

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

---

**BE D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities

9-8-8 Planning Coalition Meeting

August 26, 2021





Welcome Ms. Christina Jones  
RESPECT Institute

# Agenda

---

- 1 RESPECT Institute Speaker**
- 2 Overview of the Behavioral Health System**
- 3 Introduction of Peer Certification Vendors**
- 4 Peer Certification Services:**
  - Georgia Mental Health Consumer Network (GMHCN)**
  - Georgia Council on Substance Abuse (GCSA)**
  - Georgia Parents Support Network (GPSN)**
- 5 Group Activity: Peer Support and Recovery Considerations**
- 6 Next Steps**

A close-up photograph of a hand holding a blue pen, poised to write on a spiral-bound notebook. The notebook's metal spiral binding is visible on the left side. The background is a soft, out-of-focus brownish-tan color.

**BE INFORMED**

DBHDD Behavioral Health Services System

# DBHDD: Georgia's Public Safety Net

## Department of Behavioral Health and Developmental Disabilities (DBHDD)

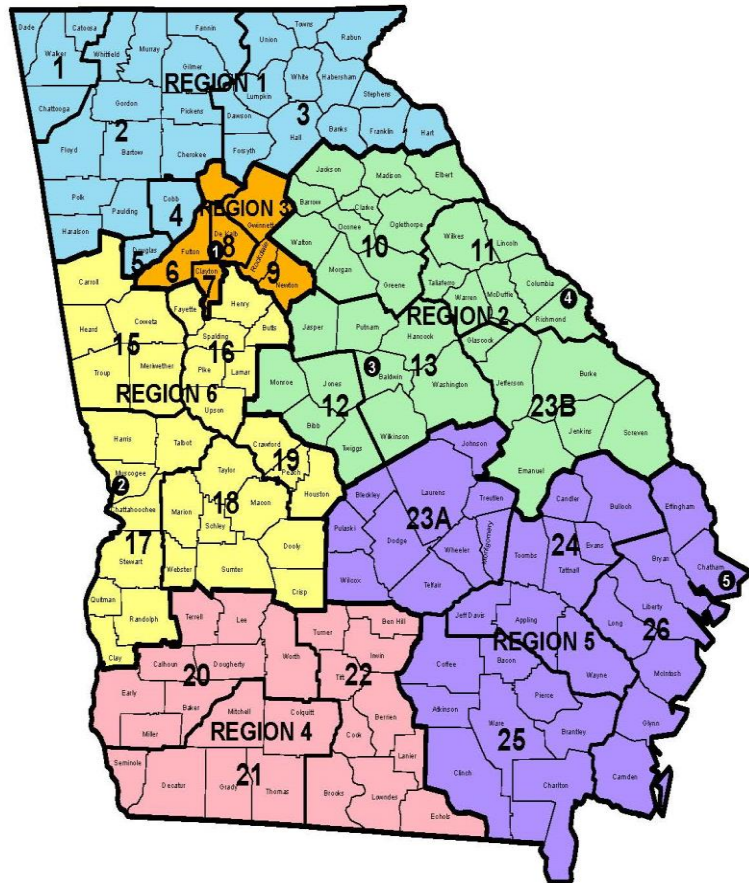
DBHDD provides treatment and support services for supports people who are uninsured, underinsured, or on Medicaid (primarily “aged, blind, disabled” Medicaid) for:

- *Mental health conditions;*
- *Substance use disorders;*
- *Intellectual and developmental disabilities.*

§ 37-1-20. Department of Behavioral Health and Developmental Disabilities:

- Establishes, administers, and supervises the state programs for mental health, developmental disabilities, and addictive diseases;
- Establishes a system for local administration of mental health, developmental disability, and addictive disease services in institutions and in the community;
- Establishes, operates, supervises, and staffs programs and facilities for the treatment of disabilities throughout this state;
- Supervises the administration of contracts with any hospital, community service board, or any public or private providers for the provision of disability services...

# Public Safety Net



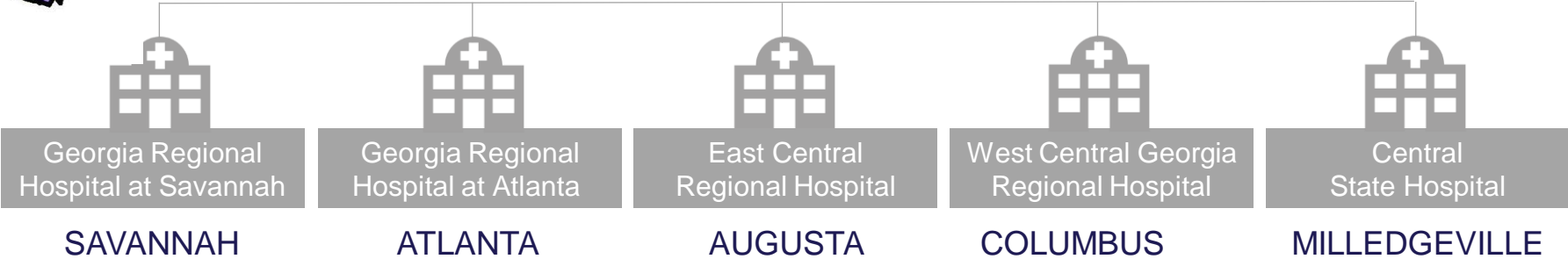
**STATE OFFICE**  
2 Peachtree St, Atlanta

**25 Community Service Boards**

**6 REGIONS**

Regions contain field offices with resources serving the community (i.e., integration homes and providers)

**REGIONAL HOSPITALS**



# Community Behavioral Health Services

- Core Services

- Assessment
- Individualized Service Planning
- Medication Administration
- Physician Services
- Nursing Services
- Crisis Intervention
- Individual, Family, and Group Therapy/Skills Training
- Case Management
- Psychosocial Rehabilitation
- Substance Use Treatment/Supports
- Peer Support

- Crisis Services

- Georgia Crisis/Access Line
- Mobile Crisis Response Services
- Behavioral Health Crisis Centers/ Crisis Stabilization Units
- Crisis Respite Apartments

- Specialty Services

- Assertive Community Treatment
- Community Support Teams
- Intensive Customized Care Coordination (high-fidelity wrap-around)
- Intensive Family Intervention (youth)
- Residential Support
- Supported Employment
- Peer Respite/Recovery Centers
- Housing Supports
- Youth Clubhouses
- Psychiatric Residential Treatment Facility services

# The BH Provider Network

---

- Approximately 275 behavioral health community providers
  - Approximately half are anchored in Region 3/Metropolitan Atlanta area
- DBHDD and providers must work in partnership to achieve the following characteristics for the network:
  - Safe
  - Accessible
  - Efficient
  - Effective (positive clinical outcomes)
  - Financially and administratively stable
  - Accountable
  - Competent (workforce)



# CSB Roles in the Safety Net

CSBs function as the safety net for the target population, serve the most vulnerable and respond to critical access needs (§ 37-2-6):

- Are public agencies (“instrumentalities of the state”) which serve “to exercise essential governmental functions” (the Safety Net) for individuals identified as high risk and vulnerable;
- Serve children, adolescents, emerging adults, and adults;
- Competently serve individuals with co-occurring Behavioral Health & Developmental Disabilities;
- Competently serve both individuals with Mental Health conditions, Addictive Diseases and dually diagnosed MH/AD conditions;
- Offer essential core benefit package **plus** designated specialty services
- Be the clinical home for individuals enrolled in their services
- Receive DBHDD Funds to support infrastructure needed to be a Safety Net Provider

Thank you



# Georgia Led the Way

Georgia was the first state to bill Medicaid for peer services (CPS-MH, 1999)

Expanded Medicaid coverage to include addiction recovery and whole health (1<sup>st</sup> in the country)

Georgia model became basis for 40+states and a dozen countries to adopt mental health Peer Support

We support self directed supports and services

We have created policies that support Recovery Oriented Systems of Care, the lived experience, peer support and the many pathways to recovery

# What is a Certified Peer Specialist?

Trained



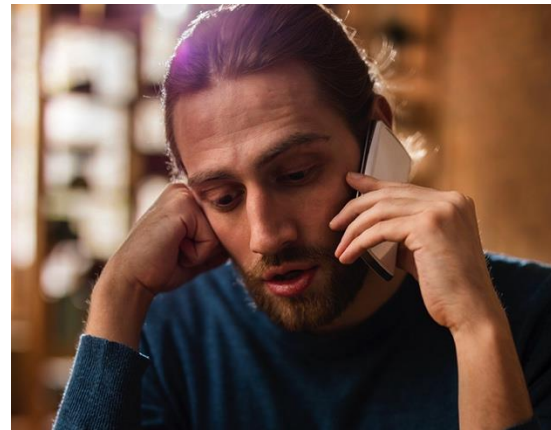
Empower



Lived  
Experience



Sustain  
Recovery



# Types of Peer Certifications

## Certified Peer Specialist – Mental Health (CPS-MH)

- Age 18 and older
- Living in recovery with a mental health condition and is practicing recovery as related to that condition.
- Supports other adults on their journey of recovery with a mental health condition

## Certified Peer Specialist - Addictive Diseases (CPS-AD)

- Age 18 and older
- Living in recovery from addiction and abstinent from any drug use for over (2) years
- Supports other adults on their journey of recovery from substance use

## Certified Peer Specialist - Youth (CPS-Y)

- Ages 18 -30
- Living with a behavioral health condition and is willing and able to self-identify as a person who has or is receiving behavioral health services
- Uses that experience in helping other youth and young adults living with similar behavioral health conditions

## Certified Peer Specialist - Parent (CPS-P)

- Parent or legal guardian of a child who is living with a mental health, substance use or a co-occurring diagnosis
- Provides support to other parents who are raising a child with similar behavioral health conditions

# Supports and Interventions

Drawing upon their own experience, helping the people find and maintain hope as a tool for progress towards recovery;

Assisting individuals, youth and families in identifying the tools of wellness/resiliency/recovery available in everyday life;

Creating early access to the messages of recovery and wellness;

**Identifying and overcoming their fears**

Encourage the creation of an ongoing Wellness and maintenance plan.

**Identify the importance of Self Care**

Building the individual and family's skills, knowledge, and tools related to the identified condition/related symptoms/triggers so that the family/youth can assume the role of self-monitoring and self-management;

# Training and Certification of Peer Specialists

DBHDD is the sole certification body for Certified Peer Specialists in Georgia

DBHDD only offers certification to individuals completing training and testing provided by our partners:

- CPS-MH: Georgia Mental Health Consumer Network
- CPS-AD: Georgia Council on Substance Abuse
- CPS-P and CPS-Y: Georgia Parent Support Network

# Georgia Mental Health Consumer Network (GMHCN)



**Sherry Jenkins Tucker**  
**Executive Director, GMHCN**

- 1 Mission / vision
- 2 Role in CPS certification and related information
- 3 Work to support crisis prevention and intervention





# 9-8-8 Stakeholders Coalition

*August 26, 2021*



# Who We Are



- For over 20 years GCSA has been a voice of recovery in Georgia.
- We provide advocacy, training, education, and peer recovery support services.
- We ensure the peer voice is heard, “Nothing about us, without us.”
- From 1 employee to 35, all with lived recovery experience.
- From 1 peer-run RCO to 38 across the state.
- Think of us as the Home Depot of Recovery, “You can do it, we can help!”



# What We Do



- We are a diverse community of individuals in recovery who organize and mobilize recovery communities and the peer workforce statewide.
- The way we see it, there are three major challenges that individuals and communities face:
  - isolation,
  - stigma, and
  - extremely limited resources.
- We support the restoration and wellness of individuals, families, and communities.

# Mission

To increase the impact of recovery in Georgia's communities through education, advocacy and training, and to demonstrate innovative concepts that will help change the social norms surrounding addiction.



**CPS-AD**

**GCSA**

**GCSA CARES Peer  
Workforce Development**

CARES  
Academy  
**5 times** a  
year

40 hour  
training (5  
days)

3 CARES  
Connects  
Monthly  
Webinars  
Continuing  
Education

Can bill  
Medicaid for  
Certified  
Peer  
Specialist-  
Addictive  
Disease  
services

CARES has  
produced  
**824**  
certified  
peers  
across GA



# GCSA Recovery Community Development



Recovery Community Organization Development Project-creating and nurturing RCOs across the state through grassroots organizing – currently working with 38 RCOs. Monthly network meetings.



SAMHSA Building Communities of Recovery Grant administrators-develop, expand, & enhance recovery support services & peer recovery support services across the State – currently in Yr. 1



Conveners of Addiction Recovery Awareness Day at the Capital-part of the influential coalition



Administrators of Recovery Month Mini-grants from Georgia's DBHDD- facilitation funding of 25 Recovery Month Mini-Grants



# Recovery Support Services NE Georgia Community Connections



Connect with peers in 3 hospital EDs



Connect with hospital & provider communities



Connect peers to services & supports that can lead to recovery

# *NE Georgia Community Connections*

Promotes long-term recovery for individuals

Provides connection to recovery supports after discharge

Compassionate self-directed support

Education about community resources

Support for families and friends

Fostering trust-peer, medical, clinical staff, and community



# Recovery Coaches in NICU

- In 2018, the Georgia General Assembly allocated funding for peer recovery coaching in a neonatal intensive care unit for parents who have babies with neonatal abstinence syndrome
- GCSA had a program for approximately one year in a hospital system in NE Georgia, the Northeast Georgia Health System (NGHS)
- The NICU program is located in the NGHS
  - 4 peer recovery coaches
  - Work 7 days/week
  - 10:00 a.m. – 6:30 p.m.
- Nursing staff in the NICU were involved in interviewing and hiring coaches

# Recovery Coaches for peers with Alcohol Use Disorder

- In 2021, DBHDD received a supplemental SAPT Block Grant allocation from SAMHSA
- August 1, GCSA enhanced the NE Georgia Community Connections program by offering medication to support recovery for alcohol use disorder.
- Partnerships include:
  - Laurelwood BHS (assessment, detox, outpatient)
  - Local ARSC, J's Place
  - Local recovery residence providers
  - Avita BHS – crisis services

# Telephone Recovery Support

**WE HEAR  
YOU**  
*(because we listen)*

If you or someone you know is in or seeking recovery from substance use disorder, we are here for you. We are individuals in long-term recovery with a message of hope. Freedom from addiction is real and available to all. We are here to listen with empathy and support. We promote wellness and self-directed care. Building on strengths, abilities, and resilience, we advocate and celebrate all pathways to recovery for you, your family, and your community. So call us...

- When you are struggling and need someone to talk to.
- When you want to talk to someone confidentially.
- When you want to share your triumphs as well as your challenges in recovery.
- When you feel lonely, depressed, or have suffered a loss or setback.
- When friends or family members don't seem to understand.
- When you need someone to listen who has been right where you are.
- When you have questions about recovery.

**CARES** Call or Text 8:30am - 11pm  
**WARM LINE** **1-844-326-5400**  
Every Day of the Year



The mission of the Georgia Council on Substance Abuse is to increase the impact of recovery in Georgia's communities through education, advocacy and training. To learn more about GCSA or the CARES Warm Line, visit: <http://gasubstanceabuse.org>

Funding for the CARES Warm Line is provided by contract with GCSA from the Georgia Dept. of Substance Abuse and Treatment. Established

**CALL or TEXT**  
**1-844-326-5400**



Connection is the opposite of addiction

"I Am Those People."

#GARecovers





GEORGIA  
RECOVERS



It's our family, and it's our story

GeorgiaRecovers.org

GEORGIA  
RECOVERS



Georgia Council on Substance Abuse



DBHDD

I used to think, I should not have this problem

GeorgiaRecovers.org




GEORGIA  
RECOVERS



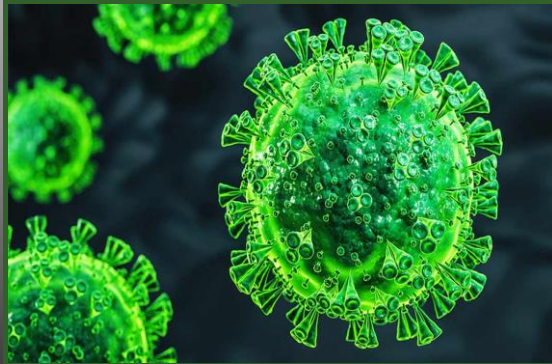
Georgia Council on Substance Abuse



DBHDD



# COVID-19



---

Education, training and networking done virtually

---

Virtual CARES Academy and CARES Connects

---

Pivot to Virtual All-Recovery Meetings 2 times/day

---

ED Staff worked remotely – then returned

---

CARES WL staff work remotely – doubled amount of calls



# Epidemic inside the Pandemic

- \* Listen to health experts
- \* Remain hopeful
- \* Practice wellness
- \* Lead with LOVE
- \* Stay connected
- \* Check on each other

# Thank You!



Neil Campbell

[neil@gasubstanceabuse.org](mailto:neil@gasubstanceabuse.org)

404-523-3440

**@Recovery\_GCSA**



# Georgia Parent Support Network (GPSN)



**Sue Smith**  
**CEP, GPSN**

- 1 Mission / vision
- 2 Role in CPS certification and related information
- 3 Work to support crisis prevention and intervention



# Group Activity

Peer Support and Recovery Considerations



# Group Activity

*How can we infuse peer support and recovery into our current crisis system?*

## Instructions

1. Go to:  
<https://app.mural.co/t/eyamericas3876/m/eyamericas3876/1629724405802/4f9109e649ed0a4a3d83745e991a074ca95af91e?sender=agathewallin9914>
2. Identify your breakout group and associated color
3. Brainstorm and answer the following using your group's sticky notes:
  - **How can we infuse peer support and recovery into our current crisis system?**
    - Someone to Call
    - Someone to Respond
    - Somewhere to Go

## 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

Next Steps

# Georgia's Current Crisis System



## Someone to Talk to

- Georgia Crisis and Access Line (GCAL) available 24/7 for phone calls
- My GCAL app enables text and chat 24/7
- National Lifeline calls are currently routed to GCAL
- Peer warm lines



## Someone to Respond

- Mobile crisis available statewide
- Coordinate with 911/EMS as appropriate
- Outpatient Community Provider Response



## Somewhere to Go

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

# Coalition Feedback



## Someone to Talk to

### What gaps exist in the current system?

Key themes of the gaps identified include:

- A consistent and standardized set of policies and procedures
- Limited number of available and qualified staff, which creates a strain on the system
- Need for better coordination among the various agencies and stakeholders
- Need for more nimble technology
- Longer-term care services to support ongoing needs of patients

### What considerations do we need to keep in mind while planning for 9-8-8?

Some of the planning considerations noted include:

- Ensure availability of enough local resources specific to particular local areas, as well collaborating locally with call centers
- Consider how to respond to various groups and connect the right people with the appropriate resources (e.g., children versus adults)
- Training needs across stakeholder groups and agencies to equip individuals for the 9-8-8 rollout
- Provide awareness of suicide prevention and crisis resources available prior to individuals being in crisis
- Coordination will be needed with 9-1-1 centers, across which processes and protocols may vary

# Coalition Feedback



## Someone to Respond

### What gaps exist in the current system?

Key themes of the gaps identified include:

- Staffing / workforce shortages
- Consistent processes / protocols in connection with 9-1-1 and law enforcement
- Training on mental health, processes and resources available
- Follow up with families and caregivers
- Pediatric-specific services
- Substance abuse disorders
- Coordination between mobile crisis and providers
- Mobile crisis coverage across the state
- Person first and family friendly training

### What considerations do we need to keep in mind while planning for 9-8-8?

Some of the planning considerations noted include:

- Telehealth may be beneficial, but can be challenging in rural areas due to bandwidth
- Coordination on planning and training between mental health and 9-1-1
- Public awareness about crisis services and success stories
- Volume of calls after 9-8-8 implementation
- Interaction between jail diversion and crisis response
- Training and education on mobile crisis for families, law enforcement, EMS, etc.

# Coalition Feedback



## Somewhere to Go

### What gaps exist in the current system?

Key themes of the gaps identified include:

- Staffing / workforce shortages
- Limited beds / capacity and aging facilities
- Connections to local communities of recovery / resources available and how to access these
- Lack of education in the community about what qualifies as a crisis
- Lack of substance abuse recovery programs
- Challenge in successfully linking individuals from the community to CSUs / BHCCs
- Person first and recovery positive training

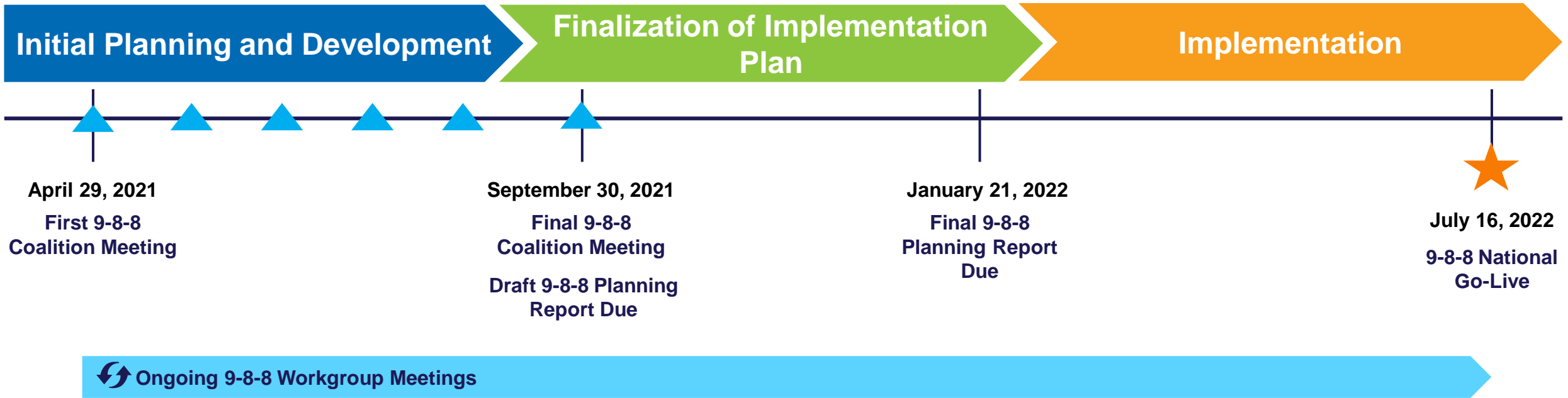
### What considerations do we need to keep in mind while planning for 9-8-8?

Some of the planning considerations noted include:

- Coordination with local hospitals to divert to crisis services
- Coordination with EMS
- Ensure BHCCs have a higher capacity
- Standardized process providing clients with appropriate resources
- Focus on more local services and peer resources

# Timeline

## 9-8-8 Planning and Implementation Timeline



 Monthly 9-8-8 Coalition Meeting





# **BE** **D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities



**D·B·H·D·D**