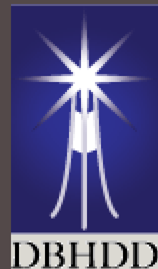
BEYOND THE SILOS: COLLABORATION BETWEEN BEHAVIORAL HEALTH AND AGING

Collaboration between GA Division of Aging, GA Department of Behavioral Health and Developmental Disabilities/ Behavioral Health Link and The Fuqua Center for Late-Life Depression



OBJECTIVES

- Become familiar with screening tools which assist in identifying mental health issues needing further assessment and how they can be incorporated in I&R system
- Describe the key components of a collaboration between Aging and Disabilities Resource Centers and the Department of Behavioral Health and Developmental Disabilities aimed at improving access to community based behavioral health services
- Describe the training necessary to adequately implement I&R that bridges aging and behavioral health systems
- Provide overview of the work that is being done in Georgia to integrate care

FUQUA CENTER FOR LATE-LIFE DEPRESSION

EMORY UNIVERSITY

EVE BYRD, MSN, MPH, FNP.BC, CNS

FUQUA CENTER FOR LATE-LIFE DEPRESSION/ EMORY UNIVERSITY

Established in 1999 following a gift from The J.B. Fuqua Foundation. Charged with developing a *Center of Excellence* which focuses on

- treatment of late-life depression
- decreasing stigma and
- improving access to services

PREVALENCE OF MENTAL DISORDERS

- U.S. Adults with a Mental Disorder in Any One Year
  - Anxiety disorder 19.1%
  - Major depressive disorder 6.8%
  - Substance use disorder 8.0%
  - Bipolar disorder 2.8%
  - Eating disorder 2.1%
  - Schizophrenia 0.45%
  - Any mental disorder 19.6%

USA Mental Health First Aid

PREVALENCE OF MENTAL ILLNESS IN OLDER ADULTS

- 10- 20% of older adults have an anxiety disorder
- 6% of persons 65 and older have depressive disorder in any one year
- 2-4% of the elderly meet current criteria for alcohol abuse or dependence.
- An additional 10-15% of the elderly meet criteria for at-risk drinking
- Nearly 10 percent of all people over age 65 and up to half of those over age 85 are thought to have Alzheimer's disease or another dementia

- Older adults with Serious Mental Illness and other disabilities are living to an older age
  - Estimated based on national formulas: 294,000 older adults in one year period with MI; estimated 88,000 (5.97%) with SMI in Georgia

PREVALENCE

- Persons with chronic physical conditions such as cardiovascular disease, diabetes, and neurologic disorders are at greater risk for depression and other mental disorders

AFFORDABLE CARE ACT

- Thought to be one of the greatest advances for Mental Health Care
- Triple Aim:
  - Improving the experience of care
  - Improving the health of populations
  - Reducing per capita costs of health care
- An integrator that accepts the responsibility of all three aims for a population
- Integrator role includes five components
  - Partnerships with individual and families
  - Redesign of primary care
  - Population health management
  - Financial management, and
  - MACRO SYSTEM INTEGRATION

Donald Berwick, former Administrator for the Centers for Medicare and Medicaid Services

Health Aff, May 2008, vol.27 no.3 759-769

WHERE WE BEGAN…
IMPROVING ACCESS THROUGH PROVIDING INFORMATION…

- Early 2000, National movement to form Aging and Disabilities Resource Centers – expansion of information available
  - Georgia created Aging and Disabilities Resource Connections
- In 2003, incorporation of Mental Health Categories within Agewise Connection Database utilized by all Area Agencies on Aging in Georgia
- Trainings for local users:
  - Information and Referral Specialists in recognition of signs and symptoms of mental illness
  - Senior Center staff (introduction to colleagues in public mental health system)
  - Home and Community Based Services Providers
    - Started to record whether services in database provide behavioral services

IMPROVING ACCESS…

- Between 2003 – 2007, Community Care Services Program (Medicaid Waiver)
  - Alternative to institutionalization for persons that meet nursing home criteria
  - Intensive, year long training of Care Coordinators across the state
    - Recognition of signs and symptoms
    - Treatment options
    - Incorporated advanced screening, if triggered for depression on MDS - HC
      - PHQ-9
  - Simultaneous training of Information and Referral Specialists in all Area Agencies on Aging

CURRENTLY…

- Memorandum of Understanding under development between Georgia Department of Behavioral Health and Developmental Disabilities, Georgia Division of Aging and The Fuqua Center/ Emory University to develop the states' capacity to care for older adults with mental illness
  - Public/ Private Partnership
    - Matching funds
    - Dedicated staff
    - Georgia Coalition for Aging and Mental Health
- Focus of Work:
  - Cross training of Leadership to Frontline, Frontline to Leadership
  - Local pilots: Money Follows the Person, Integrated Care Clinics

MUST IDENTIFY FIRST…

- It truly, *No Wrong Door…….*
- Implementation of Screening at all points of contact…..
  - Locally, by service providers
  - GA Division of Aging Services Process Improvement
    - Aging and Disabilities Resource Connection/ Centers - Information and Referral Specialist will provide telephonic screening
      - Trigger questions which lead to implementation of expanded screen and referral for assessment and care coordination

SCREENING FOR BEHAVIOR HEALTH DISORDERS

- "Presumptive identification of unrecognized disease…. which can be applied rapidly to sort out apparently well persons who have a disease from those who probably do not"
  (Alexander, MJ, Int J Ment Health Addiction, 2008)

- "Screenings themselves are not intended to be diagnostic, but rather to identify persons with positive or suspicious findings who must then be referred to their physician (health care provider) for diagnosis and necessary treatment"
  (Commission on Chronic Illness, 1957)

BENEFITS

- Quickly identify possible underlying causes of disability which impairs persons ability to remain independent as possible

- Can be administered by non clinician
  - 211 referral to GA Crisis and Access Line (Behavioral Health)
  - Aging and Disabilities Resource Connection referral to GA Crisis and Access Line

SCREENS

Mood and Anxiety

Patient Health Questionnaire (PHQ-4)

Over the last two weeks, how often have you been bothered by the following problems?

Not at all (0) Several days(1) More than ½ the days(2) Nearly every day(3)

1. Feeling nervous, anxious or on edge
2. Not being able to stop or control worrying
3. Little interest or pleasure in doing things
4. Feeling down, depressed, or hopeless

- Scores are rated as normal (0-2), mild (3-5), moderate (6-8), and severe (9-12).

SCREENS

Substance Use Disorders

- CAGE AID
- AUDIT C

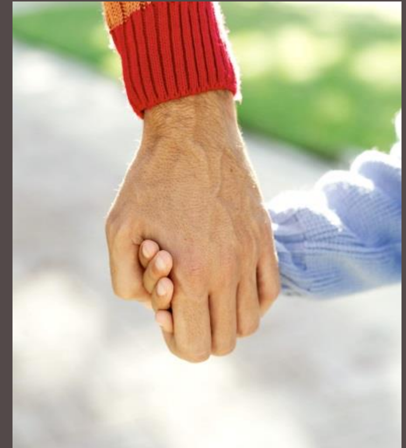
Dementia

- Mini Cog
- Telephone Interview for Cognitive Status (TICS).

Depression, Anxiety Disorders, Psychotic Disorders

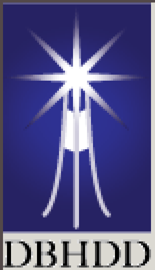
- Modified Mini

ONCE IDENTIFIED, ACCESS TO SERVICES…



DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES

STATE OF GEORGIA



Prepared by MLRahn for the 2014 AIRS Conference
Atlanta Georgia

And the Aging and Disabilities Resources Database…

We are maturing!

Presentation Developed by

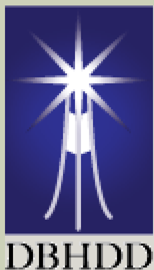
MARY LOU RAHN MN BSN

DEPARTMENT OF BHDD

Prepared by MLRahn for the 2014 AIRS Conference
Atlanta Georgia

WHAT DOES THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES DO?

- DBHDD provides treatment and support services to persons with
  1. Mental illnesses
  2. Addictive diseases, and
  3. Persons with intellectual disability and/or related developmental disabilities.



WHAT DOES THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES DO?

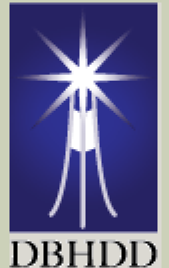
- DBHDD serves people
  1. Of all ages
  2. With the most severe and likely to be long-term conditions
     - Including persons with forensic issues.

… who are without private resources or in need of reduced cost options

WHAT DOES THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES DO?

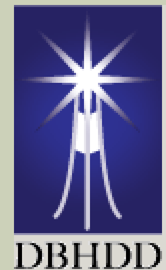
- Services are provided across the state through contracts with
  1. 25 community service boards*
  2. Boards of health
  3. Various private providers
- And through state-operated regional hospitals.

*Community based systems of care that, in Georgia, are the outgrowth of the 1963 Mental Retardation Facilities and Community Mental Health Centers Construction Act (P.L. 88-164)



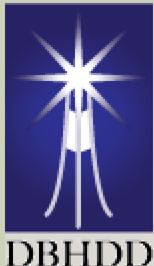
WHAT DOES THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES DO?

- Community based services [different from hospital based services] are offered:
  1. For Behavioral Health, through Core Providers who offer a menu of services, including but not limited to:
     - Initial psychological and medical assessments
     - Counseling
     - Medication management
     - Case management if required
  2. For individuals with developmental disabilities, providers offer single or multiple combinations of services, that address needs such as
     - Residential care
     - Habilitation
     - Nursing care



HOW DID THE DEPARTMENT GET INVOLVED WITH AN AGING AND DISABILITIES DATABASE?

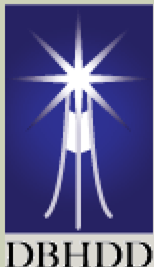
- In 2005…
  - We were a Division [MHDDAD] within the Department of Human Resources [DHR]
  - DHR Management suggested the Division of MHDDAD [and other sister divisions] listen to a presentation of the ARC database
    - Wonderful resource!
      - But not yet web based



HOW DID THE DEPARTMENT GET INVOLVED WITH AN AGING AND DISABILITIES DATABASE?

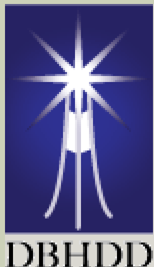
AND about that time, folks working with the Aging and Disabilities database were understanding that persons in their services don't bring just one silo of their life when seeking assistance…

- Lives are complex and there are often multiple needs that cut across divisions of a bureaucracy



HOW DID THE DEPARTMENT GET INVOLVED WITH AN AGING AND DISABILITIES DATABASE?

- In 2005, DHR Management contracted with ARC for access by several divisions
  - Including MHDDAD, for use by
    - Social workers
    - Transition planners
  - ARC was given lists of MHDDAD providers for inclusion
    - HOWEVER there were no formal ‘upkeep’ mechanisms or routine training of user participants, etc.



Transition to 2009 AND ONGOING… THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES REALIZED

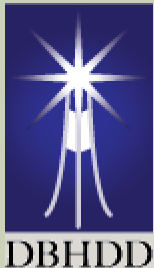
Georgia came under federal scrutiny in 2007. Fundamental issues were:

1. Individuals who experience serious and persistent mental illness remain in state hospitals after stabilization and discharge readiness, because there is no place to go
2. Persons in ICF-MR institutional settings who are developmentally disabled could be served under the Home and Community Based Services programs if there were community options
3. The continuum of care and support options are not sufficient in the community

2009 AND ONGOING… THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES REALIZED

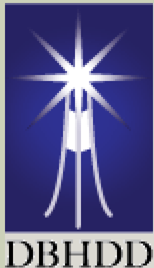
After the initial ‘dust’ settled and Georgia’s settlement agreements were negotiated, the Department reached out to the ARC. We still had a contract in place, but realized:

- The need to update DBHDD providers for the database
    - Behavioral health
        - Mental Health
        - Addictive Disease
    - Developmental Disabilities



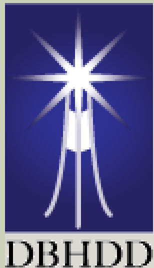
2009 AND ONGOING… THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES REALIZED

- The need to formally train DBHDD users
  - Hospital based social workers and transition planners
  - Transition planners in regional offices
  - Regional staff overseeing and supporting providers of DBHDD services



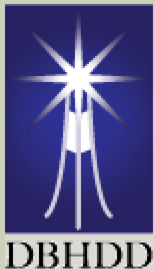
2009 AND ONGOING… THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES REALIZED

- The need to access to services **beyond** those that DBHDD providers are contracted to do for community care, such as…
  - Natural community supports
  - Additional housing options
  - Hospice or palliative care
  - Nutrition services, etc.



2009 AND ONGOING… THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES REALIZED

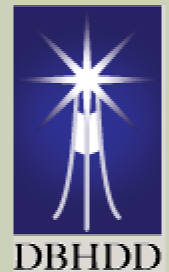
- The database is a **very important tool** toward supporting the possibility of holistic, comprehensive care of persons served through DBHDD and its providers



2009 AND ONGOING… THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES REALIZED

And as you might imagine, processes involved in the sharing of information, training of DBHDD staff, and interactions with Resource Specialists during trainings has resulted in:

1. An greater understanding of the different systems of care, including issues and language unique to each
2. An appreciation of the depth and breadth of knowledge of the Resource Specialists
3. Many conversations to assure information needed is collected, that queries by the Resource Specialists [when updating provider information] are expressed in a way that results in **good, useful** information in the database!



Briefly, DBHDD is both a ‘SUBSCRIBER’ to the database

as well as

A ‘COLLABORATOR’ with the database to assure accurate representation of public services

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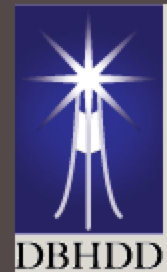
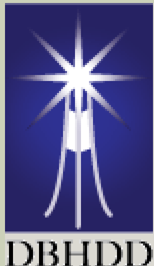
Atlanta Georgia



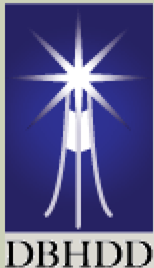
IMPROVEMENTS AND ACCOMPLISHMENTS

- **The database is now web based!**
  - <u>and</u> the service detail is awesome!
    - Service
    - County
    - Provider capacity
    - Cost / Fees
    - Hours of operation
      - Etc…



IMPROVEMENTS AND ACCOMPLISHMENTS

- All Core Providers for DBHDD are in the database
  - As stand-alone providers for any subscriber to find
    - Including all service sites
  - and through our own taxonomy section within the database

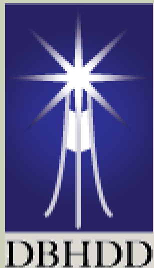


IMPROVEMENTS AND ACCOMPLISHMENTS

- All DD providers and corresponding services are in the database
  - As stand-alone providers for any subscriber to find
    - Including all service sites
  - and through our own taxonomy section within the database

PS… this was NO SMALL TASK!

  - There are 380 **different** providers for DD services!



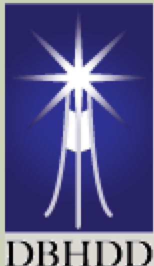
IMPROVEMENTS AND ACCOMPLISHMENTS

A google-style site-map has been built by the mapping section of the Atlanta Regional Commission.

The map shows all DBHDD contracted providers, locations of state hospitals, and the location of licensed personal care homes and community living arrangements [licensed residential services used by DBHDD providers / clients].

http://dbhddresources.atlantaregional.com/

CHECK IT OUT!!!



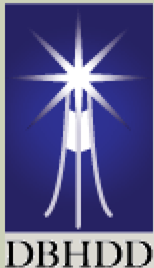
ARE WE THERE YET???

In a word… **NO**.

We've come a LONG way…

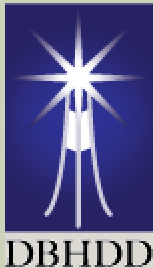
but even more detail can be added to be helpful!

For example…



ARE WE THERE YET???

1. We need to better highlight addictive disease resources [they are currently found within the behavioral health category]:
   - Especially **licensed** residential services and
   - Other **licensed** outpatient programs that may not be under contract with DBHDD
2. Nursing services for the medically fragile DD individual needs to be more easily found



We could add more…

[but won't take your time]

IN SUMMARY … Who in Georgia has access to this database?

- Aging and disabilities resources personnel
- Subscribers who choose to purchase access such as but not limited to
  - DBHDD
  - Nationally known healthcare system working in Georgia
  - Local hospital systems of care

BHL is a contractor of DBHDD who, among other things, operates the crisis and access line for Georgia

- **1.800.715.4225**

Any citizen in Georgia can be connected to services through BHL:

1. To the type of behavioral health service needed [public or private] AND
2. To an appropriate level of care

Prepared by MLRahn for the 2014 AIRS Conference
Atlanta Georgia

Where does **Behavioral Health Link** fit in?

WANT TO KNOW MORE ABOUT DBHDD?

You can find information at our website

http://dbhdd.georgia.gov/

THANK YOU

for your interest in this presentation!

GEORGIA CRISIS AND ACCESS LINE

SPONSORED BY DBHDD

OPERATED BY
BEHAVIORAL HEALTH LINK

A CRISIS HAS NO SCHEDULE.

Georgia Crisis & Access Line

1-800-715-4225

mygcal.com

A Crisis Has No Schedule…

The system is listening to stakeholders!

WENDY MARTINEZ SCHNEIDER , MS LPC
CHIEF CLINICAL OFFICER
BEHAVIORAL HEALTH LINK

Since 2006 the Georgia Crisis & Access Line sponsored by the Department of Behavioral Health and Developmental Disabilities (DBHDD) and operated by Behavioral Health Link has been a 24/7 resource for Georgians in need of Behavioral Health and Developmental Disabilities Services.

1-800-715-4225

24/7/365

1,000 TIMES A DAY…..

GCAL Answers Calls from Georgians in Need

GCAL LINKAGES

- Routine appointments with one of over 100 DBHDD contracted Core Providers
- Single Point of Dispatch for Behavioral Health and Developmental Disability Mobile Crisis Services Statewide.
- Active referral & linkage with state funded urgent and emergent services including Mobile Crisis Services for Behavioral Health and Developmental Disabilities and Crisis Stabilization Units (CSUs)
- Single Point of Entry for CSUs and state contracted psychiatric beds in Regions 1, 4 &6 and for Children and Adolescents
- GCAL works closely with Law Enforcement, Probate Courts and Hospital EDs to facilitate access and linkage for urgent and emergent cases

WHAT HAPPENS WHEN WE CALL GCAL

- Licensed Clinicians conduct a brief clinical triage to determine the individual's Acuity : Routine, Urgent or Emergent and the LOCUS/CALOCUS score to determine the appropriate level of care to meet their needs
- Emergent - CSU, Hospital, Emergency Room, EMS,911
- Urgent - Urgent Outpatient, Mobile Crisis or CSU referral
- Routine – Outpatient Appointment
- We work to engage and collaborate using brief crisis intervention skills and often can resolve the situation telephonically.

mygcal.com

BHL Behavioral Health Link

Division of MENTAL HEALTH, DEVELOPMENTAL DISABILITIES & ADDICTIVE DISEASES GEORGIA DEPARTMENT OF HUMAN RESOURCES DHR

Home > Provider Services

Wednesday, August 19, 2009

Georgia Crisis & Access Line
ResourceBase
1-800-715-4225

Search the Provider ResourceBase

If you have Medicaid,
you may also click here for Medicaid services

Zip Code
31015

- Adult - 18 years of age and over
- Child/Adolescent - 0 to 17 years

Disability
- Mental Health
- Developmental Disability
- Addictive Diseases

Submit Search

Community Resources in Your Area
(coming soon)

Welcome to the Online ResourceBase

Welcome to the Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD). MHDDAD provides treatment and support services to people with mental illnesses and addictive diseases, and support to people with mental retardation and related developmental disabilities. MHDDAD serves people of all ages with the most severe and likely to be long-term conditions. The division also funds evidenced-based prevention services aimed at reducing substance abuse and related problems. For more information, click here.

Other Resources

Behavioral Health Link Home Page
About Georgia Crisis & Access Line
News & Resources

Welcome **Guest**

Become a Registered User

User ID
Password
Login

Behavioral Health Link operates the Georgia Crisis & Access Line through a contract with the Department of Human Resources. Behavioral Health Link is also responsible for operating mygcal.com and its online ResourceBase service directory.

mygcal.com

Georgia Crisis & Access Line
ResourceBase

1-800-715-4225

<< back to service list

Crisp Outpatient Clinic

www.middleflintbhc.org

Location
1335 North 5th Street Extension
Cordele, GA 31015
MAP IT!

Additional Services
NO - Language Line?
NO - Translators Available Onsite?
NO - Sign Language Available Onsite?
NO - ADA Accessible?

Office Hours

M	Tu	W	Th	F	Sa	Su
8:- AM	8:- AM	8:- AM	8:- AM	8:- AM	Closed	Closed
5:- PM	8:- PM	5:- PM	7:- PM	7:- PM		

Phone Number
800-342-7843

Services Provided

- Community and Home-Based Services - Adult Mental Health
- Core Services - Assessment and Evaluation - Adult Addictive Diseases
- Core Services - Assessment and Evaluation - Adult Mental Health
- Core Services - Assessment and Evaluation - Child Addictive Diseases
- **Core Services - Assessment and Evaluation - Child Mental Health**
- Outpatient Treatment - Adult Addictive Diseases
- Outpatient Treatment - Adult Mental Health
- Outpatient Treatment - Child Addictive Diseases
- Outpatient Treatment - Child Mental Health

Administrative Information:

Middle Flint Behavioral HealthCare
415 N Jackson Street
Americus, GA 31709

Contact Phone Numbers
Main Phone: 229-931-2470

Toll Free: 800-342-7843

Mission Statement
Middle Flint Behavioral HealthCare provides cost-effective, quality treatment, consultation, education, and support services to people with addictive, emotional, behavioral and/or developmental issues. Individual and family needs will be met through professional, confidential, and therapeutic collaboration.

Accreditation

- CARF - Commission on Accreditation of Rehabilitation Facilities

HOW WE WORK TOGETHER

- GCAL receives calls from 211 and ADRC agencies on a daily basis to coordinate care for individuals in need of behavioral health services
- This collaboration is fundamental to helping individuals access behavioral health services – even crisis services
- Warm transfers and close collaboration helps ensure individuals are connected firmly to the hands of care
- While we are available 24/7 for accessing crisis services, our hope is that individuals will contact us to access care before it is a crisis!

SUICIDE PREVENTION IS EVERYONE'S BUSINESS

Information is a powerful tool and can help us work together to identify risk and get immediate help to those in need.

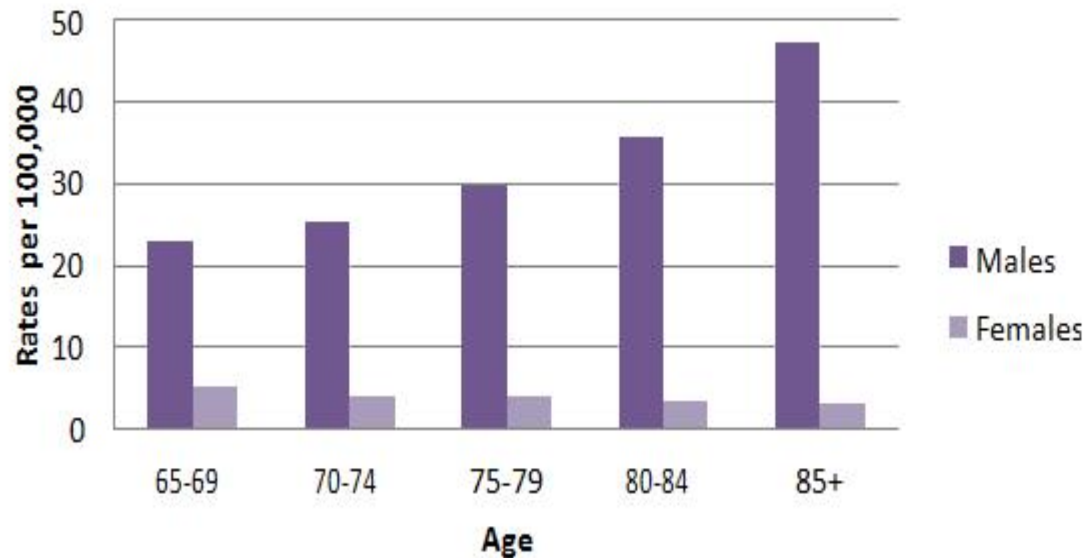
Suicide in the Aging Population

- 2010 Most Recent Data
- Individuals over age 65 made up 13.0% of the population; yet they accounted for almost 15.6% of all suicides.
- The information for this fact sheet was gathered from the National Center for Injury Prevention and Control (NCIPC) website (http://www.cdc.gov/ncipc/wisqars/default.html) operated by the Centers for Disease Control and Prevention (CDC).

AMERICAN ASSOCIATION OF SUICIDOLOGY

ELDERLY[1] SUICIDE FACT SHEET

BASED ON 2010 DATA



2010 SUICIDE STATISTICS

- The rate of suicides for individuals over 65 for 2010 was 14.89 per 100,000.
- There was one suicide of an individual over 65 every 90 minutes. There were about 16 suicides each day resulting in 5,994suicides in among those 65 and older.
- White men over age 65 were at the highest risk with a rate of approximately 29.0 suicides per 100,000 each year.
- White men over the age of 85, were at the greatest risk of all age-gender-race groups. In 2010, the suicide rate for these men was 47.33per 100,000. That was 2.37 times the current rate for men of all ages (19.94 per 100,000).
- 84.0% of suicides in individuals over 65 were male; the rate of male suicides in late life was 5.25 times greater than for female suicides.

HIGH RISK POPULATION CHARACTERISTICS

- The suicide rate for individuals over age 65 reached a peak in 1987 at 21.8 per 100,000 people. Since 1987, the rate of suicides in individuals over 65 has declined 28% (down to 14.9in 2010). This is the largest decline in suicide rates among this population since the 1930's.
- The rate of suicide for women typically declines after age 60 (after peaking in the middle adulthood, ages 45-49).
- Although older adults attempt suicide less often than those in other age groups, they have a higher completion rate. For all ages combined, there is an estimated 1 suicide for every 100-200 attempts. Over the age of 65, there is one estimated suicide for every 4 attempted suicides.
- Firearms were the most common means (71.3%) used for completing suicide among the elderly. Men use firearms more often than women.

RISK FACTORS FOR SUICIDE OVER AGE 65

- Alcohol or substance abuse plays a diminishing role in later life suicides compared to younger suicides.
- One of the leading causes of suicide among individuals over 65 is depression, often undiagnosed and/or untreated.
- The act of completing suicide is rarely preceded by only one cause or one reason. In individuals over 65, common risk factors include:
  - The recent death of a loved one
  - Physical illness
  - Uncontrollable pain or the fear of a prolonged illness
  - Perceived poor health
  - Social isolation and loneliness
  - Major changes in social roles (e.g. retirement)

CRISIS CALL CENTER WORK

- Highly Recommend that you watch:

“Crisis Hotline: Veterans Press 1”

HBO Documentaries

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Crisis Hotline: Veterans Press 1

Docs Fall Series

Illuminating look at the traumas endured by America's veterans.

Synopsis

Interview with filmmaker Ellen Goosenberg Kent

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WORK IN PROGRESS

- Working with DBHDD on integrating information from the Aging and Disabilities database
- Working to improve continuity of care across the lifespan
- Serving as a 24/7, reliable point of access and a safety net

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