

# 9-8-8: National Suicide Prevention and Mental Health Crisis System

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**BE D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities

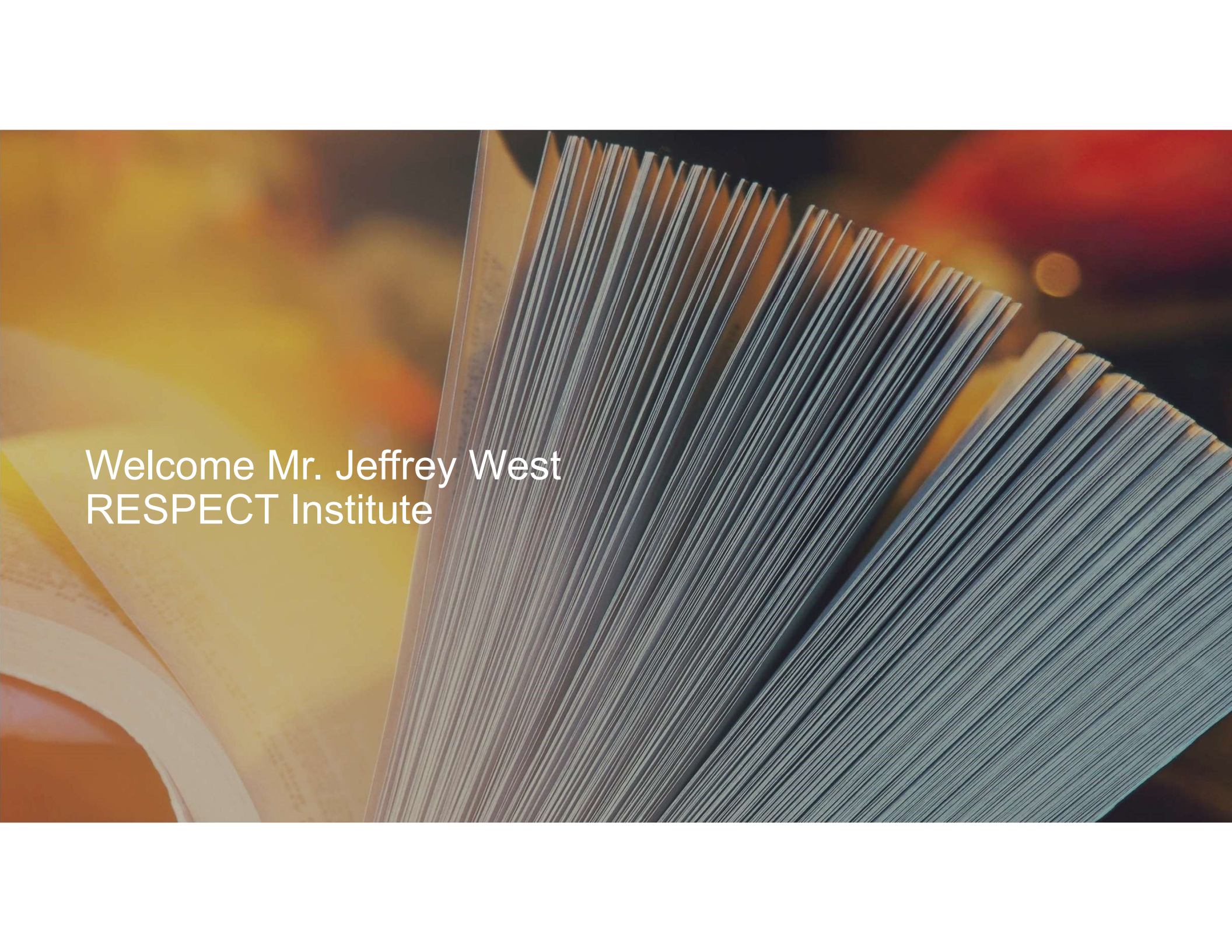
9-8-8 Planning Coalition  
Meeting

July 29, 2021



# Agenda

- 1 RESPECT Institute Speaker**
- 2 “Somewhere to Go” Introduction**
- 3 Crisis Stabilization Unit (CSU) – Highland Rivers**
- 4 Behavioral Health Crisis Center (BHCC) – DeKalb Regional Crisis Center**
- 5 Behavioral Health Crisis Center (BHCC) – Gateway**
- 6 Avita Video**
- 7 Group Activity: “Somewhere to Go” Gaps & Considerations**



Welcome Mr. Jeffrey West  
RESPECT Institute

# Georgia's Current Crisis System



**Someone to Talk to**



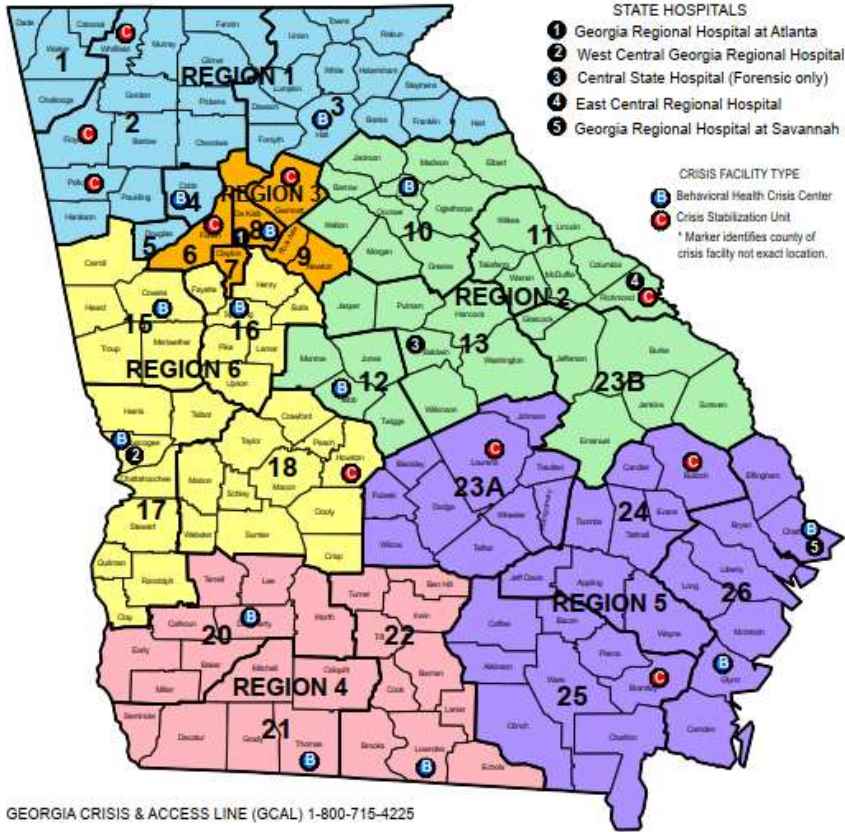
**Someone to Respond**



**Somewhere to Go**

- Crisis stabilization units
- Crisis service center
- Peer wellness respite
- Detox and SUD treatment
- Inpatient Beds
- Outpatient crisis intervention

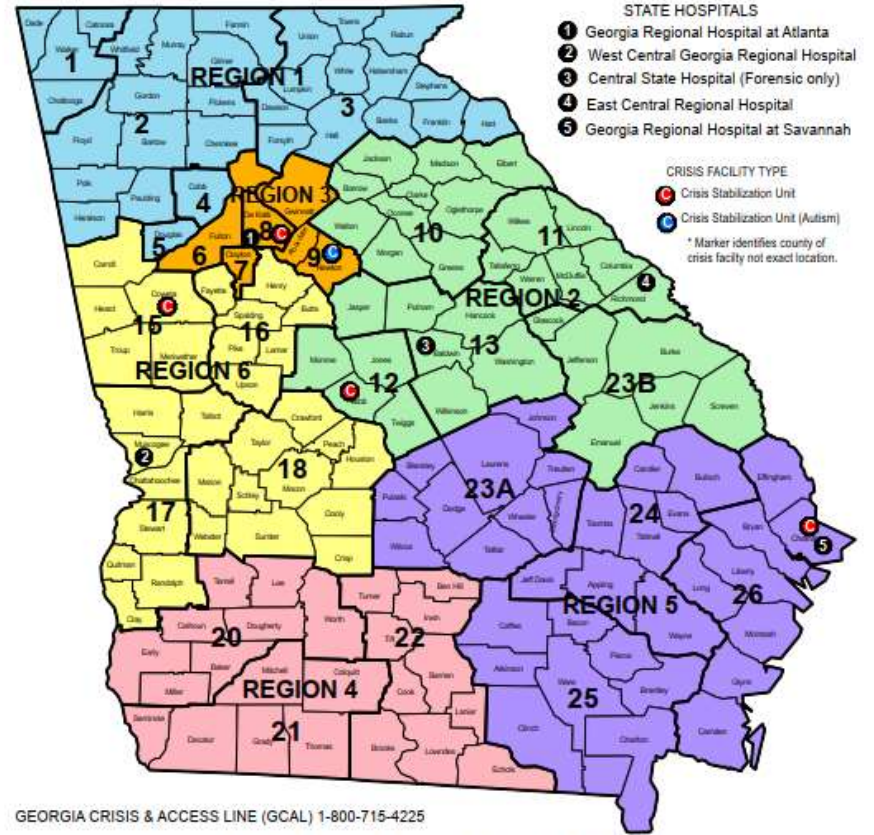
Georgia Department of Behavioral Health & Developmental Disabilities  
 Adult Crisis Beds (BHCC's & CSU's)  
 Effective July 1, 2021



Provider Name (BHCC/CSU Location - City). If a service area has no facility then there is no city listed.

1 - Lookout Mountain CSB	9 - View Point Health (Lawrenceville)	18 - Middle Flint Behavioral Healthcare (Warner Robins)
2 - Highland Rivers CSB (Dalton)	10 - Advantage Behavioral Health Systems (Athens)	20 - Aspire BHDD Services (Albany)
2 - Highland Rivers CSB (Rome)	11 - Serenity Behavioral Health (Augusta)	21 - Georgia Pines Community Services (Thomasville)
2 - Highland Rivers CSB (Cotdatown)	12 - River Edge Behavioral Health Center (Macon)	22 - Legacy Behavioral Health (Valdosta)
3 - Avita Community Partners (Gainesville)	13 - Oconee Community Service Board	23A/B - CSB of Middle Georgia (Dublin)
4 - Cobb CSB (Marietta)	15 - Pathways Center (Newman)	24 - Pineland Area CSB (Statesboro)
5 - Douglas County CSB	16 - McIntosh Trail CSB (Griffin)	25 - Union Behavioral Health (Nahunta)
6 - Grady Hospital (Atlanta)	17 - New Horizons Community Service Board	26 - Gateway CSB (Savannah)
7 - Clayton County CSB	17 - St. Francis Hospital - Bradley Center (Columbus)	26 - Gateway CSB (Brunswick)
8 - DeKalb CSB (Decatur)		

Georgia Department of Behavioral Health & Developmental Disabilities  
 C&A Crisis Beds (CSU's)  
 Effective July 1, 2021



Provider Name (CSU Location - City). If a service area has no facility then there is no city listed.

1 - Lookout Mountain Community Service Board	9 - View Point Health (Decatur)	18 - Middle Flint Behavioral Healthcare
2 - Highland Rivers Community Service Board	9 - View Point Health - Autism CSU (Caryiers)	20 - Aspire BHDD Services
2 - Highland Rivers Community Service Board	10 - Advantage Behavioral Health Systems	21 - Georgia Pines Community Services
3 - Avita Community Partners	11 - Serenity Behavioral Health	22 - Legacy Behavioral Health
4 - Cobb Community Service Board	12 - River Edge Behavioral Health Center (Macon)	23A/B - CSB of Middle Georgia
5 - Douglas County Community Service Board	13 - Oconee Community Service Board	24 - Pineland Area Community Service Board
6 - Fulton County	15 - Pathways Center (Greenville)	25 - Union Behavioral Health
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8 - DeKalb Community Service Board	17 - New Horizons Community Service Board	

# CSU BHCC Comparison

## CSU

- A residential facility with 10-30 beds
- Ability to receive and evaluate if a bed is available
- Access to Doctors who round daily
- Staffed with nurses and Behavioral Health Tech staff
- Access to Community Pharmacy through the Community Services Board.

## BHCC

- **Crisis Services Center**
  - MH urgent care center
  - Staffed 24/7 with Licensed MH professionals and Peer Staff
  - Access to a MD/APRN and nurse on site
  - Can provide support, counseling, triage and/or provide a Rx
  - Goal of treatment and diversion to the community outpatient system, but with access to safe and secure triage rooms to assist with admission to inpatient if needed
- **Temporary Observation**
  - Staffed with Nurses, BH Tech, Peer Support Staff, and access to Doctor/APRN on site
  - Active assessment and crisis de-escalation and planning for 23 hours.
    - Assessments could include physician, nursing, biopsychosocial, intake for outpatient if they are not enrolled, peer plan (wrap) with the goal of transferring to outpatient treatment if possible
  - Ability to transfer to inpatient beds if needed
- **CSU (in addition to traditional CSU abilities)**
  - Lower Ratio of staff to individual than traditional CSUs so that higher acuity can be managed and include Peer Specialist
  - Pharmacy on site with the ability to have Stat or PRN medication
  - Recovery focused treatment and aftercare planning and coordination reduce recidivism

# Advantage of a BHCC

## **Community Benefits:**

- Less costly than a psychiatric hospital stay
- Local capacity for receiving and evaluating means less travel and staff time for Sheriffs (to include Sheriff drop offs)
- Increased ability to divert individuals from Emergency Departments or Jails
- Increased capacity of the BHCC means an average of 15 hours shorter wait time for the Emergency Rooms compared to areas with no BHCC.
- Increased staffing allows for a higher volume to be assessed and triaged locally versus waiting on an available bed elsewhere
- Increased staffing allows for treatment of higher acuity individuals who would traditionally wait in jails and Emergency Departments for a State Hospital Bed.

# Advantage of a BHCC (continued)

## Treatment Benefits:

- **Continuity of care:**
  - Individuals served can have a warm transfer to outpatient treatment and support to assist with continued recovery efforts and less recidivism
  - CSBs who operate a BHCC have access to treatment records for enrolled individuals and can coordinate with the outpatient staff
- **Recovery focused:**
  - The addition of Peer Specialist to the treatment team broadens the capacity of the team to more effectively address the needs of individuals in crisis and potentially avoid unnecessary admissions as well as increasing the engagement of individuals who frequent the system.
- **Right care at the right time:**
  - A BHCC has the option of treating and referring, temporary observation or residential stabilization. This allows for choice based on the true need and desire of the individual seeking assistance.



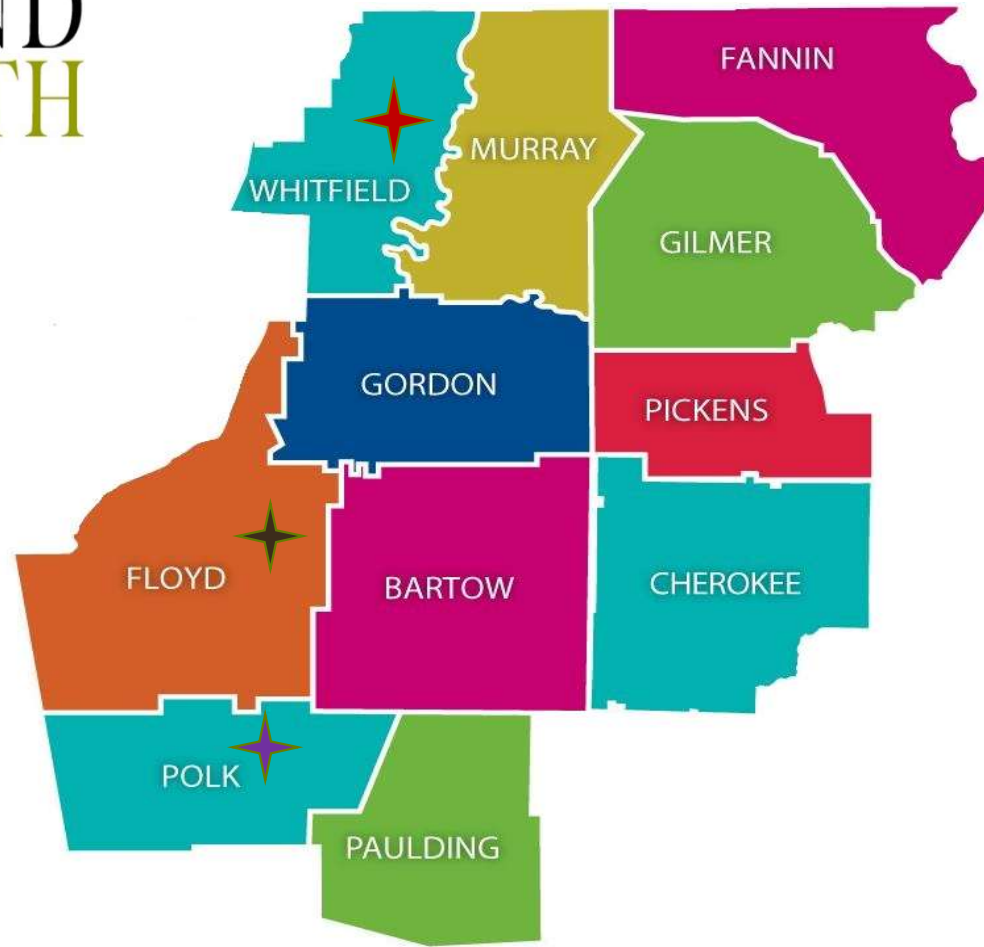
# CSU and BHCC Models

- 1 Standalone CSU
  - Highland Rivers
- 2 Retrofit BHCC
  - DeKalb Regional Crisis Center
- 3 Purpose-built BHCC
  - Gateway
- 4 Child and Adolescent CSU
  - Gateway



## Highland Rivers CSB

Crisis Stabilization Units



★ Crisis Stabilization Units



- Three Crisis Stabilization Units
  - Residential level of care NOT hospital level of care
  - Total of 74 beds
  - Provides primarily:
    - Psychiatric stabilization
    - Detoxification
    - Linkage back into community level of care
  - Acceptance from local ED's, jail, referrals through crisis/access line, direct admits, OTA's



## Highland Rivers CSB Consumer's Served FY 2021

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**Dalton Treatment Services – 1456**

Average occupancy rate – 83%

ALOS – 5.8 days

**Cedartown Residential Treatment Unit – 1658**

Average occupancy rate – 91%

ALOS – 6 days

**Rome Crisis – 672**

Average occupancy rate – 79%

ALOS – 6.7 days

**TOTAL CONSUMERS' SERVED - 3786**

**Total Bed Days Provided – 22,971**

# Challenges



- Staffing
- Staffing
- Staffing
- Managing approximately 10 admission/discharges per day
- Facilities are dated and very difficult to maintain
- There has been a significant shift in the number of substance use and co-occurring admissions over the last several years
- Rapid housing support needs for individuals upon discharge
- Total population of crisis served area – 1,200,492



## Entrance to CSU





ENTRANCE





FRONT LOBBY

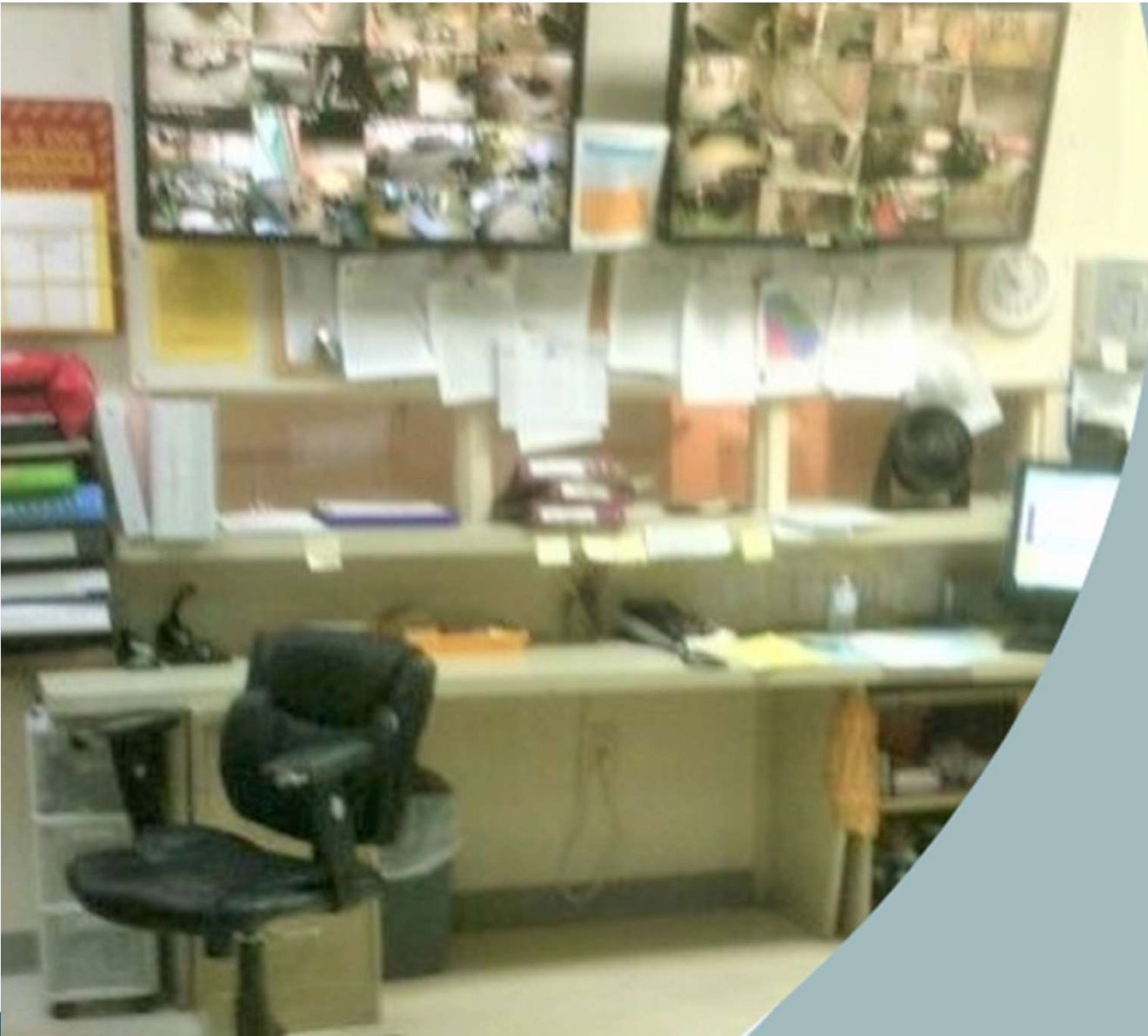


HIGHLAND  
*Rivers* HEALTH

COMMON AREA



ROOM



NURSES'  
STATION



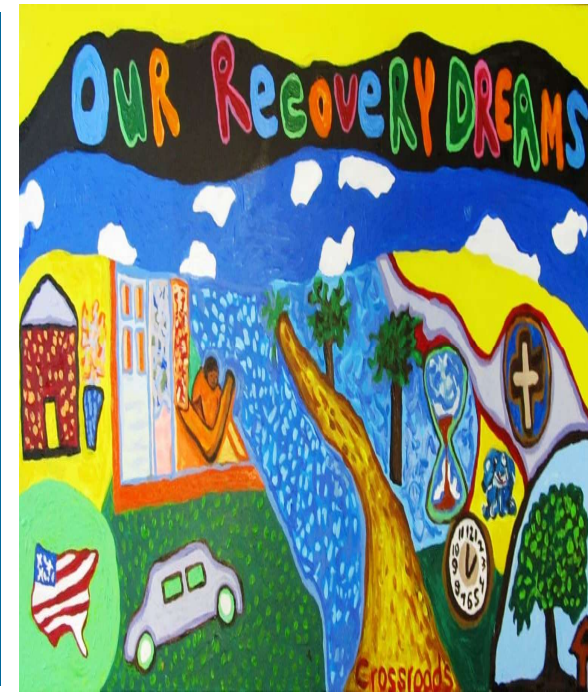
MEDICATION  
ROOM

DEKALB  
CSB



# DeKalb Regional Crisis Center

Urban BHCC: Non-purpose built



# History of the DRCC

- Built in 1997
- Collaboration between
  - DeKalb County: 1992 Bond Referendum for the construction and land
  - DeKalb CSB: Clinical Operations
  - DBHDD: Provided Funding for Clinical Operations



## Facility Design

- Originally Built as a 42 Bed Crisis Services Residential Unit
  - Design modeled after psychiatric hospitals and emergency rooms
  - Small Waiting Room Area
  - 6 Temporary observation beds
  - 3-person per room occupancy on CSU Unit
  - Enclosed Nursing Stations



## Facility Design

- Currently Operate as a 36 bed Behavioral Health Crisis Center
  - Crisis Evaluation Service
    - Clinical Assessment
    - Nursing Services
    - Physician Assessment
    - Case Management
    - Peer Support
  - Temporary Observation
    - Detox Services
    - 24hr Psychiatric Stabilization
  - Crisis Residential Services
    - Average LOS 6.5 Days
    - Detox
    - Psychiatric Stabilization
    - Discharge Planning

# Facility Design- Intake

- Small waiting room design



# Facility Design- Temporary Observation

- 6 Beds
- 24hour Monitoring and Stabilization

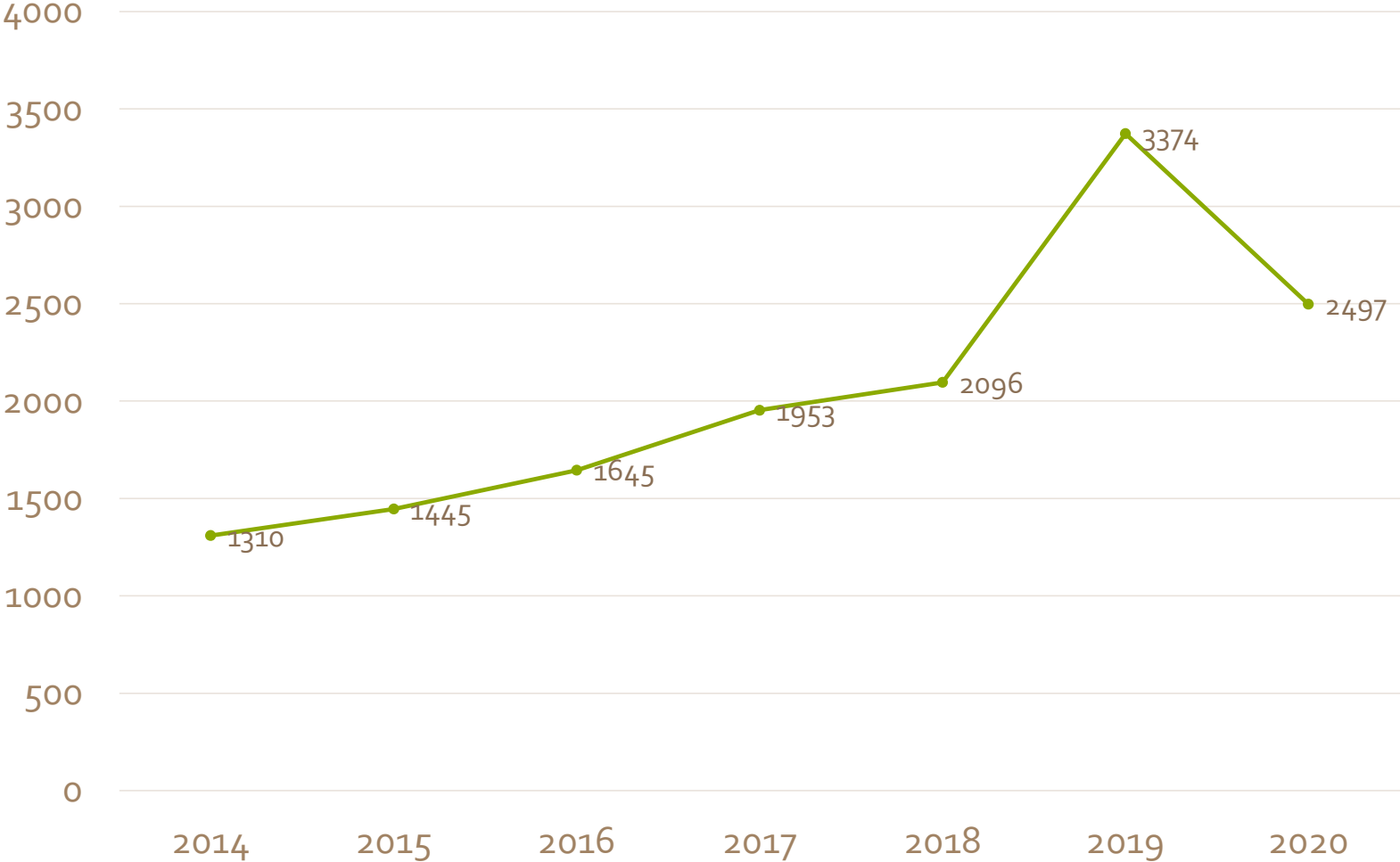


# Facility Design- Crisis Residential Unit

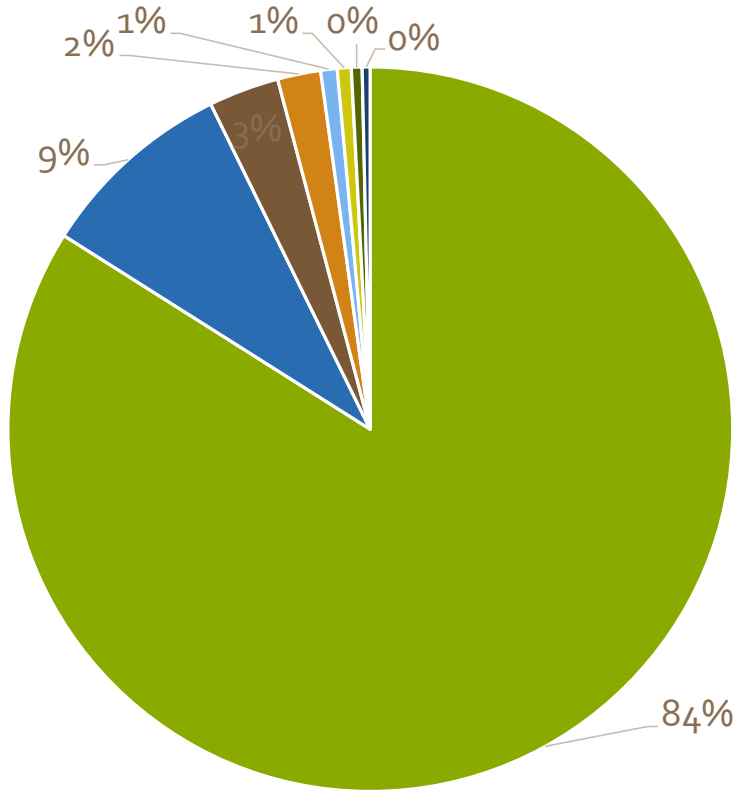
- 36 Beds
- Mixed Gender Unit
- 3 Clients to a Room



# Clients Served- Number of Admissions

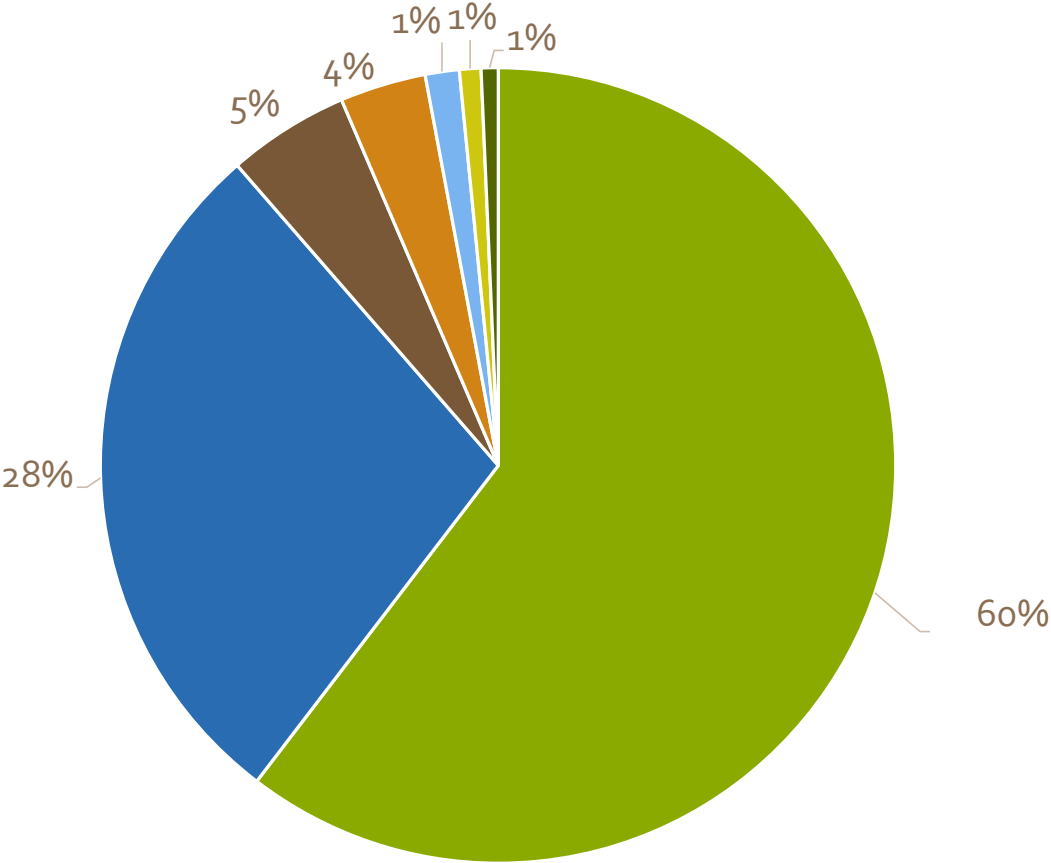


# Clients Served- Referral Source



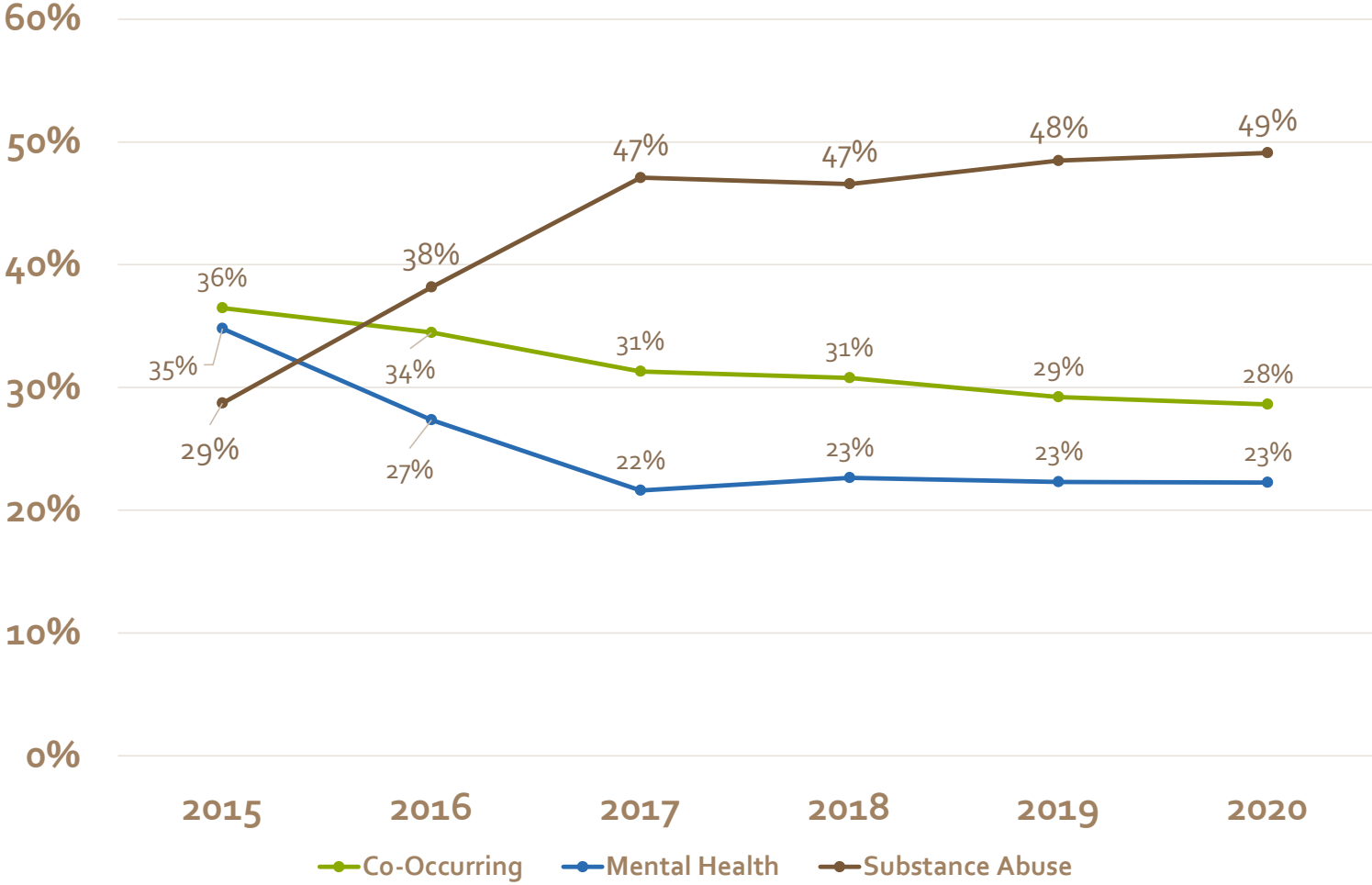
- Self / Applicant
- Law Enforcement
- Medical Provider
- Emergency Room
- Other
- Mobile Crisis Team
- Family
- Access/Crisis Line

# Clients Served- Top 7 Counties of Residence



■ DeKalb ■ Fulton ■ Gwinnett ■ Clayton ■ Cobb ■ Rockdale ■ Henry

# Clients Served- Diagnosis Categories





# Challenges

- Aging Facility (24 Years old) that operates 24/7 with no interruptions
- Increased need for Substance Use Detox beds
- Increased need for additional Psychiatric beds in the Region
  - DeKalb County crisis beds .05 per 1000k individuals (DeKalb County Jail 3.95 beds per 1000k)
- Residential stepdown services needed for both Substance Use and Psychiatric cases
- Staffing
  - BHCC operations puts these programs in direct competition with private hospital systems for staff (Nurses, APRNs, Physicians, Licensed Clinicians)



Coastal Georgia

# Gateway Counties



## Employees

- Approximately 750 employees
- 60% BH/SUD; 40% IDD

## Target population

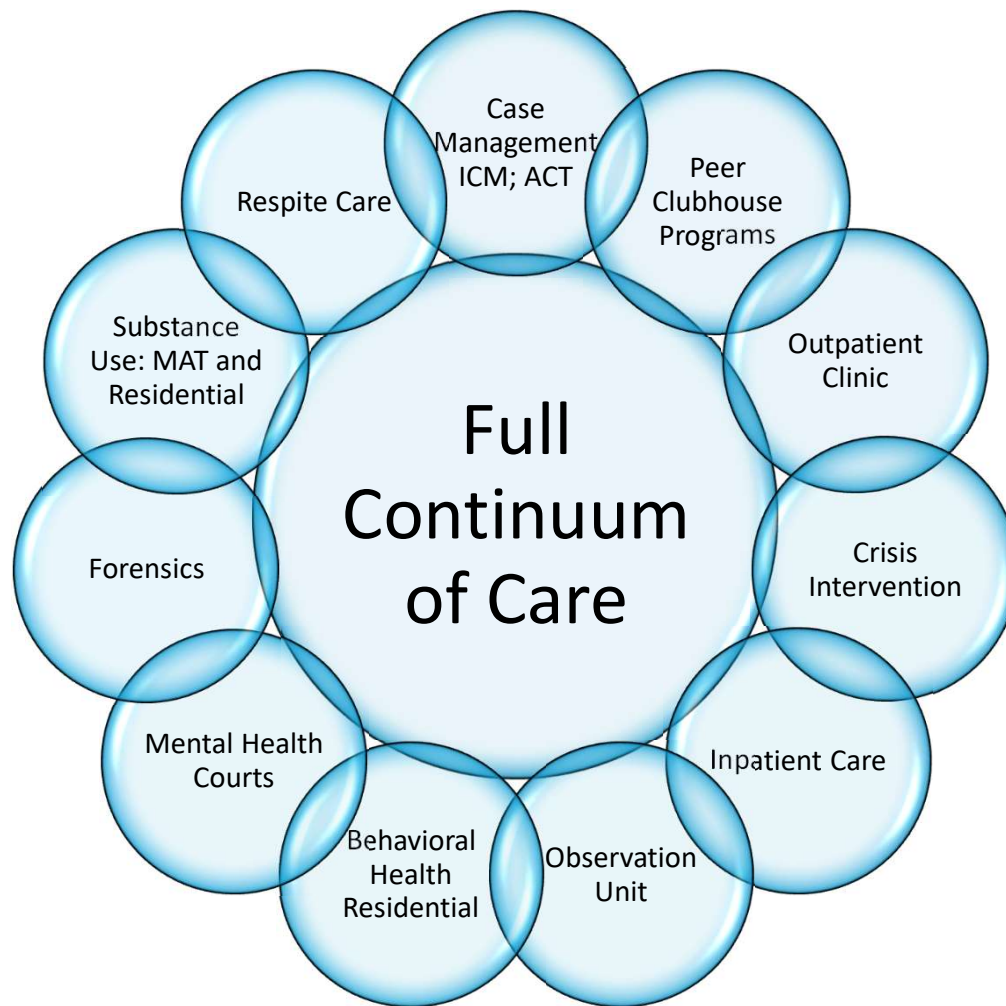
- People who are uninsured
- People who are under-insured (Medicaid)

## Mental Health and Substance Use

- More than 10,000 adults annually
- More than 1,800 children and adolescents annually

## Developmentally Disabilities

- More than 300 adults annually
- 24 hour services; group homes; apartments



# Behavioral Health Crisis Center - BHCC

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## Three pathways into the BHCC:

1. **“Walk-in”**: self-referred or family and friend referred
2. **Agency referred** (used just like an emergency room)
3. **Law Enforcement transported** (“Intercept” 0 and 1)



# The Behavioral Health Crisis Center Role: “Right treatment in the right facility”

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## Hospital ED's:

- **Divert** people with mental illness from the hospital ED

## Jails:

- **Intercept** non-violent misdemeanor offenders with mental illness



**INITATE 9-1-1 CALL**

- Individuals
- Family or Friend
- First Responder
- Community Partner (BOE)
- Bystander
- Healthcare Provider
- GCAL



Information is gathered through initial survey and then additional questionnaire if deemed appropriate. (Power Phone is not connected to CADS/RMS)

Code 47, 49  
 CIT or ECIT Officer & EMS is dispatched  
 BHU

Define HOT (Arrive ASAP with lights and sirens) vs. COLD (as traffic permits, no lights)

EMS – Scene is Safe, Proceed  
 EMS – Unsafe Scene Await Law Enforcement

Life Altering Condition OR Physically Stable  
 No Crime  
 Criminal Activity

Felony  
 Misdemeanor  
 BHU  
 Chatham County Detention Center (See following pages)

Local ER Hospital  
 BHCC Mental Health Assessment  
 BHCC Crisis Stabilization Unit  
 BHU

**Intercepts 0 & 1**

**BHCC – Behavioral Health Crisis Center**  
**BHU – Behavioral Health Unit**  
**CIT – Crisis Intervention Training**  
**ECIT- Enhanced CIT**  
**EMS- Emergency Medical Services**

**Community Based Resources – Services & Treatment**

**Transport**







# Sources of admissions in 2021 – CC BHCCA

	Jan-June 2021	Avg/mo	Extrapolated for 12 months
Law enforcement	141	24	282
EMS	17	NA	NA
St Joseph/Candler	27	5	54
Memorial	23	4	46
Other hospitals	19	3	38
Clinic/opt referrals	64	11	128
Walk-ins	413	69	826
Totals	704	117	1408

# A purpose built BHCC

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The “Living Room Model”

The “workflow”

- Living Room
- Nine Interview Rooms
- Conference space

Crisis Unit – Four counseling rooms  
– Two “Rounds” (team meeting) rooms



## BHCC Waiting Room - Reception




# BHCC Waiting Room - Conversation



# The Living Room Model of Care

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This is a distinct model which provides mental health crisis care away from the Hospital Emergency Department.

- ▶ Immediate access to crisis assessment and evaluation in a calm, supportive, environment
  - ▶ Intervention, support and mentoring from certified peer counselors with “lived experience” in the challenges of living with mental illness
  - ▶ Helps people feel at home, supported and in control of their own treatment
  - ▶ Treats the whole person with focus on the human being, not just their symptom clusters and diagnoses
- 

# Chatham County BHCC – Crisis Unit – Commons Area



# Chatham County BHCC Living Room Team



Management Team – Opening Day




Eighteen of the CC BHCC's 80+ staff

# Living Room Model of Care

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Staff Training Includes:

- ▶ Person-Centered Care
  - ▶ Trauma-Informed Treatment
  - ▶ Multi-culturally Competent Care
  - ▶ Verbal De-escalation Skills (MindSet)
  - ▶ Applied Suicide Intervention Skills Training (ASIST)
  - ▶ Motivational Interviewing (M.I.)
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# Staffing Issues – Nurses and Certified Peer Specialists

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**Needed by Gateway as of March 31<sup>st</sup>: 25 additional nurses**

**Needed by Gateway as of July 21<sup>st</sup>: 24 additional nurses**

**An aggressive recruiting and retention campaign kept Covid-related turnover from worsening but hasn't ended the shortage.**





## Child and Adolescent Crisis Stabilization Units

1. There are four Child & Adolescent Crisis Units in the state
  - a. Each is 16 beds
  - b. Primary focus: Uninsured and SSI disabled youth
  - c. Two take all ages; two are age specific
2. There is one CSU for children and adolescents with Autistic Spectrum Disorder (ASD)
  - a. 10 beds
  - b. Primary focus: Uninsured and SSI disabled youth

## Child and Adolescent Crisis Stabilization Units - Issues

- 1 - Geographic proximity to family and caregivers, follow-up care and placement
  - i. Parental and caregiver consents; discharge travel; family visits; family therapy; assessments
- 2 - Trauma – not resolved in a brief 5-7 day stay
- 3 - Programming, staffing, physical facility for all ages for all ages (5-17) vs. younger (5-12) vs. older (13-17)

# Needs for the Safety Net – BHCC's

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1. Increased hourly rates for Nurses and Certified Peer Specialists
2. Funding to enable training all police in CIT
3. Funding for training behavioral health units in ECIT
4. Purpose built BHCC's
5. A Child & Adolescent CSU in SW Georgia

## Q & A's

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Thank you!

- For your commitment to the health and well-being of Georgians



# Group Activity

*What are the current state gaps and considerations related to “Somewhere to Go”?*

## Instructions

1. Go to:  
<https://app.mural.co/t/eyamericas3876/m/eyamericas3876/1627058542433/fb41214264f2bb89b08e3324708233258ad27757?sender=agathewallin9914>
2. Identify your breakout group and associated color
3. Brainstorm and answer the following using your group’s sticky notes as it relates to “Somewhere to Go”
  - What gaps exist in our current system across the following areas:
    - Staffing
    - Technology
    - Interagency connectivity
    - Other
  - What are some considerations we need to keep in mind while planning for 9-8-8?
4. Drop any additional thoughts (related to other 9-8-8 topics) into the Parking Lot

## Breakout Groups:

	Public Safety Access Point (PSAP)		Major State Advocacy
	Law Enforcement		Georgia Emergency Medical Services Association (DPH)
	Current Lifeline Representative		Hospitals
	Mobile Crisis Services & Peer Support Provider		State Government
	Crisis Respite / Stabilization Providers and Peer Support Provider		Veteran's Administration
	Lived Experience		State Suicide Prevention Resources





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