

## Gray Matters Behavioral Health Caucus Region 5 Summit and Pilot Project

Nora Haynes  
Public Policy Director, NAMI Georgia

November 9, 2009

## Gray Matters Behavioral Health Caucus

### The Region 5 Summit

- Community stakeholders from Region 5 convened a meeting on February 27, 2009.
- Stakeholders were from a broad spectrum of organizations, institutions and groups affected by mental illness.
- Their goal was to create a community base solution; for the community, by the community.

November 9, 2009

## Gray Matters Behavioral Health Caucus

### The WAR

- **Reduce recidivism by 20% by December 31, 2009**  
Recidivism will be measured in the following categories:
- Hospitalization
- Homelessness
- Incarceration
- Untimely Death

### The Battles

- BATTLE #1**  
Data Collection of all systems.
- BATTLE #2**  
Studying the most effective services being delivered in our region in order to maximize services provided.
- BATTLE #3**  
Increase efficiency and capacity of housing
- BATTLE #4**  
Develop, increase and implement a family /peer /self case manager certification tool.

November 9, 2009

## Gray Matters Behavioral Health Caucus

# The Report

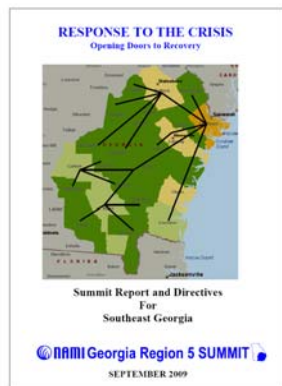


TABLE OF CONTENTS	
	PAGE
ACKNOWLEDGMENTS	i
PREAMBLE	iv
EXECUTIVE SUMMARY	v
INTRODUCTION	1
PURPOSE	2
Congruity and Limitations of Mental Health Planning	2
The NAMH Approach in Region 5	3
The NEED	3
Description of the Service Area	3
Prevalence of Serious Mental Illness	4
Prevalence of Substance Abuse	4
Georgia Hospital Inpatient Services Study Findings	4
Additional Indicators	8
Priority Counties at Risk	14
RESOURCES AVAILABILITY AND ACCESSIBILITY	15
Defining the Services	15
Staff Recruitment, Retention and Training	18
Other Unfunded Public Programs	18
TRANSFORMING MENTAL HEALTH SERVICES	20
The-Address Care from Symptom Onset to Recovery, Wellness and Empowerment	20
Access to the Mental Health System	21
Management Information Infrastructure	21
Care and Recovery to Care	21
DECIJITIVES FOR CHANGE	26
Geographic Parameters and Directives	26
Management Information Systems and Infrastructure Directives	27
Structural Characteristics of the Southeast GA System of Care	28
Special Operational Directives	33
FINANCING STRUCTURE	36
Current and Proposed Expenditures	36
Cost by Program by Service Area	36
Appendices	

To access the report, go to: [www.namiga.org/Region5](http://www.namiga.org/Region5)

November 9, 2009

## Gray Matters Behavioral Health Caucus

### The Findings

- 13 Gaps in service identified
- 21 Directives established to create a continuum of Community Based Care
  - Maximize existing services
  - Innovative approaches
- Directive 21:  
*Convene a Blue Ribbon Taskforce to set System of Care priorities and corresponding budget implications before the 2010 Legislative Session*

November 9, 2009

Region 5 Summit & Pilot Project

## Gray Matters Behavioral Health Caucus

### Opening Doors to Recovery Project

- Directive 21:  
Fund Case Coordinators and Recovery Specialists  
"Community Navigation Specialists" or CNS

#### Project Summary

The 'Opening Doors to Recovery' validation study is designed to reduce recidivism and promote recovery of the 'Recidivists' with a serious mental illness who cycle in and out of Georgia's state hospitals in Year One, jails in Year Two, and prisons, and homelessness in Year Three.

November 9, 2009

Region 5 Summit & Pilot Project

## Gray Matters Behavioral Health Caucus

Region 5 Summit & Pilot Project

Treatment works, if you can get it.....

....CNS's know where to get it.

November 9, 2009

**The participants of the Region 5 Adult Mental Health Summit identified 13 Gaps which keep doors to Recovery closed:**

1. Mental Health Professional Shortage
2. Underutilized Provider Resources
3. Limited Master's Licensed Clinician Parity
4. No Case Coordination
5. Minimal Supported Employment/Vocational Educational Services
6. Role Confusion and Lack of Coordination Between Georgia Regional Hospital-Savannah and Community Based Providers
7. No Specialized In-Home Support
8. Lack of Funding Incentives for Best Practices
9. Managed Care Organizations Burden
10. Inadequate Housing
11. Minimal Judicial and Law Enforcement Linkages with Community-Based Providers
12. Lack of Systemic Benchmarks for Quality Improvement
13. Overcrowded Community Hospital Emergency Rooms

**The Directives suggested to Open Doors to Recovery for those with Mental Illness:**

1. A New Service Paradigm for Region 5 (Southeast GA System of Care)
2. Georgia Regional Hospital-Savannah for In-Patient Care only
3. Georgia Regional Hospital-Savannah and Community Providers should track recidivists
4. DBHDD should launch Electronic Health Records
5. All DBHDD core service providers should be required to participate in the Southeast GA System of Care Health Information Exchange
6. Federally Qualified Health Centers and Community Service Boards should be Formally recognized by the GA Department of Community Health and the GA Department of Behavioral Health and Developmental Disabilities as Georgia's two "safety net programs" for somatic and psychiatric illnesses
7. DBHDD should adopt a new attitude towards community based providers
8. Fund a "Housing Specialist" at each CSB within the Southeast GA System of Care
9. Coordination with GA Department of Corrections on a program for released inmates with a mental illness
10. Jails and Prison should use common assessments for mental illness and formal linkages with community based providers
11. More Mental Health and Drug Courts
12. Reimbursement incentives for Evidence Based Practice care
13. Implement Telepsychiatry
14. Fund Case Coordinators and Recovery Specialists
15. Fair market Medicaid reimbursement rates
16. Fund Supported Employment
17. Develop Outcome, Performance, Benchmarks work group
18. Uniform Drug Formularies among all State funded providers
19. University Linkages and incentives to increase work force
20. Fund Mental Health at the National average
21. *Convene a Blue Ribbon Taskforce to set System of Care priorities and corresponding budget implications before the 2010 Legislative Session*