

Board of Behavioral Health and Developmental Disabilities

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

June 13, 2019



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

Jill Hooper

Action Items:

- Past Meeting Minutes

Welcome New Board Members

Kim Ryan
Chair

Commissioner's Report

Judy Fitzgerald
Commissioner

Culturally Competent Services for Deaf individuals

Improving access in Georgia

Kelly Sterling, MSW, LCSW

Director, Office of Deaf Services



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Georgia Department of Behavioral Health
& Developmental Disabilities

“The first psychological trauma someone with hearing loss encounters is not their disability of deafness but rather the deprivation of full access to language.”

- Lawrence M. Siegel, *The Human Right to Language*, 2002

Through its Office of Deaf Services, DBHDD is meeting this challenge by providing American Sign Language access to individuals who are deaf, deafblind, or hard of hearing.

Office of Deaf Services

- Facilitates reasonable accommodations for individuals who are deaf, deafblind, or hard of hearing to effectively communicate and access services
- Coordinates American Sign Language (ASL) interpreters for behavioral health services upon request
- Provides consultation and technical assistance to intellectual/developmental disabilities (I/DD) providers
- Conducts training and outreach to providers and the deaf community



The Why Behind It All

- DBHDD believes it's the right work to be doing!
- Deaf, deafblind, and hard-of-hearing individuals face unique barriers to services, and those barriers need to be lifted
- Communication in ASL lifts barriers and improves services for those individuals
- Cultural competency also lifts barriers
- The ADA mandates accommodations for effective communication
- Deaf services staff are highly motivated and qualified to assist with expertise and resources

Elements of DBHDD Deaf Services

**Policy
Development**

**Provider
Education and
Technical
Assistance**

**Deaf Services
is Notified of
Deaf
Individuals in
Services**

**Communication
Assessments**

Interpreters

**ASL Training
for I/DD
Provider Staff**

**ASL-Fluent
Clinicians and
Case Managers**

**Specialized
Mental Health
Interpreter
Training**

Communication Assessments for Individuals

- Face-to-face assessment of individual communication abilities and preferences
- Completed by deaf services communication specialists for individuals in the community and state hospitals
- Recommend accommodations (e.g., interpreters, ASL-fluent staff) where appropriate

I/DD Services

Approximately **400**
communication assessments
completed to date

Behavioral Health Services

(including state hospitals)

Approximately **1,120**
communication assessments
completed to date

Provision of Interpreter Services

Annually, DBHDD is providing an estimated 5,000+ hours of certified ASL interpreter services for individuals in community-based and hospital services. Deaf Services receives interpreter requests and coordinates interpreter provision.

For behavioral health counseling or therapy services, Deaf Services has 14 qualified mental health interpreters available statewide. These interpreters have completed specialized training and practicum for ASL interpreting in mental health service settings.

“

Direct communication allows for a freer exchange between the clinician and the individual seeking services. Therefore, ASL-fluent clinicians are offered as an option for individuals who are deaf, deaf-blind or hard of hearing. Unless the individual prefers otherwise, ASL-fluent direct service provision is considered best practice for deaf individuals. ”

- DBHDD Policy 15-114

ASL-Fluent Clinicians in Therapy: A Year of Progress

Then

January 2018 (statewide):

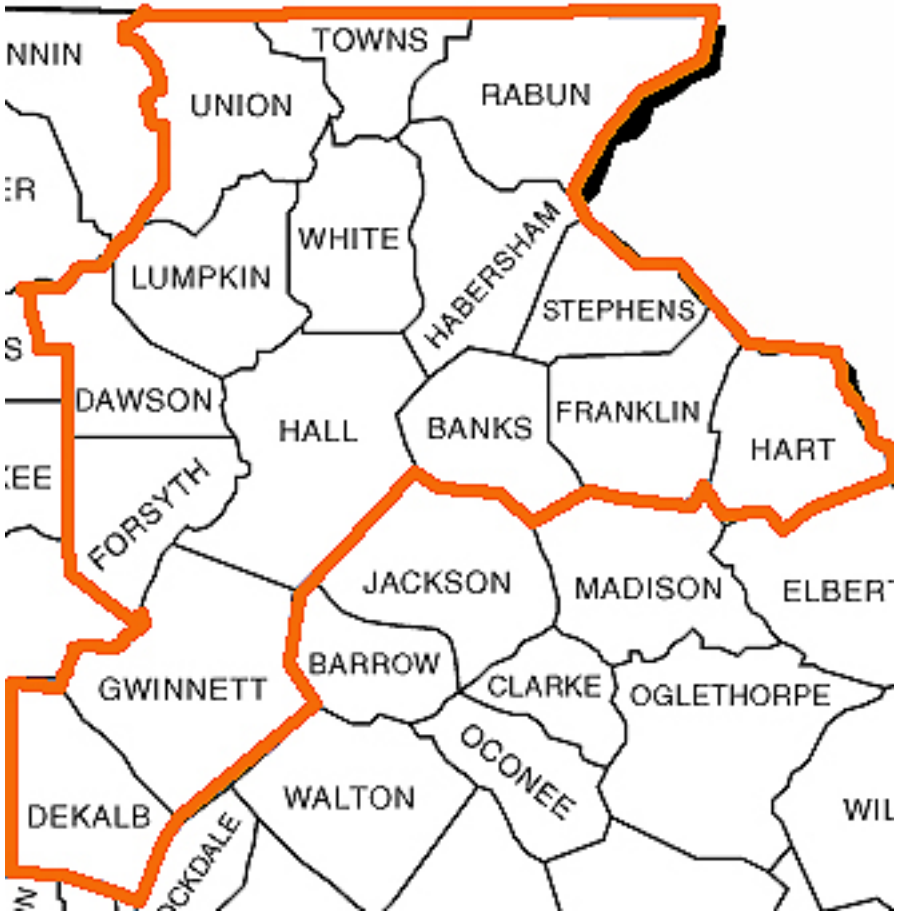
- 1 ASL-fluent behavioral health clinician
- 1 ASL-fluent case manager

Now

May 2019 (statewide):

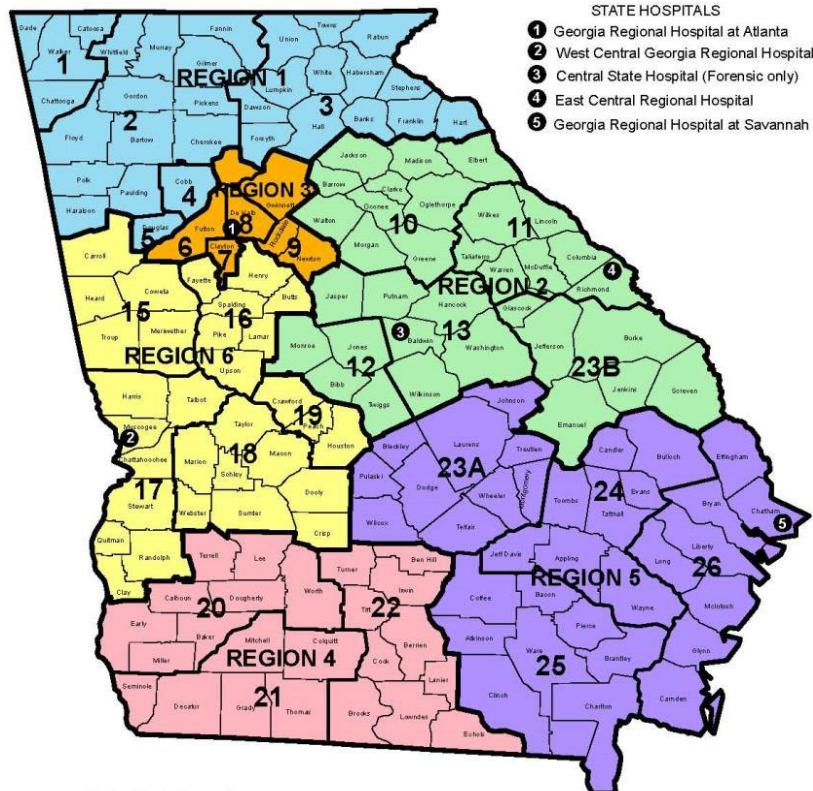
- 4 ASL-fluent clinicians currently hired
- 2 additional clinicians who use ASL and are awaiting confirmation of full ASL fluency
- 1 ASL-fluent case manager currently hired
- 1 additional case manager who uses ASL and is awaiting confirmation of full ASL fluency

ASL-Fluent Services: Avita's Expanding Deaf Services Coverage Area



ASL-Fluent Counseling: Avita's Partnerships for Statewide Coverage

Georgia Department of Behavioral Health & Developmental Disabilities
Regional Map with Community Service Areas
Effective July 1, 2017



- STATE HOSPITALS
- 1 Georgia Regional Hospital at Atlanta
 - 2 West Central Georgia Regional Hospital
 - 3 Central State Hospital (Forensic only)
 - 4 East Central Regional Hospital
 - 5 Georgia Regional Hospital at Savannah

Numbered Service Areas are for identification purposes only



- | | | |
|---|--|---|
| 1 - Lookout Mountain Community Services | 10 - Advantage Behavioral Health Systems | 20 - Aspire BH & DD Services (formerly Albany CSB) |
| 2 - Highland Rivers Community Service Board | 11 - Serenity Behavioral Health (CSB of East Central Ga) | 21 - Georgia Pines Community MH/MRSA Services |
| 3 - Avita Community Partners | 12 - River Edge Behavioral Health Center | 22 - Behavioral Health Services of South Georgia |
| 4 - Cobb Community Service Board | 13 - Oconee Community Service Board | 23A - Community Service Board of Middle Georgia |
| 5 - Douglas Community Service Board | 14 - Pathways Center for BH & Developmental Growth | 23B - Community Service Board of Middle Georgia (Ogeechee Division) |
| 6 - Fulton County | 15 - Midtloth Trail Community Service Board | 24 - Pineland Area Community Service Board |
| 7 - Clayton Community Service Board | 16 - New Horizons Community Service Board | 25 - Unison Behavioral Health (formerly Satilla CSB) |
| 8 - DeKalb Community Service Board | 17 - Middle Flint Behavioral Healthcare | 26 - Gateway Community Service Board |
| 9 - View Point Health | 18 - Middle Flint Behavioral Healthcare | |
| | 19 - Phoenix Center Behavioral Health Services | |

Avita's CSB/Agency Partner Sites

- Marietta (Cobb CSB)
- Decatur (Georgia Center of the Deaf and Hard of Hearing)
- Jonesboro (Clayton)
- Savannah (Gateway)
- Macon (River Edge)
- Columbus (New Horizons)

ASL-Fluent Access: I/DD Provider Trainings

- Deaf Services and the Division of Developmental Disabilities have partnered with the Georgia Center of the Deaf and Hard of Hearing (GCDHH) to provide on-site ASL trainings for community I/DD provider staff serving individuals who prefer ASL for communication
- June to December 2018: provision of **288** 60-minute sessions of sign language instruction among 35 providers
- The GCDHH partnership has been renewed and continues in 2019

Outreach: Getting the Word out about Deaf-Accessible Services

To DBHDD Providers and Community Stakeholders

- Meetings with community service board staff—policy instruction, cultural competency
- Community collaboratives (include stakeholders such as school systems, county officials, law enforcement)
- National deaf conferences

To the Deaf Community

- Deaf Advisory Council meetings bi-monthly
- Deaf Community Conversations around the state
- National deaf conferences
- Local deaf community events (Atlanta Area School of the Deaf Fall Festival, etc.)

The Georgia DBHDD Suicide Prevention Program

Walker Tisdale III, MPH, MA, LMSW

Director of Suicide Prevention

Office of Behavioral Health Prevention

Suicide Prevention Program



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A close-up photograph of a hand holding a blue pen, poised to write on a spiral-bound notebook. The notebook's black spiral binding is visible on the left side. The background is softly blurred, focusing attention on the pen and the text.

BE INFORMED

Suicide is Preventable

Introduction to the Suicide Prevention Program

The History

Jason Flatt Act (2015) established DBHDD's Suicide Prevention Program

DBHDD led development of 2001 Statewide Suicide Plan; 2020 update in progress

First director hired in 2017; staff expands

DBHDD Suicide Program achieved several key milestones

Our Purpose

The Suicide Prevention program within the Office of Behavioral Health Prevention is committed to **preventing deaths by suicide** in the state of Georgia **using evidence-based research** and **best practices**.

Georgia DBHDD Suicide Prevention Team



Walker Tisdale III
Suicide Prevention
Director



**Sally vander
Straeten**
Suicide Prevention
Coordinator



Shevon Jones
GLS Youth Suicide
Coordinator



Erin Conaway
Suicide Prevention
Specialist

Suicide Prevention Approach

- Prevention: activities/interventions that occur prior to an attempt or death by suicide and are intended to prevent or reduce the risk of one occurring.
- Intervention: activities/interventions that occur at the crisis point with indicated individuals.
- Postvention: activities/interventions that occur after a death by suicide. Postvention can also be applied to reduce contagion effects (risk of additional deaths by suicide) and promote healing.



Ten-Year Trend of Suicide Death Rates

Suicide rates (deaths per 100,000) have been increasing in the U.S., in the South, and in Georgia. Georgia's suicide rates have typically been under the national average over the last 10 years, while the South's rates are above the national average.

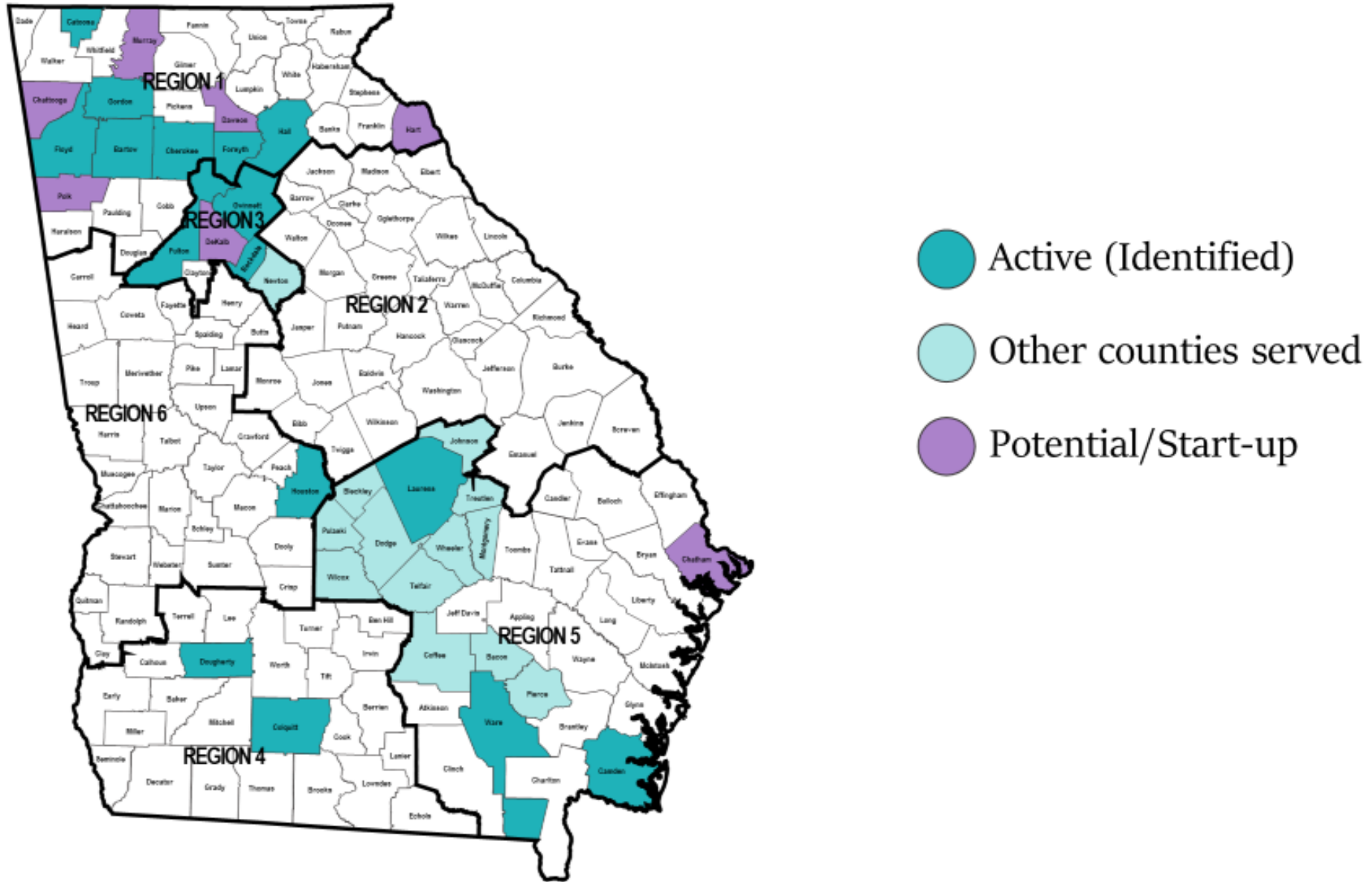
Community Suicide Prevention Coalitions

Prior to 2015, suicide coalitions existed in silos, with little coordination of efforts with one another, their local service provider, or DBHDD.

In 2017, DBHDD initiated a statewide outreach effort to identify and mobilize local suicide coalitions, mental health community groups, and task forces.

Today, there are more than a dozen active coalitions statewide, coordinating prevention activities locally and with DBHDD.

Suicide Prevention Coalitions in Georgia



Garrett Lee Smith (GLS) Youth Suicide Prevention: 2018 to April 2019

- View Point Health (serves Gwinnett, Newton, and Rockdale counties)
- Advantage Behavioral Health (serves Clarke, Morgan, Greene, Oconee, and Walton counties)
- Highland Rivers Health (serves Bartow, Cherokee, Floyd, Gilmer, Gordon Paulding, Polk, and Murray counties)

- Trained UGA School of Social Work students
- Provide technical assistance to local suicide prevention coalitions
- Manage program data with GLS evaluator to document program impact

- Approximately 900 people received gatekeeper training
- Approximately 80 referral processes established for suicide risk cases with agencies in 16 counties
- Approximately 3,750 youth screened for suicide risk

Suicide Prevention Activities

Garrett Lee Smith Youth Suicide Prevention

- SAMHSA funded five year grants to support youth suicide prevention work (ages 10-24). Focus on Bartow, Newton, Oconee and surrounding counties

Pilot Suicide Strategic Prevention Framework (SPF) Project

- Establish 6 suicide prevention sites consisting of service provider and coalition partners to implement SPF to reduce death by suicide in high-burden areas

Mental Health Awareness Training Project

- Manage statewide training project aimed at prevention education for suicide stakeholders; 300 trained since November 2018

Suicide Intervention Activities

- Conduct Suicide Prevention clinical and gatekeeper trainings statewide and in various settings and publish Suicide Prevention Newsletter articles
- DBHDD Policy 01-118 establishes suicide risk screening, intervention standards, and best practices within DBHDD's CSBs
- The Jason Flatt Act authorized DBHDD to provide technical assistance to the Georgia Department of Education for suicide prevention policy development and safety plans in all Georgia schools, as well as to conduct annual gatekeeper trainings

Suicide Postvention Activities

SPAN Georgia and Suicide Coalitions

- Provide postvention support and referrals for survivors of suicide
- Provide grief and bereavement resource materials for individuals and community organizations

DBHDD

- Participate in Mortality Review Committee to investigate potential deaths by suicide

2018-May 2019 Suicide Prevention Achievement Snapshot

- Launched SPF Pilot Project
- SAMHSA MHAT Grant Awarded
- Radio Q99.7 Campaign Reaches 1M+
- Coordinate 45 Postvention Responses
- Expanded Clinical Training Access
- Expanded Gatekeeper Trainings 500+
- Collaborate with 21+ SP Coalitions
- Mobilize 60+ Georgia SP Stakeholders
- Updating Georgia SP Strategic Plan



2019 Georgia Suicide Prevention Conference

SAVE THE DATE

SEPTEMBER 23-25, 2019



CONNECT • COMMUNICATE • CARE

The Lodge & Spa at Callaway Gardens
4500 Southern Pine Drive
Pine Mountain, Georgia 31822



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**Georgia Department of
Behavioral Health and
Developmental Disabilities**

The Georgia College
and University Suicide
Prevention Coalition

Behavioral Health Suicide Analysis

Fiscal Year 2017

J.R. Gravitt

Director

Office of Performance Analysis

Division of Performance Management and Quality Improvement



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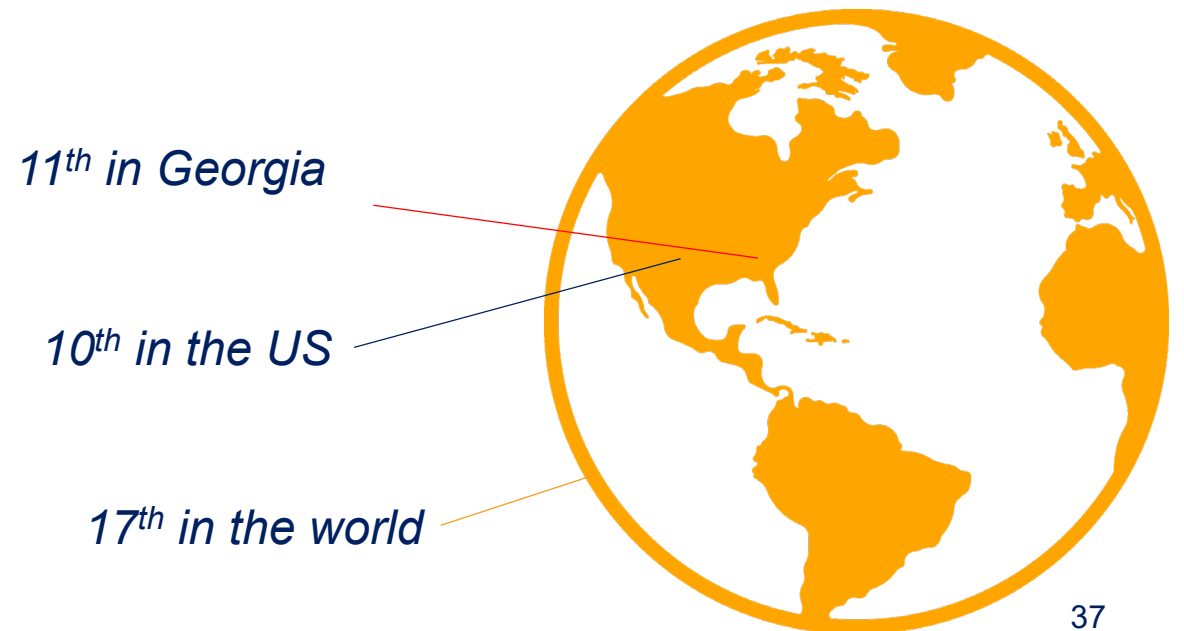
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Office of Performance Analysis

- Performance data
- Analysis
- Practical application of theory-based research
- Quantitative, evidence-based outputs
- Example: inaugural study of suicide mortality for behavioral health to examine DBHDD's data

Rankings of Suicide as Cause of Death

- 11th leading cause of death in Georgia
- 10th leading cause of death in the US
- 17th leading cause of death in the world



Suicide Mortality Data: Fiscal Year 2017

Who was studied?

- 139,300 individuals included in the inaugural study
 - Average age = 39
- 29 suicides during FY 2017
 - Average age at death = 43

What was studied?

- Gender
- Race
- Primary diagnosis
- Income
- Health insurance
- Housing stability
- Suicidal ideation

Suicide Mortality Rates*

DBHDD

FY17 age-adjusted⁺ = 17.0

Georgia

CY17 age-adjusted⁺ = 13.6

Results are statistically similar

*Number of suicides per 100,000 individuals; ⁺Rate if population had same age distribution

Main Analytical Findings

Statistical Analyses

Those who had been thinking about dying by suicide within the past 24 hours or 30 days were more likely to have died by suicide in FY 2017

Community Mortality Review Committee Findings

73% of all critical- and high-risk deficient practices were related to assessment and treatment planning

Critical Importance of Assessment and Treatment Planning

Limitations

Missing data

Suicide is a rare event

Cross-sectional

Strengths

Triangulation research

Included many known risk / protective factors

Conclusion

The most important factors associated with reported suicides in FY 2017 were deficient practices in suicide risk assessment and treatment planning



Questions?

Please click [here](#) to access the full report

Quality Improvement Special Study: Suicidal Ideation & Provider Practices Calendar Year 2018

Virginia B. Sizemore, MBA

Director, Office of Quality Improvement

Division of Performance Management and Quality Improvement



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Office of Quality Improvement

In partnership with other divisions and offices, 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 & Background

- Internal community mortality review group met in October 2018 to:
 - Review the Mortality Report
 - Identify the need for a focused suicide study, pending the results of the FY 2017 Suicide Mortality Report
- Currently initiating a special suicide study to be conducted by the ASO/Georgia Collaborative
 - Underpinnings include a review of the literature, including the DBHDD FY 2017 Suicide Mortality Report
 - Includes Centers for Disease Control and Prevention (CDC) suicide risk factors
 - DBHDD Policy
 - DBHDD Behavioral Health Provider Manual

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
and practices

Examples of Areas to be Reviewed

Crisis
Stabilization
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
and DBHDD
HUM program

Centers for
Disease Control
Risk Factors

Next Steps and Expected Outcomes

Based on results of the special study, next steps may include:

- Additional quality improvement initiatives and focused studies based on study results
- Partner with behavioral health division and Georgia Collaborative/ASO to incorporate additional suicide related items into standard provider review process
- Partner with Office of Prevention and HR/Learning to conduct targeted trainings for providers based on study results



Questions?



**GEORGIA
RECOVERS**

**We finally
have a voice**

GeorgiaRecovers.org



**GEORGIA
RECOVERS**



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I almost
missed
my life

GeorgiaRecovers.org



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When the
lightbulb comes
on it's real

GeorgiaRecovers.org



**GEORGIA
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It restored
my integrity

GeorgiaRecovers.org

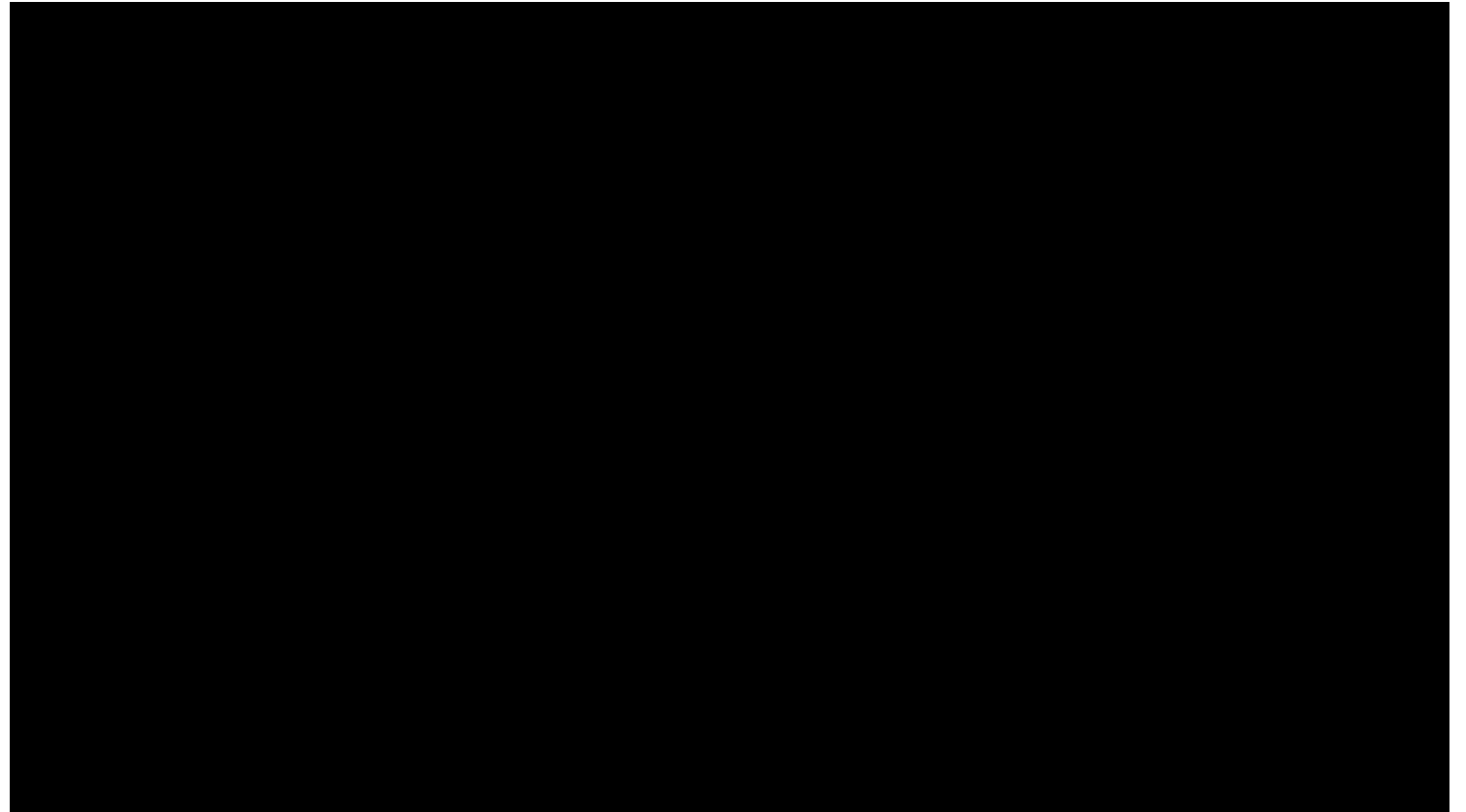


**GEORGIA
RECOVERS**



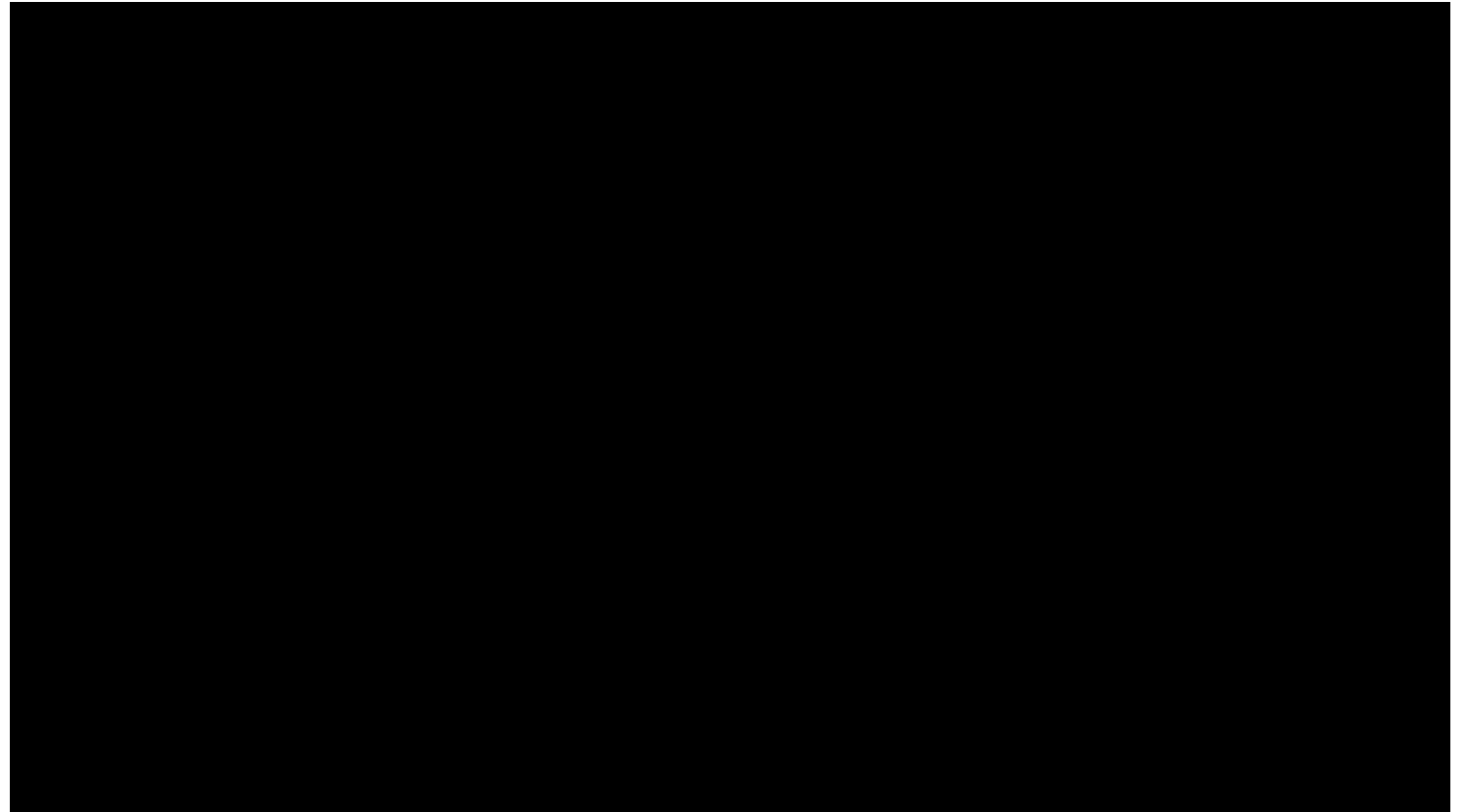
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Georgia Recovers



<https://www.gasubstanceabuse.org/georgia-recovers>

Georgia Recovers



<https://www.gasubstanceabuse.org/georgia-recovers>

Chair's Report

Kim Ryan
Chair

Public Comment

Next Board Meeting

Thursday, August 15, 2019
1:00 p.m.