

988: National Suicide Prevention and Mental Health Crisis System

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

988 Planning Coalition
Session

October 19, 2023



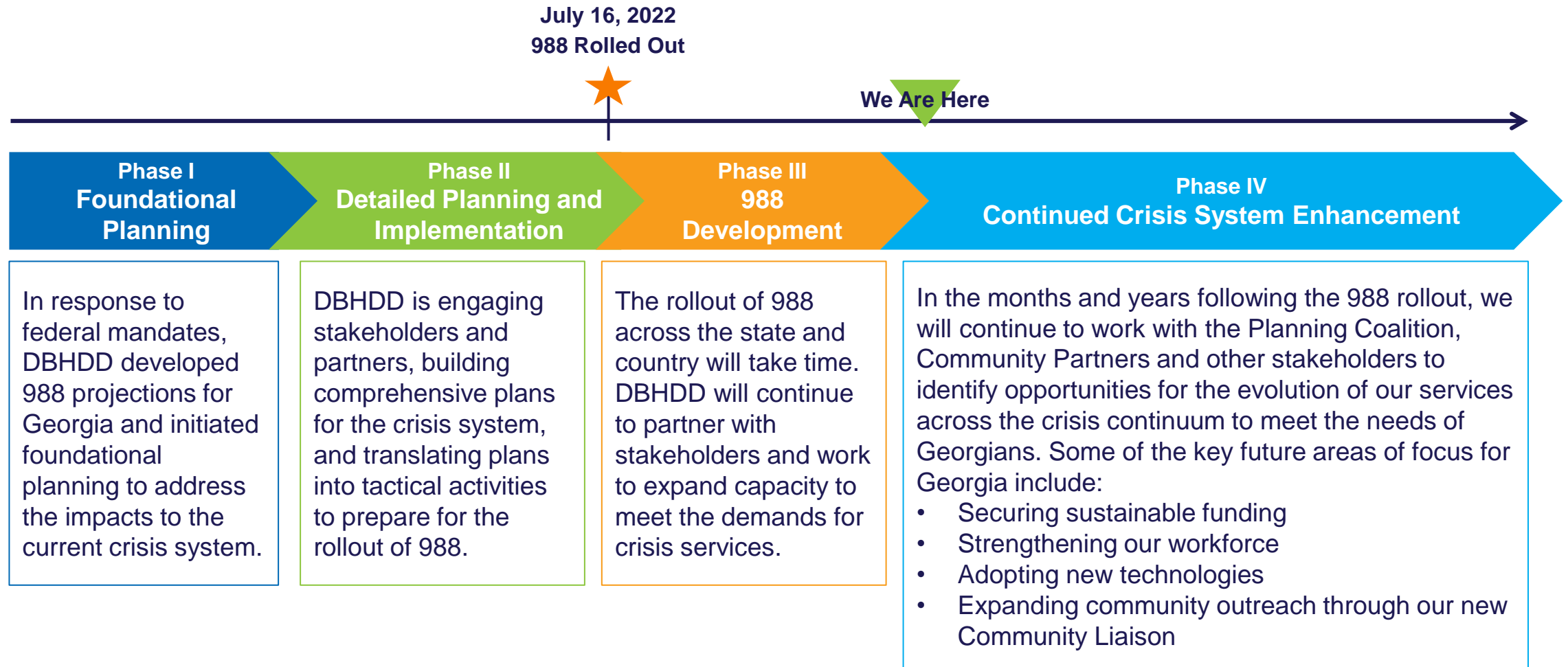
Today's Agenda

- 1** Welcome
- 2** Respect Institute Speaker
- 3** 988 Implementation updates
- 4** Discussion Topics:
 - Behavioral Health Reform and Innovation Commission (BHRIC) Sub Committee
 - FY24 and FY25 funding priorities
- 5** Q&A and Next Steps
- 6** Lunch Break
- 7** Commissioner Tanner's Remarks

Respect Institute Speaker

988 Implementation Updates

988 Planning and Implementation Timeline



Data dashboard now available online

Georgia's 988 website now includes an interactive dashboard with metrics related to 988 and the Georgia Crisis and Access Line (GCAL). Users can filter on the time period and see data including:

- Total calls, texts, and chats received
- Number of mobile crisis dispatches
- Number of referrals to community-based crisis centers

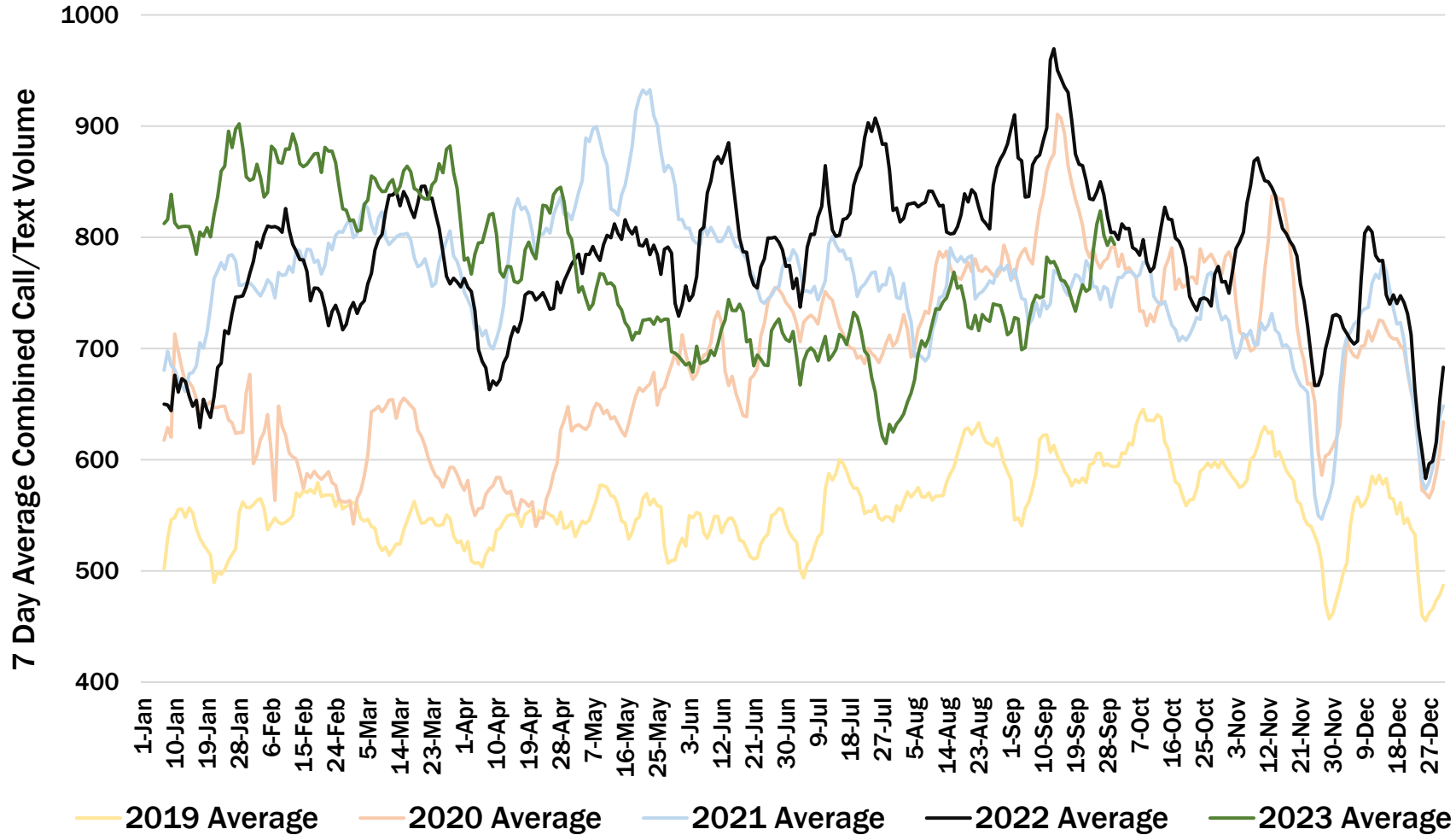
988ga.org/data



Total Calls, Texts and Chats Received

Weekly Average

Year Over Year, January 2019 – September 2023



Key Takeaways

- Although call volume generally increased from July 2023 to September 2023, it was still lower than call volume during the same period in 2020 and 2022.

Percentage of Total Calls from 9-8-8

FY23 Q1 vs FY24 Q1 (July – September)



Jul – Sep 2022

78,174

Georgia calls, texts, chats received in the same period in 2022.

25.90%

Of total calls from the National Suicide Prevention Lifeline (NSPL) in 2022.

Jul - Sep 2023

66,484

Georgia calls, texts, chats received.

28.51%

Of total calls from 9-8-8 (formerly, NSPL).

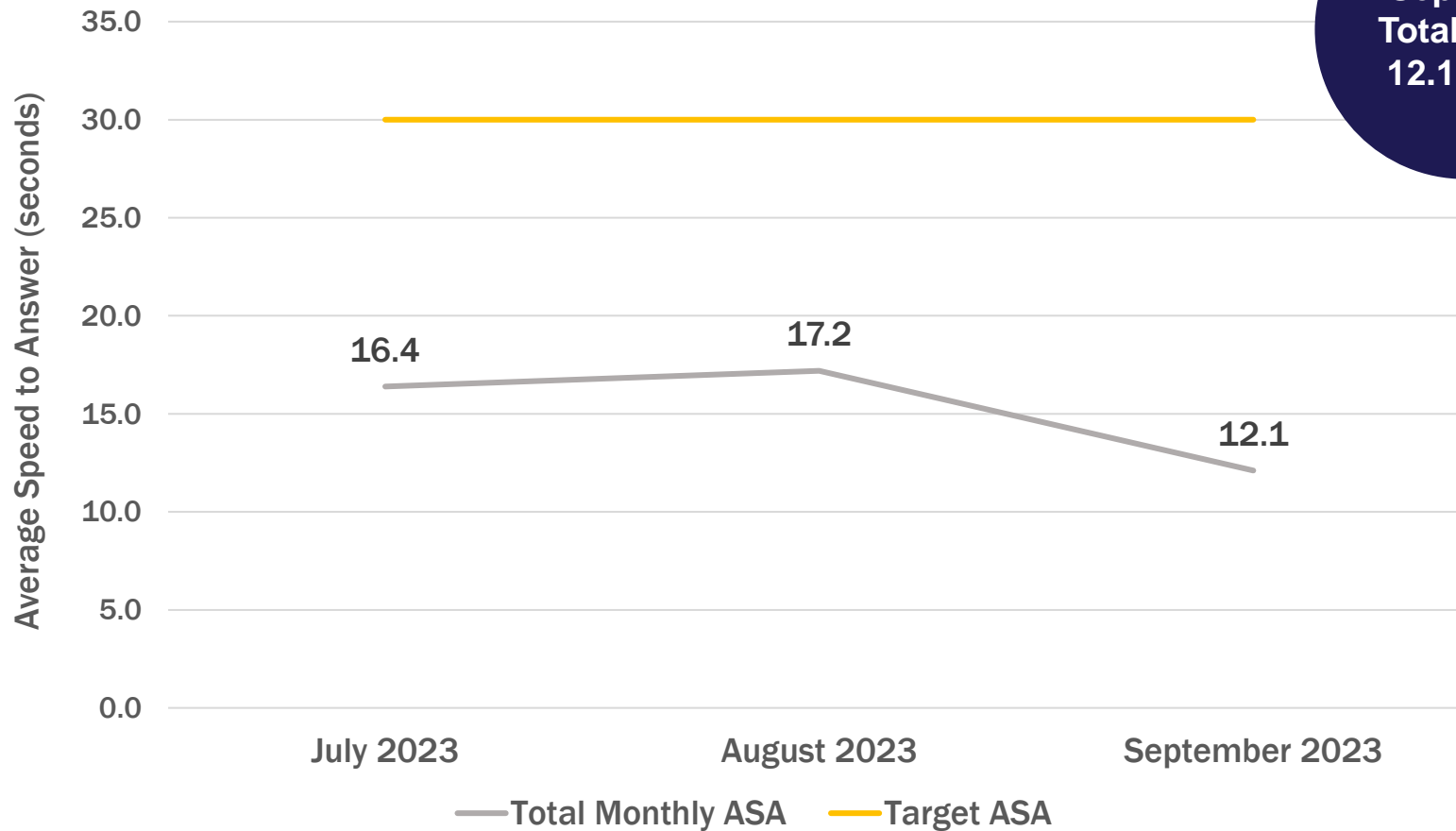
Key Takeaways

- While fewer calls were received in FY24 Q1 compared to FY23 Q1, the percentage of calls received from 988 was higher in FY24 Q1.

Average Speed to Answer (ASA)

Monthly Average

FY24 Q1 (July - September)



Sep 2023
Total ASA:
12.1 secs

Key Takeaways

- Since July FY24, average speed to answer decreased to 12.1 seconds.
- Average speed to answer remains well under the target of 30 seconds.

Data points represent average speed to answer in seconds for calendar month. In this chart, monthly ASA represents average speed to answer for all calls (including 988).

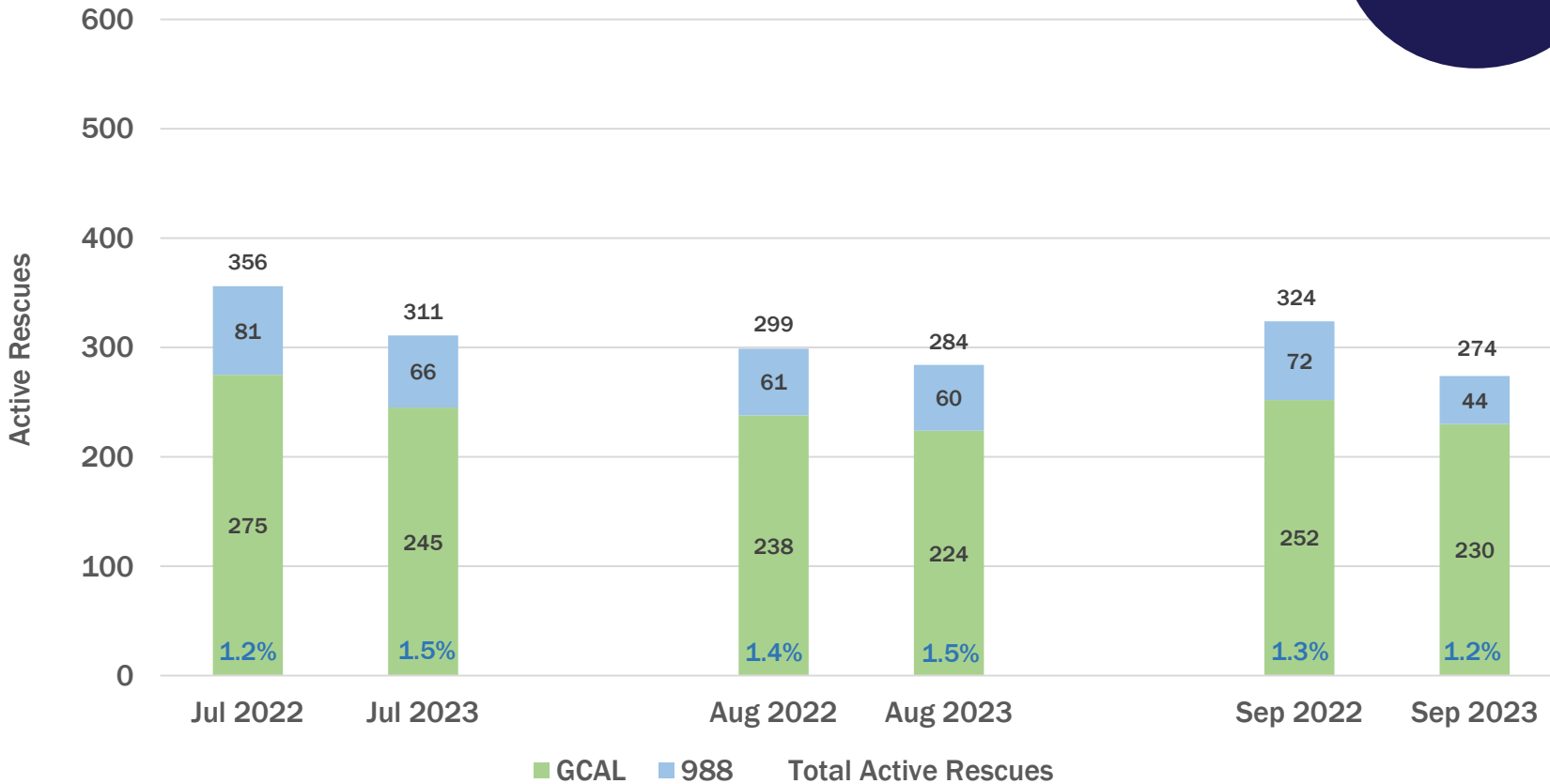
Number of Calls Requiring Active Rescue

Monthly Total

FY23 Q1 vs FY24 Q1 (July – September)



Sep 2023
Total Active
Rescues:
274



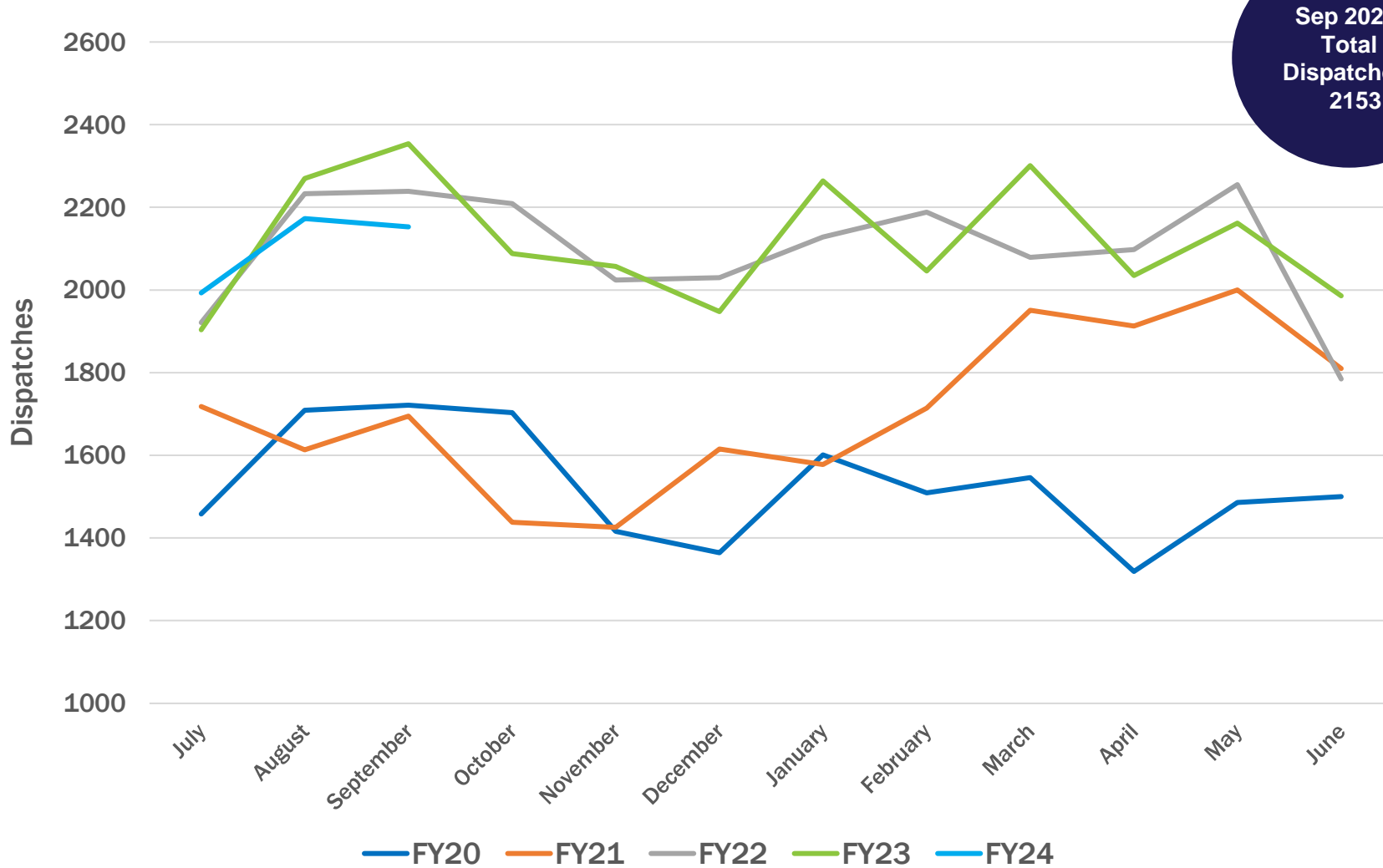
Key Takeaways

- The percentage of calls requiring active rescue is similar to the same period last year, in line with the national average of calls requiring active rescue, which is approximately 1%.

Number of Mobile Crisis Dispatches

Monthly Total

Year Over Year, July 2019 – September 2023



Sep 2023
Total
Dispatches:
2153

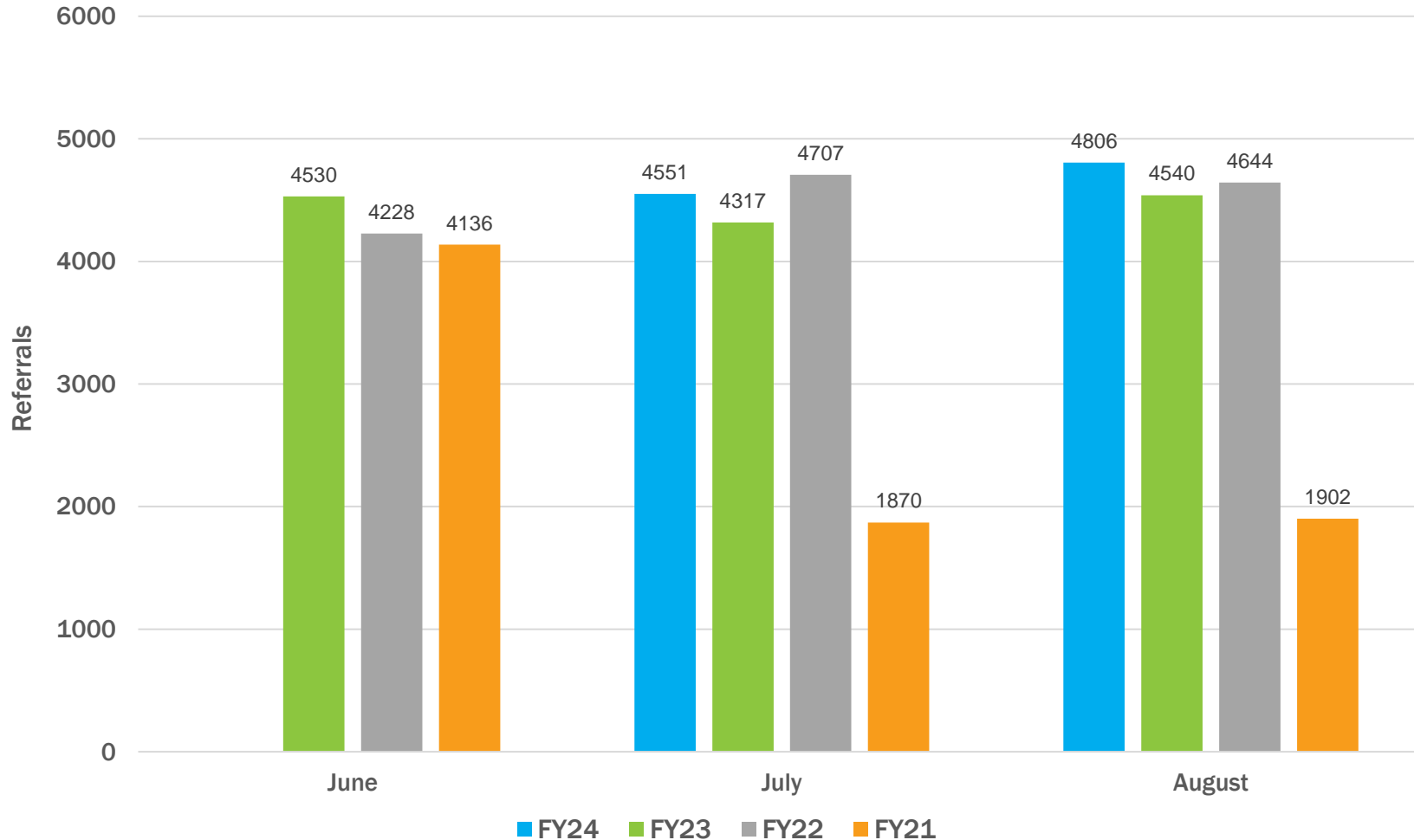
Key Takeaways

- September FY24 mobile crisis dispatch volume is approximately 25% higher than the volume in September FY20.
- There are regional differences in mobile crisis utilization. We will continue to monitor this data to see if it trends.

Number of Referrals to CSUs and BHCCs

Monthly Total

Year Over Year, June – Aug, FY21 – FY24



Key Takeaways

- Referrals were 7.1% higher in June FY23 than June FY22.
- Referrals were 5.4% higher in July FY24 than July FY23.
- Referrals were 5.9% higher in August FY24 than August FY23.

SAMHSA Five-year Vision for 988

2023



Horizon 1: Crisis Contact Centers

"Someone to call"

90%+ of all 988 contacts answered in-state by 2023.

2025



Horizon 2: Mobile Crisis Services

"Someone to respond"

80%+ of individuals have access to rapid crisis response by 2025.

2027



Horizon 3: Stabilization Services

"A safe place to go for crisis care"

80%+ of individuals have access to community-based crisis care by 2027.

Someone to Call

Defining SAMHSA Horizon 1



2023



Horizon 1: Crisis Contact Centers

"Someone to call"

90%+ of all 988 contacts answered in-state by 2023.

SAMHSA Criteria¹

Percentage of 988 calls answered in the state/territory

Georgia's Progress

100% of Georgians have access to a crisis contact center 24/7/365.

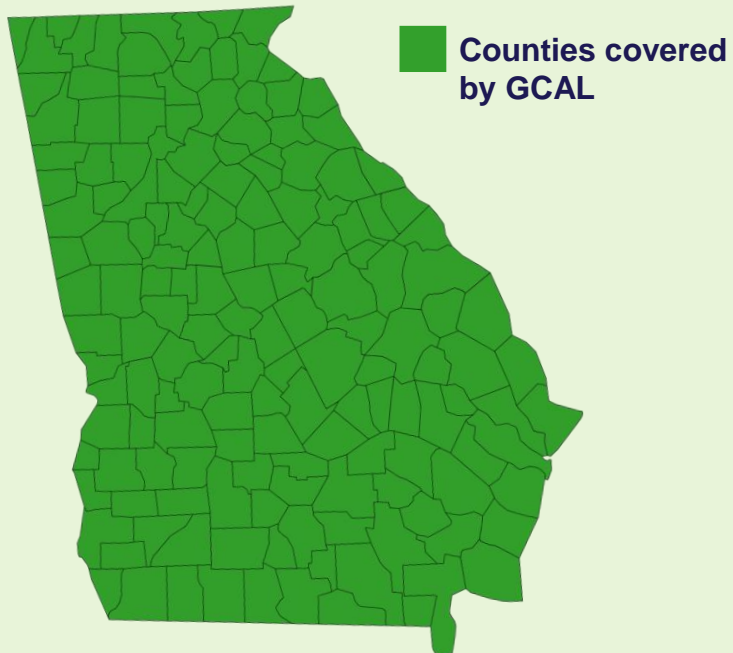
Georgia's 988 answer rate for March 2023 was **99.2%**. The remaining 0.8% of calls were either abandoned or answered out-of-state.

Someone to Call

Detail on Georgia's Progress



The Georgia Crisis and Access Line (GCAL) provides 24/7/365 statewide coverage for calls to 988 and calls, texts, and chats direct to GCAL.



Key Accomplishments

- Invested additional \$13.9 million in state and federal grant funding to supplement existing funds to hire additional call center staff and enhance technology
- Since FY21:
 - Average speed to answer a call decreased from over 200 seconds to under 10 seconds
 - Call abandonment rate decreased from 31% to 0.01%
- Collaborated with 911 to develop process to transfer calls, when appropriate, from 911 to 988
- Enhanced 'bed board' function to improve care coordination
- Expanded use of peer workforce and peer-run warm lines to infuse lived experience and recovery in crisis interventions

Work Ahead

- Continue to monitor call volume, particularly as 988 mass marketing is launched, to assess need for additional staffing capacity
- Collaborate with Vibrant to integrate 988 text and chat into GCAL processes and technology
- Increase follow-up outreach to individuals in alignment with SAMHSA best practices

Someone to Respond

Defining SAMHSA Horizon 2



2025



Horizon 2: Mobile Crisis Services

"Someone to respond"

80%+ of individuals
have access to rapid crisis
response by 2025

SAMHSA Criteria¹

Percentage of population with access to timely mobile crisis services (<1 hour urban, <2 hours rural)

Georgia's Progress

100% of Georgians have access to mobile crisis response services 24/7/365.
48.4% of urban mobile crisis dispatches were completed in <60 minutes in July 2023.
89.4% of rural mobile crisis dispatches were completed in <120 minutes in July 2023.

¹1988 Convening Playbook: States, Territories, and Tribes

²Rural versus urban distinction is based on the Metropolitan Statistical Area (MSA).

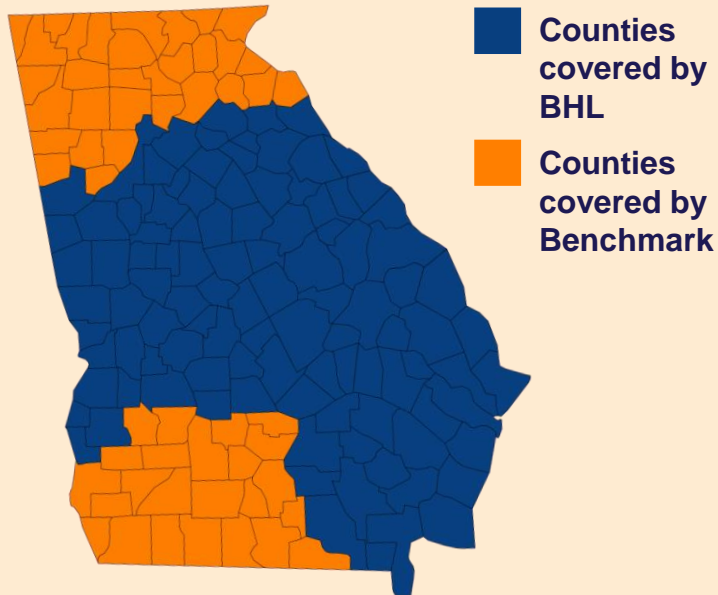
DBHDD's contract expectations are 59 minutes, currently performance as of July 2023 is 73.8 minutes... (because the SAMHSA standards did not exist when DBHDD entered into the contracts)

Someone to Respond

Detail on Georgia's Progress



Two providers, Behavioral Health Link (BHL) and Benchmark, provide Mobile Crisis Response Services (MCRS) 24/7/365.



Key Accomplishments

- Received additional \$6 million in FY24 in state funding to expand mobile crisis capacity statewide, with targeted funding for rural regions
- Implemented telehealth use for mobile crisis response teams to connect with jails, hospitals, and schools

Work Ahead

- Continue to invest in mobile crisis teams to expand staffing
- Collaborate with providers to understand the factors that influence mobile crisis response time and develop solutions to increase the percentage of dispatches completed in <59 minutes
- Assess if we are on track to meet the goal of 80% by 2025, and if not, what actions are needed to meet the horizon
- Invest \$6 million in FY24 funds in mobile crisis teams and assess impact of additional funding in FY24 on staffing and response time
- Implement updated protocols for the use of telehealth to optimize staffing in regions with shortages of behavioral health clinicians

A Safe Place to Go for Crisis Care

Defining SAMHSA Horizon 3



2027



Horizon 3: Stabilization services

“A safe Place to go for
crisis care”

80%+ of individuals
have access to community-
based crisis care by 2027

SAMHSA Criteria¹

Percentage of the population with
access to a no-wrong-door crisis
receiving center within a 45-minute
drive/transport in an urban and rural
setting

Georgia's Progress

100% of Georgians have access to
community-based crisis services 24/7/365.

91% of Georgians live within a 45-
minute drive of a community-based
crisis facility.

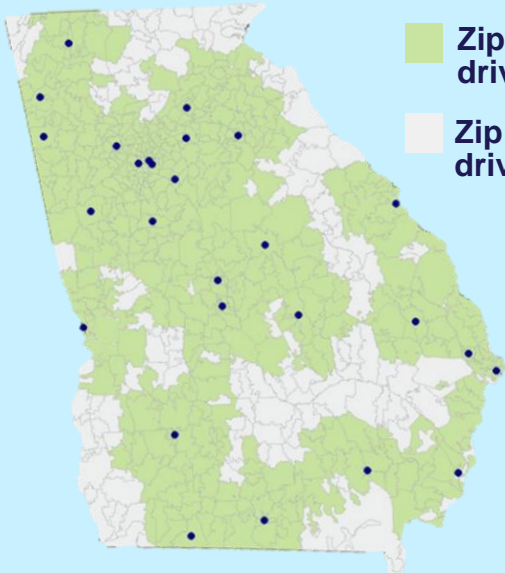
A Safe Place to Go for Crisis Care

Detail on Georgia's Progress



Crisis Stabilization Units (CSUs) and Behavioral Health Crisis Centers (BHCCs) are located across the state and offer short-term behavioral health crisis stabilization for youth and adults.

- Behavioral health facility
- Zip codes within 45-minute driving radius of a CSU/BHCC
- Zip codes not within 45-minute driving radius of a CSU/BHCC



Key Accomplishments

- Invested over \$56 million in state funds to expand community-based crisis bed capacity at existing and new facilities, increase staffing and optimize providers' operating budgets (Approximately \$16m in FY20, \$3m in FY21, \$13m in FY23, and \$24m in FY24)
- Enhanced 'bed board' function of GCAL which refers individuals to community-based crisis facilities
- Developed CSU/BHCC construction resource guide to give guidance to providers on new builds and conversions

Work Ahead

- Continue to invest in:
 - Conversion of existing CSUs to BHCCs to continue to expand capacity
 - New construction of BHCCs to serve additional individuals
 - Enhanced front-door staffing at BHCCs to support diversion
- Complete a crisis bed study assessment to determine additional bed capacity needs

Crisis Bed Study

DBHDD engaged Alvarez & Marsal to develop a model that would identify future needed bed capacity for Georgia's behavioral health crisis and forensic system to show where beds are needed, of what type, and when over a ten-year period.

- **Georgia has an acute near-term need for addressing workforce challenges to maximize existing crisis capacity.** Staffing challenges has led to low occupancy rates (i.e., the use of existing crisis beds), limiting the availability of current capacity.
- **Georgia has an acute near-term need for additional community-based behavioral health crisis beds for adults.** Even with utilizing existing capacity at optimal levels, the model projects that Georgia will need five new facilities (i.e., BHCCs) by 2025 to meet near-term demand. Georgia will need an additional facility by 2027 and two more by 2032, for a total of eight new facilities over a ten-year period.
- **Georgia also has an acute near- and long-term need for additional forensic state hospital beds, with a gap of 119 beds projected by 2025.** This projected need is supported by the state's growing forensic waitlist. While this need can be met by building new facilities, it may also be mitigated by increasing resources to reevaluate individuals on the forensic admissions waitlist, expanding jail-based competency restoration programs, and / or increasing utilization of forensic step-down facilities.

Overview & Methodology

Overview: Using this Study

1. This Study shows a baseline projection of needed beds based on a) historical utilization of Georgia’s behavioral health crisis system from 2018-2022 and b) future population growth. In other words, **it shows the future trajectory of the system absent any material changes.**
2. This projection **provides a solid quantitative foundation for DBHDD to build upon** as it considers investment, programmatic, and policy changes in the future.
3. While this Study focuses on behavioral health crisis beds, it is not meant to suggest that DBHDD should invest only in this level of care, or at this level of care at the expense of other services. **DBHDD supports a broad statewide system in which behavioral health crisis beds are one component of various inter-related services.**

Methodology Highlights

The pathways included in the model encompass different facility types and leverage different historical periods of utilization data. Different periods were used to “normalize” the trends for each pathway or subpathway, i.e., to compensate for various distortions in the data, such as those caused by the COVID-19 pandemic or idiosyncratic workforce issues.

Pathway	Subpathway	Facilities	Historical Period Used	Target Population	
Behavioral Health Crisis	State Hospital AMH	• State Hospital AMH	2018, 2019, 2021, 2022	200% FPL Adults	
	Adult Behavioral Health	• BHCC • Crisis Inpatient	• CSU • Private Contract Hospital	2018, 2019, 2021, 2022	200% FPL Adults
	C&A Behavioral Health	• CSU	• Private Contract Hospital	2018, 2019, 2021, 2022	200% FPL C&A

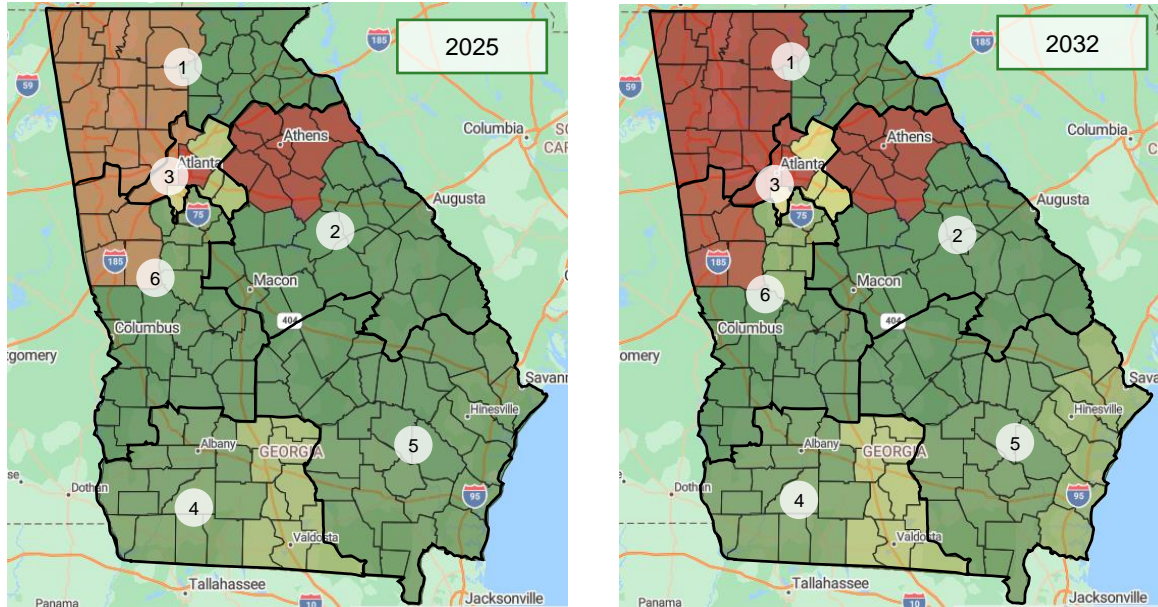
Data and Data Transformations

Data that fed the model included:

1. Episodic, facility, and geography assignment data provided by DBHDD; and
2. Population data obtained from publicly available sources (U.S. Census, GA Office of Planning and Budget, etc.).

Summary of Adult Behavioral Health Projections

Adult behavioral health bed need is greatest in the northwest corner of Georgia, concentrated in Regions 1, 2, and 3. These regions, along with Regions 4 and 6, will need a total of eight additional facilities by 2032 to meet demand.



Assessment

The model suggests that Georgia will need **an additional eight facilities (BHCCs with 24 CSU beds and 16 TempObs chairs) over the next 10-year period** to meet growing demand for crisis beds. The timing and location of these new facilities will vary depending on region and service area:

- **Region 1:** 1 new facility by 2025
- **Region 2:** 1 new facility by 2025
- **Region 3:** 3 new facilities by 2025 and 1 additional facility by 2032
- **Region 4:** 1 new facility by 2027
- **Region 5:** no new facilities needed
- **Region 6:** 1 new facility by 2032

The model also suggests there is a material near-term need for most of these additional facilities: **five of the eight facilities are needed before 2025.**

This projected need assumes that Georgia can meet optimal occupancy for all its existing facilities (i.e., “Alt Gap”); **if this is not achieved, the number of needed additional beds and facilities will be greater.**

“**SH Excess**” is the bed need resulting from reallocation of growth in demand for state hospital beds to BHCCs / CSUs, pro-rated by service area population across the state.

While creation of new BHCCs can reduce the use of state-contracted private hospital beds by 2025, Georgia will need to **address temporary gaps before new facilities come online by continuing to use state-contracted private hospital beds** in the short term. This also assumes that **adjacent service areas with spare capacity can take on volume from service areas with an anticipated gap** within the same region.

Region #	2025 Alt. Gap + SH Excess	2025 Potential Net-New Facility Need	2027 Alt. Gap + SH Excess	2027 Potential Net-New Facility Need	2032 Alt. Gap + SH Excess	2032 Potential Net-New Facility Need
1	14	1	19	0	27	0
2	21	1	24	0	30	0
3	72	3	76	0	87	1
4	10	0	12	1	13	0
5	2	0	1	0	4	0
6	6	0	8	0	13	1
Totals	125	5	140	1	174	2

Any decreases in gaps between periods are attributable to new capacity coming online

A new facility is assumed to be needed when a region's projected bed need is 50% or more of the bed capacity of a BHCC (i.e., 12 out of 24 beds).

Transportation Study

DBHDD is working with the Sheriff's Association to study the impact of transporting individuals experiencing a crisis to an Emergency Receiving Facility

- The focus of the study is Region 4 and several counties in Region 5
- Data collection is underway for transports; a preliminary report is expected early 2024

DBHDD is considering ways to decrease the impact of transportation for law enforcement. We have requested FY25 funding to create a transportation pilot

- DBHDD is consulting with our colleagues in Oklahoma who have this type of program in place through their CCBHCs
- DBHDD will collaborate with our partners to identify the best path toward operationalizing this project

Medicaid Behavioral Health Rate Study: Context and Process

Study well-overdue	HB 911 [Appropriations Bill FY23]	ARPA HCBS
<ul style="list-style-type: none">• Last rates implemented in FY2008 (CSU = 2003)• Based on FY2007 Wage/Labor Statistics• Since that time, there has been a continued BH workforce crisis	<ul style="list-style-type: none">• DBHDD given funds to complete a study of the Medicaid Rehabilitation Option which it manages with DCH• Partners: DCH and Deloitte	<ul style="list-style-type: none">• DCH/DBHDD Plan to CMS call for implement rate increases with relief funds provided to state for providers• CMS countered with required rate study expectation• Original Desired implementation date: January 1, 2024, (?)• Funds must be released through a claims process before March 31, 2025

2008 Rate Salary
Premise

Future Rate Salary
Premise



Psychiatrists/Physicians

\$160,605

\$237,012



APRNs, PhD. Psychologists

\$69,165

\$135,184



LCSWs, RNs, LPCs, etc.

\$48,827

\$76,945



LMSWs, Bachelor's Level Certified Staff,
etc.

\$36,025

\$53,518

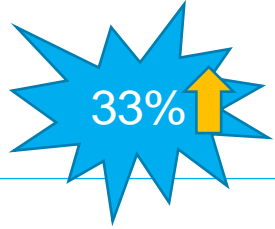


Non-Bachelor's Level Certified Staff,
Paraprofessionals

\$26,850

\$43,040

DBHDD Medicaid Rate Studies: Fiscal Impact Analysis and ARPA Interface Overview



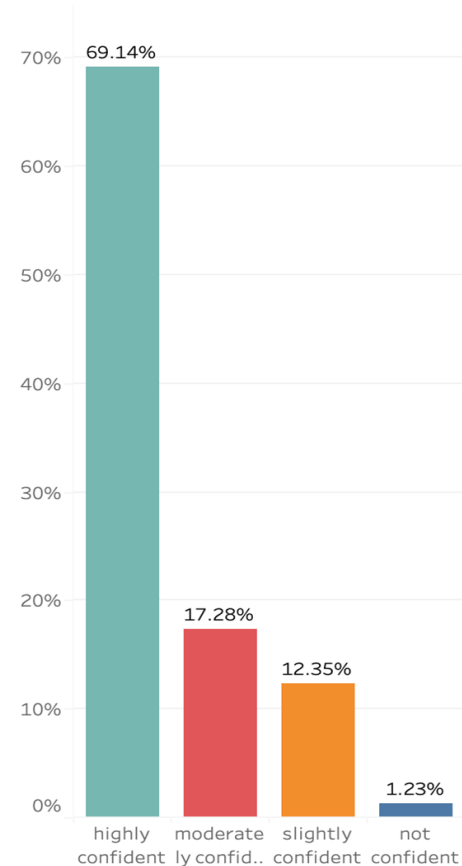
Medicaid Program	Projected Annual Increase: Total	Projected Annual Increase: State Portion	ARPA State	ARPA Federal	FY25 Need	Sustained FY26 Need
Medicaid Rehab Option AKA MRO or CBHRS	\$50M	\$17M	\$14.4M	\$29.6M	\$TBD Depending On Date	\$17M
State-funded MRO for the Uninsured	\$22M	\$22M	\$ -	\$ -	\$TBD	\$22M

Initial 988 Marketing in Georgia

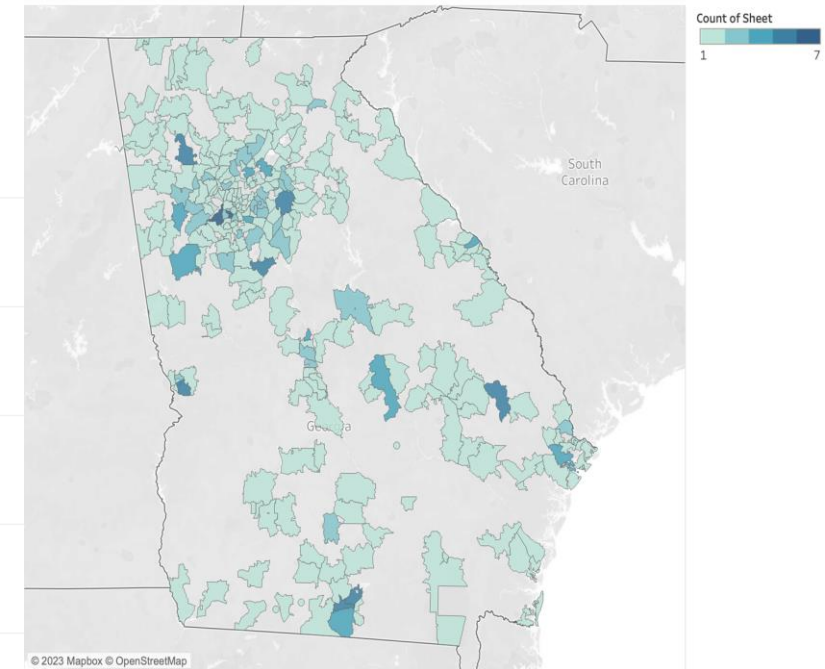
Awareness

1. **Statewide Survey.** Awareness is low (at about 16%) [30.7% dialing code, 54% use], This has been intentional as the system was building capacity
2. **Now is the time to raise awareness.** Your help is needed to spread the word
3. **Ongoing survey evaluation.** We will be consistently measuring the increase in awareness over the next 12 months
4. **988 vs. 911 education is not essential.** Our surveys suggest that there is little confusion over what number to dial when people understand 988 is The Suicide and Crisis Lifeline (86.4% confident)

Suicide and Crisis Subset
How confident are you in knowing when to dial 988 and when to dial 911?
(n=81)



Total Distribution of Survey Responses by Zip Code (n=488)



Marketing Efforts



+\$2M in Funding Committed to Awareness Efforts

A wide range of projects are underway to increase awareness by March 2024



Partnership First Model

Most projects will have a non-profit, agency or community partner to guide messaging and delivery



Assets Available

Any campaign assets developed will be available at 988ga.org/resources

Resources

CALL TO ACTION: Call or Text 988, Drive to 988lifeline.org

Your outreach efforts should drive to dialing code, text and crisis portal

FOR STAKEHOLDERS: 988ga.org/resources

These are for stakeholders as is all of the 988ga.org content and data

TOOLKITS: SAMHSA Social Toolkit and SAMHSA Store

Powerful assets, linked and consistently updated at

988ga.org/resources

Your Feedback and Guidance

1

The Planning Coalition workgroup will receive draft creative via a survey link to share feedback.

2

We appreciate your insights and prompt response on the surveys.

3

Wherever practical, your feedback will be channeled into improving the messaging and creative for Georgians.

BREAK TIME!

See you in...



Discussion Topic 1: BHRIC Sub Committee

Behavioral Health Reform and Innovation Commission

In the absence of Georgia legislation related to 988, DBHDD is considering other mechanisms to inform our statewide strategy for the continued enhancement of 988 and our behavioral health crisis system. One potential pathway for this work is to establish a sub-committee of the existing Behavioral Health Reform and Innovation Commission (BHRIC) focused on 988.

Potential 988 Sub-committee Objectives




- Understand current state crisis system and make recommendations on potential opportunities 988 provides to enhance the system
- Study current crisis system budget and future investment needed
- Make recommendations on sustainable funding options for the crisis system



What objectives would you like to see a sub-committee accomplish?

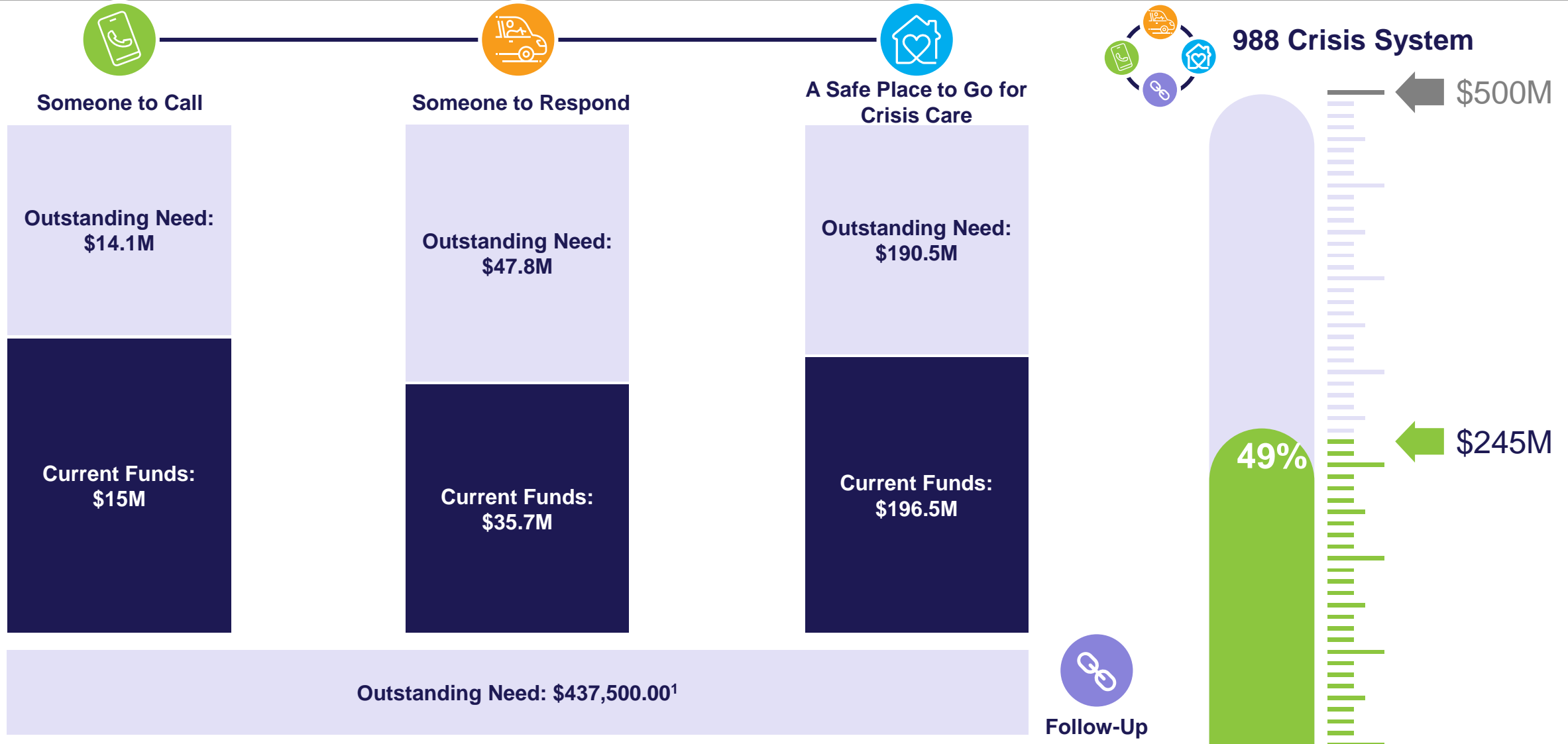
Discussion Topic 2: FY24 and FY25 funding priorities

988 FY24 Budget Updates

	Funding Item	FY24 Budget Request	FY24 Budget Received
 Someone to Call	50% of additional GCAL staffing capacity needed to support 988 growth based on federal FY23 call volume projections and SAMHSA Horizons	\$6,543,157.16	\$0.00
 Someone to Respond	33% of MCT staffing capacity to support 988 growth based on federal FY23 call volume projections and SAMHSA Horizons	\$17,846,228.94	\$6,288,973.00
 A Safe Place to Go for Crisis Care	New Adult BHCC (Fulton County)	\$6,651,470.00	\$24,504,725.00*
	Adult Conversion of CSU to BHCC – Serenity (Augusta)	\$7,030,171.00	
	Adult Conversion of CSU to BHCC – CSB of Middle Georgia (Dublin)	\$10,823,084.00	
Total		\$48,984,111.00	\$30,793,698.00

**Note: The Governor’s Disregard & Veto Letter changes the allocation of these funds, directing DBHDD to use amounts above those in the original Governor’s Budget Report to move towards equity among BHCC providers rather than giving the providers above these exact amounts, but it does not affect the total amount appropriated for BHCCs.*

Projected FY25 Foundations and Projected Need



Note: Graphic does not include funding needed for 988 administrative costs; Projections based on SAMHSA and Vibrant projections provided in April 2021.

¹Follow-up Services does not include active rescue

988 FY25 Budget Priorities

Data and information as of August 2023



Someone to Call



Someone to Respond



A Safe Place to Go for Crisis Care

	Funding Item	AFY24 Budget Request	FY25 Budget Request
Someone to Call	Federal 988 Expansion Grant Ending	-	\$1,000,000.00
	MCRS staffing	-	\$4,144,486.50
A Safe Place to Go for Crisis Care	Region 1 BHCC (24/16 Model without Enhanced CSC Staffing)	-	\$9,481,532.00
	Annualize Fulton BHCC operating budget	-	\$5,688,919.00
	Annualize CSB of Middle Georgia BHCC operating budget	-	\$1,586,056.00
	Enhance Serenity BHCC annual operating costs	-	\$1,221,116.00
	New C&A CSU/Gateway C&A CSU	-	\$903,179.11
	Increase BHCC Staff Compensation to Bring Beds Online	\$15,000,000.00	-
A Safe Place to Go Subtotal		\$15,000,000.00	\$18,880,802.11
Total		\$15,000,000.00	\$24,025,288.61



What are your key messages around these budget asks and what tools do you need as a Coalition member?



Questions?

Next Steps

Next Steps



Lookout an invitation to our next virtual session



Share the updates, tools and resources with your networks and community



Continue to share your feedback and ideas on how we can collectively enhance Georgia's crisis system

Georgia 988 Resources

FAQs, One-Sheets, Logos, Assets:

988ga.org

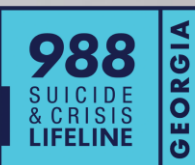
Contact Us:

questions@988ga.org

**If you are in crisis right now...
STOP and pick up the phone.**

If you or someone else is in distress, feel like there may be a risk of suicide, or is having a crisis related to mental health or substance use: **DIAL or TEXT 988.**

Georgians can continue to call 1-800-715-4225 to reach a trained clinician in Georgia, or the MyGCAL app can be used if you need help specifically in Georgia by **text or chat.**



Georgia 988 Contacts

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Dawn Peel

Director, Office of Crisis Coordination

Anna Bourque

Director, Office of Provider Relations and ASO Coordination

Wendy White Tiegreen

Director, Office of Medicaid Coordination & Health System Innovation



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