Board of Behavioral Health and Developmental Disabilities

BED·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

February 15, 2018



Agenda

Call to Order

Recovery Speaker

Action Items
Approval of Minutes
Board Resolution

Commissioner's Report

Commissioner's Report

Chair's Report

Public Comment

Next Meeting Date



Call to Order

Kim Ryan Chair



Recovery Speaker

Avery Nix Georgia Council on Substance Abuse



Action Items

- Approval of Minutes
- Board Resolution



Commissioner's Report

Judy Fitzgerald Commissioner

Commissioner's Report

- Planning List Administration Resign
- 2 Legislative Update
- 3 Behavioral Health Prevention Overview
- 4 Forensic Services Overview
- 5 ADA Settlement Agreement Extension



Planning List Administration Redesign

Ron Wakefield Director, Division of Development Disabilities

Esther Park
Division of Developmental Disabilities

Identifying Our Challenges: Initial Focus

- Long service entry period
- 2 Complex planning list process
- Too many people on the planning list
- 4 Subjective prioritization assessment
- 5 Inconsistent prioritization per region
- 6 Inadequately trained staff
- Poor customer service

"There are more than too many people on the planning list!"

Opportunities and Goals

Internal Opportunities

- Align to DBHDD's vision and mission
- Drive performance improvement
- Increase operational efficiency
- Provide clarity and consistency about protocols
- Drive accountability
- Reduce the number of system-related delays

External Opportunities

- Improve customer service experience for individuals
- Decrease intrusive points of contact
- Offer appropriate type and degree of support
- Increase responsiveness
- Maintain compliance



Increase the number of individuals entering the NOW/COMP waiver programs



Decrease the number of days from eligibility to service entry

PLA Implementation Focus: Planning List

Application



Pre-Eligibility



Planning List



New Operations



"Old" Operations

Two planning lists: STPL & LTPL

Part of the intake screening: future needs

Prioritize regionally



Two planning lists: **NOW & COMP**

New assessment tool: current needs

Prioritize Statewide/Centrally

PLA Implementation Focus: Service Entry

Application |



Pre-Eligibility



Planning List



New Operations



Service Entry

Unclear handoff between PLA and SC

PLA Generalists

Delayed service initiation



Focused Staff Assignment

PLA Navigators PLA Case Manager

PLA to SC Handoff

Handoff Clarity 60-day post-handoff support Timely service initiation

"Old" Operations

Key Changes in *Resources*

Statewide oversight: Admission Services Manager Dedicated Planning List Navigator onsite in each Regional Office



Anticipated impact to our stakeholders are...

Improved *customer service*:

- 24-hour turnaround
- Tracking and monitoring inquiries

Appropriate *supervision/expectations*:

- Centralized decisions
- Oversight and guidance

Appropriate *contact*:

- Decreased intrusive points of contact
- In-person contact as needed

Increased *accessibility*:

- Remote assessment completion
- Flexible updates and dedicated in-office PLA

Current Status and Upcoming Steps



Completed initial implementation



Developed a multi-year plan to address the growing planning list



Partner with GTRI to:

- Test for reliability and validity
- Gather and analyze data
- Identify a tool to house and manage data



Continue to coordinate other strategic efforts outlined in the multiyear plan



Review the intake process for improvement opportunities





Legislative Update

Doug Reineke Director of Legislative Affairs

Legislative Update

Session Overview

- Budget:
 - Amended FY 2018
 - FY 2019

- Legislation:
 - Health Care Taskforce
 - Behavioral Health and Intellectual and Developmental Disabilities

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Behavioral Health Prevention Overview

Travis Fretwell, MAC, CACII, CCS Director

Our mission is to lead and support a comprehensive, data-driven strategic plan for assisting communities in developing, implementing, and evaluating proactive evidence-based strategies in their communities that promote well-being and healthy behaviors and lifestyles.



Office of Behavioral Health Prevention Areas of Focus

Substance
Abuse
Prevention

Suicide Prevention Mental Health Promotion



Substance Abuse Prevention Projects

- Alcohol & Substance Abuse Prevention Project (ASAPP)
- Drugs Don't Work & Suicide Prevention Partnership Program
- Georgia's College Prevention Program (GCPP)
- Georgia Rx Drug Abuse Prevention Collaborative (GADAPC)
- PFS 2015 (GenRx) Prescription Drug
- GASPS Data Warehouse Project

- Georgia Teen Institute
- Prevention Clubhouses
- Red Ribbon Campaign
- SYNAR (GA DOR) Tobacco Compliance
- Voices For Prevention (V4P)
- CLEAR Marijuana Project
- SPF-Rx Project
- STR Opioid Grant



Suicide Prevention Projects

- HB 198 / DOE Summits Suicide Prevention Trainings for Georgia School Systems
- Drugs Don't Work & Suicide Prevention Partnership
- Pilot Suicide Prevention SPF Project
- Suicide Prevention Community Support, Education, and Awareness

- Garrett Lee Smith Youth Suicide Prevention Grant Expansion
- Suicide Prevention Education & Training
 - DBHDD Policy 01-118 Trainings
 - HB 198 / DOE Trainings
 - General Community & Coalition Trainings
 - Targeted Stakeholder Trainings
- Suicide Prevention Community Support, Education, and Awareness



Mental Health Promotion

Strategic planning for incorporation throughout OHBP work

- Media Campaign (to raise awareness, reduce stigma, and improve communications for appropriate referrals)
 - Mental Health PSA
 - https://www.youtube.com/watch?v=Eo-_Jdgc4_g
 - https://www.youtube.com/watch?v=iYh1ZotGK1o
 - https://www.youtube.com/watch?v=E3M_8eILfIA



Major Prevention Projects

- Alcohol & Substance Abuse Prevention Project (ASAPP)
- Drugs Don't Work & Suicide Prevention Partnership Program
- GA Rx Drug Abuse Prevention Collaborative (GADAPC)
- PFS 2015 (GenRx) Prescription Drug & SPF Rx Project

- Georgia Teen Institute
- Prevention Clubhouses
- STR Opioid Grant
- Voices For Prevention (V4P)
- GASPS Data Warehouse Project

- Garrett Lee Smith Youth Suicide Prevention Grant Expansion
- Suicide Prevention Education & Training
 - DBHDD Policy 01-118 Trainings
 - HB 198 / DOE Trainings
 - Community & Stakeholder Trainings

- MHP Staff Cross Training
- Media Campaign (to raise awareness, reduce stigma, and improve communications for appropriate referrals)



Current OBHP Media Campaigns



Mental Health PSAs

Spot the Signs

https://dbhdd.georgia.gov/mental-health-promotion https://www.youtube.com/watch?v=iYh1ZotGK1o

STR Opioid PSAs

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Good Samaritan Law

https://www.youtube.com/watch?v=Eo-_Jdgc4_g&feature=youtu.be

Naloxone

https://drive.google.com/file/d/1nmYGSJHDOr0XBIBq8RzO8Kq8Bcb_f-Nk/view

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Alcohol Prevention

Thin Line F://Thin Line

Contact Information

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https://dbhdd.georgia.gov/bh-prevention

Forensic Services Overview

Karen Bailey, Ph.D. Director

Forensic Services

- Forensic Evaluation and Expert Testimony
- Competency Restoration
- Inpatient Evaluation and Treatment
- Community Forensic Services
- Juvenile Forensic Services

Forensic Evaluation

Competency to Stand Trial: present ability
Criminal Responsibility: mental state at time of alleged offense

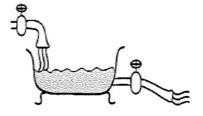
- 2,500 Evaluations
 - Opine 70% competent
 - >95% criminally responsible
- 95% at the Jail
- Demand for testimony increasing
- Customer: Court
- © Front door to our system state evaluators
- © Certification Program
- Timeliness

Competency Restoration

Prior to 2011: Court Adjudicates Incompetent







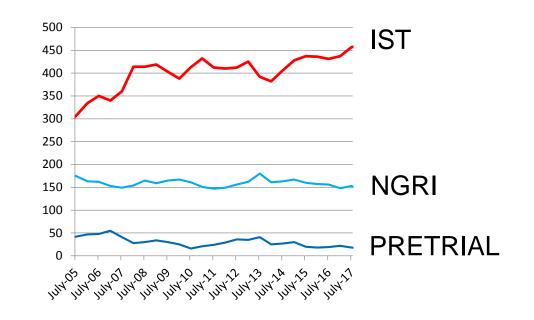
Now:

- Outpatient (if non-violent felony)
- Jail (Fulton County)
- Inpatient

35% of Forensic Beds

Restoration Rate: 80 to 70%

Average LOS: 120 days

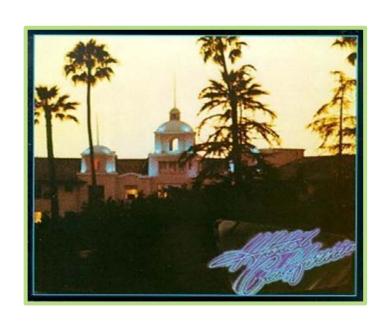


641 Beds on Dedicated Units across 5 State Hospitals (70%)

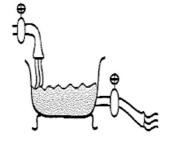
5% Pretrial Evaluations; 35% Competency Restoration

60% Civilly Committed Forensic Patients

- NGRIs (insanity acquittees) and ISTs (not restored >1 year)
 - Release determined by Court
 - ISTs uniquely Georgia
 - Average LOS: 7 years (impact on wait list)
- Treatment focus: recovery oriented & risk reduction
 - Goal: Community Re-integration
 - Recovery-Based Programs
 - Trauma Informed, Sexual Behavior, Technology
 - Annual Comprehensive Risk Assessment
 - Another 1,000 Evaluations



Forensic Community Services



Community Integration Homes

• 9 locations across the state; 61 beds

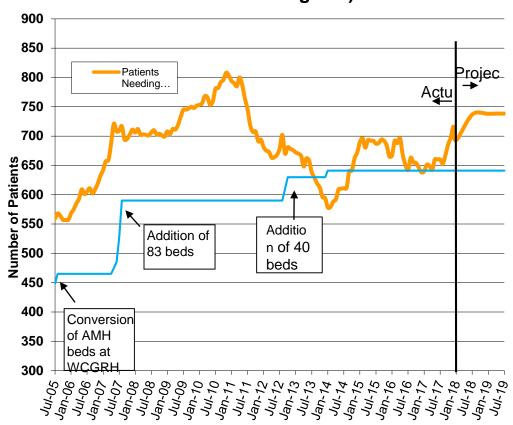
Forensic Apartments

• 4 locations, 60 beds

Forensic Community Coordinators

• 17 (areas assigned by judicial districts)

Forensic Census, Beds v. Need (including Waiting List)



Juvenile Forensics

- 2,000 Evaluations
 - Behavioral Health Evaluations
 - Competency to Stand Trial
 - Other transfer; designated felonies
- Outpatient Restoration

14-bed facility for juveniles under Superior Court jurisdiction

Challenges

- Obtaining GCICs for adequate evaluations and risk assessments
- Testifying at geographically distant locations
- Wait lists and continued growth (eliminate misdemeanants)
- Balancing security and recovery
- Staffing (© psychiatry/psychology fellowships Emory & Augusta University)
- Aging and medically compromised population
- Undocumented persons
- Delay in benefits and cost of personal care homes

What Makes Us Most Proud

- Recovery-Oriented Programs
- Certification Program and Forensic Training
- Relationship with the Courts and Sheriffs
- Continuum of Forensic Services
- Success of Individuals
- Inquiries about our Model from Other States

Contact Information

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ADA Settlement Agreement Extension

Judy Fitzgerald Commissioner



Chair's Report

Kim Ryan Chair



Public Comment

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Next Board Meeting

Thursday, April 19, 2018 1:00 p.m.

