMENT ▸ ♥ NURSING ASSESSMENTS ▸ VIEW/EDIT

♥ Nursing Assessment
👤 Minnie Q. Mouse

Every section of this assessment should be thoroughly completed, with no sections left blank. If the information is unknown and the option is available please select that option. Instructions appear in blue throughout the document.

Assessment Type	Update Reason	Assessment Date	Format
Initial ▾	Select ▾	01/03/2019	State ▾

Assessment type should be initial or update. Initial indicates first assessment completed in HRST Application.

[Expand All] [📄 PDF Form]

1. General Information   ➕

2. Medical History   ➕

3. Health Information   ➕

4. Assessment   ➕

5. Adaptive Equipment and Supplies   ➕

6. Indicated Tracking / Logs   ➕

7. Medication Summary   ➕

8. Recommendations for Preventative Health Screenings   ➕

9. HRST Review   ➕

10. SIS Review   ➕

11. Nursing Recommendations   ➕

12. SC / ISC   ➕

13. Incontinent Supply Medical Necessity Statement   ➕

14. Healthcare Plans Recommendations   ➕

15. Summary   ➕

16. Clinical Recommendations   ➕

Follow Up Items   ➕

Finalize and Sign   ➕

Individual's Name	GoLightly, Joe		LPN Daily Support				RN Monthly Support	
Natural Supports?	No	Refresh	Hours Based on Need	Authorized Hours	% Of Household	% of 24 Hours	Hours	% Of Household
			18.2	7.77	32.37%	32.38%	6.5	32.50%

Task Type	Description	Frequency	Route	Unit	Administered By	DailyTime (Mins)	Notes
Other Nursing Task	Physical Assessment for unstable or complex individual				RN	2.00	
Other Nursing Task	Patent Tracheostomy (>90 days)				LPN	160.00	
Other Nursing Task	Oxygen (Daily use)				LPN	40.00	
Other Nursing Task	Suction > q2 hours or more frequently				LPN	80.00	
Other Nursing Task	Foley Catheter Care	TID			LPN	120.00	
Medication	Dulcolax Suppository 10 mg	QOD	Rectally	Rect. Med. (1 unit)	LPN	7.50	
Medication	Refresh Tears 0.t%	Q4hrs	Eye Installation	Eye drops (0.5 unit)	LPN	45.00	
Other Nursing Task	Nebulizer-scheduled				LPN	40.00	
Medication	Vitamin A/D	TID	Topical	Top. Med. (0.5 unit)	LPN	22.50	
Medication	Calmoseptine Cream	Daily	Topical	Top. Med. (0.5 unit)	LPN	7.50	
Medication	Aquaphor Ointment	Daily	Topical	Top. Med. (0.5 unit)	LPN	7.50	
Other Nursing Task	Tube feeding used only for medication administrat	4xDaily			LPN	80.00	
Other Nursing Task	Intermittent tube feeding	8xDaily			LPN	320.00	
Medication	Puralube oint	BID	Eye Installation	Eye drops (0.5 unit)	LPN	15.00	
Medication	Sunscreen	PRN	Topical	Top. Med. (0.5 unit)	LPN	7.50	
Other Nursing Task	Pulse Ox/Apnea Monitor				LPN	20.00	
Other Nursing Task	Stoma Care				LPN	40.00	
Other Nursing Task	Sterile dressing change	PRN			LPN	80.00	
Other Nursing Task	Health Care Plan (HCP) Creation				RN	1.00	Bowel/Bladder; constipation, incontinent. hx of retention, Foley Cath care,freq UTIs, Briefs, I&O, Bowel log, meds
Other Nursing Task	Health Care Plan (HCP) Creation				RN	1.00	Cardiovascular mgmt; Pacemaker,low pulse, low BP/protocol, v/s, medications, ASA for prophalsis
Other Nursing Task	Health Care Plan (HCP) Creation				RN	1.00	Infection and Sepsis HCP: hx MRSA, PPD +, C Diff, UTI, medication, PPE, hx of hospitalization, Infection control mea
Other Nursing Task	Health Care Plan (HCP) Creation				RN	1.00	Respiratory Mgmt: COPD, hx pneumonia, neb tx, trach care, suctioning. O2 daily, V/S with sat. logs, monitoring
Other Nursing Task	Health Care Plan (HCP) Creation				RN	1.00	Gastrointestinal mgmt; NPO, g-tube feedings w/water flushes, GERD, dysphagia, hypocholesterolemia, meds, wei
Other Nursing Task	Health Care Plan (HCP) Creation				RN	1.00	Neurological mgmt: hx of calcified mass, CT scans, c/s of disorder, monitoring

| Instructions | Individuals | Nursing Tasks | Methodology Details | **Individual1** | Individual2 | Individual3 | Individual4 | ⊕ |

Applications to be released in 2019

- Provider Assessment in HRST
- Healthcare Plans in HRST
- M Level Training

FELIX: **F**orensic **E**valuation **L**ogist**ix**

Karen Bailey, Ph.D.
Forensic Director

Christina Waggoner, MA
Forensic Operations Analyst

Georgia Department of Behavioral Health
& Developmental Disabilities

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Outpatient Forensic Services

Forensic Evaluations for Superior, State, and Juvenile Courts

Approximately 5,000 court orders a year

Responsibilities:

- Schedule evaluation (jail)

- Report goes to court

- Track data

Partnership with OIT initiated in March 2017

Increased:

- Accuracy

- Visibility: One system

- Efficiency: Multiple people work simultaneously

- Productivity: Generate reminders

- Accountability: Gather data and generate reports

FELIX

Please don't judge people. You don't know what it took someone to get out of bed, look and feel presentable as possible and face the day. You never truly know the daily struggles of others.
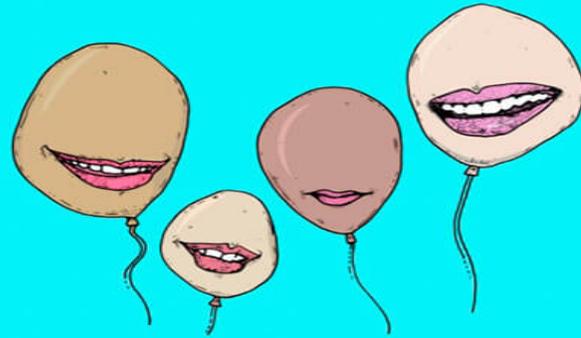
HealthyPlace.com

"I can't change the direction of the wind but I can adjust my sails to always reach my destination."

- Jimmy Dean

People Who Make this Possible

DBHDD and Augusta University partnership

Dr. Alex Mabe

Mr. Paul Brock

Dr. Linda Vitacco

Workgroup:

- Charles Turner, HST Supervisor/Trainer
- Jack Scott, HST Supervisor/Trainer

Staff at ECRH

Shout out: Steven Miller, Shift Supervisor

Program Rationale of Project Great

- Award-winning program: teaches and reinforces recovery-based care

- Target Audience: staff providing mental health services at ECRH

- Assists providers from a consumer perspective

- Fundamental principles of the recovery model of mental health care

- Providers promoting hope and empowerment with individuals

Program Rationale continued:

- Potential obstacles to the recovery model of mental health care

- Recovery practice habits, skills, and "practice tools"

- Empowers staff

A Key to Connectedness is Effective Communication: <u>Benefits</u>

- Think of a time when you felt connected to someone
  - What was it about his/her communication that made you feel this way?

- Builds rapport and trust

- Validates and affirms

- Brings about an "us" attitude

- Increases physical and psychological safety

Basic Interpersonal/Communication Skills

- Four of the basic skills:
  - Listening
  - Paraphrasing / summarizing
  - Questioning
  - Non-verbal communication

Identifying Key Processes of Recovery

A review and modified narrative of papers suggested the following key recovery processes (CHIME):

- **C**onnectedness
- **H**ope and optimism about the future
- **I**dentity
- **M**eaning in life
- **E**mpowerment

Prior to Project GREAT

Board members who have worked with mental illness?

- HSTs have a diverse understanding of mental illness
- We teach our staff how to be more effective in their job
- Many trainings over the years to help our staff do a better job

Staff Training Prior to Project GREAT

When staff first start working for DBHDD, they receive classes such as:

- Mental Health First Aid

- Safety Care

- Hearing Voices (a one-time class)

- Cares Institute

Prior to Project GREAT continued

- A class on contraband which includes respect
- The Positive Behavioral Support Team works with HSTs
- Members of the treatment team often go to the change of shift
- Several years ago, we created a Shift Trainer Program

When it Started and Progressed

- Partnership DBHDD and Augusta University (started 2009): Resources and knowledge
- 2010 - 2013 Dr. Alex Mabe: bi-annual meetings at ECRH
- 2014 - 2015 Classroom: New employees - career ladder for health services technicians (HSTs)
  - This was unit based focused groups on recovery
- 2016 - 2017 Peer Specialist: Brian Anderson educate HSTs on recovery.
  - How to increase its daily influence on the units
- 2018 - 2019: Two annual hospital-wide workshops and bi-weekly small group instruction of HSTs
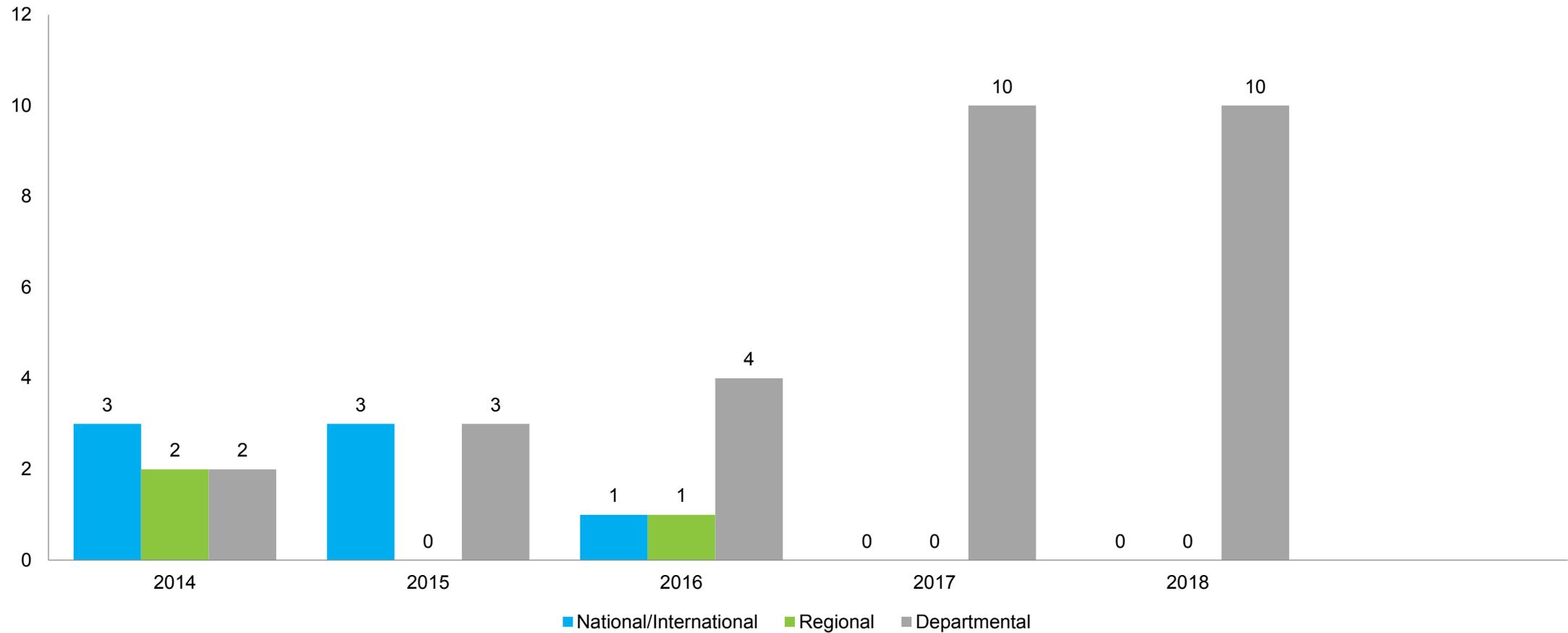
What Is Next

- To be effective: core staff need to attend training

- 2-3 HSTs chosen by lead supervisors from each unit

- Participate in 5-6 trainings (one hour each time)

- At the Augusta Campus from 3:30 to 4:30 p.m.:
  - March 13 and 27, April 10, 17, and 24

- Dr. Mabe conduct units rounds with staff

Workshops and Presentations

Workshops and Presentations - continued

Staff Reported Experience

- Better than one class
- Engaged ➜ Real Life Experiences
- Interesting and Helpful
- Educate others
- Feel part of recovery
- Taking it seriously

Expressing the possibility of recovery - Hope

- <u>Recovery _from_</u> refers to eradicating the symptoms and ameliorating the deficits caused by serious mental illnesses

- <u>Personal recovery</u> refers to learning how to live a safe, dignified, full, and self-determined life in the face of the enduring disability which may, at times, be associated with serious mental illness

QUESTIONS?

Connectedness:
A Key Process in Facilitating
Personal Recovery

To what extent do we support and encourage opportunities for people to be connected?

Individual mental health is inseparable from "the community."

Vice Chair's Report

David Glass
Vice Chair

Public Comment

Next Board Meeting

Thursday, June 13, 2019
1:00 p.m.