

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

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Georgia Department of Behavioral Health & Developmental Disabilities

9-8-8 Community Partners
Workgroup Kickoff

April 7, 2022



Agenda

- 1 Welcome and 9-8-8 Community Partners Workgroup Charge**
- 2 Overview of 9-8-8**
- 3 Georgia's Current Crisis System**
- 4 Group Activity**
- 5 Next Steps**

Introductions

Please share your 30 second elevator introduction:

- Your name
- Organization or constituents you are representing



Introduction of Workgroup Members

Member	Organization
Darlene Lynch, Head of External Relations	Center for Victims of Torture
Lorenzo P. Lewis, Founder	The Confess Project
Dr. Pierluigi Mancini, President	Multicultural Development Institute
Kaitlin Banfill, Prevention Manager, Health Department (Alnory Gutlay, Vice President/Chief of Health Equity & Access)	The Center for Pan Asian Community Services
Latonya Tripp-Dinkins, Psychological Health Coordinator	Georgia Army National Guard
Veda Brooks, Director	Women Veterans Office, Georgia Department of Veterans Services
Malik Brown, Director	Mayor's Division of LGBTQ Affairs
Dr. Lacy Till, System JED Project Coordinator	University System of Georgia
Gary Sisk, Sherriff	Catoosa County Sherriff's Office
Charlene Flagg, President/CEO/Board of Directors	Faith-Based Mental Health Initiative of Metro Atlanta
Dan Arnold, Director of Clinical Services (Vera Golden, Chief Program Officer)	Jewish Family & Career Services
Barrington Palmer Jr., Youth Voice	Georgia Mental Health Planning and Advisory Council
Eve Byrd, Chair	Georgia Coalition on Older Adults and Behavioral Health, Carter Center
Fabricia Prado, Clinical Social Work/Therapist, LCSW	Prado Counseling and Consulting
Dr. Tiffany Taylor, Clinician	Positive Growth
Tony Sanchez, Director of Partnerships	Faces and Voices of Recovery

DBHDD Representatives

Representative	Role
Dawn Peel	Director, Office of Crisis Coordination
Jill Mays	Director, Office of Behavioral Health Prevention and Federal Grants
Wendy White Tiegreen	Director, Medicaid Coordination & Health System Innovation
Anna Bourque	Director, Office of Provider Relations and ASO Coordination
Monica Johnson	Director, Division of Behavioral Health
Melissa Sperbeck	Director, Division of Strategy, Technology and Performance

Representative	Role
Beth Shaw	Director, Office of Transitions
Rachael Holloman	Suicide Prevention Director
Kelly Sterling	Director, Office of Deaf Services
Theodore Carter	Senior Director, Learning
David Sofferin	Director, Office of Public Affairs
Jennifer Dunn	Regional Services Administrator

Charge of the Workgroup

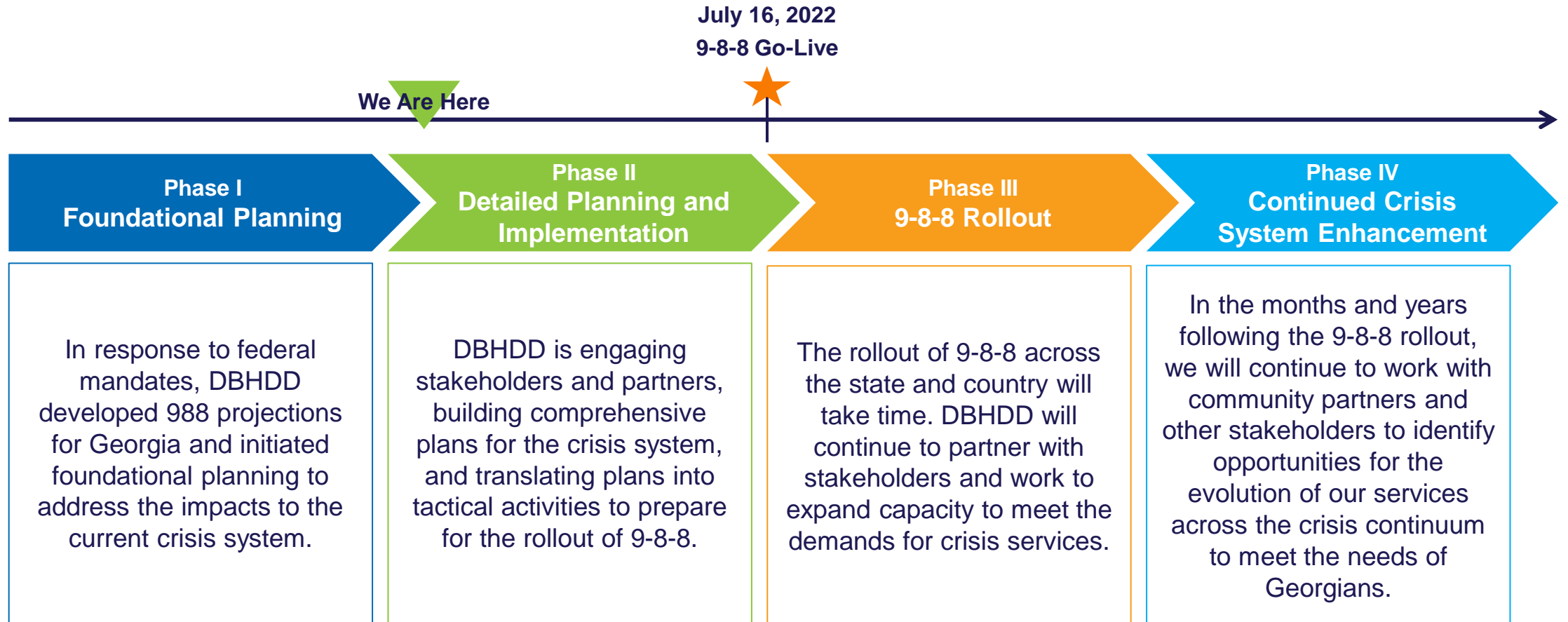
9-8-8 Community Partners

As we plan to successfully rollout 9-8-8, we also seek to optimize access and inclusion of services to meet the unique needs of high-risk and diverse groups. We are engaging with you to help us plan for a rollout of 9-8-8 that is effective and equitable. Your perspective will be critical to building a crisis system for everyone, everywhere, every time.

Our charge

- To share with DBHDD your perspectives on Georgia's behavioral health and crisis services
- Help project the unique needs of your constituents as DBHDD works to fully recognize the opportunities of 9-8-8

9-8-8 Planning and Implementation Timeline



9-8-8 Overview

Georgia's behavioral health crisis system and 9-8-8



Introduction to 9-8-8 Video

The Promise of 988: Crisis Care for Everyone, Everywhere, Every Time



9-8-8 Overview

9-8-8 Legislation Background

- Summer 2020, Federal Communications Commission:
 - Designated 9-8-8 for the National Suicide Prevention Lifeline (Lifeline)
 - Required telecommunications providers to implement 9-8-8 in their networks by July 16, 2022
- Fall 2020, the National Suicide Hotline Designation Act of 2020 was signed into law and implementation guidelines set
- Georgia's Lifeline calls are routed to the Georgia Crisis and Access Line (GCAL)
 - GCAL is a 24/7/365 free service that was created to provide crisis, urgent, and routine access to the State of Georgia's behavioral health system via calls, texts and chats

Why Do We Need 9-8-8?

Many people reach out to 9-1-1- or emergency services when experiencing a mental health crisis. This can place an unnecessary burden on law enforcement and emergency services, as well as increase the amount of time it takes for people to receive effective treatment.

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 individuals 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 9-8-8 Planning Structure



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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.

9-8-8 planning efforts and implementation activities are led by DBHDD with input from additional stakeholders in various workgroups:



Georgia's Current Crisis System

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



Note: Numbers reflect FY21 volume

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
- Bi-furcated children's crisis system
- Police ability to identify need of individual in crisis
- Designing crisis response for children and youth to include family systems
- Effective treatment for individuals who have intellectual and developmental disabilities (I/DD) and behavioral health disorders who are experiencing psychiatric or 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

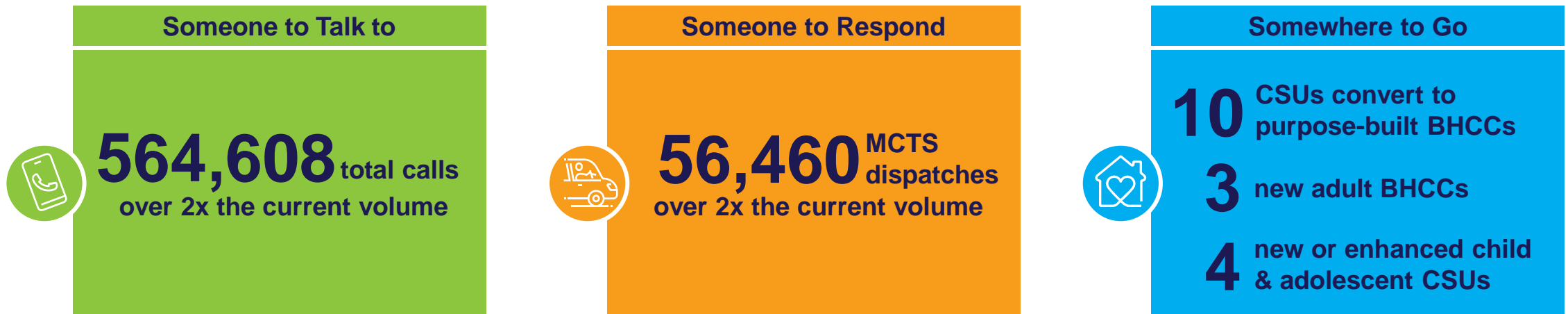
FY 2021 state hospital system turnover – **18 percent** increase over 2020

\$30.2M+

paid in overtime expenses in three years

Future State Crisis System

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.



Note: Numbers reflect projected FY23 volume

Proposed Discussion Areas

In the coming meetings, we would like to solicit your feedback on the following areas regarding Georgia's current crisis system and our 9-8-8 rollout plans:



Overall Equity and Accessibility of Crisis Services

- Improve access to crisis services for high-risk and diverse populations
- Accommodate for unique needs



Linkages to Community Crisis Services, Local Resources and Referral Listings

- Improve the referral process and existing linkages to the community
- Build an informal database of local resources
- Identify opportunities for community building



Follow-up Services

- Identify gaps in follow-up services
- Improve the follow-up process



Training and Quality of Care

- Improve quality and effectiveness of crisis services
- Solicit feedback on cultural competency trainings and trainings for providers and law enforcement
- Identify additional training needs



Marketing and Public Messaging

- Develop effective and accessible 9-8-8 communications for high-risk and diverse populations
- Anticipate and address potential concerns from your constituents
- Promote awareness and trust of crisis services
- Decrease stigma towards those seeking behavioral health services, including cultural stigma



Questions?

Group Activity

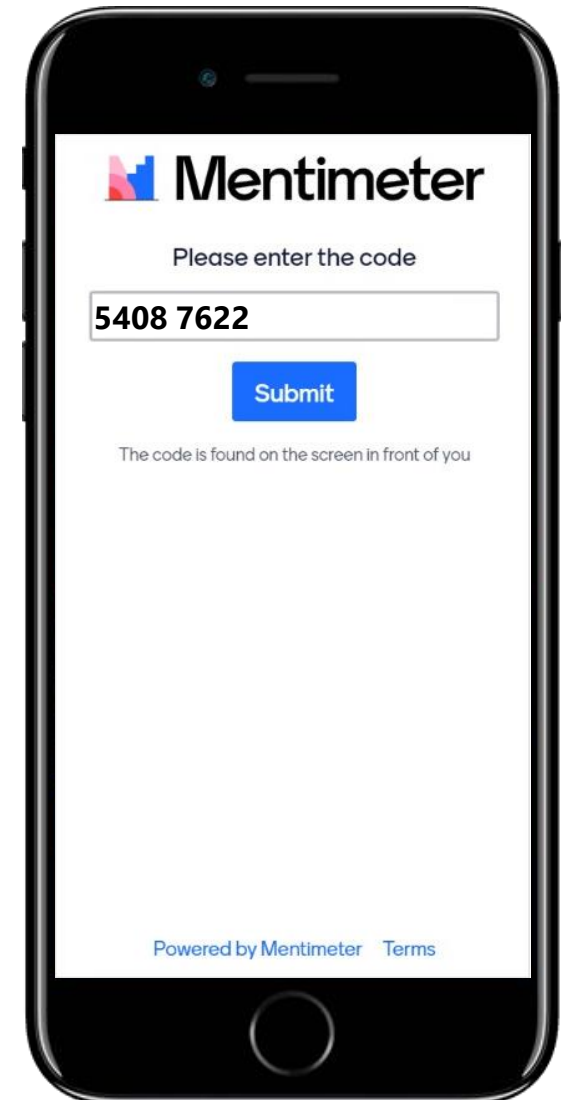
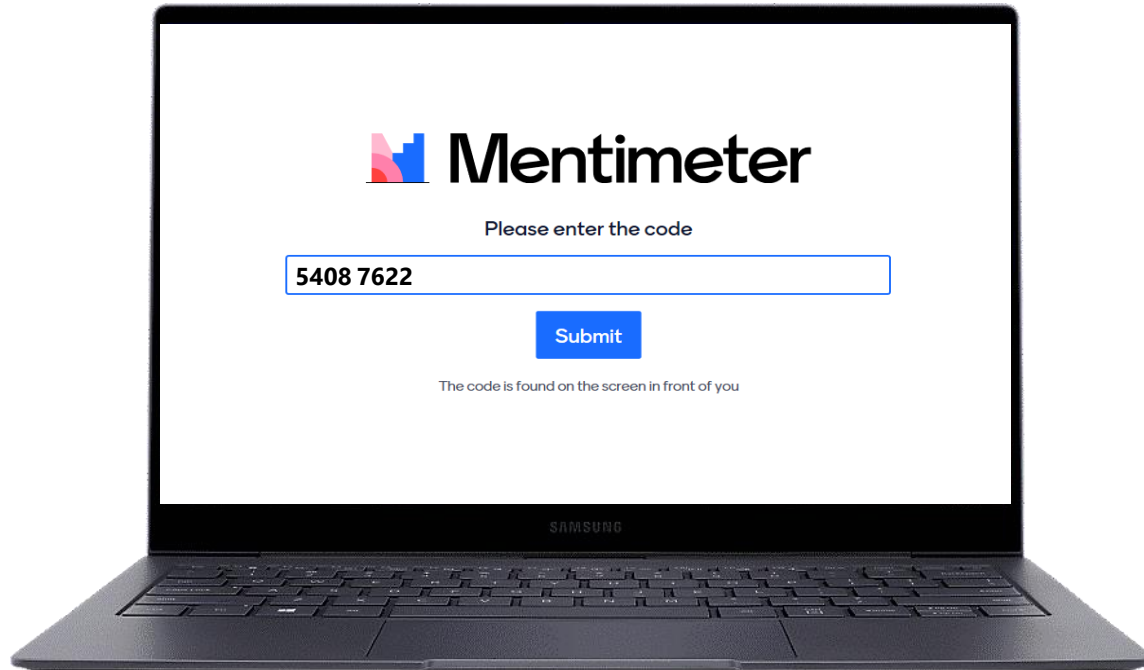
Workgroup membership and future focus areas



Mentimeter

Today we will be using the web application Mentimeter to answer a few questions.

In preparation, on your phone or computer please navigate to **www.menti.com** and enter the code **5408 7622**



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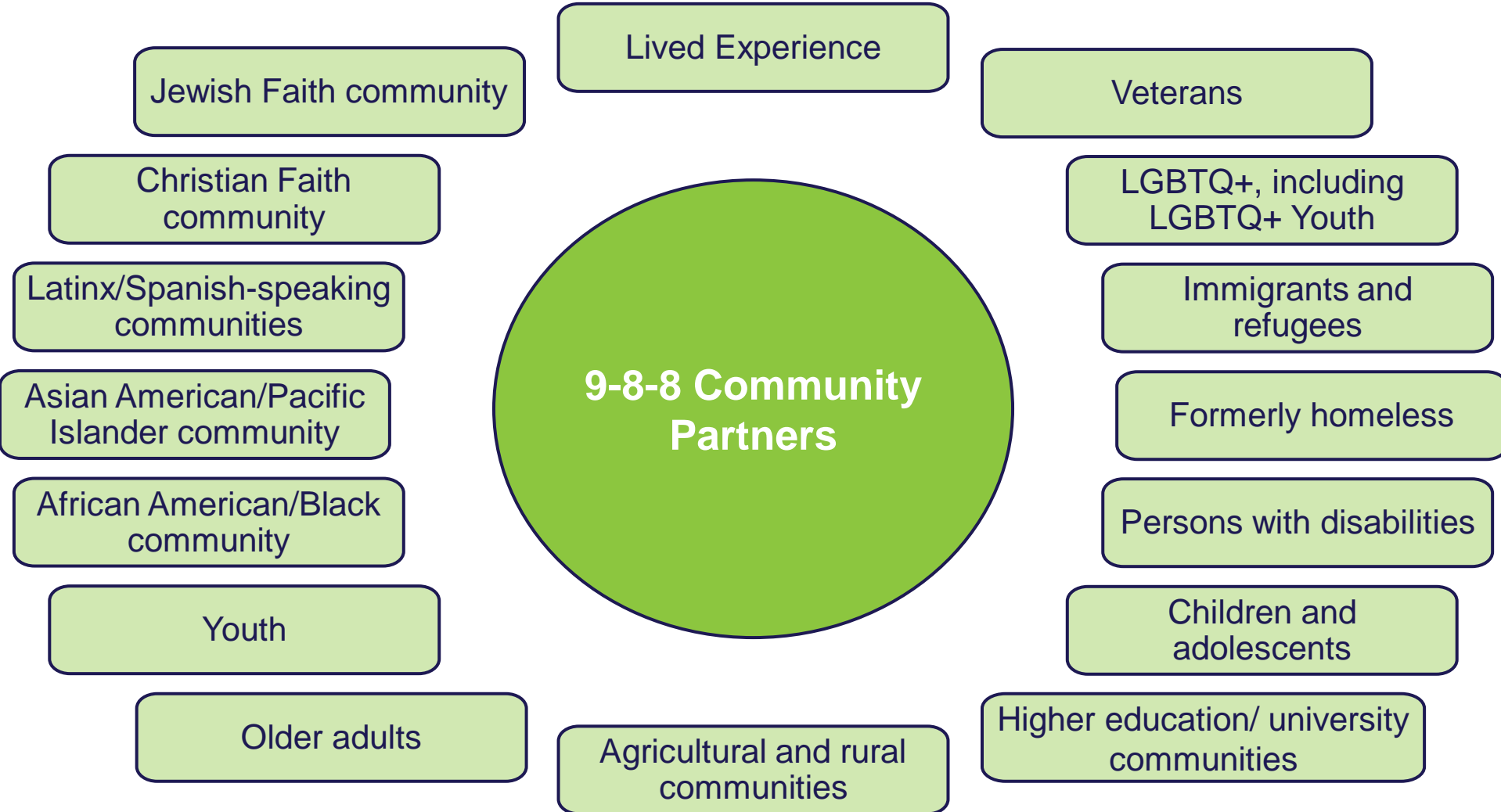
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Additional Considerations

- Within these discussion areas, what additional considerations are needed?
- Are there any additional actions to promote equity and accessibility that we should consider?

Representatives of 9-8-8 Community Partners Workgroup



Who else, either within or outside your constituent community, should also be included at the table?

Next Steps



Next Steps

Future Plans and the Path Forward

- **Lookout for our next virtual session on May 16, from 11:00am to 12:30pm ET**
- Discuss Georgia's current crisis system and 9-8-8 implementation plans and activities
- Build informal community resources, networks, and capacity in collaboration with the formal crisis system to promote access to services
- Collect member input to craft effective 9-8-8 messaging and communications
- Solicit ongoing feedback on the rollout of 9-8-8

Georgia 9-8-8 Contacts

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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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