

Board of Behavioral Health and Developmental Disabilities

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities



August 31, 2023

Agenda

Roll Call

Call to Order

Introduction of Recovery
Speaker

Commissioner's Report

- Presentation of the Bed Study
- Presentation of the Workforce Study

Action Items:

- Board Meeting Minutes
- Fiscal Year 2024 Proposed Amended Budget
- Fiscal Year 2025 Proposed Budget

Chair's Report

Public Comment

Roll Call

Chelsee Nabritt

Communications Outreach Manager

Call to Order

David Glass

Chair

Introduction of Recovery Speaker

Brian Kite

Georgia Council for Recovery

Commissioner's Report

Kevin Tanner

Commissioner



Georgia DBHDD Bed Capacity Study and Strategic Plan

DBHDD Board 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.

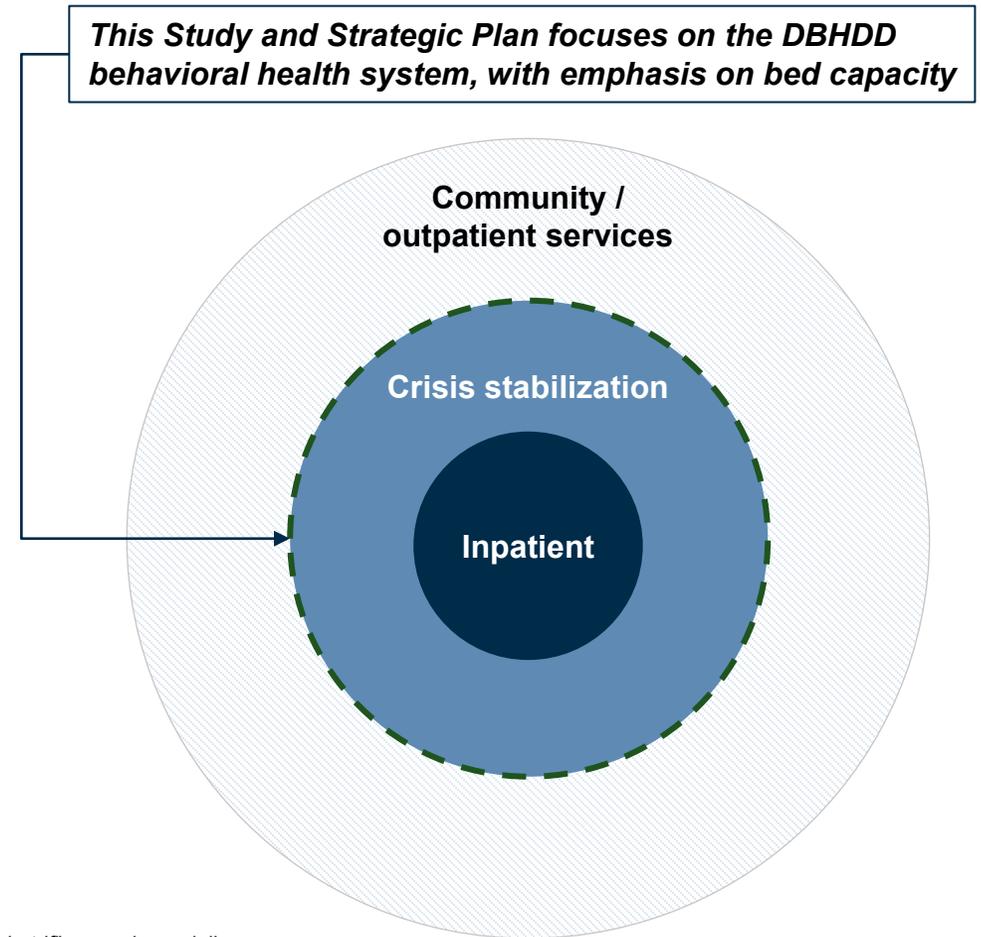
Goals of the Study

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;
3. Make **recommendations and identify constraints** that may have an impact on bed demand and needed capacity; and

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.

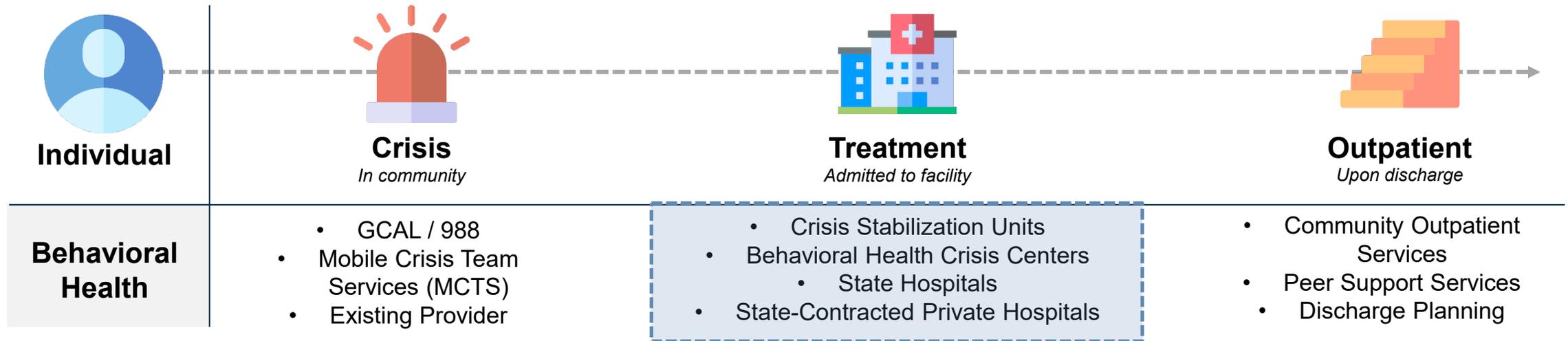


Background and Goals of the Study / Strategic Plan | Behavioral Health Crisis System

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.

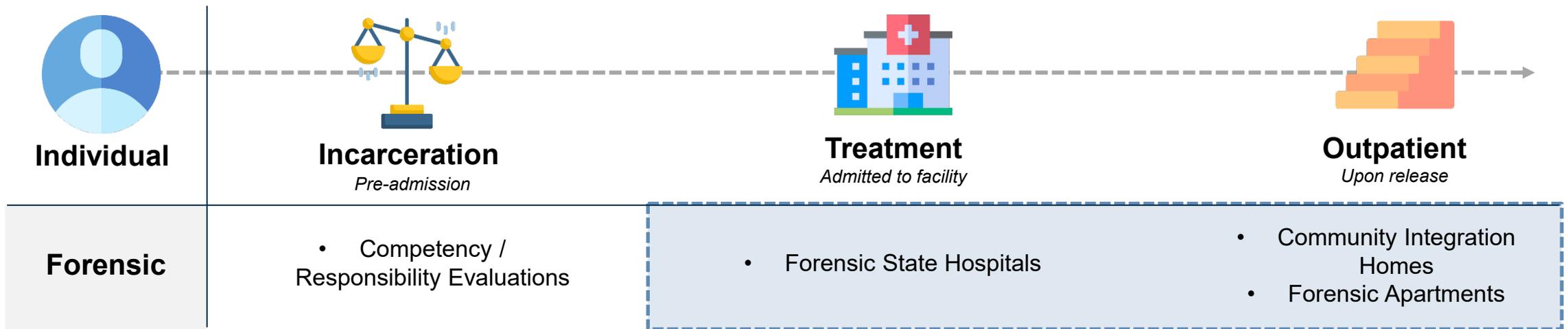
1. This is an illustrative, not exhaustive, depiction of DBHDD behavioral health crisis services.

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

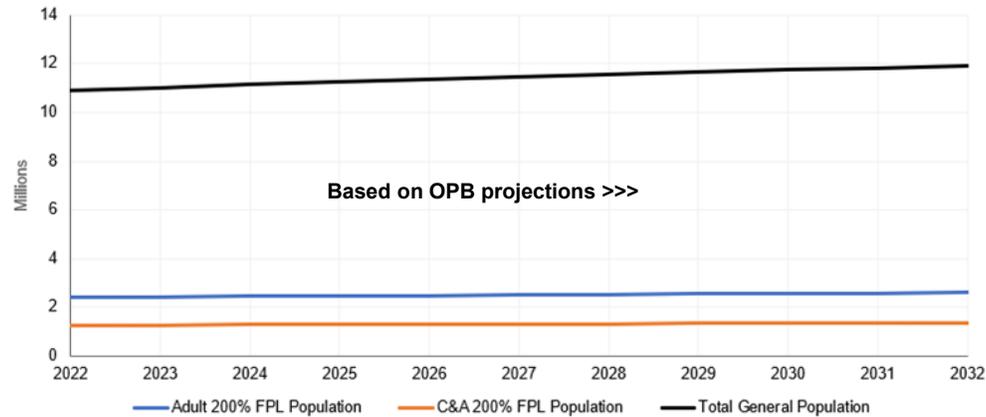


Preliminary Findings

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.



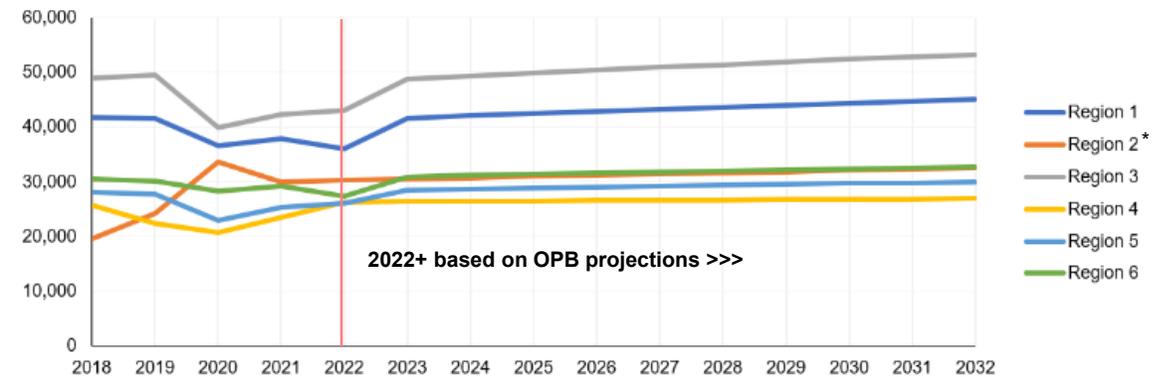
Georgia's total population increased steadily between 2018 and 2022. 200% FPL projections from 2022 and onwards are assumed to be a percentage of OPB total population projections, based on the average 2018-2021 ratio of 200% FPL population to total population.¹

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 (as described in the “Key Considerations” slide). 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 (as shown above); 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.

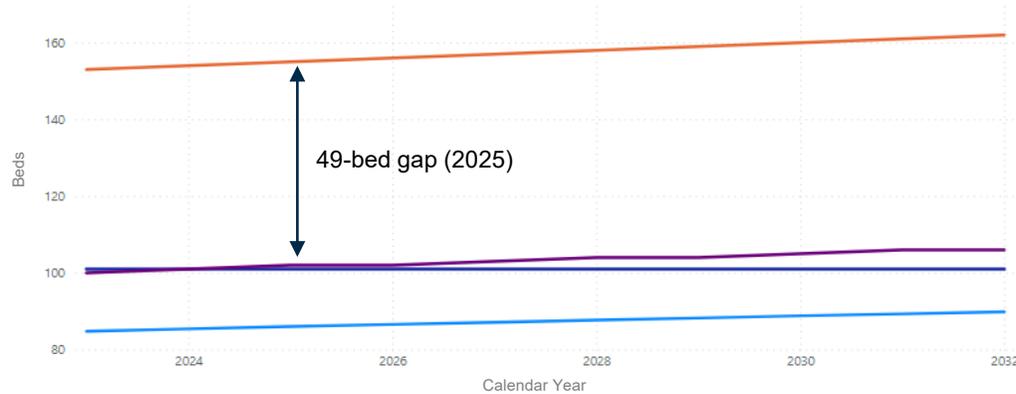
Georgia has an acute near-term need for additional community-based behavioral health crisis beds for adults. Even with utilizing existing capacity at optimal levels, the model projects that Georgia will need five new facilities (i.e., BHCCs) by 2025 to meet near-term demand. Georgia will need an additional 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.

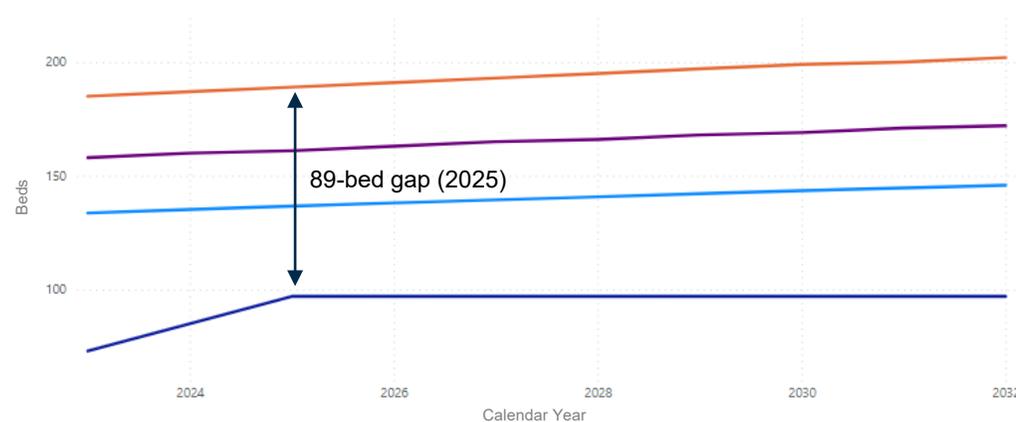
While Georgia does not have an immediate need for other bed types in the model or Study, **DBHDD should revisit these projections as appropriate and as additional information is available** about DBHDD's broader environment and/or unmet need for DBHDD services.

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



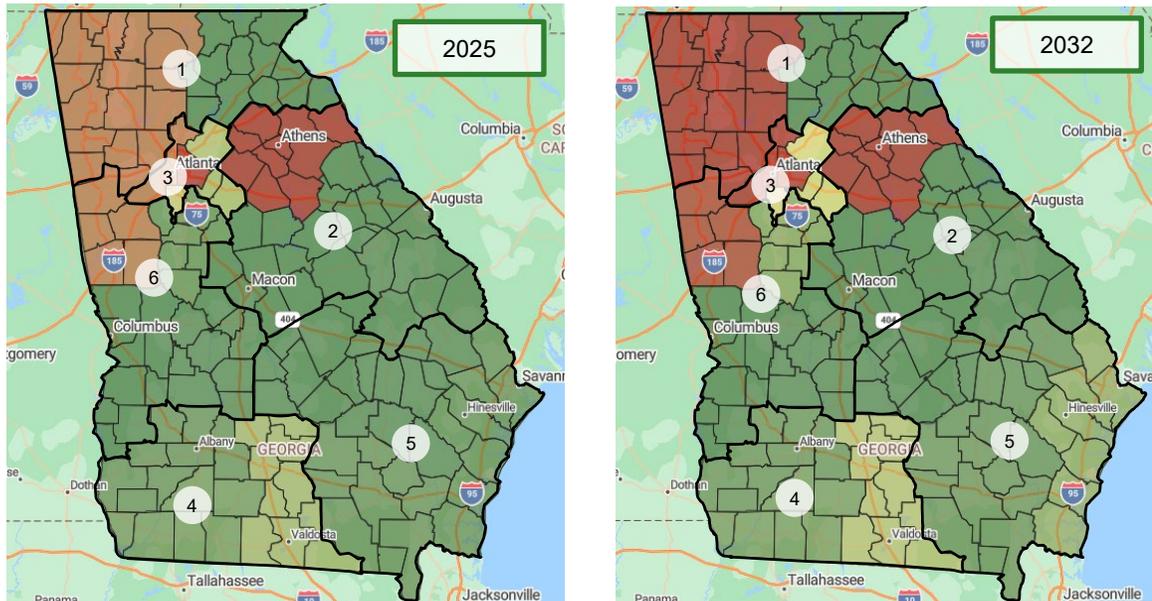
● Future ADC ● Available Beds ● Forecasted Bed Need ● Forecasted Bed Need Alternative

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.

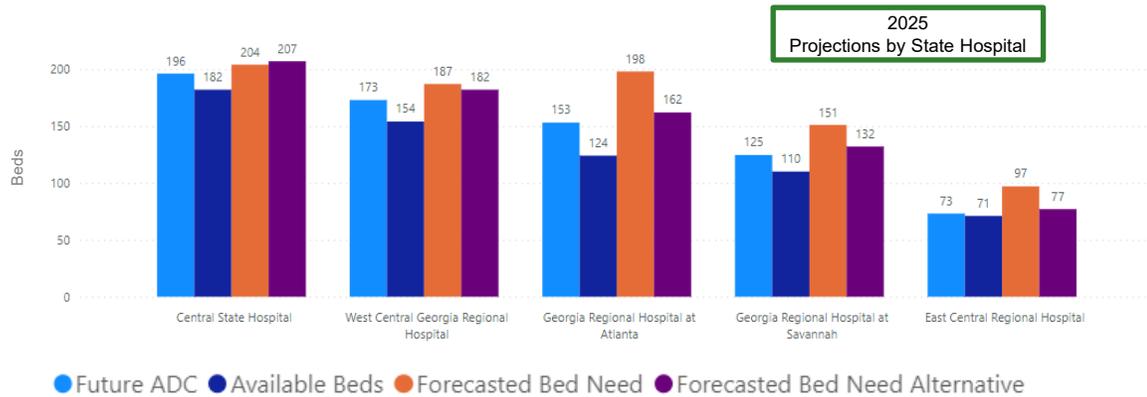
A new facility is assumed to be needed when a region's projected bed need is 50% or more of the bed capacity of a BHCC (i.e., 12 out of 24 beds).

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:

1. 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%.

2. 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

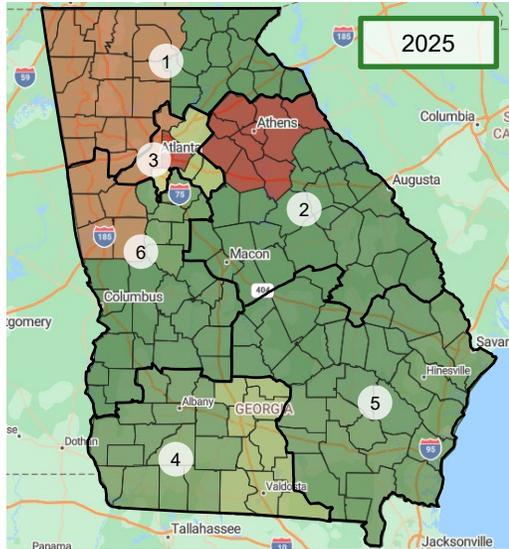
Optimize staffing at facilities across the state to achieve optimal occupancy rates (95%) and decrease the number of needed forensic beds over the next 10-year period.

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

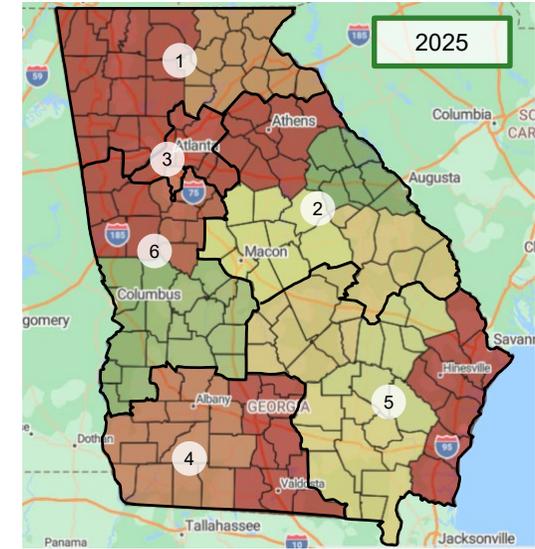


A 50% increase in future demand could increase the need for new facilities across every region and almost every service area. Under this scenario, the model suggests Georgia would need **an additional 29 facilities over the next 10-year period (with 27 of these needed by 2025)** compared to the model's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

Deloitte.



Department of Behavioral Health & Developmental Disabilities

Workforce Innovations Report: Preliminary Findings

August 31, 2023



D·B·H·D·D



What We're Driving Towards

“Hope won. Countless Georgians will know that we have heard their despair and frustration. We have set Georgia on a path to lifting up and reforming a failed mental health care system.”

- House Speaker David Ralston on the unanimous 2022 vote in both the House and Senate on comprehensive mental health legislation

DBHDD Mission Statement:

*“To lead an **accountable and effective continuum of care** to support Georgians with **behavioral health challenges, and intellectual and developmental disabilities** in a **dynamic health care environment**”*

DBHDD Goals:



Workforce Diversification: Expand the rural and ‘non-traditional’ workforce demographics, accommodating population segments that require flexible work models and bolstering academic pipelines.



Enhanced Employee Experience: Create an employee-centric work environment that prioritizes well-being and connection, market-leading total rewards, and modernized care delivery models.



High Return on Investment: Make smart, high-value investments in DBHDD’s workforce to increase accessibility and availability of quality mental health care for all Georgians.



DBHDD as a Career Destination: Define and realize DBHDD’s employer value proposition that considers career pathing and opportunities for development.

DBHDD's Immediate Need for Workforce Innovation

DBHDD challenges and below-market compensation pose an immediate risk in maintaining its current workforce and sustaining the workforce of the future in alignment to its future state workforce goals.

Workforce Sustainability Challenges...

Recruitment

- Rural Workforce Recruiting
- Long Recruitment Times
- Increased Market Competition

Retention

- Limited Professional Development Opportunities
- Noncompetitive Compensation
- Disconnect from Leadership

Care Delivery

- Administrative Burden
- Reliance on Paper
- Meeting Continued Education Requirements



57%

Millennial Turnover Rate



29%

Employees Eligible for Early Retirement within 5 Years



66%

Employees Generation X or older

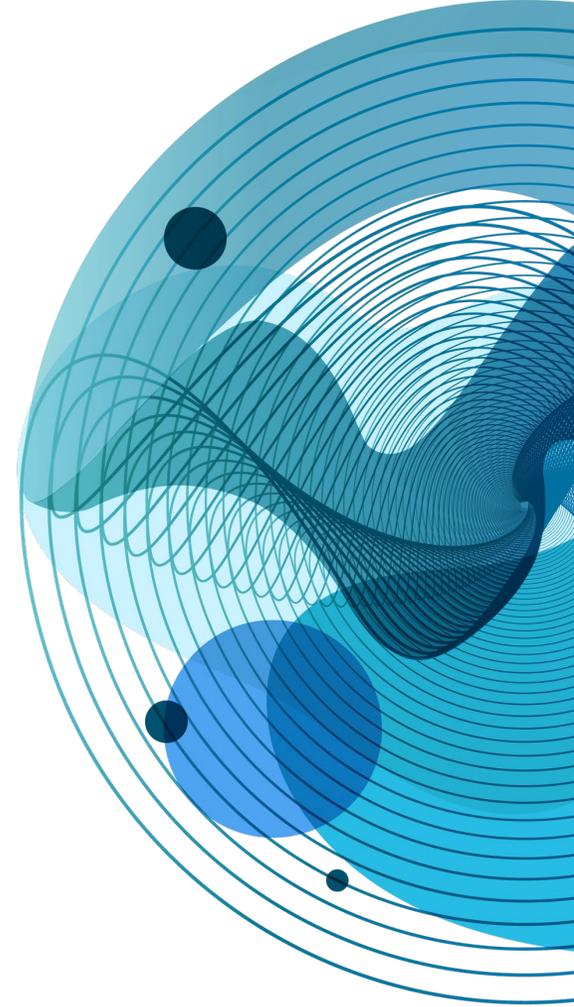
...Coupled With Below-Market Compensation

- On average, DBHDD salaries are **19% below** national market median data.
- On average, salaries in the Statewide Distribution Structure (SWD) – job codes A to T – are **25% below** national market median data.
- On average, the DBHDD minimums for Psychiatrists, Forensic Psychiatrists, and Physicians (Board Certified and Eligible) are **24% below** market median salaries.

Job Code	No. of Employees	Market Median Variance
Behavioral Health Counselor 2	73	-35%
Social Worker, Licensed 3	45	-27%
Psychologist 3	41	-14%
Housekeeper 2	62	-33%

Table: Select job codes where the variance with market median salaries is significant among job codes with many employees.

Workforce Innovation: Path Forward for DBHDD's Future



Workforce Recommendations Summary

DBHDD is considering for implementation **19 recommendations**, which fall into one of following three categories based on urgency of need, time and resources required, and impact on the workforce.

1

Short-Term

<1 year

Examples include:

- Career Marketing Campaign
- Process Optimization and Automation
- Career Pathway Programming
- Out-of-State License Reciprocity
- Salary Market Adjustments

2

Medium-Term

1-2 years

Examples include:

- Expansion of Telehealth Services
- Expansion of Partnerships with Law Enforcement and Community Groups
- Dependent and Education Stipends
- Internship Programs

3

Long-Term

2+ years

Examples include:

- Employee Housing
- Behavioral Health Ecosystem Workforce Development
- Create and Expand Practicum Sites

Select Short-Term Recommendations Details

11 short-term recommendations were developed for implementation over the next 12 months, including the select recommendations below.

Short-Term Recommendations	Description
 Career Marketing Campaign	Develop marketing materials to present DBHDD as a career destination , highlighting career paths, benefits, and employee testimonials. Includes partnerships with camps, high schools, and junior colleges to distribute materials with the aim of expanding the candidate pipeline.
 Process Optimization and Automation	Re-evaluate processes and policies across DBHDD to reduce administrative burden and streamline processes (i.e., time-to-hire) through the reduction of paperwork, the introduction of automation , and the integration of GenAI and other technology where applicable.
 Career Pathway Programming	Create an integrated career path solution to help employees plan out career trajectory, leveraging both an on-site career centers to increase visibility and an online portal to view career paths, milestones, and required/recommended trainings and credentialing; explore opportunities to offer on-site courses to upskill employees .
 Out-of-State License Reciprocity	Update state legislation to expand the existing workforce by establishing seamless licensure transfer for qualified healthcare professionals and evaluate opportunities to increase the reach of existing workforce through expanding the scope of practice through tiered licensure.
 Salary Market Adjustments	Adjust the existing and new salaries of selected job positions to increase DBHDD competitiveness in the marketplace based on the results of the compensation study.

Call to Action

DBHDD can take action now to pave the way for transformative advancements that will reshape the future of behavioral health across Georgia.



Identify strategic partnerships combining state, employer, education, and philanthropy in an ecosystem of support **to champion behavioral health workforce development.**



Confirm owners, governance structures, and updated **resources** for each solution.



Measure and track outcomes to confirm progress and identify ongoing changes to continuously improve efficacy of the strategy.

Anticipated Outcomes: Improved services, better patient outcomes, and a stronger and more resilient behavioral health workforce



Recommendations Summary: Short-Term [< 1 year]

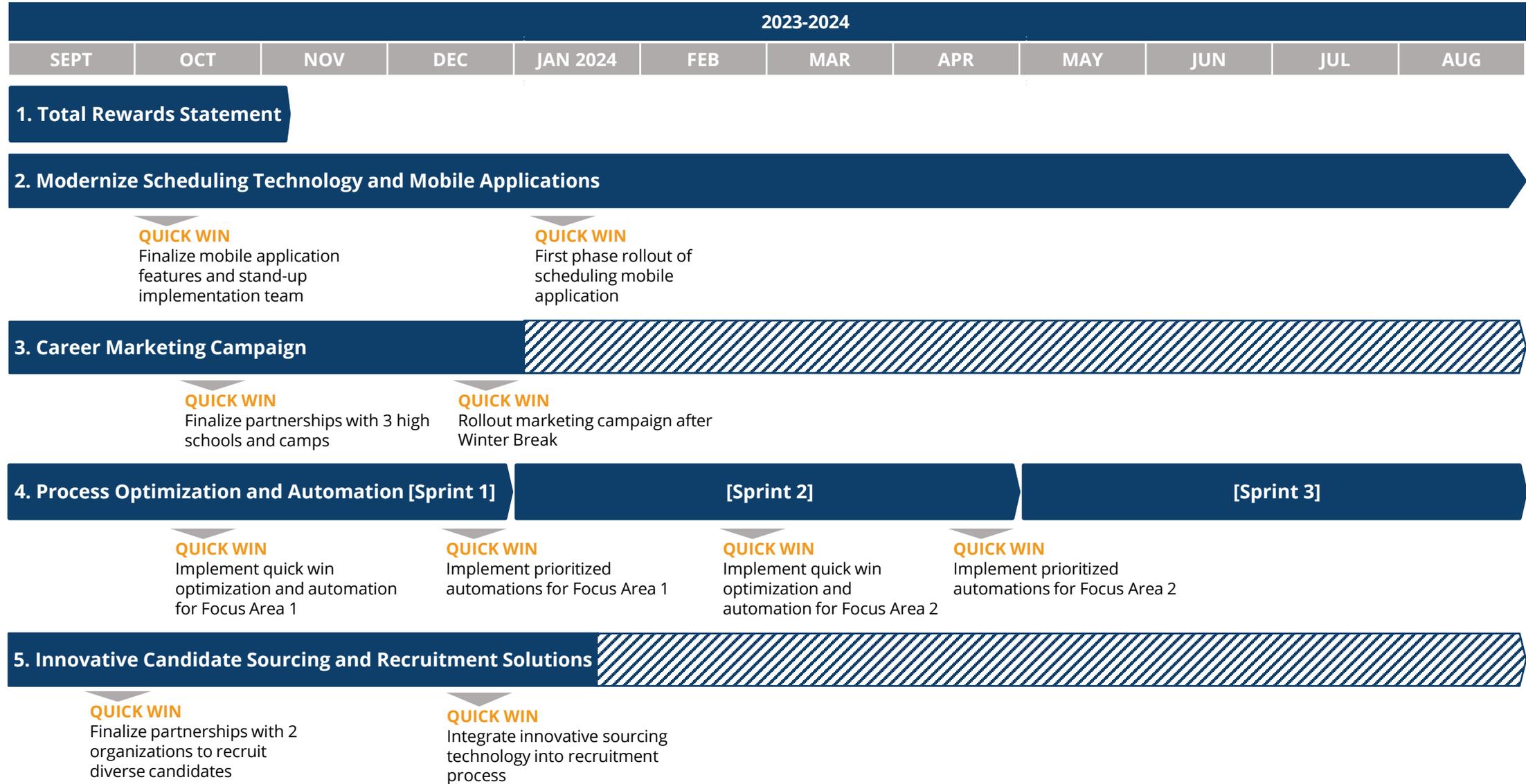
DBHDD is considering the following recommendations for implementation in the next 12 months.

Strategic Approach		Description
1	Total Rewards Statement	Publish and distribute individual employees' total rewards statements that detail comprehensive benefits, including long-term financial incentives, and develop an employee communication and education campaign to highlight the impact of these benefits to drive awareness
2	Modernized Scheduling Technology and Mobile Applications	Enhance existing DBHDD scheduling rollout by introducing a mobile scheduling application to allow employees to easily access their schedules anytime, anywhere along with submitting time off requests, adjusting preferences for specific weeks/months, and swapping shifts.
3	Career Marketing Campaign	Develop and disseminate internal and external marketing materials to present DBHDD as a career destination, illustrating a variety of potential career paths that promote DBHDD's unique benefits, and display employee testimonials. Partner with camps, high schools, healthcare systems, career centers, and nonprofits to distribute these materials – while integrating mental health education and career programming – with the aim of expanding the candidate pipeline. Leverage interactive channels such as Podcasts, job shadowing, and internal internships for dynamic engagement to generate interest in a career at DBHDD.
4	Process Optimization and Automation	Re-evaluate processes and policies across DBHDD to reduce administrative burden and streamline processes, such as time-to-hire, through the reduction of paperwork, introduction of automation, and the integration of GenAI and technology where applicable to reduce time-consuming administrative and duplicative tasks.
5	Innovative Candidate Sourcing and Recruitment Solutions	Expand candidate pipeline to include diverse workforce segments such as carefully screened formerly incarcerated individuals, individuals with disabilities, veterans, and immigrant populations through partnerships with external organizations. Build relationships with advocacy groups to reach these populations, disseminate career marketing materials, and explore partnerships with external organizations (including academic institutions) to streamline hiring. Explore innovative candidate sourcing and recruitment solutions which leverage technology to identify and contact candidates in an expanded target candidate pool.
6	Culture and Employee Experience Programming	Design and execute a comprehensive engagement and culture strategy to include monetary and non-monetary recognition programs, tenure or milestone awards/celebrations. Institute employee engagement activities such as stay interviews, listening sessions, engagement surveys, and official and unofficial feedback mechanisms to further develop employee experience programming.
7	Reimagined Flexible Schedules	Redesign schedules to incorporate flexible, part-time, and contract employees for traditionally full-time roles, broadening the candidate pool and enhancing employee scheduling flexibility. Integrate these new flexible schedules and staffing into the implementation of the digital scheduling platform to empower effective management of employee availability.
8	Career Pathway Programming	Create integrated career path solution to help employees plan out career trajectory, leveraging both an on-site career centers to increase visibility and an online portal to view career paths, milestones, and required/recommended trainings and credentialing to furnish employees with a well-defined route for professional growth and promotion.
9	Out-of-State License Reciprocity	Update State legislation to expand the existing workforce by establishing seamless licensure transfer for qualified healthcare professionals and evaluate opportunities to increase the reach of existing workforce through expanding the scope of practice through tiered licensure.
10	Salary Market Adjustments	Adjust the existing and new salaries of selected job positions to increase DBHDD competitiveness in the marketplace based on the results of the compensation study, reassigning affected jobs to the appropriate pay grade internally to reflect the alignment with external market.
11	Job Architecture Transformation	Transform the current job architecture to create clear, more delineated career paths for each role that illustrate position-specific requirements including education, experience, licensure, credentials, and training, etc., needed to get to the next level in the organization. Increase the number of levels available for growth opportunities and include position mapping so that employees see the trajectory that a certain position will put them on as they climb a career path ladder at DBHDD.

Short-Term Recommendations: Roadmap (1 of 2)



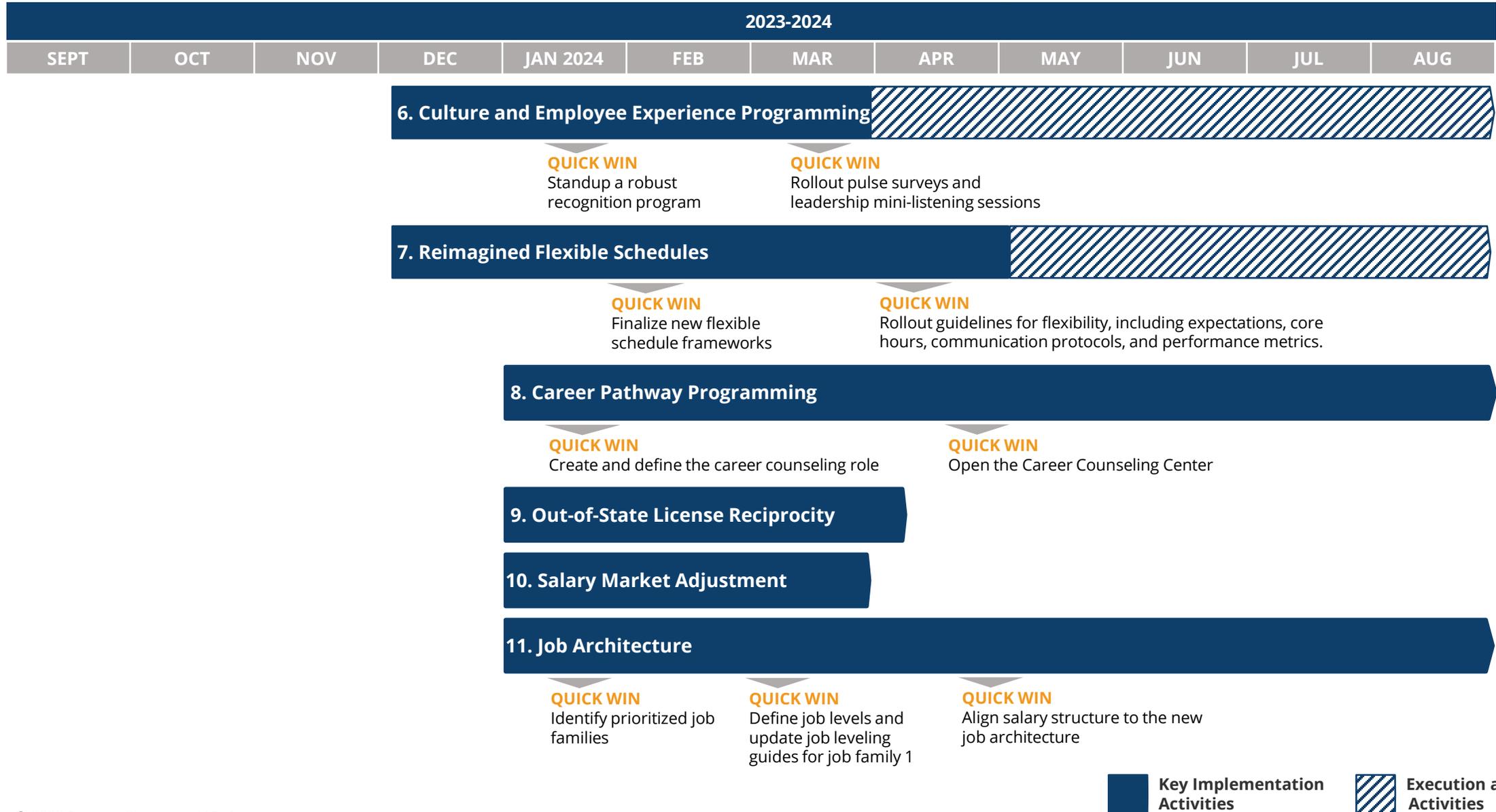
Recommendations: Short-Term



Short-Term Recommendations: Roadmap (2 of 2)



Recommendations: Short-Term



Key Implementation Activities

Execution and Deployment Activities

Recommendations Summary: Medium- and Long-Term

DBHDD is considering the following recommendations for implementation **in the next 24 months and beyond**.

Medium-Term [1-2 Years]

Strategic Approach		Description
12	Expansion of Telehealth Services	Expand telehealth services to increase access to care and modernize care delivery, leveraging high school campuses as publicly accessible sites for remote telehealth services.
13	Expansion of Partnerships with Law Enforcement and Community Groups	Strengthen partnerships with law enforcement and community groups through therapist ride alongs with law enforcement and other community partners to increase community awareness and improve law enforcement outcomes.
14	Dependent and Education Stipends	Develop dependent care programs to aid employees in maintaining a healthy work-life balance, reducing caregiving stress, and allowing employees to fully engage at work; additional educational stipends provide upskilling and training to explore career advancement opportunities.
15	Employee Referral Bonus	Offer a one-time bonus to employees that refer candidates that are hired and work a minimum six months.
16	Internship Programs	Formalize additional internship programs for clinical and non-clinical roles to create sustainable workforce pipelines directly aligned with DBHDD roles.

Long-Term [2+ Years]

Strategic Approach		Description
17	Employee Housing	Develop employee housing near hospitals to address the housing needs of employees.
18	Behavioral Health Ecosystem Workforce Development	Create a program for the general public that trains, educates, and equips individuals to pursue behavioral health employment regardless of employer.
19	Create and Expand Practicum Sites	Increase practicum site capacity through creating nurse apprenticeship programs, expanding residency programs/rotations, and establishing a designated teaching hospital.

Compensation Study Methodology

The following summarizes the compensation study area of focus and approach.

Job Title Coverage

105

Number of
job titles
benchmarked

8

Number of
job families

38%

Percent of job
titles

67%

Percent of
DBHDD
employees

Survey Data Compilation & Analysis

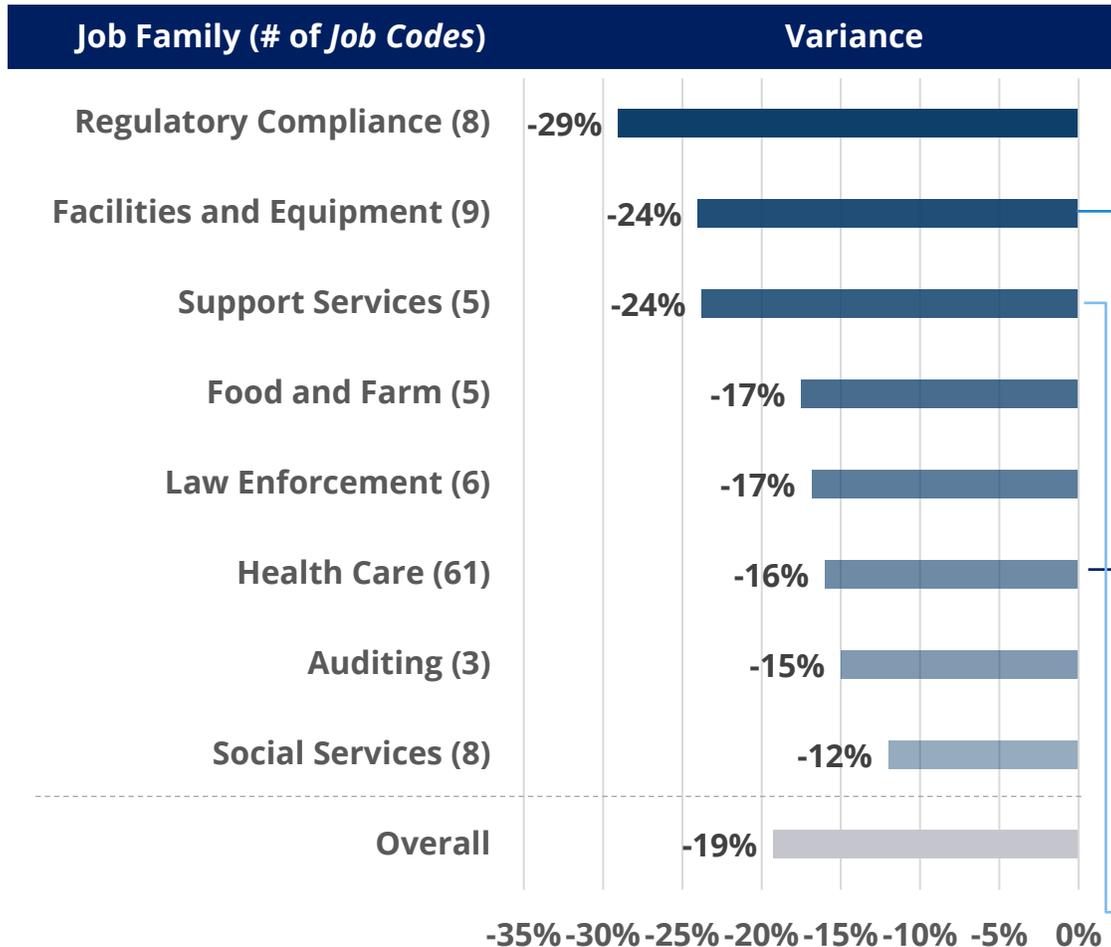
- With DBHDD input, confirmed matches to market based on positions' primary duties and responsibilities
- Compiled 25th, 50th and 75th percentile national market data from multiple surveys representing similarly-sized and type of health care providers
- Compared the market data to BDHDD incumbent salaries and salary grades in the State of Georgia salary structures used to maintain BDHDD salaries



Compensation Study Findings by Job Family & Job Code

The chart on the right shows how overall variance with market differs by job family. The table on the right shows individual job codes where the variance with market median salaries is significant among job codes with many employees.

Overall Variance by Job Family



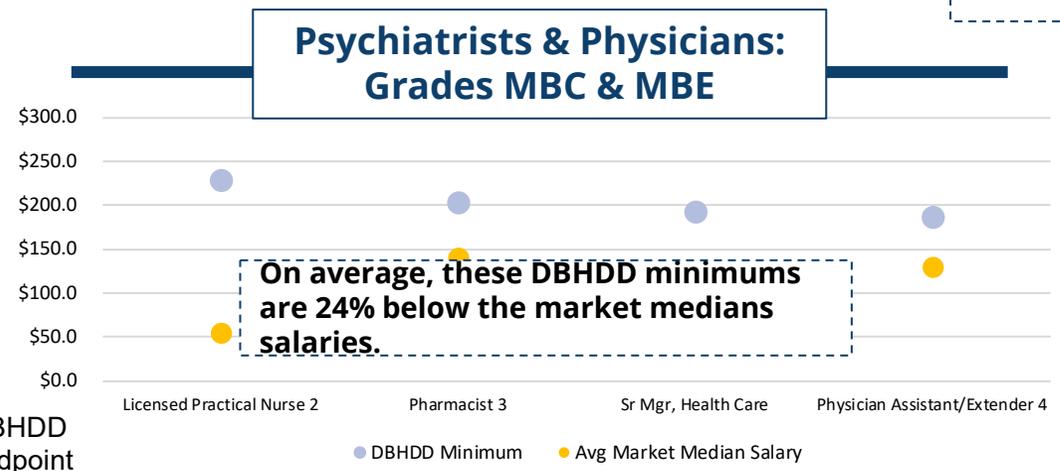
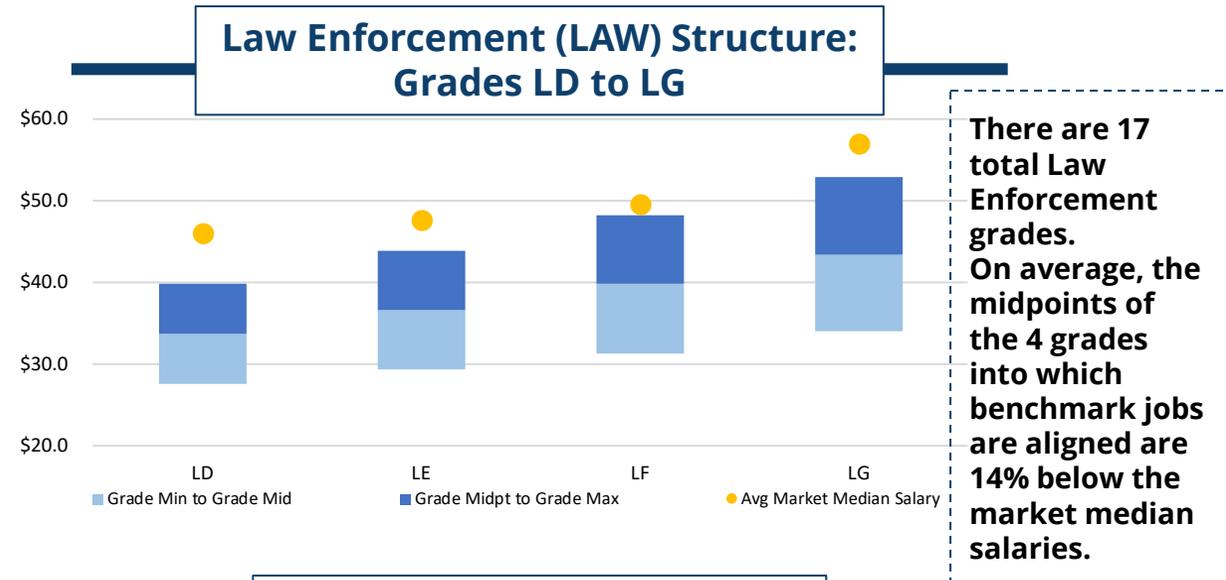
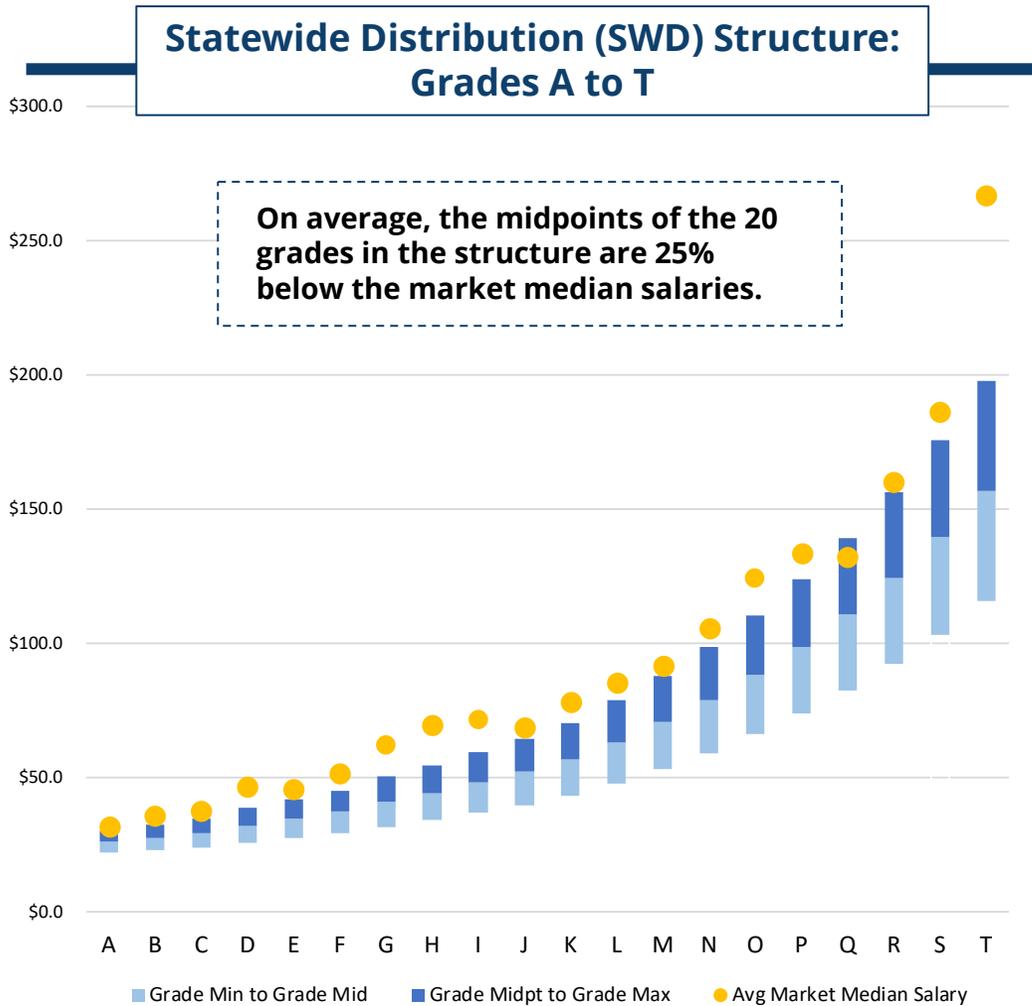
Significant Variance by Job Code

Job Code	Number of Employees	Market Median Variance
Behavioral Health Counselor 3	68	-35%
Behavioral Health Counselor 2	73	-35%
Activity Therapist 3	53	-30%
Social Worker, Licensed 3	45	-27%
Manager, Nurse	25	-22%
Social Worker, Non-Licensed 2	22	-22%
Licensed Practical Nurse 3	42	-19%
Registered Nurse 3	31	-14%
Psychologist 3	41	-14%
Housekeeper 2	62	-33%
Admin Support 3	71	-23%



Compensation Study Findings by Salary Grade

The job codes benchmarked are aligned to the Statewide Distribution, Law Enforcement, Psychiatrist and Physician salary grades. The SWD and LAW midpoints and the Psychiatrist and Physician minimums (effective July 1, 2023) have been compared to the market median salaries.



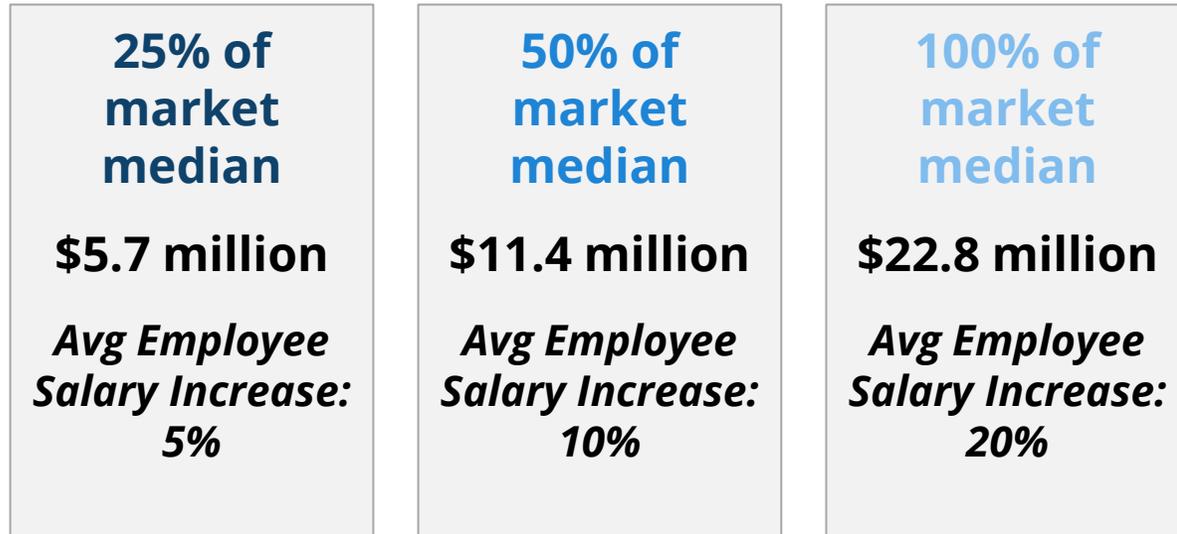


Market Adjustment Alternatives

As the previous slides show, DBHDD employee salaries and the structures used to maintain DBHDD salaries generally fall below market.

BDHDD could increase the salaries of individual employees or reassign position to a different salary grade to enhance alignment to the market data. Most organizations establish a market target for pay along with a targeted range around their market target – e.g., individual salaries within plus or minus 15% of the market median salary, salary grade midpoints within plus or minus 10% of the market median salary, etc.

Alternative I: Maintains position salary grade assignments but increase the salaries of 2,245 individual employees that fall below the market median. The following shows the estimated cost of these salary increases at varying levels relative to the market median salaries. These costs exclude associated benefit costs.



BDHDD will need to determine its budget for market adjustments and the positions where employee salary adjustments are most critical (e.g., positions involved in direct patient care within their hospitals).

Alternative II: Change positions' salary grade assignments among the 105 positions benchmarked based on market and increase the salaries of 427 employees that fall below the position's new salary grade minimum. The following shows the estimated cost of these salary increases; this value excludes associated benefit costs.



BDHDD will likely need to adjust the salary grades of select non-benchmarked positions relative to the benchmarked positions.

Action Items

- Board Meeting Minutes – June 29th, 2023
- Fiscal Year 2024 Proposed Amended Budget
- Fiscal Year 2025 Proposed Budget

Action Item

Board Meeting Minutes – June 29th, 2023

Action Item

Fiscal Year 2024 Proposed Amended Budget
Fiscal Year 2025 Proposed Budget

**DBHDD Board Meeting – AFY24 and FY25
Budget Submission**

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

**Commissioner Tanner
August 31, 2023**



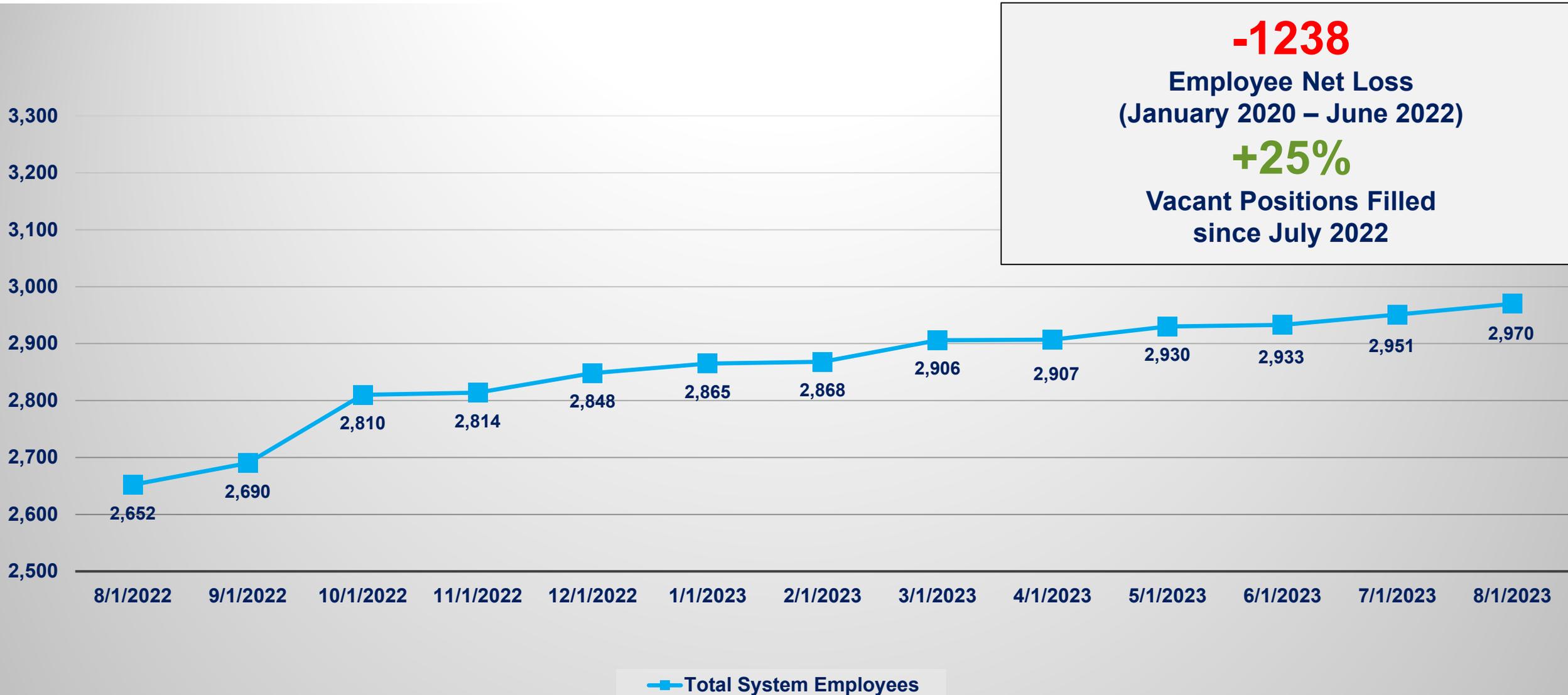


Budget Overview

- Hospitals & Forensics
- Hospital Capital Needs
- Behavioral Health
- Intellectual and Developmental Disabilities
- Budget

Hospitals & Forensics

Hospital Workforce: *Total System Employees*



Workforce Shortages and Increasing Demand

40%

increase in court orders for pretrial evaluations from 2006 to 2022.

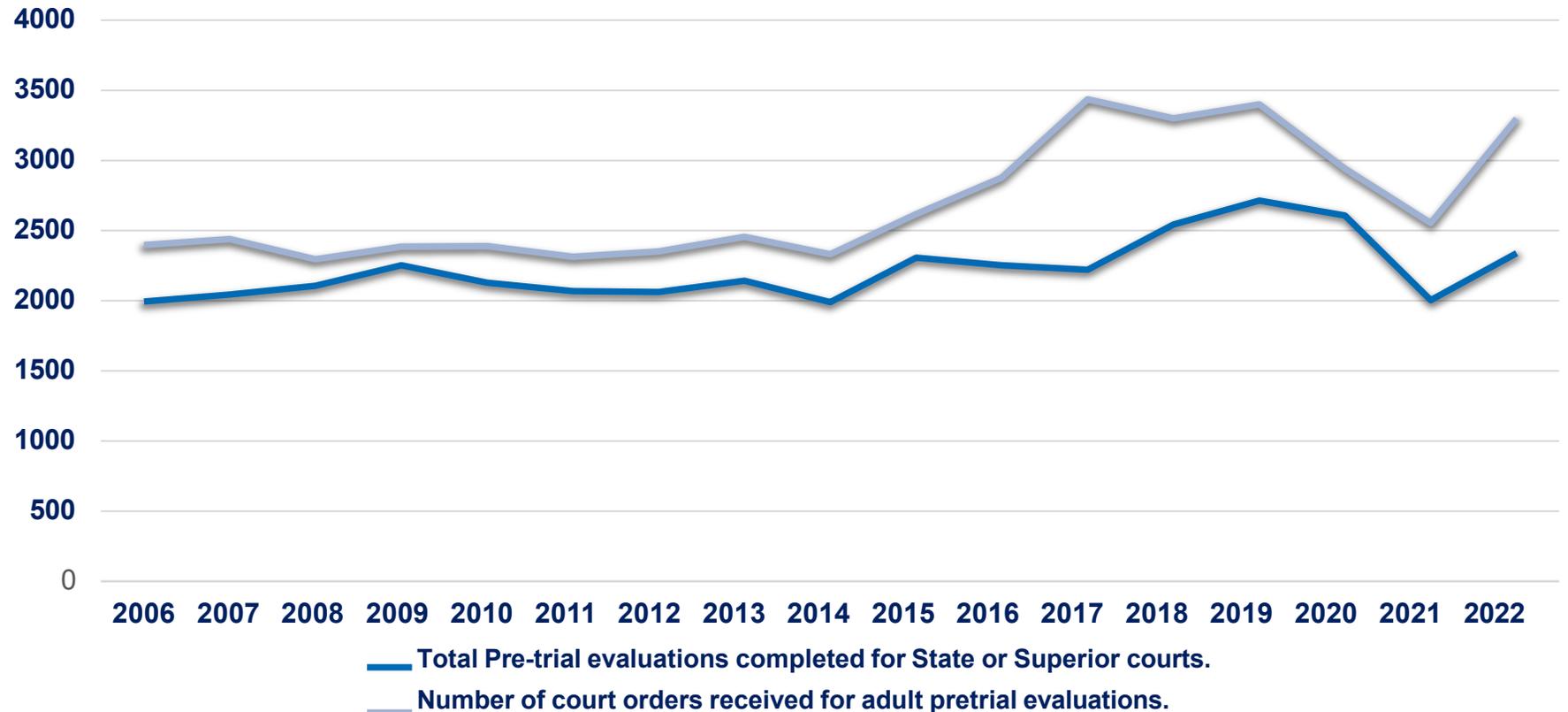
64%

average of individuals found to be competent to stand trial, FY 20 – FY 22

41%

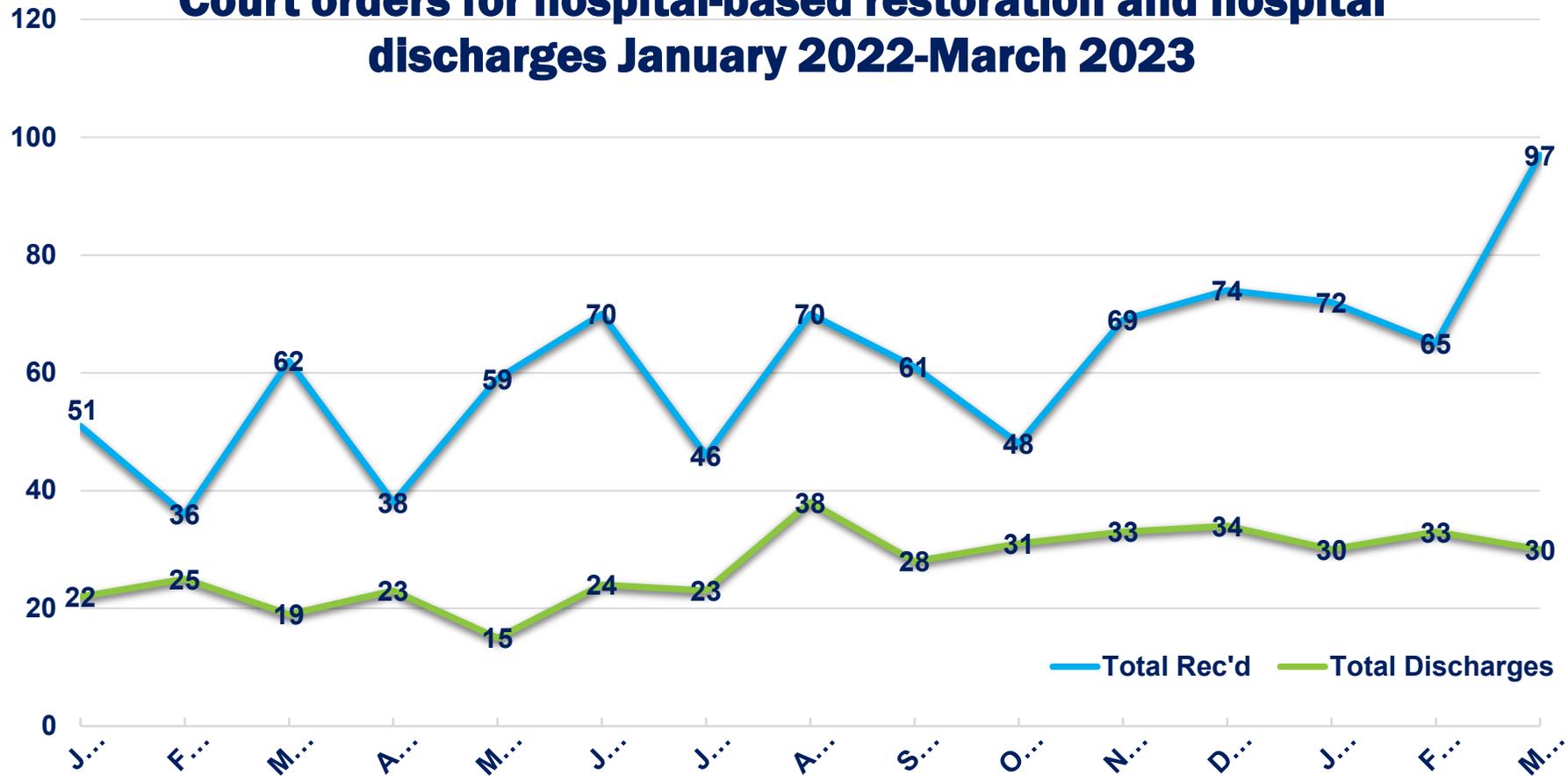
vacancy rate in community forensic psychologists

Pretrial Evaluations over time



Reliance on hospital-based restoration

Court orders for hospital-based restoration and hospital discharges January 2022-March 2023



80%

Of individuals opined incompetent to stand trial who are ordered to a state hospital for restoration

641

Number of forensic beds in DBHDD's five hospitals

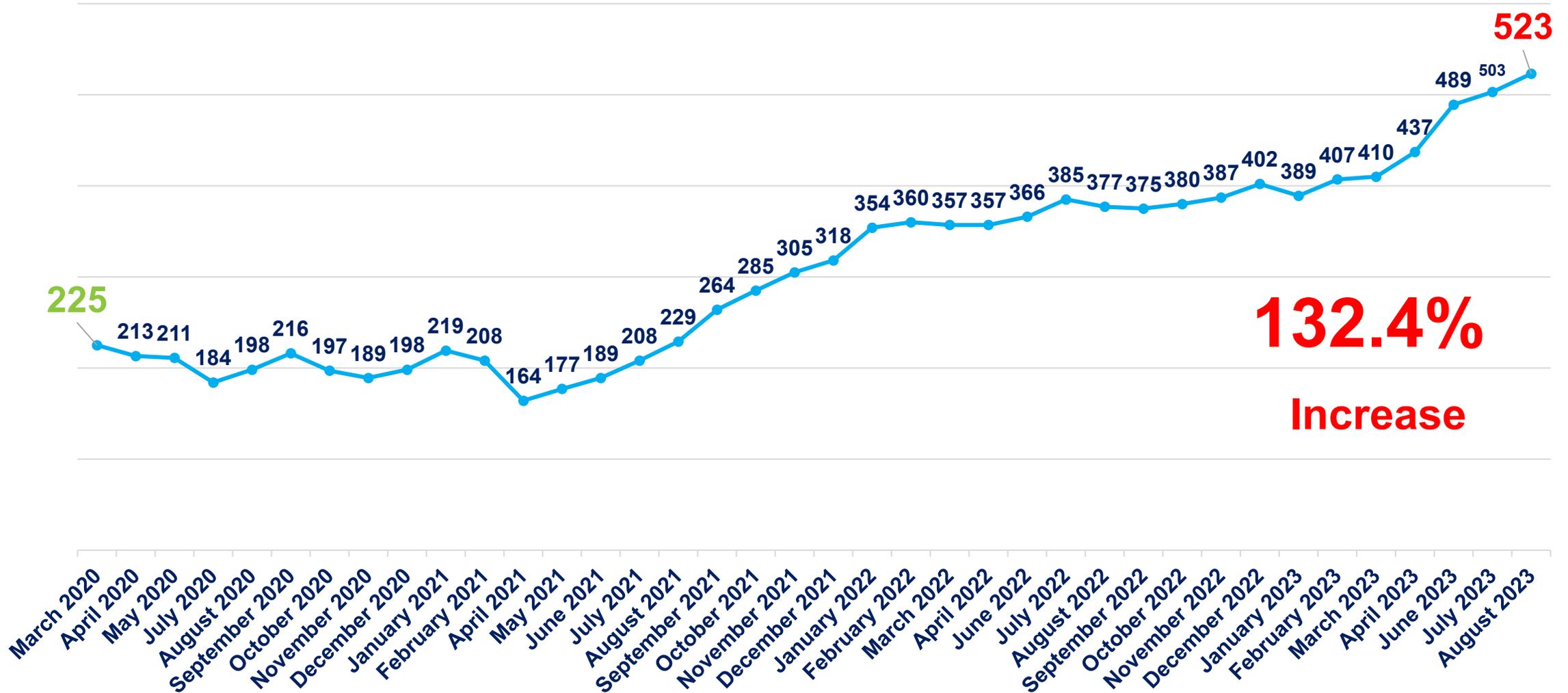
523

Number of individuals waiting for a DBHDD forensic bed as of August 16

275 days

Average current wait time for a forensic hospital bed

Total Forensic Waitlist: March 2020 – August 2023



Forensic Efforts Underway

**Forensic Code
Workgroup**

SOLUTION #1

**Community-Based
Restoration**

SOLUTION #2

**Jail In-Reach
Program**

SOLUTION #3

**Pilot Program For Jail-
Based Restoration**

SOLUTION #4

Operation New Hope

SOLUTION #5

**Work Force and Bed
Capacity Studies**

SOLUTION #6

Hospitals & Forensics Budget Request 3%

Hospital and Forensic Services	Amended FY 24	FY 25
Renovate the Bowen Building at Central State for Hurricane Evacuations	\$750,000	
Hospital Vehicle Replacements	\$1,250,000	
Construction of Treatment Mall at East Central Regional Hospital	\$8,000,000	
Community-Based Restoration Services	\$500,000	
Jail-Based Forensics Restoration Pilot - Annualization & Expansion	\$976,962	\$3,907,846
Savannah Regional Forensics Program - Project Hope		\$3,218,210
Market Adjustment Recommendations from Workforce Study (Forensic Psychologists, Hospital Staff, etc..)		\$10,000,000
Total	\$11,476,962	\$17,126,056

Hospital Capital Needs

Georgia Building Authority (GBA) Hospital Report

Main goals of report:

- 1. Evaluation of Conditions**
- 2. Capital Expenditure Forecast**
- 3. Ensuring Safety and Service Delivery**

The report assesses the conditions of the hospital campuses and categorizes them as follows:

- **Urgent Need** – Examples: stormwater, grading improvements etc..
- **Significant Need** – Examples: HVAC systems, plumbing systems, ceiling replacements etc..
- **Future Need** – Examples: deteriorating asphalt, relocating a security booth etc..

Hospital Maintenance & Repairs Budget Request

Program	FY 25
Urgent Needs Statewide	\$500,000
Roof Repairs Statewide	\$4,000,000
Steam Conversion Project West Central Georgia Regional Hospital	\$2,000,000
HVAC Statewide	\$3,500,000
Total	\$10,000,000

Behavioral Health

Fulton Groundbreaking Ceremony



Demand has increased since 988's launch in July 2022

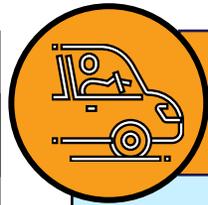
Georgia has been working to expand capacity across the crisis continuum to meet the growing demand for services. From July 2022 through June 2023, our system had:



Someone to Call

291,398

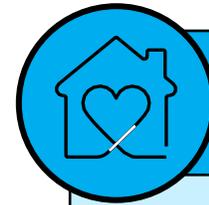
**calls, texts, and chats
received from GCAL
and 988**



Someone to Respond

25,414

**mobile crisis team
dispatches**



**A Safe Place to Go
for Crisis Care**

46,614

**referrals to
community-based
crisis centers
(CSUs/BHCCs)**

SAMHSA – Five-year Vision for 9-8-8

Horizon 1: Crisis Contact Centers

"Someone to talk to"

90%+ of all 9-8-8
contacts answered in-
state by 2023

Meeting demand

Horizon 2: Mobile Crisis Services

"Someone to
respond"

80%+ of individuals
have access to rapid crisis
response (target: under 1 hour) by
2025

Working to meet demand

Horizon 3: Stabilization Services

"A safe place to go"

80%+ of individuals have
access to community-based
crisis care by 2027

Working to meet demand

GCAL Investment: Meeting Demand

50%

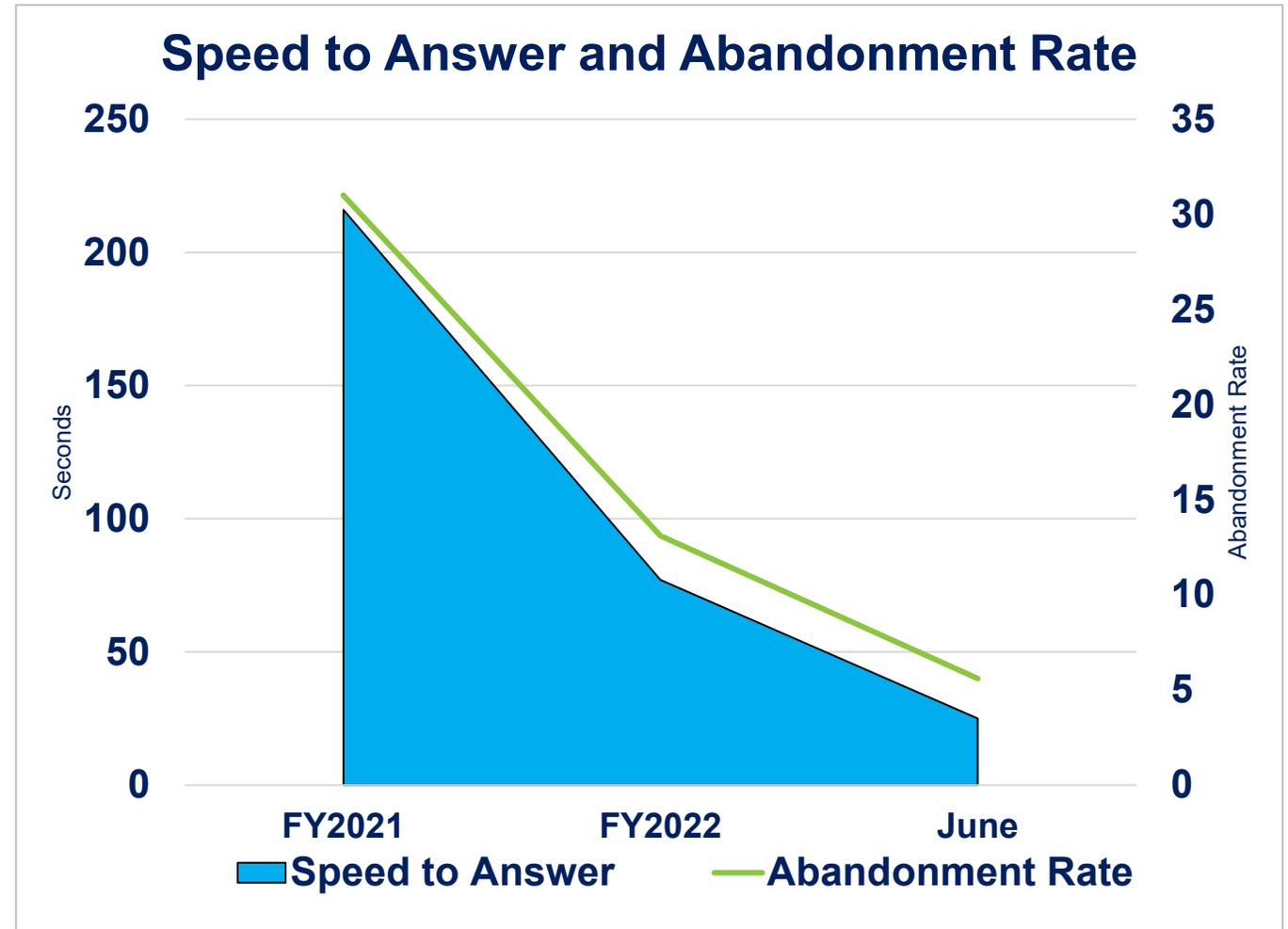
increase in the number of calls
Georgia received from FY2019 to
FY2023

10 Seconds or Less

average speed to answer in FY 2023
(national standard is 30 seconds)

1.5% Rate

of call abandonment, in June 2023,
below the SAMHSA 5% target



Priority: Expanding mobile crisis response capacity

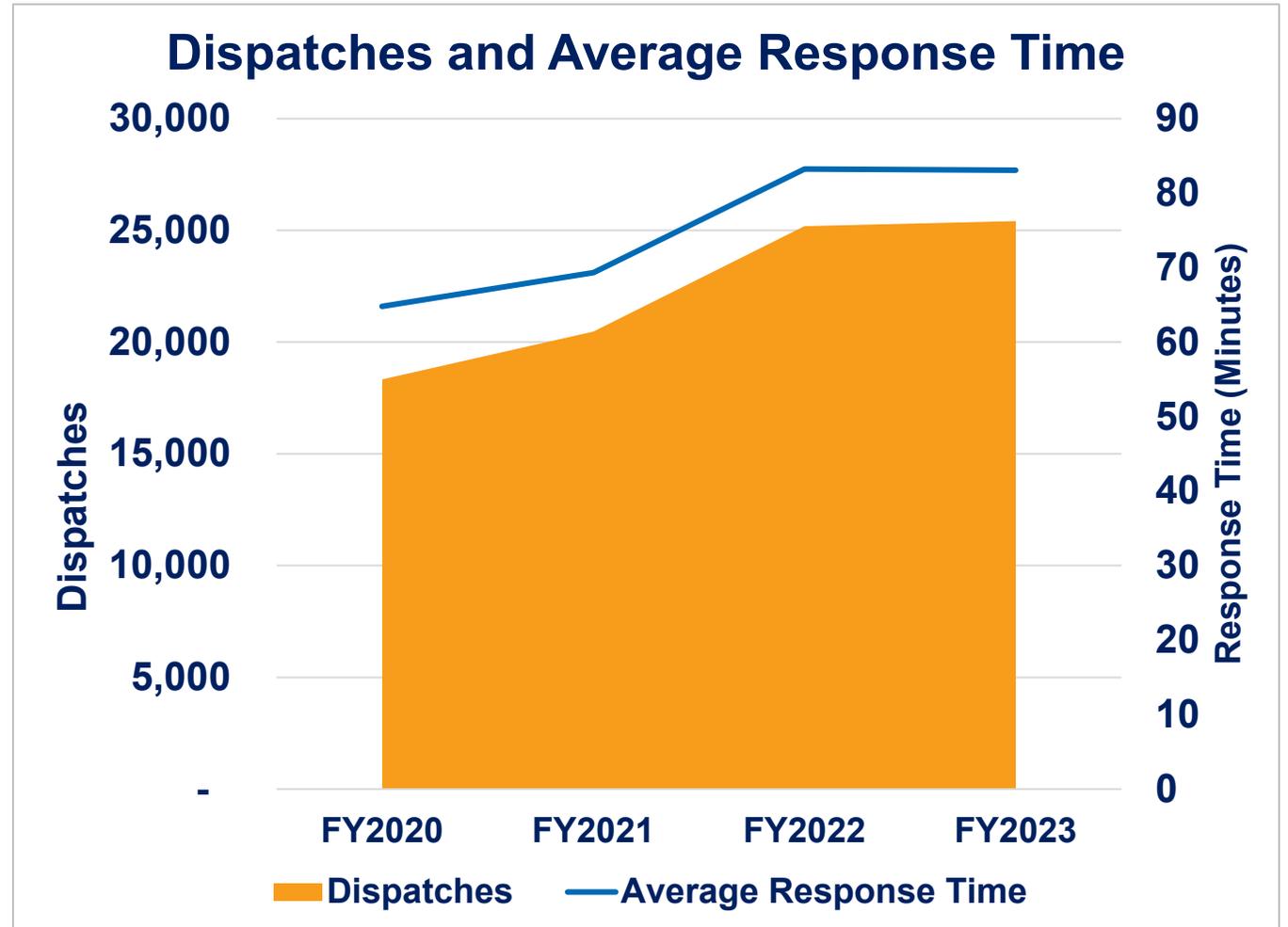
39%

Increase in the number of mobile crisis dispatches from FY2020 to FY2023

83 Minutes

Average dispatch response time in FY2023

(national standard will be 59 minutes by 2025)



Crisis Beds Offline

13%

Adult crisis beds
offline due to
workforce shortage
*(as of August 9th,
2023)*

13.5%

Children and
adolescent beds offline
due to workforce
shortage
(as of August 9th, 2023)

**\$40
million**

Spent on state-
contracted beds for
adults and children in
FY23 (\$8 million more
than FY 22)

Behavioral Health Rate Study

Background

- Rates have not increased since 2008
- The rate studies indicate that rates should be raised on average ~30% across service type and delivering practitioner types
- Nurses and Health Technicians (including Certified Peer Specialists) may see a wage increase of up to 35% to 40%

Next Steps

- Funding and/or directive from General Assembly
- Cost is total \$44 million in state annualized funds
 - **State Funded- \$22,430,804 (uninsured)**
 - **Medicaid- \$22,430,804**
- Approval from DCH Board and Centers for Medicare and Medicaid Services

Behavioral Health - Budget Request 3%

Program	Amended FY 24	FY 25
Increase Behavioral Health Crisis Center Staff Compensation to Bring Beds Online	\$15,000,000	
Construction Costs for Children & Adolescent Crisis Stabilization Unit (Gateway)	\$15,500,000	
Transportation Pilot Program	\$2,500,000	
Annualize Fulton BHCC*		\$5,688,919
Supplement an Expiring Federal 988 Grant		\$1,000,000
Mobile Crisis Response Services		\$4,144,487
Region 1 BHCC		\$9,481,532
Annualize CSB of Middle GA BHCC (Dublin)		\$1,586,056
Annualize Serenity BHCC (Augusta)		\$1,221,116
New Child & Adolescent Crisis Stabilization Unit (Gateway) – Operating Expenses		\$903,179
Georgia Housing Voucher Program		\$1,902,500
Jail In-Reach Pilots – Annualization and Expansion		\$1,325,792
Total	\$33,000,000	\$27,253,581

**Workload adjustment - separate and does not count against the 3% increase request from the Office of Planning and Budget (OPB).*

Intellectual and Developmental Disabilities

Crisis Stabilization Diagnostic Center



NOW/COMP Individuals Served & Waiver Planning List- July 2023

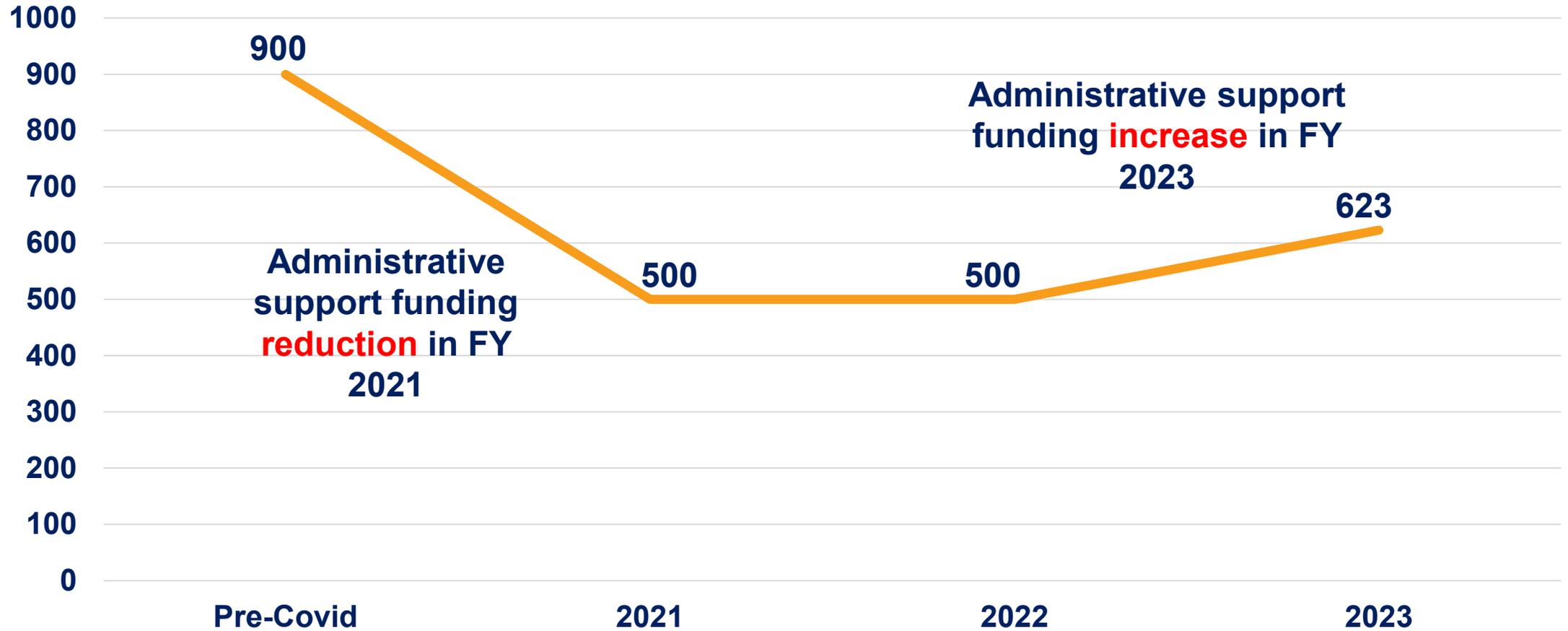
13,251

Individuals served by
waiver

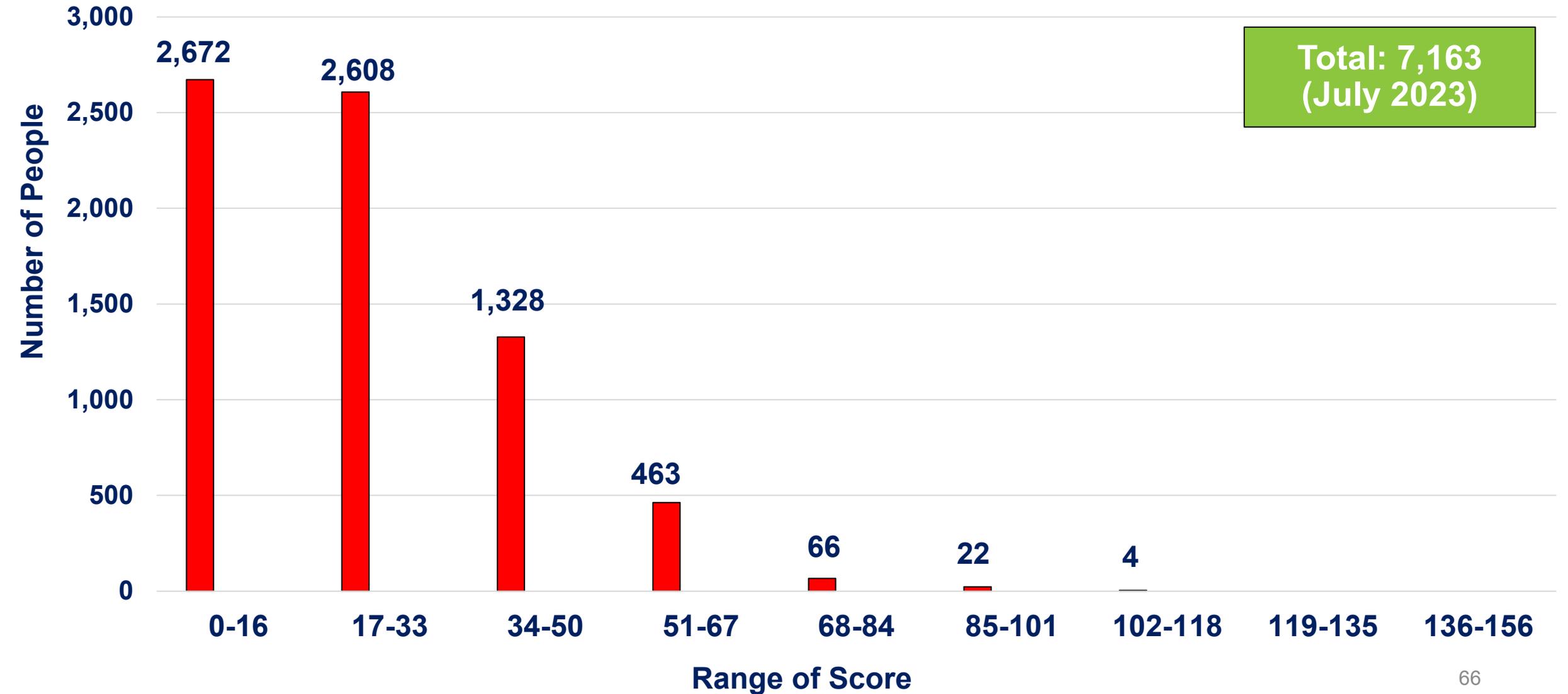
7,163

Individuals on the
Waiver Planning List

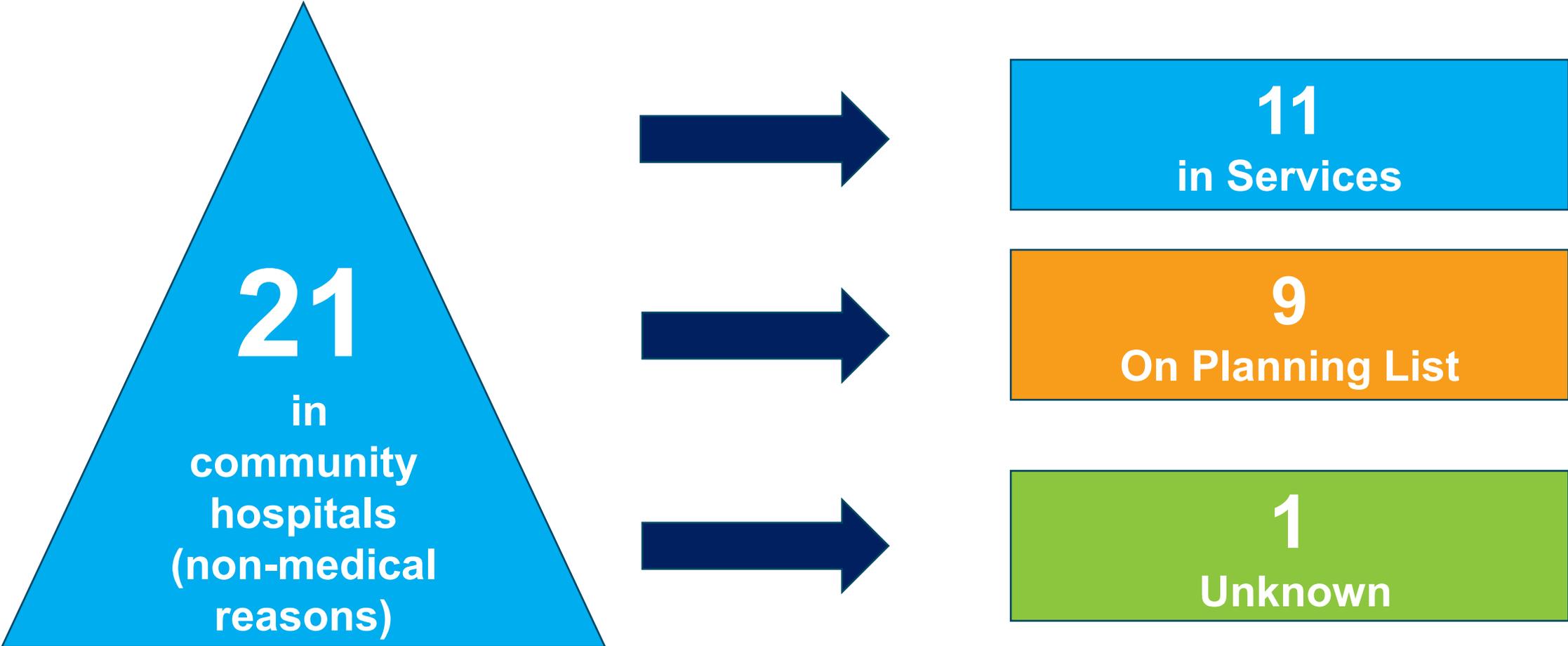
Yearly Waiver Enrollment



Planning List – Needs Score Breakdown



IDD Impact on Community Hospitals



As of August 16, 2023

NOW/COMP Rate Study

Impact

- On average, rate study recommendations would result in a **40** percent increase in provider revenue, if enacted.
- Rate models assume an average direct service professional wage which is inclusive of the following:
 - \$16.70 per hour & comprehensive benefits
- Appendix K extension

Next Steps

- Funding and/or directive from the General Assembly
 - Cost is approximately \$107 million in state annualized funds
- Approval from DCH Board and Centers for Medicare and Medicaid Services

IDD - FY 2025 Budget Request

Program	Cost
Funding for 100 New NOW/COMP Waivers	\$2,594,216
Crisis Stabilization Diagnostic Center (CSDC) – Crisis Services & Outpatient Center Operations	\$3,194,724
Annualize 500 FY24 NOW/COMP Waivers*	\$9,399,368
Extension of Appendix K*	14,773,732
Total	\$29,962,040

**Workload adjustments - separate and does not count against the 3% increase request from the Office of Planning and Budget (OPB).*

Budget

DBHDD – Budget Instructions & Submission

Memo from OPB Director Richard Dunn

- State revenues are rising and are accompanied by strong economic growth
- Fiscal uncertainties remain as a result of rising inflation and warnings of a potential recession
- State agencies have been instructed to submit requests with a proposed 1% reduction and proposed 3% increase.

Proposal up for consideration by DBHDD Board of Directors

- DBHDD's submission adheres to these instructions and encompasses a 1% reduction along with a 3% increase in overall spending for AFY 24 or FY 25.

FY 2024 Workload Adjustments - Summary

Program	Cost
Annualize Fulton Behavioral Health Crisis Center (BHCC)	\$5,688,919
Annualize 500 FY24 NOW/COMP Waivers	\$9,399,368
Appendix K Extension	14,773,732
Overall Total	\$29,862,019

**These workload adjustments are separate and do not count against the 3% increase request from the Office of Planning and Budget (OPB).*

FY 2025 Budget Request- 1% Reduction

Program	Cost
Funds for state-contracted beds	(\$1,000,000)
One-time funds for homelessness outreach	(\$825,000)
Reduce core funding to reflect utilization rates	(\$10,420,218)
One-time gap funding for Psychiatric Residential Treatment Facilities	(\$600,000)
Information Technology Savings	(\$2,016,954)
Overall Total	(\$14,862,172)

Amended FY 2024 Budget Request-3% Increase

Behavioral Health	Cost
Increase BHCC Staff Compensation to Bring Beds Online	\$15,000,000
Construction Costs for Children & Adolescent Crisis Stabilization Unit (Gateway)	\$15,500,000
Transportation Pilot Program	\$2,500,000
Hospital and Forensic Services	
Renovate the Bowen Building for Hurricane Evacuations	\$750,000
Hospital Vehicle Replacements	\$1,250,000
Construction of Treatment Mall at East Central Regional Hospital	\$8,000,000
Community-Based Restoration Services	\$500,000
Jail-Based Forensics Restoration Pilot - Annualization & Expansion	\$976,962
Overall Total	\$44,476,962

FY 2025 Budget Request-3% Increase

Behavioral Health	Cost
Supplement an Expiring Federal 988 Grant	\$1,000,000
Mobile Crisis Response Services	\$4,144,487
Region 1 BHCC	\$9,481,532
Annualize CSB of Middle GA BHCC (Dublin)	\$1,586,056
Annualize Serenity BHCC (Augusta)	\$1,221,116
New Child & Adolescent Crisis Stabilization Unit (Gateway) – Operating Expenses	\$903,179
Georgia Housing Voucher Program	\$1,902,500
Jail In-Reach Pilots – Annualization and Expansion	\$1,325,792

FY 2025 Budget Request-3% Increase Continued

Intellectual and Developmental Disabilities	Cost
Funding for 100 New NOW/COMP Waivers	\$2,594,216
Crisis Stabilization Diagnostic Center (CSDC) – Crisis Services & Outpatient Center Operations	\$3,194,724
Hospitals & Forensic Services	
Jail-Based Forensics Restoration Pilot – Annualization and Expansion	\$3,907,846
Savannah Regional Forensics Program - Project Hope	\$3,218,210
Market Adjustment Recommendations from Workforce Study (Forensic Psychologists, Hospital Staff, etc..)	\$10,000,000
Overall Total	\$44,479,658

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities



D·B·H·D·D

Chair's Report

David Glass

Chair

Public Comment





BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

