



Georgia DBHDD Bed Capacity Study and Strategic Plan

Overview Briefing



Preliminary Findings



Background and Goals of the Study / Strategic Plan



Preliminary Findings

DBHDD retained A&M to develop a behavioral health crisis and forensic bed projection model to assist DBHDD in determining where and when to make additional investments in bed capacity. This Study illustrates the outputs of that model.

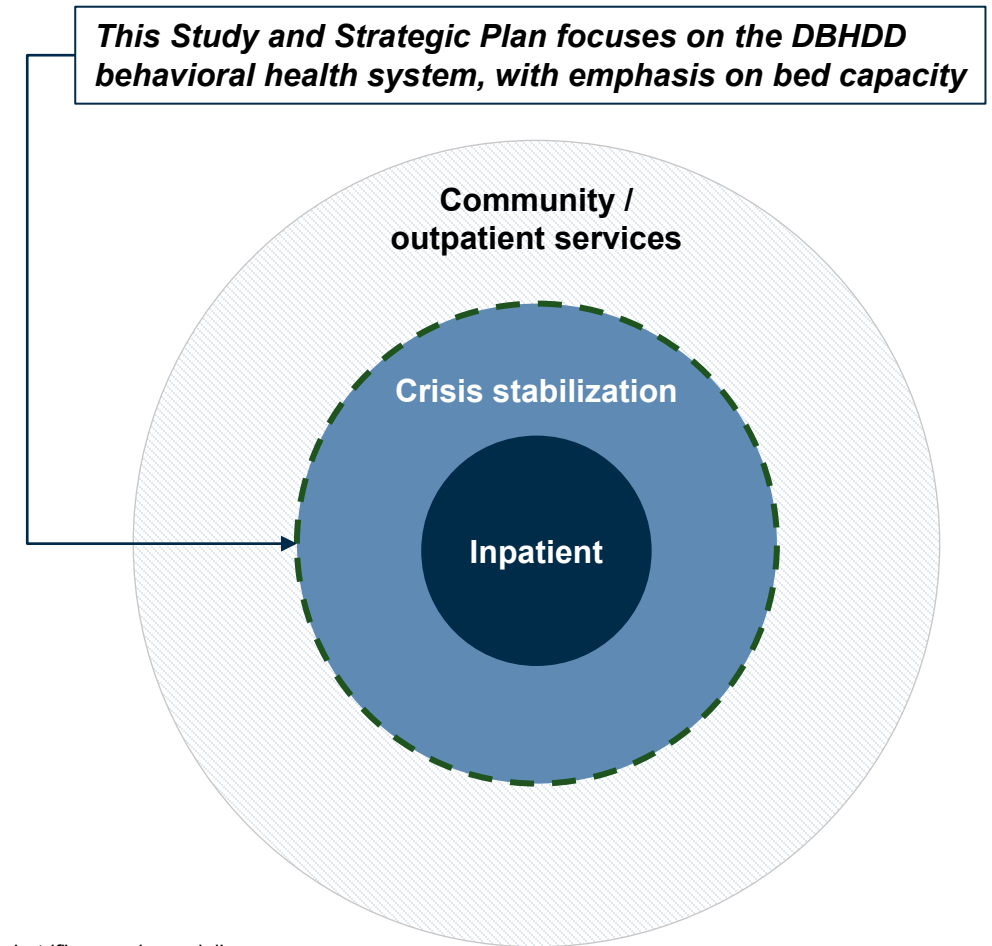
Goals of the Study

1. Assess the **historical and current utilization** of the Georgia behavioral health crisis and forensic system.
2. Identify **future needed bed capacity**, where, of what type, and when over a 10-year period (2023 – 2032)¹; and
3. Make **recommendations and identify constraints** that may have an impact on bed demand and needed capacity.

Populations considered in this Study

1. Uninsured adults and C&A receiving behavioral health crisis services; and
2. Adults involved in the criminal justice system receiving forensic behavioral health services.


1. Future needed bed capacity is derived from a projection model and business intelligence tool developed for DBHDD that allows for “what-if” scenario modeling.

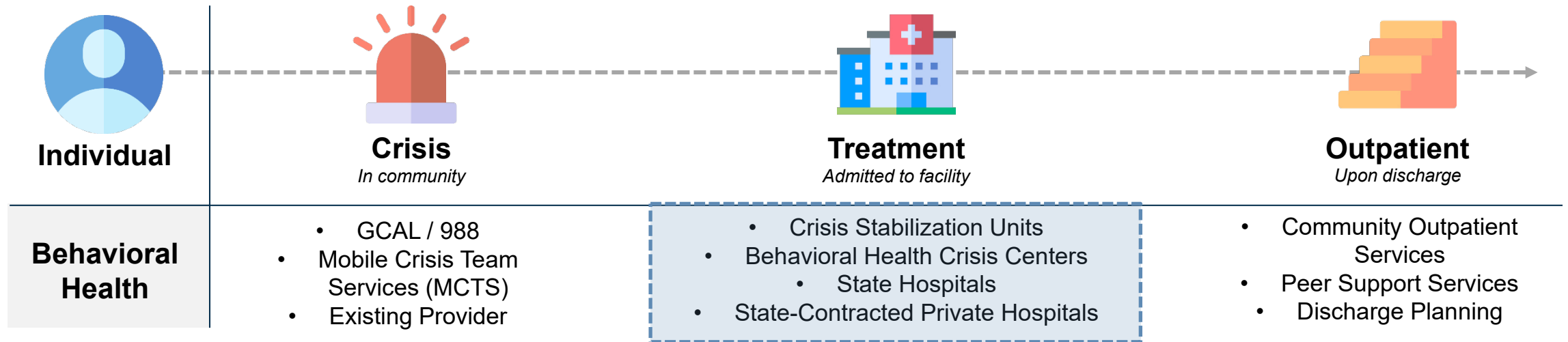


Background and Goals of the Study / Strategic Plan | Behavioral Health Crisis System

The behavioral health crisis system of Georgia comprises community-based services to assist an individual in crisis, facility-based treatment to stabilize an individual in crisis, and outpatient services to help an individual return to the community.

Behavioral Health Crisis Services Provided by DBHDD¹

 = included in Study



Population Served

Individuals generally at or below 200% of the Federal Poverty Level (FPL) without private insurance, Medicaid, or Medicare.

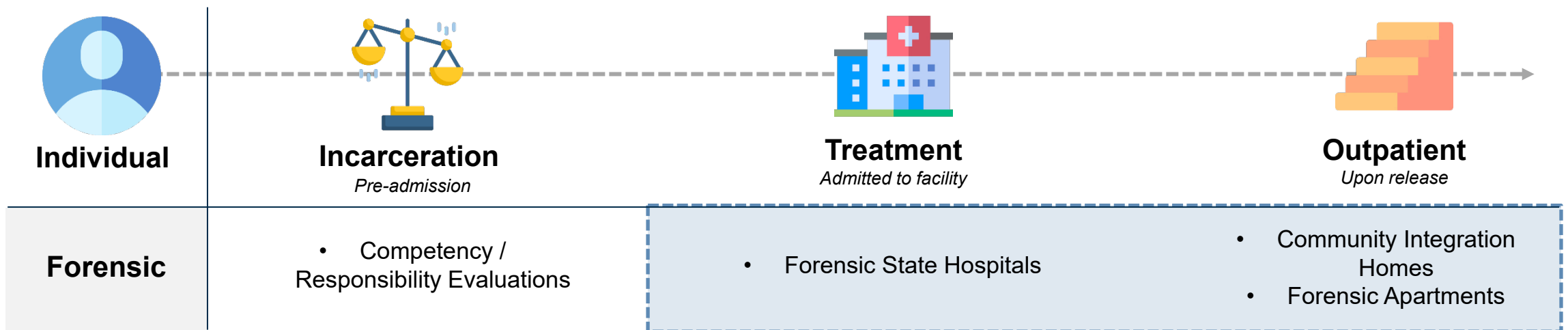
1. This is an illustrative, not exhaustive, depiction of DBHDD behavioral health crisis services.

Background and Goals of the Study / Strategic Plan | Forensic System

The behavioral health forensic system of Georgia comprises pre-admission services to evaluate an individual’s psychological condition, facility-based treatment to treat an individual deemed incompetent to stand trial or not guilty by reason of insanity, and outpatient services to help an individual return to the community.

Behavioral Health Forensic Services Provided by DBHDD¹

 = included in Study



Population Served

Adults involved in the criminal justice system requiring forensic behavioral health services, either in the form of restoration to competency to stand trial (IST) or due to a jury verdict of not guilty by reason of insanity (NGRI).

1. This is an illustrative, not exhaustive, depiction of DBHDD behavioral health forensic services.

This Study illustrates the potential future trajectory of bed need in the Georgia behavioral health crisis and forensic system. This illustration is not done within a vacuum, however, and is best understood in its unique historical context.

Context for the Study

A range of environmental factors impact, and will continue to affect, Georgia's behavioral health crisis and forensic system. In turn, these factors influence the contours and outputs of this Study. These include but are not limited to:

1. The **impact of the COVID-19 pandemic**, which increased the prevalence of behavioral health diagnoses while simultaneously limiting crisis service utilization and exacerbating workforce shortages;
2. The **national rollout of the 988 Suicide and Crisis Lifeline**, which is expected to increase demand for behavioral health crisis services;
3. The **receding but still inflationary environment of the broader economy**, which increases provider costs and constrains their ability to hire staff in a period of historically low unemployment. Together these factors limit providers' ability to utilize all available beds.



Methodology

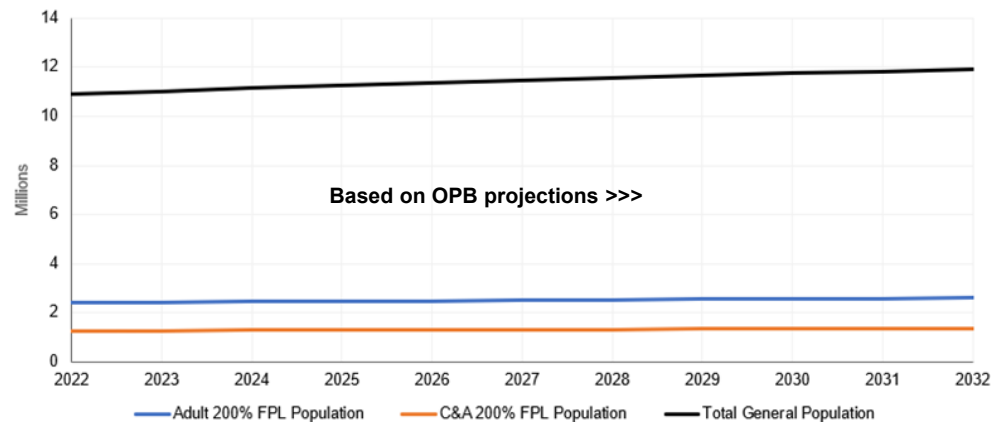


Preliminary Findings

The trends of certain inputs, such as population and patient days (i.e., utilization), are critical drivers of the model’s bed projections. The historical trends in patient days required a measure of “normalization” to ensure accurate projections.

Population Trends

The Georgia Office of Planning and Budget’s (OPB) projections are used from 2022 onwards.



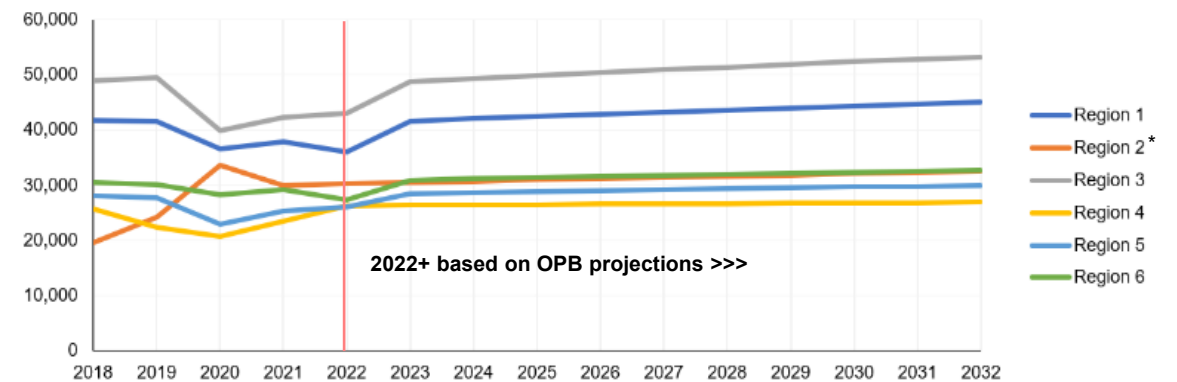
Georgia’s total population increased steadily between 2018 and 2022. 200% FPL projections from 2022 and onwards are assumed to be a percentage of OPB total population projections, based on the average 2018-2021 ratio of 200% FPL population to total population.¹

OPB projects the state population to increase at a steady rate from 2022 on. Since adult and C&A 200% FPL projections are a fixed percentage of the total population, they too are projected to grow at a similar rate.

1. 2018-2021 population figures are derived from the U.S. Census Bureau.

Patient Day Trends (Adult Behavioral Health Example)

The average of historical adult behavioral health patient days is applied to projected population growth to project future adult behavioral health patient days.



The trends in historical patient days vary by pathway and facility type, though there is at least one common theme: the impact of COVID-19. As the chart above shows, the utilization of Georgia’s adult behavioral health crisis facilities dropped materially in 2020 due to the pandemic.

To compensate for the effect of this idiosyncratic event, the model employs different periods of time between 2018 and 2022, depending on the pathway and type of facility. For adult behavioral health, this meant excluding 2020 from the use rate calculations.

* Region 2’s anomalous increase during COVID is attributable to new beds coming online just before and during the pandemic.

This model and Study include input from key DBHDD personnel across divisions with diverse subject matter expertise. Their understanding of and experience managing Georgia’s crisis system added critical detail and nuance to this Study.

Engagement Process

Engagement with “key informants” was a critical part of this Study, as they provide a level of insight into the Georgia system’s history, processes, and idiosyncrasies that quantitative data may not reveal on its own. Key informant engagement followed the procedure below for the Study:

1. **Identify target populations** for inclusion in Study (i.e., behavioral health adult and C&A crisis; behavioral health forensic);
2. **Identify DBHDD divisions and personnel** that serve or facilitate service of these target populations;
3. **Organize key informant group discussions** by division and / or populations served. As needed, **organize additional “breakout” discussions**¹ with smaller groups, focused on specific topics;
4. **Document all key informant input** from discussions for use in the model and Study, and for DBHDD review; and
5. **Produce critical outputs**, including:
 - Summaries of key informant meeting notes;
 - Patient pathways; and
 - This Study and its supporting bed projection model.

1. These included confirmatory discussions with DBHDD personnel on decisions related to model inputs, logic, and outputs.

Contributing DBHDD Divisions

Division / Organization
Office of the Commissioner
Office of the Chief Financial Officer
Office of the Chief Information Officer
Division of Strategy, Technology, and Performance
DBHDD Information Management
Division of Behavioral Health
Division of Hospital Services
Hospital Operations
Office of Crisis and Transition Services
Office of Crisis Coordination
Office of Adult Mental Health
Office of Children, Young Adults & Families
Office of Medicaid Coordination & Health System Innovation

Personnel from other divisions were included in key informant engagement as well; this list represents the primary points of contact.



Bed Projections



Preliminary Findings

Georgia has an acute near-term need for addressing workforce challenges to maximize existing crisis capacity. Staffing challenges has led to low occupancy rates (i.e., the use of existing crisis beds), limiting the availability of current capacity. Investing in workforce should be a priority for DBHDD as it seeks to meet future demand for its crisis services; this future demand can and should be met first by existing beds.

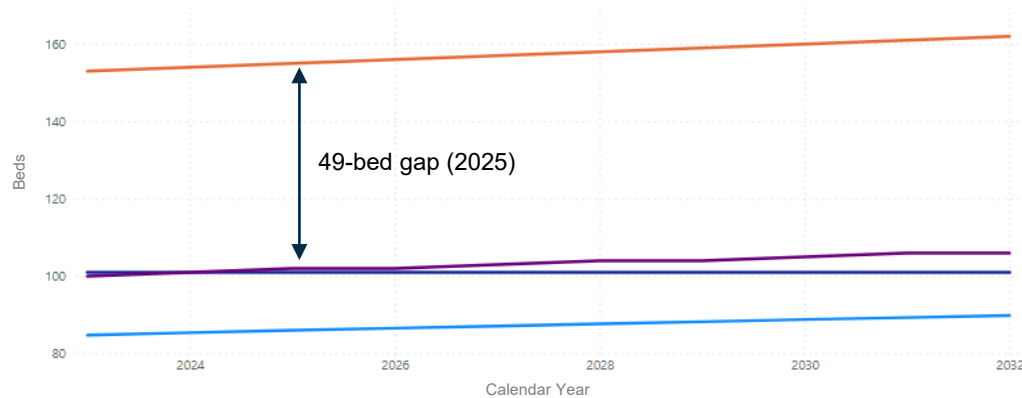
Georgia has an acute near-term need for additional community-based behavioral health crisis beds for adults. Even with utilizing existing capacity at optimal levels, the model projects that Georgia will need five new facilities (i.e., BHCCs) by 2025 to meet near-term demand. Georgia will need an additional facility by 2027 and two more by 2032, for a total of eight new facilities over a ten-year period. These projections assume that additional capacity will be built only in the form of BHCCs; it assumes no additional state hospital beds will be added. The projected near-term need may be mitigated by diversion measures that allow individuals in crisis to be stabilized without admission to a facility, like GCAL or Mobile Crisis.

Georgia also has an acute near- and long-term need for additional forensic state hospital beds, with a gap of 119 beds projected by 2025. This projected need is supported by the state's growing forensic waitlist. While this need can be met by building new facilities, it may also be mitigated by increasing resources to reevaluate individuals on the forensic admissions waitlist, expanding jail-based competency restoration programs, and / or increasing utilization of forensic step-down facilities, such as Community Integration Homes and Forensic Apartments.

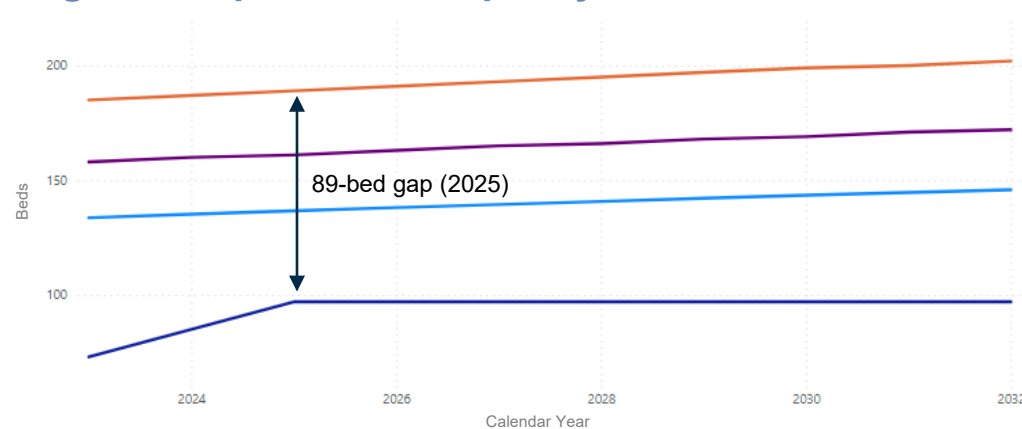
While Georgia does not have an immediate need for other bed types in the model or Study, **DBHDD should revisit these projections as appropriate and as additional information is available** about DBHDD's broader environment and/or unmet need for DBHDD services.

The examples below illustrate a key concept in subsequent bed projections: “optimal” occupancy rates can impact the projected bed need for a given area. The size of impact depends on factors such as available beds, demand, and current occupancy.

Region 6: Optimize Occupancy to Meet Demand



Region 3: Optimize Occupancy; Build New Facilities



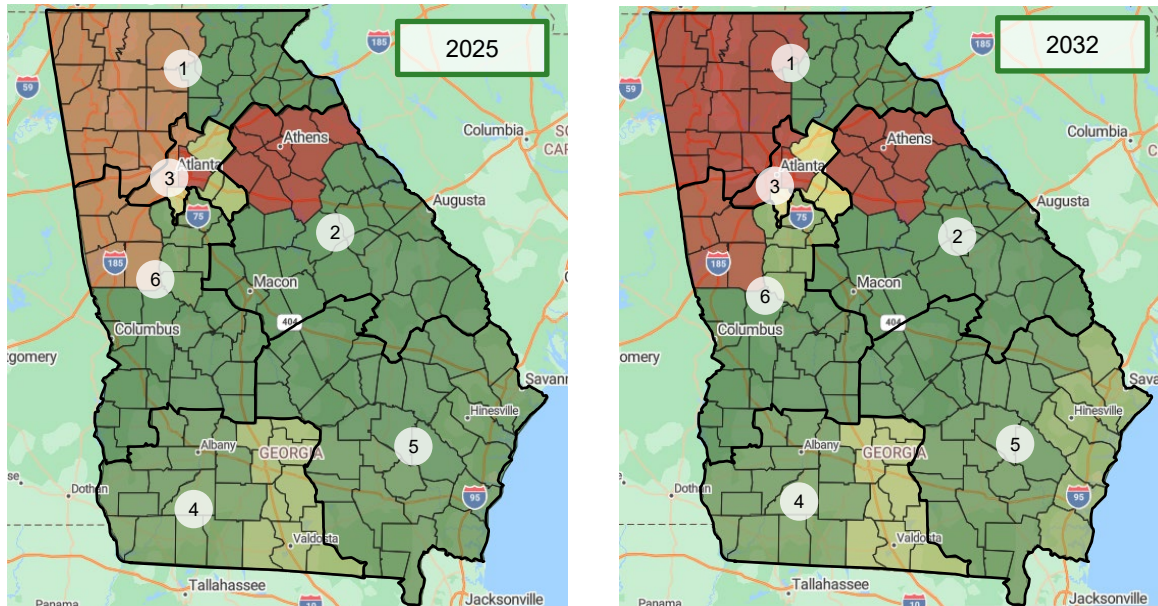
● Future ADC ● Available Beds ● Forecasted Bed Need ● Forecasted Bed Need Alternative

Explanation of Examples

The examples at left (taken from their respective sections) illustrate two different scenarios:

1. Region 6: in 2025, Forecasted Bed Need is greater than Available Beds by 49 beds. This 49-bed gap is almost completely removed if Region 6 facilities achieve optimal occupancy rates of 85% (illustrated by the Forecasted Bed Need Alternative line). **Region 6 facilities should seek to meet the optimal occupancy rate.**
2. Region 3: in 2025, Forecasted Bed Need is greater than Available Beds by 89 beds. Unlike Region 6, however, this 89-bed gap is only reduced to a 65-bed gap if facilities meet an 85% occupancy rate. Meeting optimal occupancy is not sufficient to serve demand. **Region 3 facilities should seek to meet the optimal occupancy rate, but additional capacity will still be needed.**

Adult behavioral health bed need is greatest in the northwest corner of Georgia, concentrated in Regions 1, 2, and 3. These regions, along with Regions 4 and 6, will need a total of eight additional facilities by 2032 to meet demand.



Assessment

The model suggests that Georgia will need **an additional eight facilities (BHCCs with 24 CSU beds and 16 TempObs chairs) over the next 10-year period** in order to meet growing demand for crisis beds. The timing and location of these new facilities will vary depending on region and service area:

- **Region 1:** 1 new facility by 2025
- **Region 2:** 1 new facility by 2025
- **Region 3:** 3 new facilities by 2025 and 1 additional facility by 2032
- **Region 4:** 1 new facility by 2027
- **Region 5:** no new facilities needed
- **Region 6:** 1 new facility by 2032

The model also suggests there is a material near-term need for most of these additional facilities: **five of the eight facilities are needed before 2025.**

This projected need assumes that Georgia is able to meet optimal occupancy (85%) for all of its existing facilities; **if this is not achieved, the number of needed additional beds and facilities will be greater.**

While creation of new BHCCs can reduce the use of state-contracted private hospital beds by 2025, Georgia will need to **address temporary gaps before new facilities come online by continuing to use state-contracted private hospital beds** in the short term. This also assumes that **adjacent service areas with spare capacity can take on volume from service areas with an anticipated gap** within the same region.

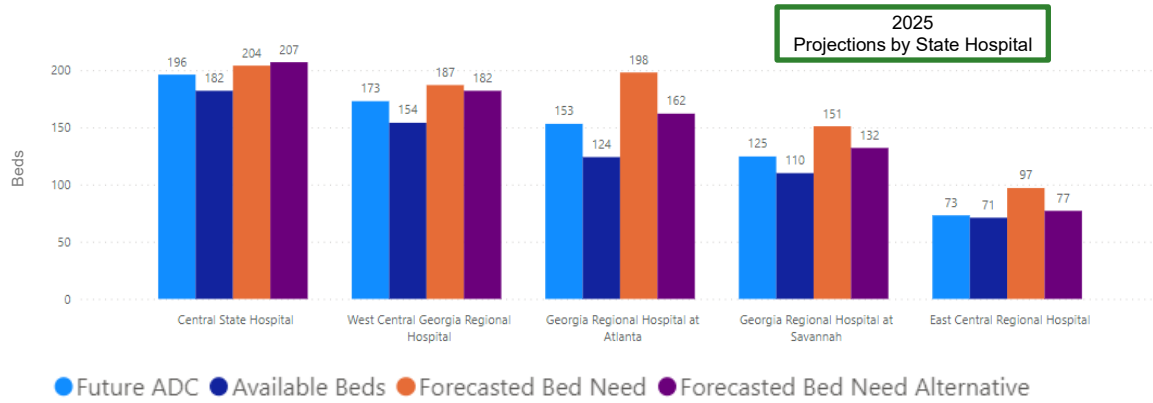
A new facility is assumed to be needed when a region's projected bed need is 50% or more of the bed capacity of a BHCC (i.e., 12 out of 24 beds).

Region #	2025 Alt. Gap + SH Excess	2025 Potential Net-New Facility Need	2027 Alt. Gap + SH Excess	2027 Potential Net-New Facility Need	2032 Alt. Gap + SH Excess	2032 Potential Net-New Facility Need
1	14	1	19	0	27	0
2	21	1	24	0	30	0
3	72	3	76	0	87	1
4	10	0	12	1	13	0
5	2	0	1	0	4	0
6	6	0	8	0	13	1
Totals	125	5	140	1	174	2

Any decreases in gaps between periods are attributable to new capacity coming online

There is an immediate need for additional forensic state hospital beds at all facilities. This need would be mitigated by achieving optimal occupancy (95%), but it is still significant and suggests the opportunity to use other strategies to manage demand.

Statewide Gap: State Hospital Forensic



Region #	2025 Gap	2025 Alt. Gap	2027 Gap	2027 Alt. Gap	2032 Gap	2032 Alt. Gap
1	Region doesn't have any state hospitals; distributed amongst Regions 2, 3, 5, 6					
2	44	31	50	36	62	48
3	74	38	78	40	86	47
4	Region doesn't have any state hospitals; distributed amongst Regions 2, 3, 5, 6					
5	41	22	44	24	50	30
6	33	28	37	32	45	40
Net Statewide Gap	192	119	209	132	243	165

Assessment

Key Observations

State hospital forensic bed need across the state has two primary drivers:

- Population growth (i.e., "demand" for State Hospital forensic beds) by region:

Region #	1	2	3	4	5	6
2023-2032 CAGR of All Adults	N/A	0.76%	0.94%	N/A	0.50%	0.69%

- Statewide Georgia adult general population CAGR: 0.78%.

- Capacity-based factors (i.e., the "supply" of beds)

- Current occupancy rates for each region :

Region	1	2	3	4	5	6
2022 Occupancy	N/A	91%	77%	N/A	83%	92%

Recommendations

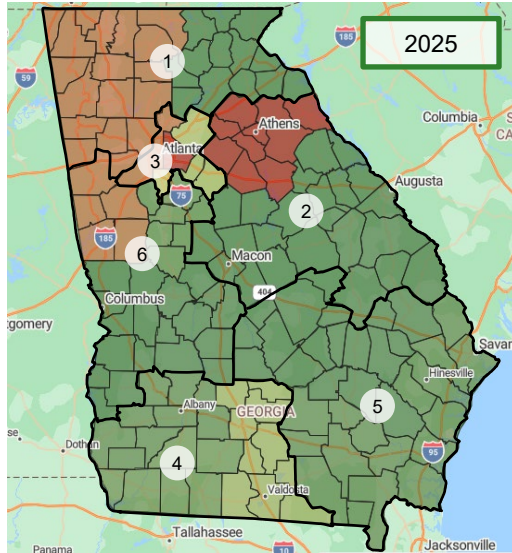
Optimize staffing at facilities across the state to achieve optimal occupancy rates (95%) and decrease the number of needed forensic beds over the next 10-year period.

Based on current trends (including a known waiting list that has been growing for several years), there is immediate need for additional forensic beds at all state hospitals, even if optimal staffing conditions (95% occupancy rate) are met. This bed shortage will only continue to grow in the next ten years if action is not taken to address it.

It is possible that as state hospital behavioral health patients are diverted to and served at community facilities, excess state hospital AMH beds may be converted to state hospital forensic beds. This would help meet state hospital forensic bed need without creating new beds. At the same time, increasing **resources to reevaluate individuals on the waitlist** and / or **expanding jail-based competency restoration programs** could also decrease demand for forensic beds. Increasing **the utilization of forensic step-down facilities** – i.e., Community Integration Homes and Forensic Apartments – may also decrease demand for forensic beds.

If the model is adjusted to reflect a hypothetical 50% increase in demand driven by 988, the model would project a 27-facility gap by 2025. Existing data does not suggest this scenario is likely; it is shown here only as an illustration of model capabilities.

Current Model Scenario

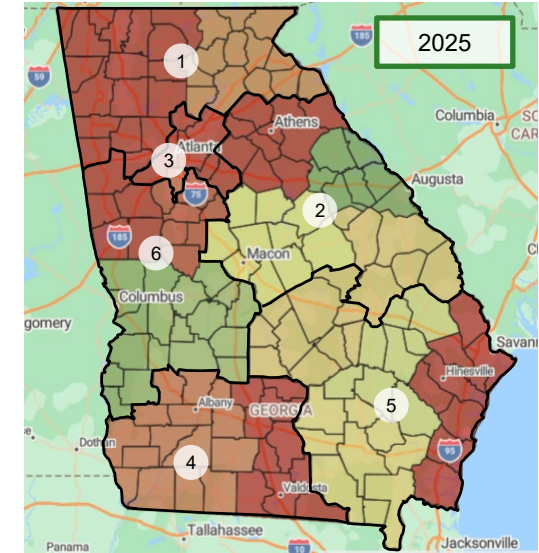


A 50% increase in future demand could increase the need for new facilities across every region and almost every service area. Under this scenario, the model suggests Georgia would need **an additional 29 facilities over the next 10-year period (with 27 of these needed by 2025)** compared to the model's baseline projections, which are more supported by existing data.

- **Region 1:** 5 new facilities by 2025 and 1 additional facility by 2032
- **Region 2:** 4 new facilities by 2025
- **Region 3:** 9 new facilities by 2025
- **Region 4:** 3 new facilities by 2025
- **Region 5:** 3 new facilities by 2025
- **Region 6:** 3 new facilities by 2032 and 1 additional facility by 2032

This scenario is hypothetical and demonstrates a dramatic increase in demand for illustrative purposes. Further study of 988's potential impact is recommended.

50% Increase Scenario



Region #	2025 Alt. Gap + SH Excess	2025 Potential New Facility Need	2027 Alt. Gap + SH Excess	2027 Potential New Facility Need	2032 Alt. Gap + SH Excess	2032 Potential New Facility Need
1	14	1	19	0	27	0
2	21	1	24	0	30	0
3	72	3	76	0	87	1
4	10	0	12	1	13	0
5	2	0	1	0	4	0
6	6	0	8	0	13	1
Totals	125	5	140	1	174	2

Region #	2025 Alt. Gap + SH Excess	2025 Potential New Facility Need	2027 Alt. Gap + SH Excess	2027 Potential New Facility Need	2032 Alt. Gap + SH Excess	2032 Potential New Facility Need
1	124	5	130	0	144	1
2	95	4	98	0	107	0
3	205	9	209	0	227	0
4	66	3	67	0	70	0
5	73	3	72	0	79	0
6	80	3	81	0	90	1
Totals	643	27	657	0	717	2

Any decreases in gaps between periods are attributable to new capacity coming online