

National Dialogues on Behavioral Health Conference: Incorporating the National 9-8-8 Helpline

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Presenter: Commissioner Judy Fitzgerald
Session II: New Models Of Crisis Services

Thursday, October 7, 2021



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Why Do We Need 9-8-8?

Many do not know what to do in the event of a mental health crisis and their actions can place unnecessary burden on local law enforcement and emergency services, which rarely provide the most effective response for the individual experiencing the behavioral health crisis.

The 9-8-8 law requires Georgia to enhance the current system's ability to respond to those experiencing a behavioral health crisis by providing:



Someone to talk to

- Available 24/7 for calls, text and chat
- Peer-run hotline offering callers emotional support, staffed by volunteers who are in recovery themselves, also called a peer warm line



Someone to respond

- Mobile crisis available statewide
- Coordinate with 9-1-1/ EMS as appropriate
- Outpatient community provider response



Somewhere to go

- Crisis stabilization units
- Crisis service center
- Peer wellness respite
- Detox and Substance Use Disorder (SUD) treatment
- Inpatient beds
- Outpatient crisis

Georgia's Multi-Faceted Approach



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In Georgia, the Department of Behavioral Health and Developmental Disabilities (DBHDD) is the state behavioral health authority as designated in O.C.G.A. § 37-1-20 and, as such, is the lead agency for the 9-8-8 implementation.

PARTNERS

- Local
- State
- National

PROJECTIONS

- Demand
- Cost
- Workforce








POLITICAL WILL

- Funding
- Support

GEORGIA'S CURRENT CRISIS SYSTEM

Georgia's DBHDD Crisis System

Legend

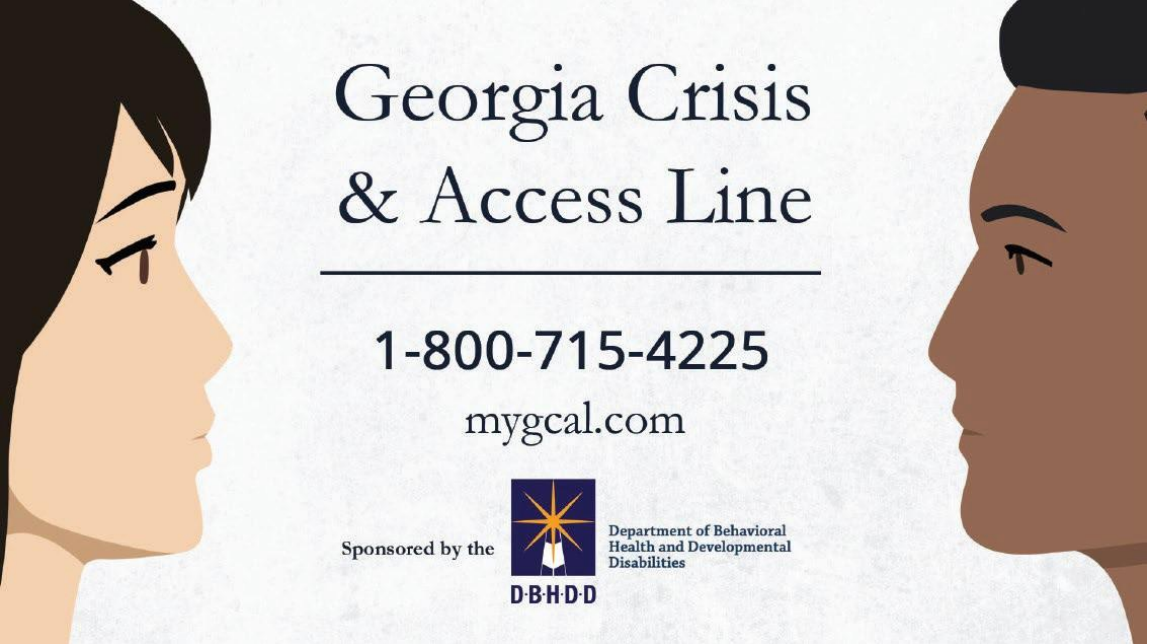
-  Individual presents at DBHDD agency
-  Individual accesses via GCAL
-  MIXED: Individual accesses via GCAL or through direct presentation (primarily accessed by direct calls to the agency)
-  MIXED: Individual accesses via GCAL or through direct presentation (primarily accessed by direct calls to GCAL)
-  Singular access route via GCAL
-  Primary access route via GCAL
-  Non-primary access route via GCAL



Georgia Crisis and Access Line (GCAL)

Someone to talk to

- 24 hours a day, 7 days a week
- Statewide
- Free and confidential
- Connects callers with a trained professional
- National Suicide Prevention Lifeline Calls from Georgians
- Serves individuals with intellectual/developmental disability and/or behavioral health diagnosis
- Deploys mobile crisis response
- Manages entry into crisis services
- Provider referrals
- Mobile application and texting capability
- SAMHSA Treatment Locator calls



Georgia Crisis
& Access Line

1-800-715-4225
mygcal.com

Sponsored by the  Department of Behavioral
Health and Developmental
Disabilities
DBHDD

Georgia Crisis and Access Line (GCAL) HUB

Someone to talk to

Statewide Central Call Center

- A toll-free, confidential hotline available 24 hours a day, 7 days a week from anywhere in Georgia providing:
 - Statewide telephonic crisis de-escalation
 - assessment and referrals
 - urgent and emergent appointments
 - for BH, SUD, and/or IDD including adults and kids
- GCAL answers all SAMHSA Treatment Locator calls from Georgians, resulting in 1,500+ calls a month from this source
- Answer 100% of National Suicide Prevention Lifeline Calls from Georgia area codes

Text and Chat

- The MyGCAL mobile application is a connection to GCAL. It allows individuals to choose how they want to reach out to us through either text, chat, or phone.

Georgia Crisis and Access Line (GCAL) HUB

Someone to talk to

Centralized Mobile Crisis Dispatch

- Single point of dispatch for DBHDD funded Mobile Crisis Teams Statewide

Real Time Crisis Bed Management

- Single Point of entry for state-funded beds at private hospitals
- Preferred point of entry (PPOE) for state hospitals and crisis stabilization units
- Portal for emergency departments to track and communicate regarding crisis referrals
- Live bed inventory of all DBHDD crisis beds

Real-Time Performance Outcomes and Dashboards

- Dashboards on call center performance including text and chat
- Dashboards on Mobile Crisis Services
- Data collection allowing outcomes measurement as determined by DBHDD

Inbound Calls

Someone to talk to

Volume – 400 to 1,000 calls daily

Busiest Days – Monday, Tuesday, and Wednesday

Busiest Times – 10 am to 8 pm, average call volume per hour ranges from 40 to over 85

Call Spikes – unusual increases in call volume that can mean as many as 120 calls in an hour



Mobile Crisis Response Service (MCRS)








Someone to respond

Community-based, face-to-face rapid response to individuals in an active state of crisis.

- 24 hours a day, 7 days a week
- Response Population – Individuals with the following conditions:
 - Behavioral Health (MH and/or substance use disorder (SUD)),
 - Intellectual/developmental disability, and/or
 - Autism Spectrum Disorder (ASD)
- Provided in community settings, including residential settings, other treatment/support settings, schools, hospital emergency departments, jails, and social service settings.

Georgia's DBHDD Crisis System

Legend

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Adult Crisis Utilization & Capacity FY2021

Somewhere to go

Type of Facility	Number of units	Number of beds	Total Served
State-funded Detoxification Facility (Voluntary)	3	N/A	510
CSU/BHCC	23	533	22,548
State Contract Hospital Beds	11	N/A	7,471

Children/Youth Crisis Utilization & Capacity FY2021

Type of Facility	Number of units	Number of beds	Total Served
Crisis Stabilization Unit (CSU)	4	64	1,704
Contracted Psychiatric Hospital (SCB)	10	N/A	467
Psychiatric Residential Treatment Facility (PRTF)	6	N/A	82

Georgia's Crisis System – Current Volume

Resources and services currently exist to provide mental health crisis and suicide prevention resources to Georgians across the following crisis continuum:



PARTNERS

9-8-8 Planning Coalition



Coalition Representation

- 9-1-1
- American Foundation for Suicide Prevention Georgia (AFSP)
- Behavioral Health Link (BHL)
- Benchmark
- Children's Healthcare of Atlanta
- Community Service Boards (CSBs)
- CSU and BHCC providers
- DBHDD Suicide Prevention
- Department of Public Health EMS
- Georgia Collaborative ASO
- Georgia Council on Substance Abuse (GCSA)
- Georgia Crisis and Access Line (GCAL)
- Georgia Emergency Communication Authority (GECA)
- Georgia Mental Health Consumer Network (GMHCN)
- Georgia Parent Support Network (GPSN)
- Governor's Office of Planning and Budget
- Grady
- Mental Health America of Georgia
- National Alliance on Mental Illness Georgia (NAMI)
- Police Departments
- Sheriffs
- Veteran's Administration

9-8-8 Planning: Five (5) Work Groups

GCAL Call Center

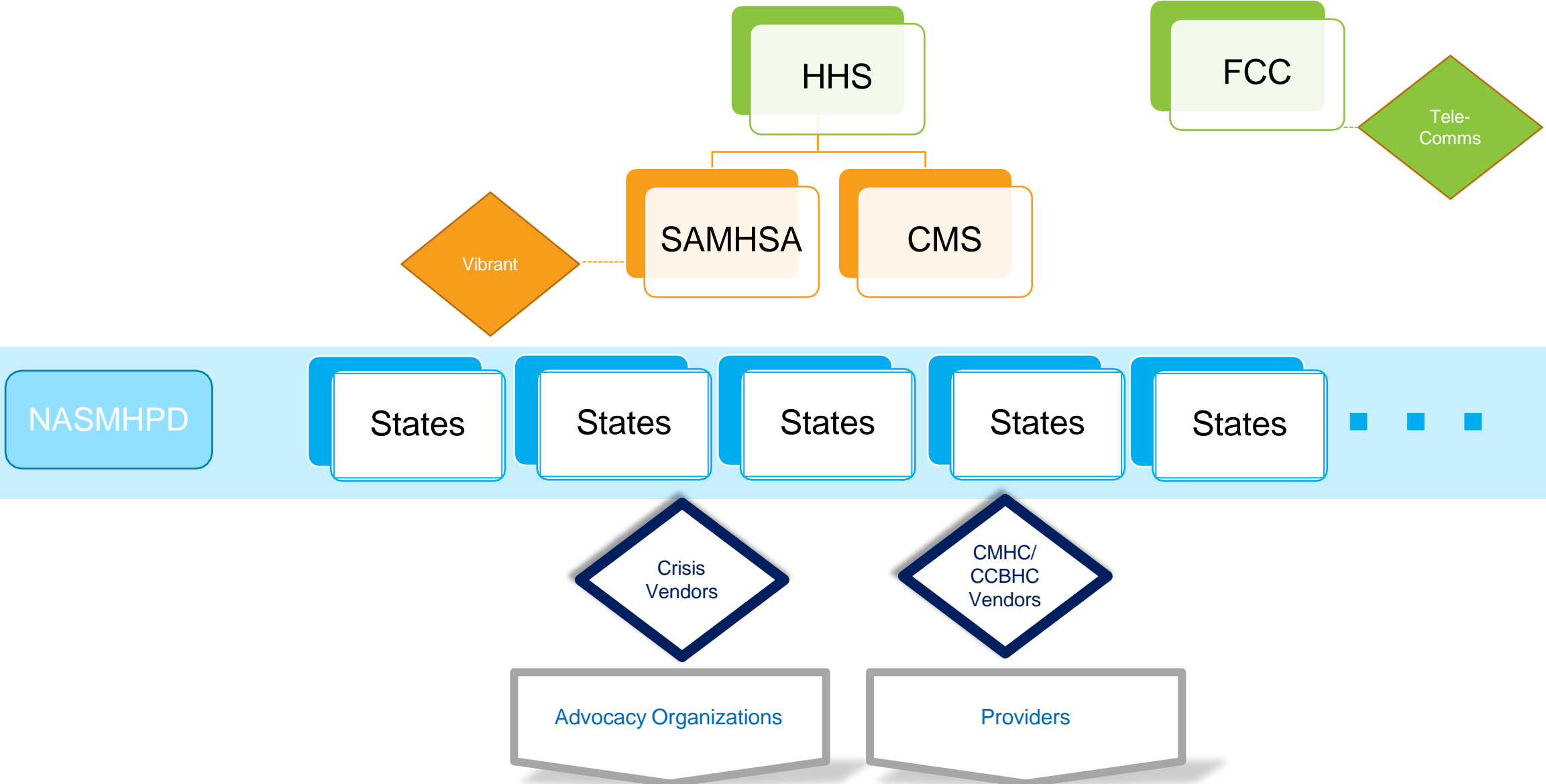
Capacity Building for Crisis Services

Communication

Public Private Partnerships

Legislation

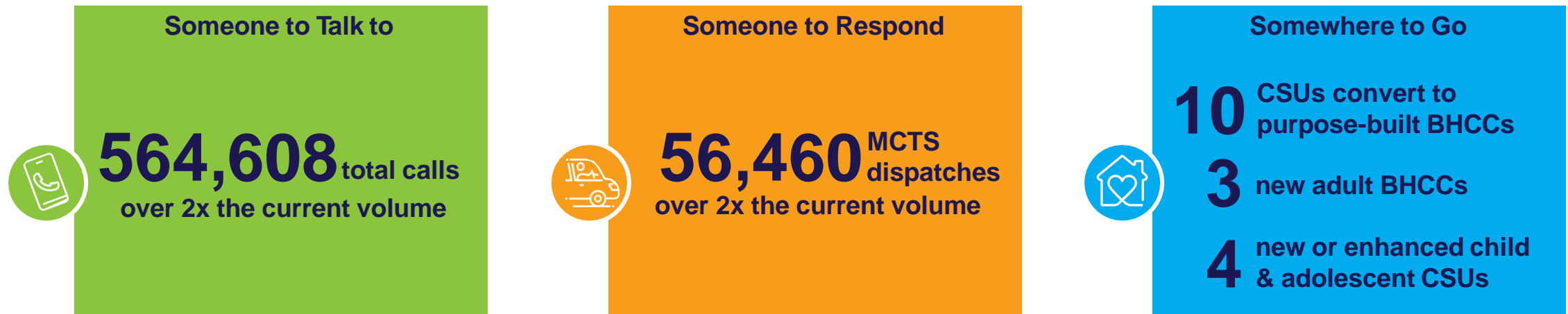
National Policy Landscape



PROJECTIONS

Future State Crisis System – 9-8-8 Year 1 Projections

The continued increase in demand for crisis services in conjunction with the implementation of 9-8-8 requires enhancements to the current crisis response infrastructure and expansion of capacity.



Additional funding is needed to support crisis system enhancements to ensure our system can keep up with the demand for behavioral health services.

Georgia's Plan for the 9-8-8 fee

Answer calls, texts and chats

Provide Follow Up Calls

Coordinate with Community for Care (including managing the preferred and single point of entry)

Dispatch MCT

Respond to individuals in crisis in the community

Document the response

Increase drop off and walk in capacity

Increase temporary observation


Increase recovery supports

Increase inpatient bed capacity

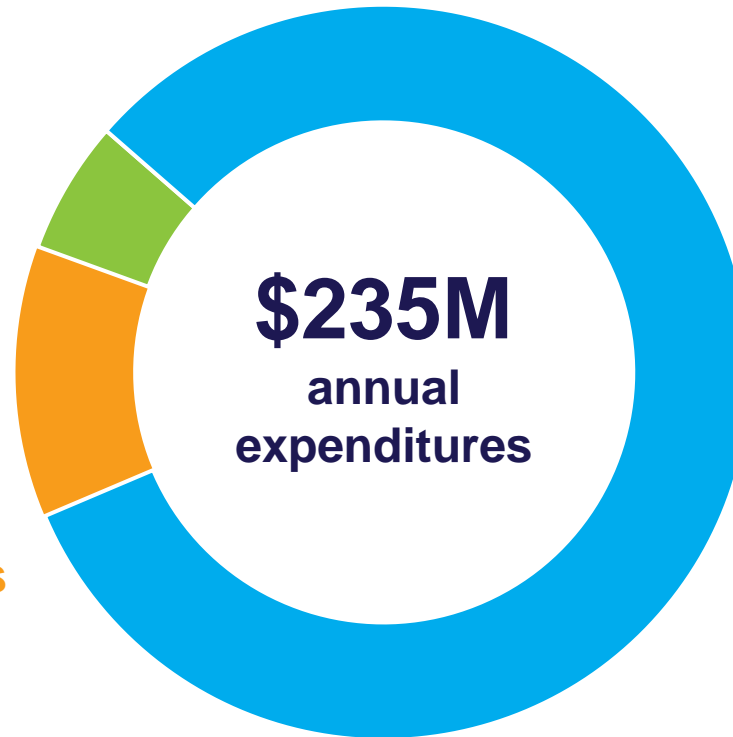
Administrative personnel to manage contracts and key performance indicators

POLITICAL WILL

Current Expenditures

 **\$14 million**
GCAL call center

 **\$28 million**
mobile crisis teams



 **\$193 million**
CSUs, BHCCs & SCBs

GCAL and MCTS are currently financed through state and federal funding and the CSUs, BHCCs, & SCBs are funded by the state

Current State Challenges

Some of the challenges our current crisis system faces include:

- Workforce shortages across the crisis continuum
- Access to CSUs/BHCCs is limited in some geographic areas
- CSUs/BHCCs have not all been updated to the purpose-built model
- Long wait times in jails and hospitals
- Wait list to access substance abuse treatment programs
- Bifurcated children's crisis system
- Police ability to identify need of individual in crisis
- Designing crisis response for children and youth to include family systems
- Dually diagnosed with intellectual and developmental disabilities (I/DD) and behavioral challenges

Workforce Challenges

Georgia is facing staffing shortages across the crisis continuum, which are being further exacerbated by increases in the demand for behavioral health and crisis services.

31 percent

Increase in crisis referrals from GCAL from June 2020 to June 2021

57 crisis beds

Average number of crisis beds “offline” per day in June 2021

60 hours

Average wait time for jail referrals in June 2021—more than 3x June 2020

2x higher

Rate of aggressive acts to staff requiring more than First Aid since 2015

38.8 percent

FY 2021 state hospital system turnover – **18 percent** increase over 2020

\$30.2M+

paid in overtime expenses in three years

QUESTIONS



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