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
BE INFORMED
DBHDD Behavioral Health Services System
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

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

Regional Hospitals

- Georgia Regional Hospital at Savannah
- Georgia Regional Hospital at Atlanta
- East Central Regional Hospital
- West Central Georgia Regional Hospital
- Central State Hospital

25 Community Service Boards

State Office
2 Peachtree St, Atlanta
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:
  o Safe
  o Accessible
  o Efficient
  o Effective (positive clinical outcomes)
  o Financially and administratively stable
  o Accountable
  o Competent (workforce)
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 was the first state to bill Medicaid for peer services (CPS-MH, 1999)

Expanded Medicaid coverage to include addiction recovery and whole health (1st 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
- Lived Experience
- Empower
- 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;
- Encouraging the creation of an ongoing Wellness and maintenance plan;
- Assisting individuals, youth, and families in identifying the tools of wellness/resiliency/recovery available in everyday life;
- Identifying the importance of Self Care
- Creating early access to the messages of recovery and wellness;
- 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;
- Identifying and overcoming their fears
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
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

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 CARES Peer Workforce Development

GCSA
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
Peer 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.

CALL or TEXT
1-844-326-5400

CARES WARM LINE
Connection is the opposite of addiction
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!

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@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
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

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
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

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

Initial Planning and Development

April 29, 2021
First 9-8-8 Coalition Meeting

September 30, 2021
Final 9-8-8 Coalition Meeting
Draft 9-8-8 Planning Report Due

Finalization of Implementation Plan

January 21, 2022
Final 9-8-8 Planning Report Due

Implementation

July 16, 2022
9-8-8 National Go-Live

Ongoing 9-8-8 Workgroup Meetings

Monthly 9-8-8 Coalition Meeting