

One Community Advancing Mind, Body & Health

Kathleen Varda, MSW
Director of Strategy & Business Development
Highland Rivers Health



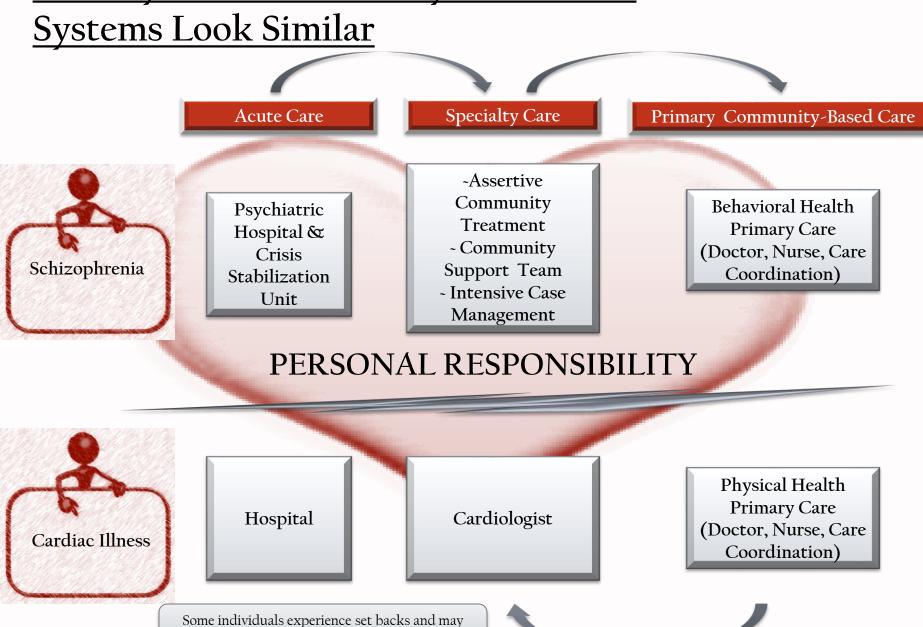
# GEORGIA'S COMMUNITY BEHAVIORAL HEALTH SYSTEM

## Evolution of Behavioral Healthcare System

Picture of Central State Hospital circa 2013 Stepping Stones of Whole Health "State Asylum for the Insane" Step 6: Independence Step 5: Career (Education/Employment) Step 4: Natural Support System (Community, Peer, Family, & Mentors) Recovery Based Step 3: Treatment (i.e., General Medical, BH, Wellness, Supported Employment, & Resource Development) Step 2: Basic Needs Met (i.e., Food, Clothing) Step 1: Housing

# Primary Behavioral & Physical Health

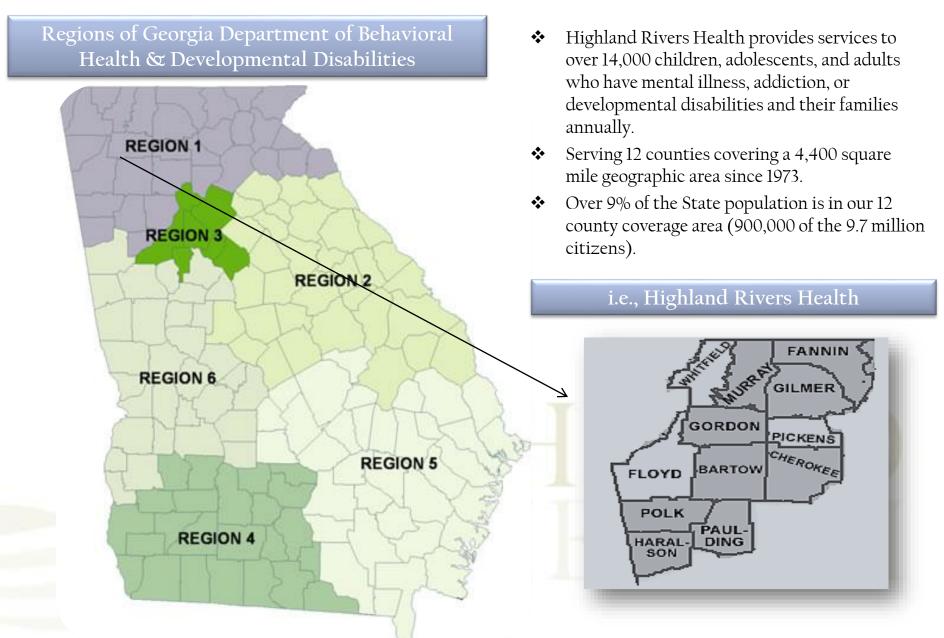
need to reengage with the specialty care.



# What is Recovery & What is At Its Heart?



## Georgia's Behavioral Primary Healthcare System



### What is a CSB?

- ☐ Created by House Bill 100 in 1994 (OCGA37-2-6) and initially seen as the state safety net for individuals with mental illness, addictive disease and/or developmental disabilities.
- Created for nonprofit and public purposes to exercise essential governmental functions.
- Contractual agreements with the State, and other entities provide the majority of funding
- Board representatives are appointed by County Commissioners.
- New Legislation Signed in 2014 to Reform Community Mental Health System.

#### How are We Funded?

State and Federal Funds	57.27%
Medicaid	37.20%
Other	.38%
County Contributions	.76%
Medicare, VA, & Private Insurance 1.32%	
Client Fees	3.07%

## Primary Service Lines of Georgia's Community Mental Health System

#### Mental Health & Wellness

Psychiatric & Nursing Services ● Crisis Intervention
■ Screening & Assessment ● Individual, Family, and
Group Therapy & Skills Training ● Medication
Maintenance & Monitoring ● Assertive Community
Treatment ● Pharmacy Services ● Community
Support Team

#### Addictive Disease Services

Women's Residential (TANF) ● Men's Residential ● Intensive Outpatient Program ● Individual & Group Counseling ● Gender Specific Substance Abuse Program ● 30 Day Men's Short Term Residential Program

#### Crisis Stabilization

Short-Term Detoxification & Mental Health Crisis
Stabilization ● Crisis Service Centers

#### **Recovery Services**

Community Transition ● Peer Support ● Whole Health Action Management (WHAM) ● Supported Employment ● Housing Options (Personal Care Home, Shelter Plus Care, Intensive Residential, Georgia Housing Voucher, & Section-8) ● HIV Testing & Education

#### Case Management/ Care Coordination

Intensive Home & Community Based Peer Support ● Linking to Community Resources ● Intensive Case Management

#### **Integrated Health Care**

Health Education & Promotion ● Comprehensive Array of Medical, Dental, & Behavioral Health Services

#### **Developmental Disabilities**

Respite • Family Support Services • Prevocational Services • Supported Employment • Educational Learning Centers • Residential

# BARRIERS & OPPORTUNITIES

It's pronounced...

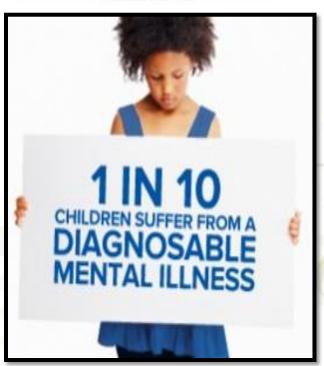
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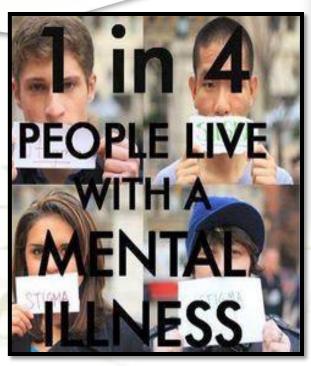
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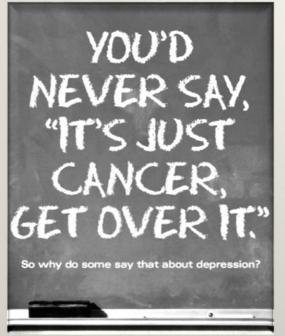
Fight Stigma











# What are the Barriers for Aging & BH?

- 1. Stigma older adults grew up in a time when behavioral health treatment was seen as a weakness.
- 2. Community Mental Health Centers often do not accept Medicare because rules are not reflective of a recovery based services. Also, many providers do not credentialed clinicians and MDs, thereby having no real way to access funding for necessary services.
- 3. The intake process for Community Mental Health Centers are seen as difficult for older adults to navigate.
- 4. Poor communication between Aging and Behavioral Health partners that have led to misunderstanding on available services and payment options.
- 5. Health and quality of life promotion for those individuals with serious and persistent mental illness has increased life expectancy; however, the system has not evolved to support the ongoing needs of individuals as they age.
- 6. Older adults present psychiatric symptoms differently than younger adults. Older adults may present to Primary Care with somatic symptoms be worked up medically then not screened for mental health and told "the test say you are ok, don't worry".
- 7. Individuals with serious and persistent mental illness may have early onset of dementia; being the health home for these individuals since early adulthood, Community Mental Health Centers may not have providers who can treat both SPMI and dementia.

# Work That is Being Done to Bridge the Gap?

- 1. Cross-Training between Aging & Behavioral Health Services
  - i.e., Mental Health First Aid
- 2. Monthly Phone Calls to Discuss Barriers/Opportunities
- 3. <u>Pilot to Integrate Aging Services into Medical & Behavioral Health Integrated Programs</u>

#### 4. Greystone

- Tapestry Development Group and In-Fill Housing are restoring a 71 unit building in Rome
- 40% are over the age of 62
- Partnering with Highland Rivers Health to provide units for those in Shelter Plus Care program and who are part of Homes for Recovery
- Art Alive which brings together Art Therapy and Social Enterprise (Galleries, Colleges, On-Line Communities, Restaurants, etc.)
- Leverages Supported Employment program of Highland Rivers

# Next Steps to Realize Our Own Vermont Vision?

- 1. The Wyden-Isakson-Paulsen-Welch Better Care, Lower Cost Act opens up resources that encourage innovative chronic care service delivery for those who are covered by Medicare
- 2. Begin to build collaborative relationship with aging and behavioral partners in your target area
- 3. Build a common vision that makes sense for your community
- 4. Look at unique streams of funding for capital development, rental assistance, and support services (include existing funding that can be used differently)
- 5. Include housing/property managers
- 6. Set up a learning community for Georgia to share ideas/work towards breaking down barriers on a regular basis



# Join Us On Social Media!

- To get exclusive updates on what is happening nationally.
- To stay connected to new services and what is available in your community.
- To find helpful tips that help you achieve your mental health & wellness.















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