Behavioral Health Coordinating Council Meeting

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

August 14, 2019

D·B·H·D·D

Agenda

- Call to Order
- Recovery Speaker
- Action Items
- BHCC Initiatives
- Commissioner’s Report
- Next Meeting Date

Call to Order

Judy Fitzgerald
Commissioner

Recovery Speaker

Mluv Wallace
RESPECT Institute of Georgia

Action Items

- Minutes: May 15, 2019

BHCC Initiatives

Interagency Directors Team

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

Georgia Department of Behavioral Health
& Developmental Disabilities

Overview

IDT Membership

Current IDT Priorities

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IDT Membership – State Agencies

- Behavioral Health and Developmental Disabilities
- Community Health
- Division of Family and Children Services
- Early Care and Learning
- Education
- Georgia Vocational Rehabilitation Agency
- Juvenile Justice
- Public Health

IDT Membership – Nonprofit Organizations

- Georgia Appleseed
- Georgia Early Education Alliance for Ready Students (GEEARS)
- Mental Health America of Georgia
- Resilient Georgia
- The Carter Center
- United Way of Greater Atlanta
- Voices for Georgia’s Children

IDT Membership – Other

Managed Care/Payors

- Amerigroup
- CareSource
- Peach State Health Plan
- WellCare

Professional Associations

- Academy of Pediatrics, Georgia Chapter
- Georgia Alliance of Therapeutic Services for Families and Children (GATS)
- Georgia Association of Community Service Boards
- Together Georgia

IDT Membership – Other

Care Management Entities (High-Fidelity Wraparound)

- Lookout Mountain CME
- View Point Health CME

Family Voice

- Georgia Parent Support Network
- National Alliance on Mental Illness (NAMI)

University Partners

- Center for Leadership in Disability, GSU
- Center of Excellence for Children's Behavioral Health, GSU

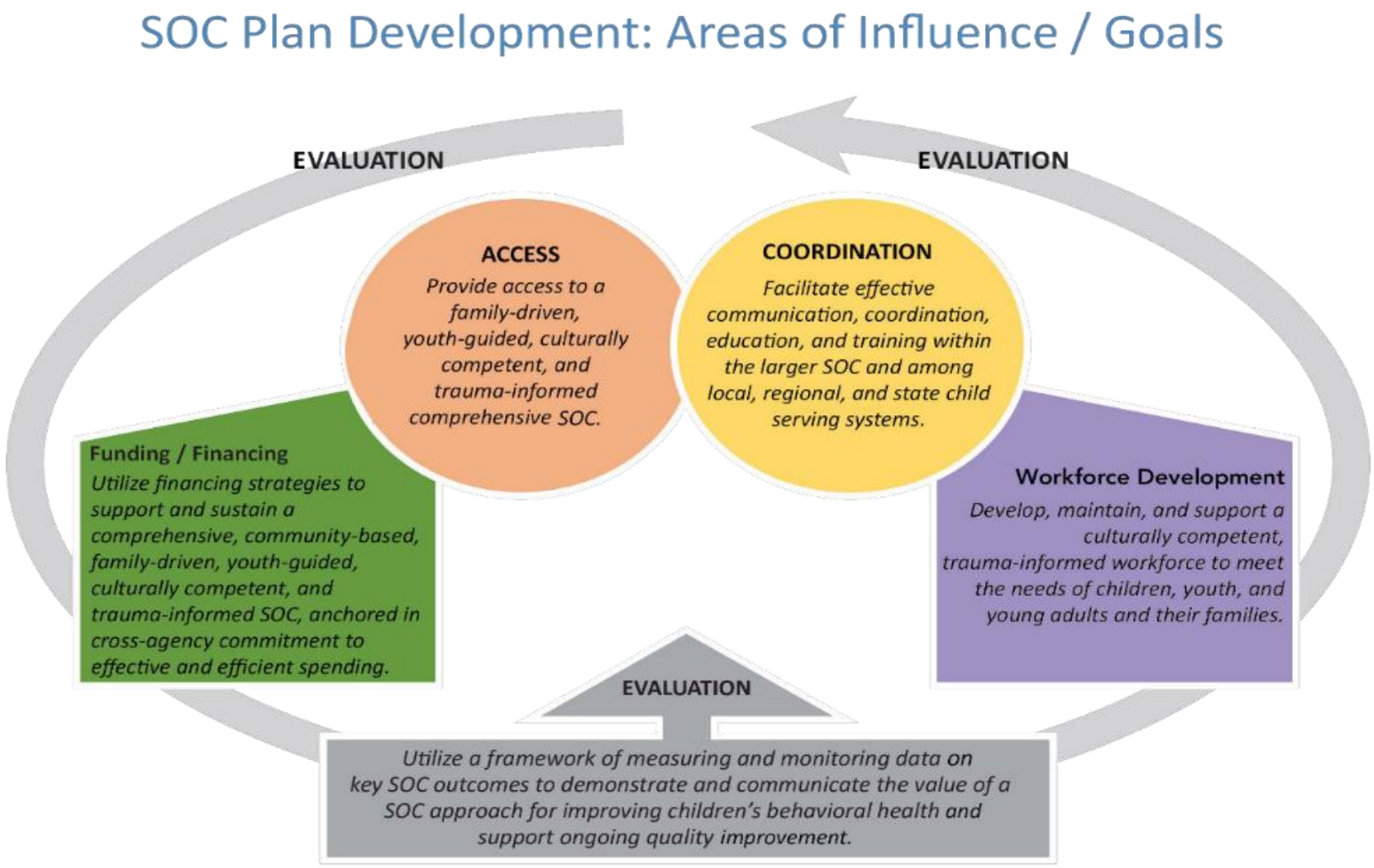
IDT Membership – Other

- Children's Healthcare of Atlanta
- Consulting Member – Centers for Disease Control & Prevention

Current Priorities

- System of Care State Plan
- Family/Youth Voice
- Feedback Loops

Current Priorities – Georgia SOC State Plan



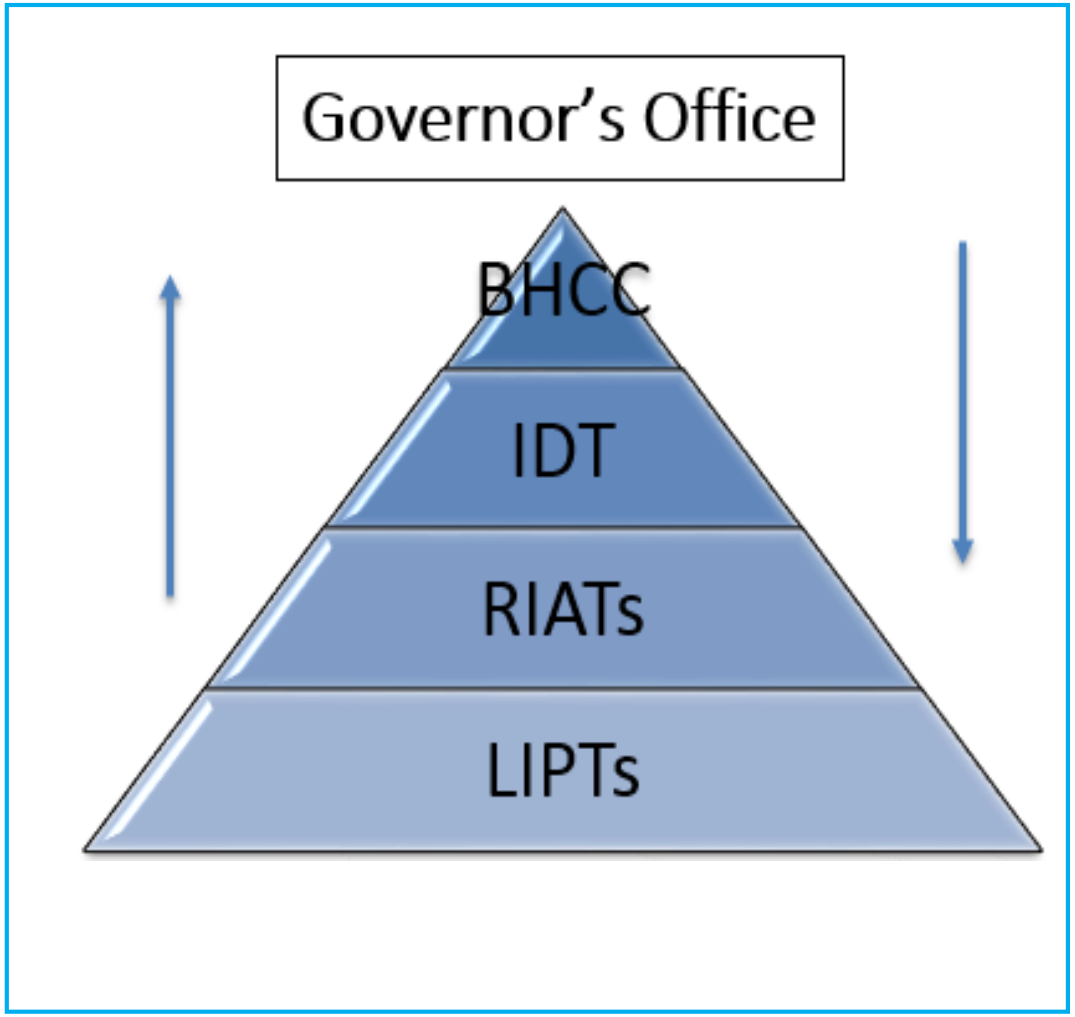
Current Priorities – Family/Youth Voice

Review:

- System of care values and principles
- Opportunities for improving and including family and youth voice in IDT
- Current youth and/or family engagement initiatives
- Agency readiness

Current Priorities – Feedback Loops

- Letter of commitment
- Between levels



Transition-Reentry Committee

Co-Chair Michelle Stanley
Deputy Director
Office of Reentry Services
Field Operations Division
DCS

Georgia Department of Behavioral Health
& Developmental Disabilities

BHCC transition reentry committee current areas of focus

1. Access to RESPECT Institute speakers for partnering agencies
2. Forensic Peer Mentor Program
3. Employment for returning citizens
4. Family Reunification Project

Georgia Department of Corrections
Returning Citizens with Behavioral Health Classification

Returning citizens who paroled from GDC back into the community with classification Mental Health Levels 2, 3, and 4

Month	Mental Health Level	# of Release
June 2019	Level 2 - Outpatient Treatment	480
June 2019	Level 3 - Inpatient Moderate	46
June 2019	Level 4 - Inpatient Intensive	6

Forensic Peer Mentor Program YTD

Department of Corrections facilities Day Reporting Centers

5 State Prisons

- Lee Arrendale
- Pulaski
- Baldwin
- Phillips
- Rutledge

6 Day Reporting Centers

- Atlanta
- Griffin
- Morrow
- Gainesville
- Columbus
- Rome

Program Outcome Highlights

- 127 returning citizens enrolled at GDC facilities fiscal year to date
- 255 returning citizens enrolled at DRC facilities fiscal year to date

Connecting with the Community

Forensic Peer Mentor Program YTD

Recidivism/Re-arrest

Psychiatric hospital readmission post release YTD	Re-arrest/ Conviction post release YTD
1 (*within last 12 months*)	1 re-arrest 0 re-convictions 1 parole/probation revocation

Program Outcome Highlights

Community-Based Referral and Linkages YTD

Transitional Sessions	10,584
Behavioral Health Services	331
Substance Use Treatment	571
Employment Assistance	549
Housing	145
Primary Health	171

BHCC – Transition Reentry Committee

Employment for returning citizens

Engage

- Individuals with criminal justice involvement and an SPMI with opportunities for gainful employment
- Employers in dialogue that leads to employing talent from this pool

Educate

- Individuals on strategies for maintaining employment (including soft skills)
- Employers about the benefits of recruiting and hiring from this rehabilitated talent pool

Connect

- Individuals with opportunities
- Employers to benefits and recruitment resources
- Agencies doing similar work (**DCS, GVRA, DOL, DOJ, Georgia Justice Project**)

Family Reunification Initiative

FREE

Family Reunification, Education, & Empowerment Project

Psychoeducation, Counseling, and Peer Support to Facilitate Successful Re-Entry for Georgia's Returning Citizens

Family-focused, peer-facilitated, multi-session project

- Forensic peer mentors and *certified* peer specialist-parent
- Returning citizens and their family/ support network
- Improving communication
- Strengthen family support
- Supporting successful transition into the community

Pilot site: Metro State Prison

Proposed 20 returning citizens in first Cohort

Commissioner’s Report

Judy Fitzgerald
Commissioner

Behavioral Health Suicide Analysis:

Fiscal Year 2017

J.R. Gravitt

Director

Office of Performance Analysis

Division of Performance Management and Quality Improvement

Georgia Department of Behavioral Health
& Developmental Disabilities

Office of Performance Analysis

- Performance data
- Analysis
- Practical application of theory-based research
- Quantitative, evidence-based outputs
- Different from reporting and data management

Background Information

Suicides in Georgia and the United States

- 11th leading cause of death in Georgia; 10th in U.S.
- GA: suicide mortality rate is ranked 33rd among all states
- U.S.: suicide deaths are highest among those aged 50-59 and 75+
- Between 1999-2016, suicide death rates increased in nearly every state

Correlates of Suicide and Suicidal Behavior

- Previous suicide attempt(s)
- Family history of suicide or child maltreatment
- History of mental illness or substance use disorder
- Isolation, loss, etc.
- Demographics (race, age, culture/religion)

Main Findings – Suicide

DBHDD's FY 2017 age-adjusted suicide mortality rate was statistically similar to Georgia's CY 2017 rate

This analysis did not find statistically significant associations between commonly-referenced risk factors and suicide (though some were "suggestive")

Gender, health insurance, urbanicity, and age were not associated with having died from suicide

Table 3. Logistic regression of suicide (n = 139,198)

Characteristic	aOR	99% CI	Significance
Gender			
Female	1.11	0.41-2.97	NS
Race			
Black	0.30	0.08-1.12	NS
Other	1.29	0.25-6.66	NS
Primary diagnostic category			
Bipolar	3.38	0.82-13.97	NS
Psychotic	1.51	0.26-8.91	NS
Substance use disorder (SUD)/other	0.78	0.15-4.03	NS
Mood/anxiety	0.98	0.06-16.51	NS
Housing stability			
Difficulty	2.14	0.50-9.17	NS
Unknown	3.20	0.78-13.12	NS
Income (previous month)			
No income	0.35	0.10-1.29	NS
Health insurance			
Coverage	1.17	0.38-3.66	NS
Unknown	1.21	0.08-17.98	NS
County type			
Rural	1.28	0.38-4.25	NS
Age	1.02	0.98-1.05	NS
Pseudo R^2	0.05		

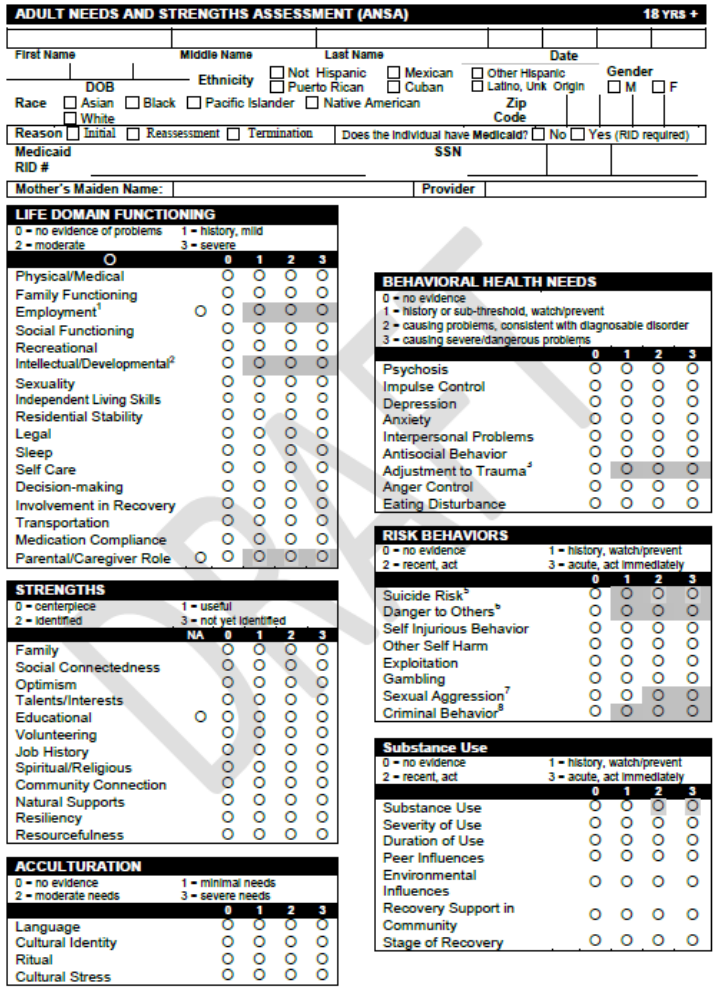
Notes: One variable (other gender) was automatically dropped from the model because it perfectly predicted failure, likely because there were no suicide deaths among those who reported other genders, resulting in the loss of 102 observations. Adjusted odds ratios, 99% CIs, and statistical significance are displayed; coefficients available on request. *P*-values < 0.01 were considered statistically significant; not significant (NS) indicates $P \geq 0.01$.

Main Findings – Suicide Risk Assessment

Additional analyses included suicide risk data from CANS/ANSA

Again, most variables were not significant

However, the odds of dying by suicide were higher among those who were currently or were recently at risk of suicide



ADULT NEEDS AND STRENGTHS ASSESSMENT (ANSA) 18 YRS +

First Name | Middle Name | Last Name | Date

DOB | Ethnicity: Not Hispanic, Mexican, Other Hispanic, Puerto Rican, Cuban, Latino, Unk Origin | Gender: M, F

Race: Asian, Black, Pacific Islander, Native American, White | Zip Code

Reason: Initial, Reassessment, Termination | Does the individual have Medicaid? No, Yes (RID required)

Medicaid RID # | SSN

Mother's Maiden Name: | Provider

LIFE DOMAIN FUNCTIONING

0 = no evidence of problems; 1 = history, mild; 2 = moderate; 3 = severe

	0	1	2	3
Physical/Medical				
Family Functioning				
Employment[1]				
Social Functioning				
Recreational				
Intellectual/Developmental[2]				
Sexuality				
Independent Living Skills				
Residential Stability				
Legal				
Sleep				
Self Care				
Decision-making				
Involvement in Recovery				
Transportation				
Medication Compliance				
Parental/Caregiver Role				

STRENGTHS

0 = centerpiece; 1 = useful; 2 = identified; 3 = not yet identified

	NA	0	1	2	3
Family					
Social Connectedness					
Optimism					
Talents/Interests					
Educational					
Volunteering					
Job History					
Spiritual/Religious					
Community Connection					
Natural Supports					
Resiliency					
Resourcefulness					

ACCULTURATION

0 = no evidence; 1 = minimal needs; 2 = moderate needs; 3 = severe needs

	0	1	2	3
Language				
Cultural Identity				
Ritual				
Cultural Stress				

BEHAVIORAL HEALTH NEEDS

0 = no evidence; 1 = history or sub-threshold, watch/prevent; 2 = causing problems, consistent with diagnosable disorder; 3 = causing severe/dangerous problems

	0	1	2	3
Psychosis				
Impulse Control				
Depression				
Anxiety				
Interpersonal Problems				
Antisocial Behavior				
Adjustment to Trauma[4]				
Anger Control				
Eating Disturbance				

RISK BEHAVIORS

0 = no evidence; 1 = history, watch/prevent; 2 = recent, act; 3 = acute, act immediately

	0	1	2	3
Suicide Risk[5]				
Danger to Others[6]				
Self Injurious Behavior				
Other Self Harm				
Exploitation				
Gambling				
Sexual Aggression[7]				
Criminal Behavior[8]				

Substance Use

0 = no evidence; 1 = history, watch/prevent; 2 = recent, act; 3 = acute, act immediately

	0	1	2	3
Substance Use				
Severity of Use				
Duration of Use				
Peer Influences				
Environmental Influences				
Recovery Support in Community				
Stage of Recovery				

Main Findings – CMRC

Findings

- FY 2017: identified 25 combined moderate-, high-, and critical-risk deficient practices identified
- 11 deficiencies were categorized as critical- or high-risk

Implications

- The majority of deficiencies were related to deficient provider practices in assessment and treatment planning
- Suicide risk assessment and planning treatment were areas of concern

Discussion

Analysis Strengths and Limitations

- Limitations
  - Missing data
  - Suicide is a rare event
  - Cross-sectional design
- Strengths
  - Triangulation research
  - Included many known risk/protective factors

The Critical Importance of Assessment and Treatment Planning

The most important factor that was associated with reported suicides in FY 2017 was deficient practices in recognizing, assessing, and responding to suicide risk.

Questions?

Quality Improvement Study: Suicidal Ideation & Provider Practices

Calendar Year 2018

Virginia B. Sizemore, MBA

Director

Office of Quality Improvement

Division of Performance Management and Quality Improvement

Georgia Department of Behavioral Health
& Developmental Disabilities

Office of Quality Improvement

In partnership, develop, implement, and measure quality improvement initiatives that are:

- Aligned with the goals and priorities of DBHDD
- Focused on making improvements that benefit the people we serve
- Guided by established quality improvement techniques and principles
- Informed by best practices and peer-reviewed information

Introduction and Background

- Special study conducted by the ASO/Georgia Collaborative
  - Underpinnings include a review of the literature
  - Centers for Disease Control (CDC) suicide risk factors
  - DBHDD Policy
  - DBHDD Behavioral Health Provider Manual

- Based on results of the special study, next steps may include:
  - Additional quality improvement initiatives and focused studies
  - Incorporation of additional items into standard review tools
  - Targeted trainings

Goal of Study

Analyze services for individuals who have multiple admissions to Crisis Stabilization Units (CSUs) due to Suicidal Ideation (S/I) within one year to:

- Identify “holes” in the system of care
- Identify barriers in the system post-discharge
- Identify effective interventions & practices

Examples of Areas to be Reviewed

- Crisis Service Unit (CSU) Admissions
- Columbia Suicide Severity Rating Scales (C-SSRS)
- Missed Appointments
- Safety / Crisis Plans
- Assessments, Treatment Plans & Progress Notes
- Georgia Crisis & Access Line (GCAL) Information
- Engagement with ASO Care Coordination
- Centers for Disease Control Risk Factors

Questions?

Serving Georgia's Most Vulnerable Citizens

Georgia Department of Behavioral Health & Developmental Disabilities

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Judy Fitzgerald, Commissioner

DBHDD in the Health Care Environment of the Future

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Health Care Environment of the Future

We want to move FROM:	We want to move TO:
• 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	• 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

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

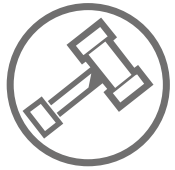
Implementing 5-year plan: Addressing current needs and anticipating future demand; Continue hospital transitions

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

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.

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

Next BHCC Meeting

November 13, 2019

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