

Georgia's Resources, Strategic Partnerships & Collaborations for Supporting Older Adults with Serious Mental Illness in the Community

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DBHDD

Georgia
Department of
Behavioral Health
& Developmental
Disabilities



Department of Human Services
Division of Aging Services



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

THE
CARTER CENTER



EMORY
MEDICINE

Fuqua Center for
Late-Life Depression

*“Aging is not lost youth but a new stage of **opportunity and strength.**”*

--Betty Friedan (1921-2006)

“ Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. ”

~ WORLD HEALTH ORGANIZATION, 2014

Agenda

1. Older Adults and Behavioral Health
2. Community Behavioral Health Resources
 - PASRR
 - Georgia Community Behavioral Health Services (DBHDD)
3. Community Social Support Resources (DAS & DCH)
4. Cross Agency and Multi-sectoral Partnership/ Collaboration
5. Work in Progress
6. Q & A

Older Adults and Behavioral Health

Behavioral Health
Disorders in
Older Adults Are
Costly, Disabling and
Deadly

Late-life anxiety is related to increased risk of depression—both affect memory

Disabling—symptoms and disorders impact self-care and ability to attend to activities of daily living

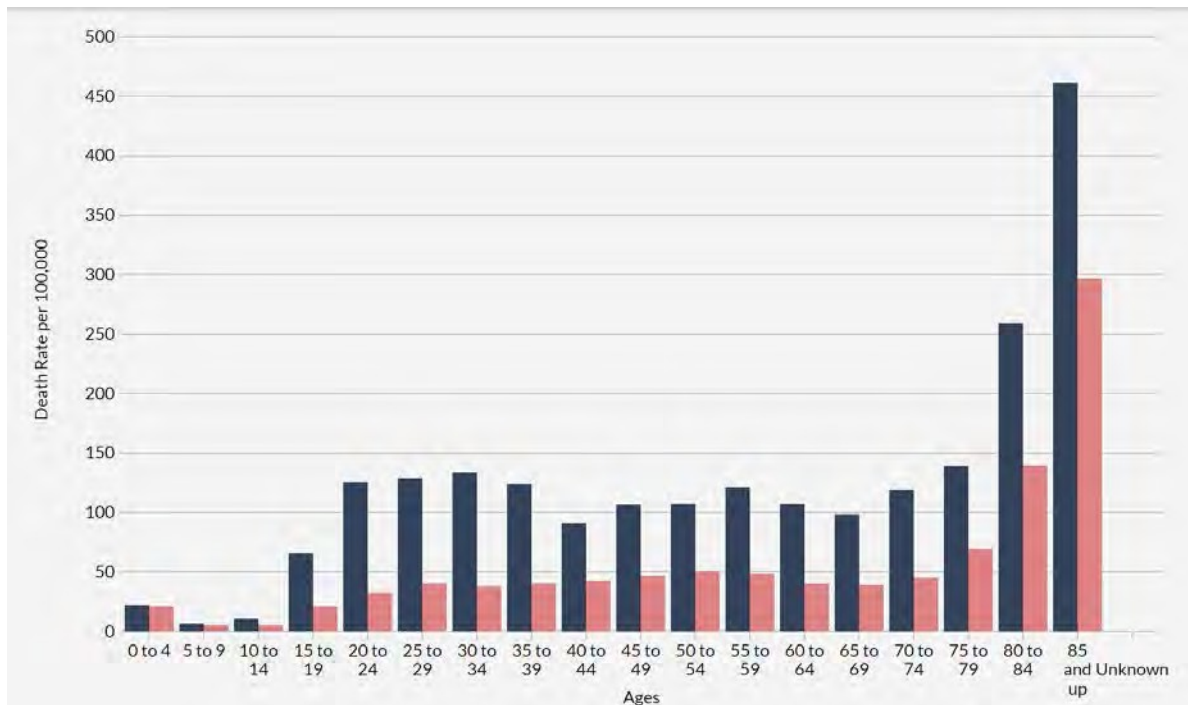
Depression and anxiety are costly:

- **Higher healthcare costs (50-100%)**
- **Increased morbidity, mortality, non-adherence, recovery costs**

Reduces quality of life—sometimes becomes deadly

- **Suicide risk**
- **Risk factor for serious illnesses (diabetes, heart disease)**
- **Complicates recovery (stroke, hip fracture, etc.)**

Late-life Suicide: A Major Concern



<https://wisqars-viz.cdc.gov:8006/>

https://www.mentalhealth.va.gov/docs/data-sheets/2016/Georgia_2016.pdf

Georgia Treatment Utilization Trends

UNDUPLICATED NUMBER OF INDIVIDUALS SERVED (AGE 55 & OVER)
FOR DATES OF SERVICE DURING FY2017

REGION	55 - 65	66 - 85	85+	TOTAL
REGION 1	2,219	383	0	2,602
REGION 2	3,293	404	3	3,700
REGION 3	7,945	1,572	7	9,524
REGION 4	2,309	387	2	2,698
REGION 5	2,406	351	1	2,758
REGION 6	2,899	495	2	3,396
REGION 99	219	20	10	249
TOTAL	21,290	3,612	25	24,927

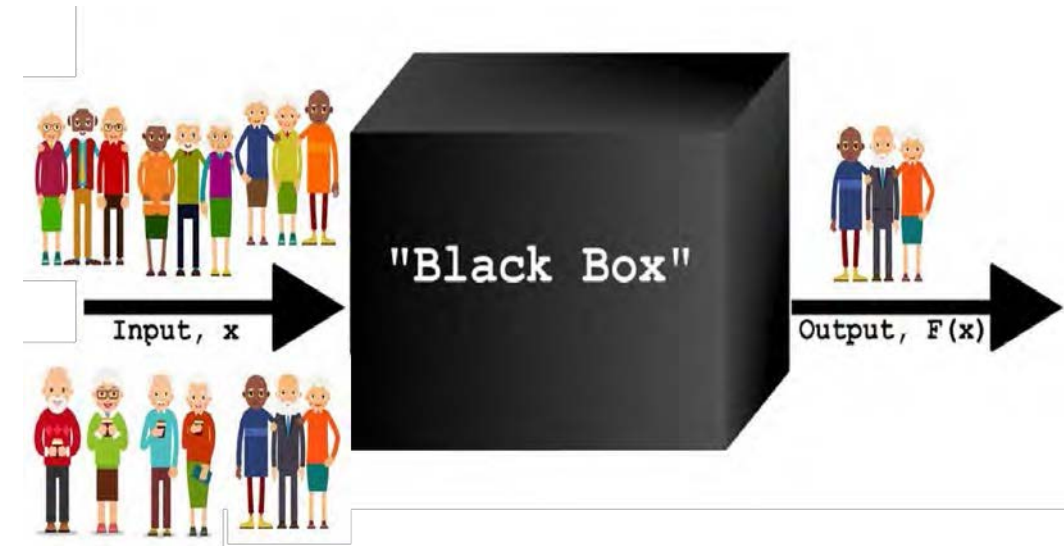
83% Decrease after Age 65

NOTES:

1. Age was determined as last age on most recent claim.
2. Region was determined using the individuals most recent county of residence. Region 99 is unknown.
3. Includes Medicaid (GAMMIS) and Beacon State funded claims.
4. Includes behavioral health claims (MH and SA).

SOURCE: GACO-IC; GAMMIS Claims; Beacon Claims Webi; 7/20/2018.

Table created by: DBHDD, Office of Data & Information Management, 7/22/2018.



Community Behavioral Health Resources

PASRR in Georgia: Level I

The PASRR process requires that all applicants to a Medicaid-certified Nursing Facility receive a **Level I** preliminary assessment to determine whether they might have a mental illness, intellectual disability, or related condition

- In Georgia, the Department of Community Health (DCH) (Medicaid authority for the state) is responsible for the operations of the **Level I** assessment
- Medicaid is partnered with **Alliant Health Solutions** to administer the **Level I** screenings



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PASRR in Georgia: Level II

- If the Level 1 triggers a referral for **Level II** assessment, DBHDD, in partnership with Beacon Health Options, is responsible for the **Level II** operations
- The outcome of this **Level II** evaluation confirms the need for placement in a skilled nursing facility and may provide a set of service recommendations (specialized services) for providers to use in developing an individualized plan of care



Examples of Specialized Services

- Psychiatric Diagnostic Assessment
- Mental Health Assessment
- Mental Health Service Planning
- Individual Outpatient Therapy
- Family Outpatient Therapy
- Crisis Intervention
- Psychiatric Treatment Therapy w/ Evaluation & Management
- Psychiatric Treatment w/ Pharmacological Management

State Agencies' Collaborative Partnership

- DCH and DBHDD maintain an interagency agreement related to PASRR
- As part of that agreement, DBHDD and DCH meet quarterly with both vendors on PASRR related issues and initiatives
- Quality Improvement Partnerships:
 - Managing Growth (increase in referrals)
 - Closed Loop in electronic referral process
 - GCOABH-led exploration of unintended consequences & workforce challenges



Community Adult Behavioral Health Services & Supports

Adult Community Mental Health Array of Services

- Core Services (individual, group, family counseling, psychiatry, nursing, skill-building, etc.)
- Assertive Community Treatment (ACT) [twenty-six 10-person teams]
- Community Support Team (CST) [ten 5-person teams in rural areas]
- Case Management (CM) [52 CM's] Intensive Case Management (ICM) [sixteen 10-person teams]
- Community Transition
- Supported Employment (SE) [23 providers]

DBHDD Service Definition Enhancements (FY19)

Additional clarity to "CORE CUSTOMER"

An individual must be over the age of 18 years old, **to include the older adult population 65+ years old.**

Additional guidelines related to individuals with a Neurocognitive Disorder (formerly "Organic Mental Disorder").

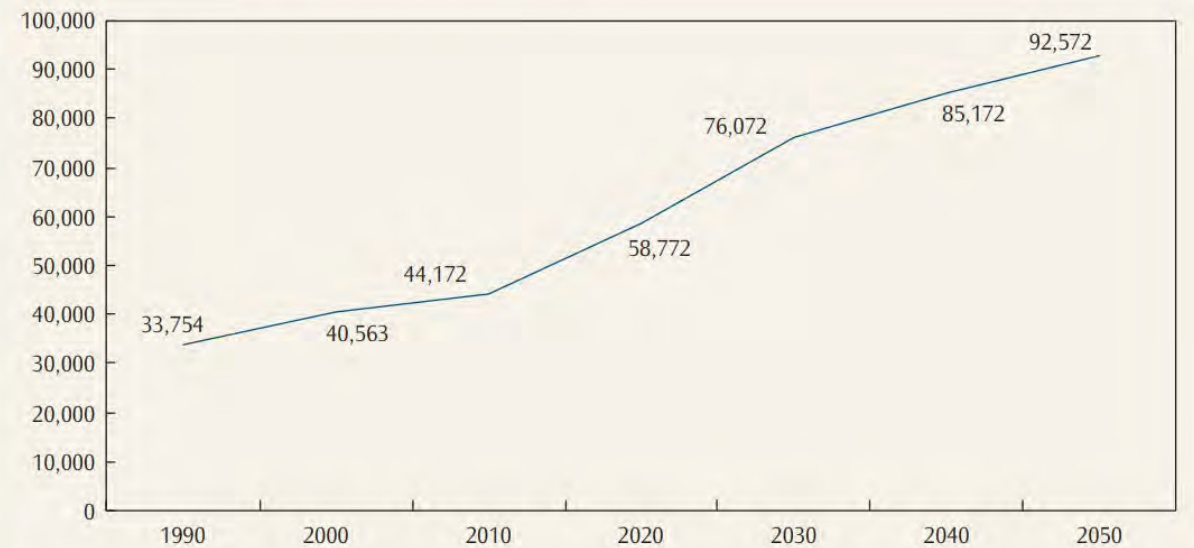
Individuals who have historically received treatment for a qualifying behavioral health diagnosis and may now be showing signs of a Neurocognitive Disorder such as Dementia or Alzheimer's Disease should remain included in treatment until such time as the individual is no longer capable of active participation in treatment services and supports.

PATH and SOAR

- **Projects for Assistance in Transition from Homelessness (PATH)**
 - 10 PATH teams throughout the state
 - Case management
 - Housing access
 - Outreach and linkage to services for the homeless
- **SSI/SSDI Outreach, Access and Recovery (SOAR)**
 - Provides increased access to Social Security disability benefits for people who are homeless or at risk of homelessness and who have mental health challenges or other co-occurring disorders

Increases Expected Among At-risk and Homeless Elderly Populations

Figure 3. Projection of elderly homelessness



Homelessness Research Institute. Research Matters. (April 2010)

Behavioral Health Treatment Courts

- Alternative to incarceration for persons with serious and persistent mental illness, substance use disorders or co-occurring disorders, who consent to treatment
 - Georgia has variety of Accountability Courts, including Mental Health Courts, Veterans Courts, and Drug Courts
 - Jail diversion is particularly important as it relates to older adults
- Significant state and federal financial investment in contractual partnerships that combine judicial supervision and community mental health treatment; additionally, many Community Service Boards (CSBs) have direct contracts with the courts
- Partnership with the Council of Accountability Court Judges
 - 3 Full-time BH Treatment Court Liaisons
 - Technical Assistance



Housing and Residential Support Initiatives Help Improve Outcomes

Expedite referrals to supported housing resources for those exiting county Jails

Ensure that each county jail has a Point of Contact (POC) for the referral process

Provide permanent housing placement with support services that can significantly reduce recidivism

Supported Housing and Residential Support Initiatives

**Community
Residential
Rehabilitation
(CRR)**

**Crisis Respite
Apartments
(CRA)**

**Georgia
Housing
Voucher
Program
(GHVP) and
Bridge
Funding**

**DCA/DBHDD
HUD 811 &
HCV**

Crisis Services

- **Crisis Stabilization Units (22 CSUs)**

- Provide assessment, crisis stabilization, therapeutic education, referral/linkage to appropriate services

- **Mobile Crisis Services**

- Time-limited, rapid crisis response, assessment, referral/linkage to appropriate services
- Multidisciplinary response team
- 159 counties covered by 2 providers

- **Behavioral Health Crisis Centers (11 BHCCs)**

- 24/7 access, combines walk-in, crisis assessment and stabilization; referral/linkage to services

- **Georgia Crisis and Access Line (GCAL)**

- 24/7/365 crisis line, (800) 715-4225
- mygcal.com (online searchable database of services)
- Added 65 and older category in data collection
- Added referral option to private geriatric specialty hospitals that accept Medicare



DBHDD Medicare-Supporting Policy

- Providers may utilize DBHDD state funds to support service delivery to individuals with Medicare who receive BH services that are ***not*** Medicare-covered services (Supplemental Plan). This includes services such as:
 - Assertive Community Treatment
 - Community Support Team
 - Intensive Case Management
 - Peer Support
 - Housing Supports
 - Residential Substance Use Disorder Services
 - Psychosocial Rehabilitation

Office of Deaf Services (ODS)

- **Behavioral Health Services for the Deaf and Hard of Hearing**
- Provides interpretation for direct services in mental health settings, state hospital settings, and substance use disorder group settings
- **Per state policy**, providers are required to notify ODS upon contact by an individual with a **hearing loss**. This initiates a communication assessment by an ODS communication specialist to **determine the individual's accommodation needs** to provide more effective communication access to DBHDD services.



Peer Support

- Georgia is the first state in the U.S. to be able to bill Medicaid for peer support
- Structured activities that are provided for individuals with common issues and needs
- Promote self-directed recovery and support individuals in developing and attaining individualized life, recovery and wellness goals
- **Five (5) Peer Support, Wellness, and Respite Centers:**
 - Peer-run alternatives to traditional mental health day programs and psychiatric hospitalization.
 - Three (3) respite rooms at each center are free of charge and can be occupied by an individual overwhelmed by life challenges who feels they would benefit from 24/7 peer support, for up to seven nights, every 30 days.



Community Social Support Resources

Division of Aging Services (DAS) Services & Supports

- Aging & Disability Resource Connection (ADRC)
- Older Americans Act Services
- Discretionary Grants (ADSSP, EBPs, NCAPPS)
- FSIU
- APS
- PGO
- GARD
- State Plan on Senior Hunger
- GCOABH, GBHPAC
- GA Cares
- ELAP

Aging and Disability Resource Connection (ADRC)

- The statewide No Wrong Door access point for services to older adults, persons with disabilities, and their caregivers
- Includes Area Agencies on Aging (AAA) and Centers for Independent Living (CILs)



No wrong door, your one stop shop to resources for older adults and persons with disabilities.

Call us at 1-800-615-4379

Atlanta Regional Commission EmpowerlinePRO



Birthday milestones

The EmpowerlinePRO Resource Database contains detailed information about more than 27,000 providers across Georgia that serve older adults, persons with disabilities, and their caregiver

Senior Legal Hotline

- The **Georgia Senior Legal Hotline** is a project of Atlanta Legal Aid Society in cooperation with the Georgia Division of Aging Services and the Georgia Legal Services Program. The mission of the Georgia Senior Legal Hotline is to provide brief, accurate legal advice and referrals to economically and socially vulnerable older Georgians and their families.

Department of Community Health Services & Supports

- **Medicaid Elderly & Disabled Waiver Program**

- ✓ Home and community-based services for individuals referred for nursing home or other institutional care, but could stay in their home with special services
- ✓ Community Care Services Program (CCSP)
- ✓ Service Options Using Resources in Community Environment (SOURCE)—statewide primary care enhanced case management

- **Options Counseling**

- ✓ Community Transitions (formerly Money Follows the Person)
- ✓ Nursing Home Transitions

**The Answer:
Cross Agency and
Multi-sectoral Collaboration**

Georgia Coalition for Older Adults and Behavioral Health (GCOABH)

- Leadership provided by
 - The Fuqua Center for Late-Life Depression/ Emory Dept of Psychiatry,
 - The Carter Center/ Mental Health Program
 - Department of Behavioral Health and Developmental Disabilities
 - Division of Aging

Accomplishments

- Awareness raising
- Policy change
 - Service descriptions
 - Screening for depression, anxiety and substance abuse
- Procedural change
 - MOUs between network providers
 - Regional coalitions/ complex staffing
 - Evidence-based tool development for assessing decision making capacity
- Organizational change
 - Staff dedicated to older adults cross departments
 - Aging and Disabilities Resource Center/ Regional liaison – behavioral health expertise added to scope
 - Behavioral Health Coach in AAA



Avita Community Partners CSB & Legacy Link AAA Partnership



[Click to play video](#)

DAS & DBHDD MOU

4 FTE Aging and Disability Resource Counselors housed in DBHDD Regional Offices

- Initially to assist with IDD case
- **recently added BH content to the role**

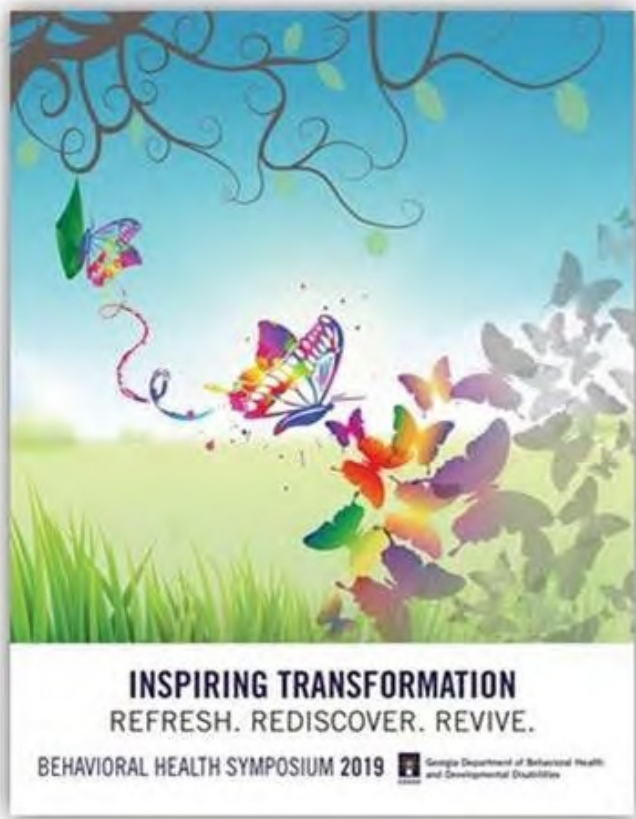


THE POWER OF
PARTNERSHIPS

Power of Cross Collaboration & Partnership

- DBHDD staff serve on the Aging and Disabilities Resource Center Advisory Council with Brain Injury Association of GA
- Division of Aging serves on Brain and Spinal Injury Trust Fund
- Division of Aging serves on GA Behavioral Health Planning & Advisory Council/ Block Grant Advisory Council
- GCOABH chair serves on DBHDD Supportive Housing Advisory Council
- Similar cross representation and participation at regional level

Agency Cross-training



Work in Progress

What is the system asking for:

“Continue to invest in and mandate through policy, collaboration between AAAs, CSBs, and DPH at the regional level. We see great things happen when the BH and Aging providers work together at the regional level, such as better efficiencies in use of waivers and access to care.”

What is the system asking for:

“Improve GA workforce’s capacity and knowledge in behavioral health care of older adults. We do not have a public workforce who is knowledgeable in the complex care of older adults with SPMI and substance use, cognitive decline and chronic physical illnesses. We have very few private providers as well. Telemedicine can be a strategy for improving access but currently we don’t even have enough knowledgeable providers to put on the clinician end of the line.”

Continued Implementation of Evidence-Based Practices

- Screenings for BH in aging services
- Cognitive and Decision Making Capacity Screening in BH, IDD and Aging Services
- Integration of physical and mental health care

A man with grey hair and glasses, wearing a white dress shirt and a blue tie, is seated at a desk in an office. He is looking off to the side with a thoughtful expression. The office has blue cubicle walls and a computer monitor is visible in the foreground.

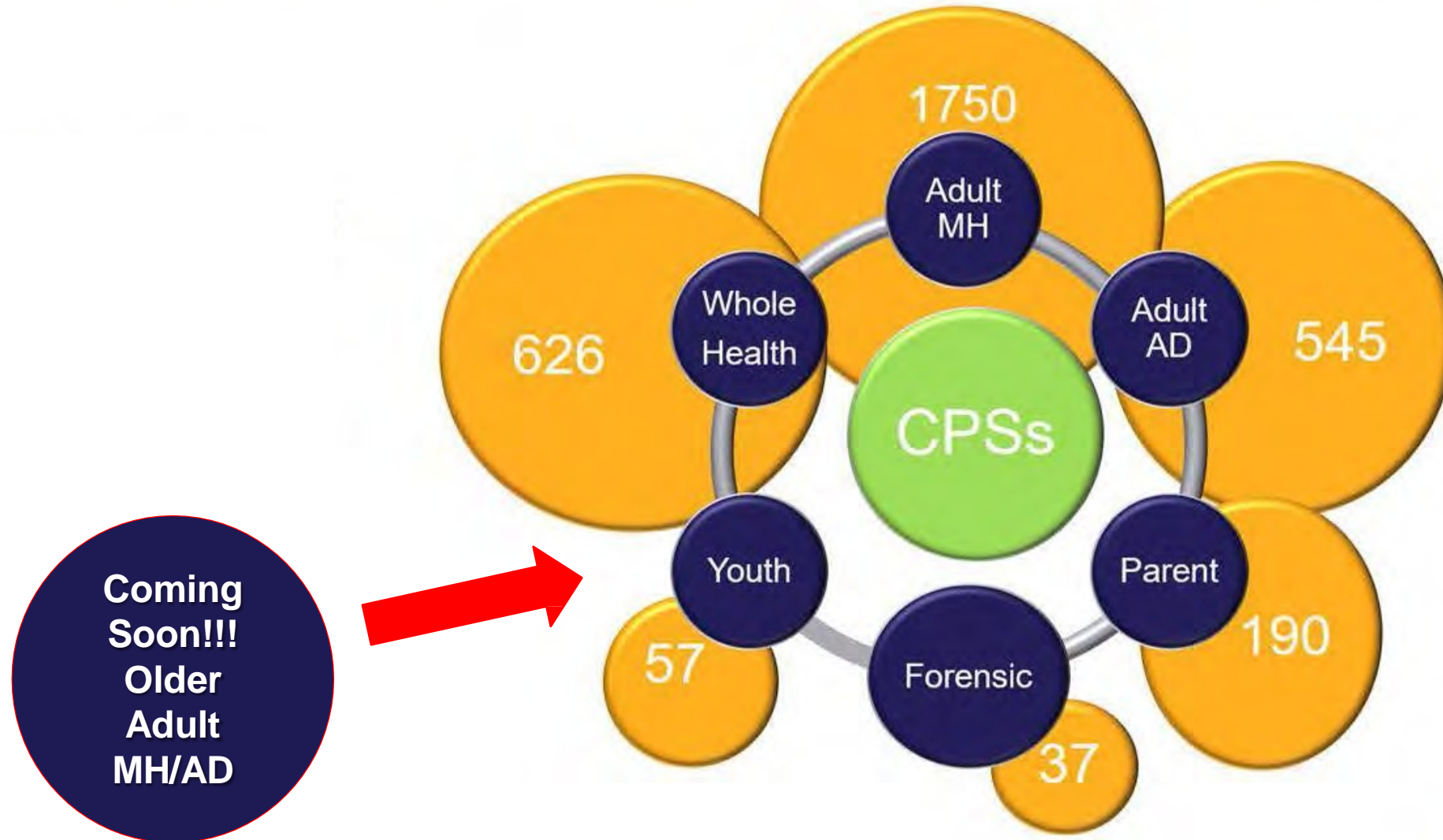
Supported Employment & Older Adults

- Vocational assessment, rapid job search, competitive job placement, job maintenance support, benefits counseling, rehabilitative support
- Task Oriented Rehabilitation Services (TORS): new Medicaid-reimbursable component for vocational rehabilitation support services

Certified Peer Specialist (CPS) Certification



D·B·H·D·D



Status: June 2018

Tiegren

National Center on Advancing Person Centered Practices and Systems (NCAPPS)

March 2019, Georgia awarded **Technical Assistance grant**

Goals:

- ✓ Establish an operational definition of person-centered practice to be utilized across systems.
- ✓ Establish objective metrics by which to evaluate person-centered practice across systems.
- ✓ Ensure that strategies for standards, training, and practice are consistent across systems.



NCAPPS

Georgia Alzheimer's and Related Dementias (GARD)

- Georgia Alzheimer's and Related Dementias State Plan
- GA General Assembly created task force in 2013 and Gov. Deal signed the state plan into law in June 2014
- Six Workgroups:
 - Workforce Development
 - Service Delivery
 - Outreach & Partnerships
 - Policy
 - Public Safety
 - Healthcare, Data and Research Collection



Geriatric Behavioral Health Workforce Development

- Integrate geriatric behavioral health competencies into education for all health professionals, as well as family caregivers and Peers
- Broadly define geriatric workforce
- Interprofessional cross training
- Include geriatric mental health training in pre-service training
- Cultural competency training





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