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

Georgia Department of Behavioral Health & Developmental Disabilities

9-8-8 Community Partners Workgroup Kickoff
April 7, 2022
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

<table>
<thead>
<tr>
<th>Member</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Darlene Lynch, Head of External Relations</td>
<td>Center for Victims of Torture</td>
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<tr>
<td>Lorenzo P. Lewis, Founder</td>
<td>The Confess Project</td>
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<tr>
<td>Dr. Pierluigi Mancini, President</td>
<td>Multicultural Development Institute</td>
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<tr>
<td>Kaitlin Banfill, Prevention Manager, Health Department</td>
<td>The Center for Pan Asian Community Services</td>
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<tr>
<td>(Alnory Gutlay, Vice President/Chief of Health Equity &amp; Access)</td>
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<tr>
<td>Latonya Tripp-Dinkins, Psychological Health Coordinator</td>
<td>Georgia Army National Guard</td>
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<tr>
<td>Veda Brooks, Director</td>
<td>Women Veterans Office, Georgia Department of Veterans Services</td>
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<tr>
<td>Malik Brown, Director</td>
<td>Mayor’s Division of LGBTQ Affairs</td>
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<tr>
<td>Dr. Lacy Till, System JED Project Coordinator</td>
<td>University System of Georgia</td>
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<tr>
<td>Gary Sisk, Sherriff</td>
<td>Catoosa County Sherriff’s Office</td>
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<tr>
<td>Charlene Flagg, President/CEO/Board of Directors</td>
<td>Faith-Based Mental Health Initiative of Metro Atlanta</td>
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<tr>
<td>Dan Arnold, Director of Clinical Services</td>
<td>Jewish Family &amp; Career Services</td>
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<tr>
<td>(Vera Golden, Chief Program Officer)</td>
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<tr>
<td>Barrington Palmer Jr., Youth Voice</td>
<td>Georgia Mental Health Planning and Advisory Council</td>
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<tr>
<td>Eve Byrd, Chair</td>
<td>Georgia Coalition on Older Adults and Behavioral Health, Carter Center</td>
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<tr>
<td>Fabricia Prado, Clinical Social Work/Therapist, LCSW</td>
<td>Prado Counseling and Consulting</td>
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<tr>
<td>Dr. Tiffany Taylor, Clinician</td>
<td>Positive Growth</td>
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<tr>
<td>Tony Sanchez, Director of Partnerships</td>
<td>Faces and Voices of Recovery</td>
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<tr>
<td>Representative</td>
<td>Role</td>
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<tr>
<td>Dawn Peel</td>
<td>Director, Office of Crisis Coordination</td>
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<tr>
<td>Jill Mays</td>
<td>Director, Office of Behavioral Health Prevention and Federal Grants</td>
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<tr>
<td>Wendy White Tiegreen</td>
<td>Director, Medicaid Coordination &amp; Health System Innovation</td>
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<tr>
<td>Anna Bourque</td>
<td>Director, Office of Provider Relations and ASO Coordination</td>
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<tr>
<td>Monica Johnson</td>
<td>Director, Division of Behavioral Health</td>
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<tr>
<td>Melissa Sperbeck</td>
<td>Director, Division of Strategy, Technology and Performance</td>
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<tr>
<td>Beth Shaw</td>
<td>Director, Office of Transitions</td>
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<tr>
<td>Rachael Holloman</td>
<td>Suicide Prevention Director</td>
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<tr>
<td>Kelly Sterling</td>
<td>Director, Office of Deaf Services</td>
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<tr>
<td>Theodore Carter</td>
<td>Senior Director, Learning</td>
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<tr>
<td>David Sofferin</td>
<td>Director, Office of Public Affairs</td>
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<tr>
<td>Jennifer Dunn</td>
<td>Regional Services Administrator</td>
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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
In response to federal mandates, DBHDD developed 988 projections for Georgia and initiated foundational planning to address the impacts to the current crisis system.

DBHDD is engaging stakeholders and partners, building comprehensive plans for the crisis system, and translating plans into tactical activities to prepare for the rollout of 9-8-8.

The rollout of 9-8-8 across the state and country will take time. DBHDD will continue to partner with stakeholders and work to expand capacity to meet the demands for crisis services.

In the months and years following the 9-8-8 rollout, we will continue to work with community partners and other stakeholders to identify opportunities for the evolution of our services across the crisis continuum to meet the needs of Georgians.
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
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:

- Capacity Building
- Communications
- Finance
- GCAL Call Center
- Community Partners
- State Planning Coalition
- Steering
- Community Partners
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:

**Someone to Talk to**
- 275,000 calls, texts and chats received

**Someone to Respond**
- 20,395 MCTS dispatches

**Somewhere to Go**
- 32,700 admissions to CSUs, BHCCs, detoxification facilities and SCBs

Note: Numbers reflect FY21 volume
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
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
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

**Future State Crisis System**

### Someone to Talk to
- **564,608 total calls**
- over 2x the current volume

### Someone to Respond
- **56,460 MCTS dispatches**
- over 2x the current volume

### Somewhere to Go
- **10 CSUs** convert to purpose-built BHCCs
- **3 new adult BHCCs**
- **4 new or enhanced child & adolescent CSUs**
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
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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**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?
Who else, either within or outside your constituent community, should also be included at the table?

- Jewish Faith community
- Christian Faith community
- Latinx/Spanish-speaking communities
- Asian American/Pacific Islander community
- African American/Black community
- Youth
- Older adults
- Agricultural and rural communities
- Higher education/university communities
- Lived Experience
- Veterans
- LGBTQ+, including LGBTQ+ Youth
- Immigrants and refugees
- Formerly homeless
- Persons with disabilities
- Children and adolescents
Next Steps
Next Steps

### Future Plans and the Path Forward

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

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