

Board of Behavioral Health and Developmental Disabilities

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

April 15, 2021



Agenda

Roll Call / Call to Order

Recovery Speaker

Action Items

Commissioner's Report

COVID-19 Coexistence in
DBHDD Hospitals

Supportive Housing 2.0
Update

9-8-8 Overview

Chair's Report

Public Comment

Next Meeting Date

Roll Call

Call to Order

David Glass

Vice-Chair

Recovery Speaker

Jeff Breedlove

Georgia Council on Substance Abuse

Action Item:

- Board Meeting Minutes – February 11, 2021
- Election of New Board Chairperson

Commissioner's Report

Judy Fitzgerald
Commissioner

COVID-19 Coexistence in DBHDD Hospitals

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Madhu Gundlapalli, MD
Deputy Medical Director
Division Of Hospital Services



“The future depends on what we do in the present.”

Mahatma Gandhi

Where we are



**Continuing
Vigilance**



Patient flow



**Protection
through
vaccination**

Vigilance

- 1 Effective Infection control practices
- 2 PPE use to fidelity monitoring
- 3 Screening/Testing of admissions
- 4 Isolation/Quarantine based on Screening/testing
- 5 Risk assessment secondary to exposure
- 6 Testing to inform decisions

Patient Flow

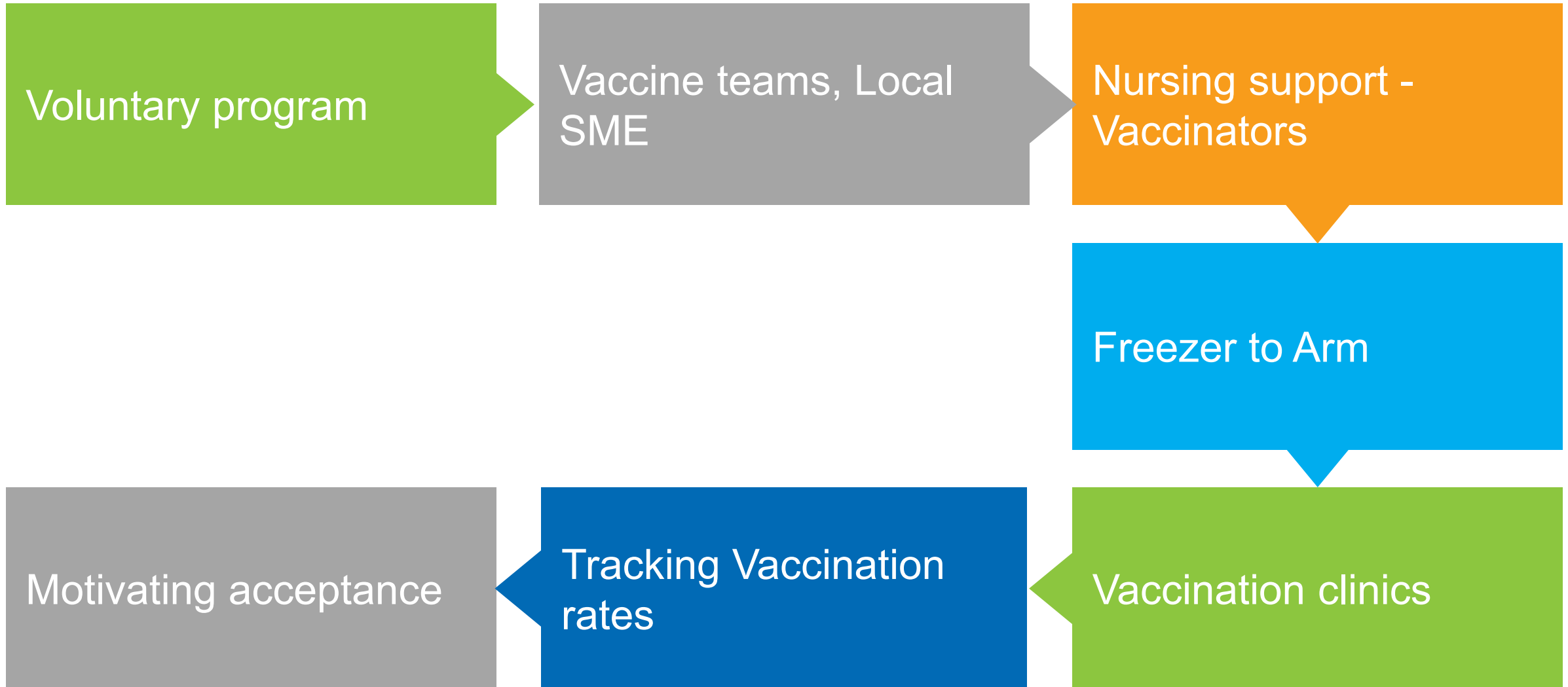
Admissions

- Protocol for testing/refusal of testing
- Protocol for Quarantine/isolation
- Protocol for Return to home unit
- No denial of admission

Discharges

- Community partners
- Courts
- Discharge planning

Vaccination



Hospital	Staff 1 st dose 2 nd dose	Rate %	Previous reported rate Feb 9th	Patient 1 st dose 2 nd dose
GRHA	674 583	67.04	48.96	117 97
ECRH	487 421	46.02	28.41	162 154
GRHS	292 233	51.15	41.77	76 73
CSH	357 313	46.53	39.55	137 107
WCRH	310 269	49.44	36.75	125 103
Total	2120 1819	52.81	38.75	617 534

As of April 7th, 2021

Move towards Normalization

Visitation

- Protocols in place
- Scheduled visits
- Continuing access to virtual visitation

Active treatment

- Expanding access to Treatment through increased usage of the mall
- Limited co-mingling/phased approach

Supportive Housing 2.0 Update

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Maxwell Ruppensburg, MPA
Director, Office of Supportive Housing



Our Agenda

- Welcome
- DBHDD Office of Supportive Housing
- What is the Georgia Housing Voucher Program
- Supportive Housing 2.0 Process: Mission, Vision, and Goals
- Review of Strategic Plan Progress and Ongoing Work
- Questions

DBHDD Office of Supportive Housing

- **Georgia Housing Voucher Program (GHVP)**
 - Created in response to DOJ Settlement Agreement in 2010
 - Permanent supportive housing, tenant-based rental voucher
 - Serving individuals experiencing homelessness who have severe and persistent mental illness (SPMI) and meet one of the following criteria:
 - Chronically homeless or in a DBHDD residential program
 - Currently in a DBHDD State Hospital,
 - Frequent ER visits or psychiatric hospitalizations, or
 - Recent release from jail/prison
- **Projects for Assistance in Transition from Homelessness (PATH)**
 - Ten homeless outreach PATH Team grantees around the state
 - Serving individuals experiencing homelessness with behavioral health needs
 - SAMHSA program

What is Permanent Supportive Housing (PSH)?



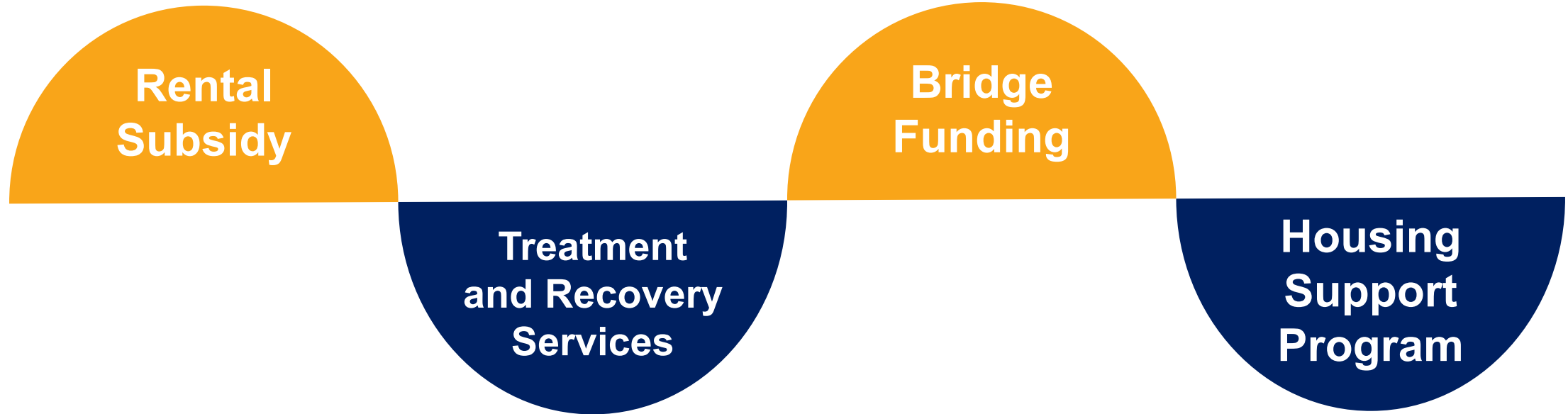
**Housing
Financial
Assistance**

**Community-
Based BH
Services**

**Permanent
Supportive
Housing**

What does DBHDD PSH look like?

Georgia Housing Voucher Program (GHVP)



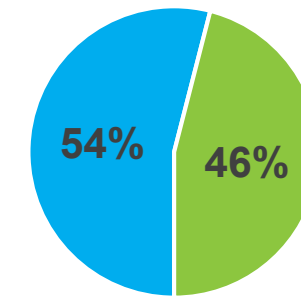
Who does GA Housing Voucher Program serve?

GHVP Demographic Breakdown

Population: ~2000 individuals, FY20

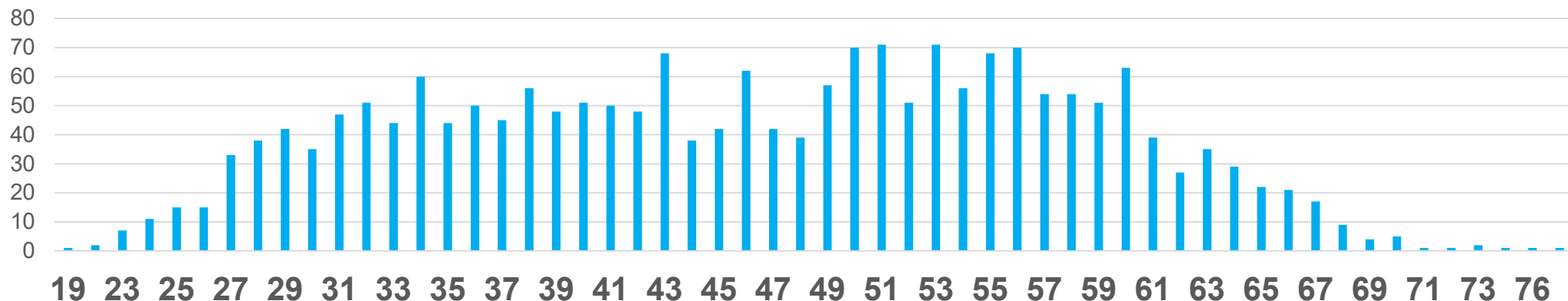
Race	Percentage
Black/African American	70.06%
White/Caucasian	23.25%
Asian	2.46%
Unknown/Refused	2.41%
Other Single Race	1.13%
Multiracial	0.44%
Native Hawaiian/Other Pacific Islander	0.15%
American Indian/Alaskan Native	0.10%

Reported Gender



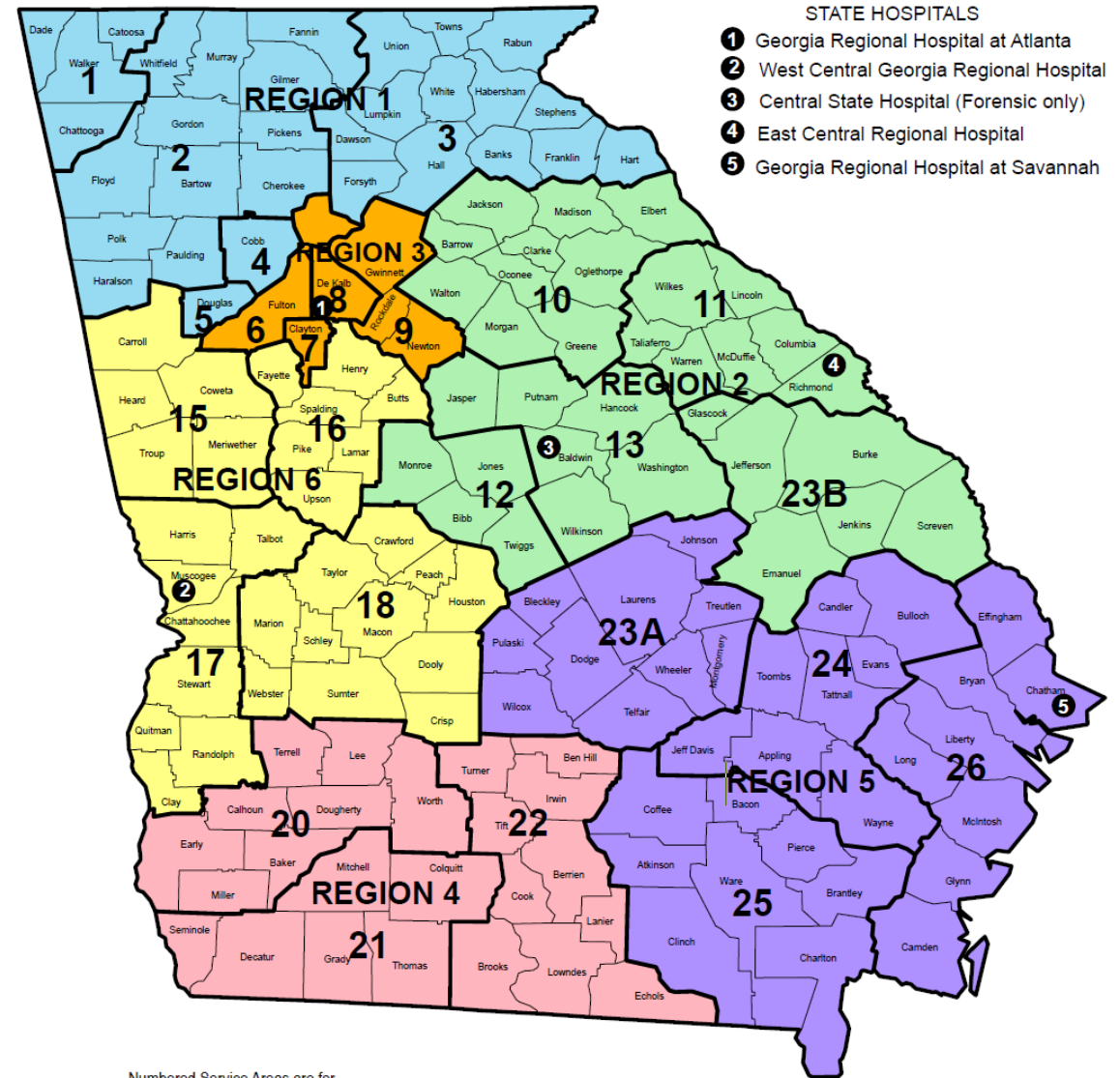
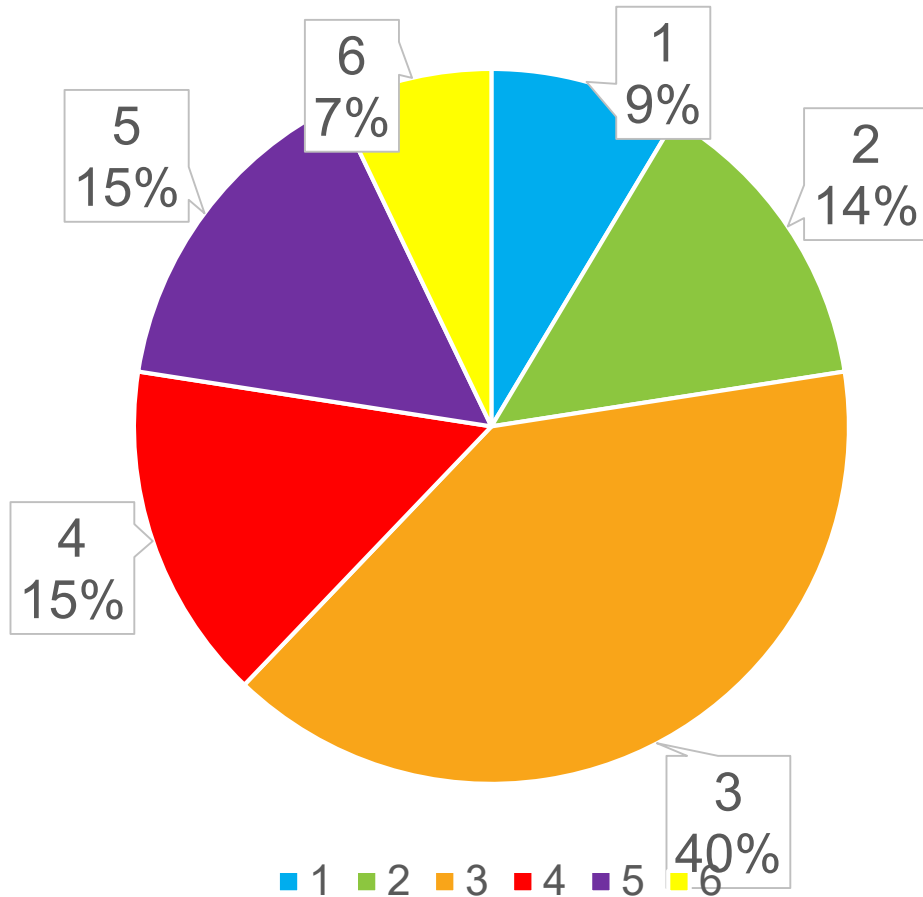
■ Female ■ Male

Distribution of GHVP Participant Age



How many participants and where?

Current GHVP participants: **1,923**
 (as of March '21)



Supportive Housing 2.0: Systemic Transformation

Office of Supportive Housing Mission Statement

“House, support, and sustain eligible individuals in need who have severe and persistent mental illness, in order to prevent homelessness and promote independence and long-term recovery, in collaboration with our network of partners, efficiently and effectively.”

Supportive Housing 2.0 Vision Statement

TRANSFORM the Georgia Housing Voucher Program into a leading model of Permanent Supportive Housing.

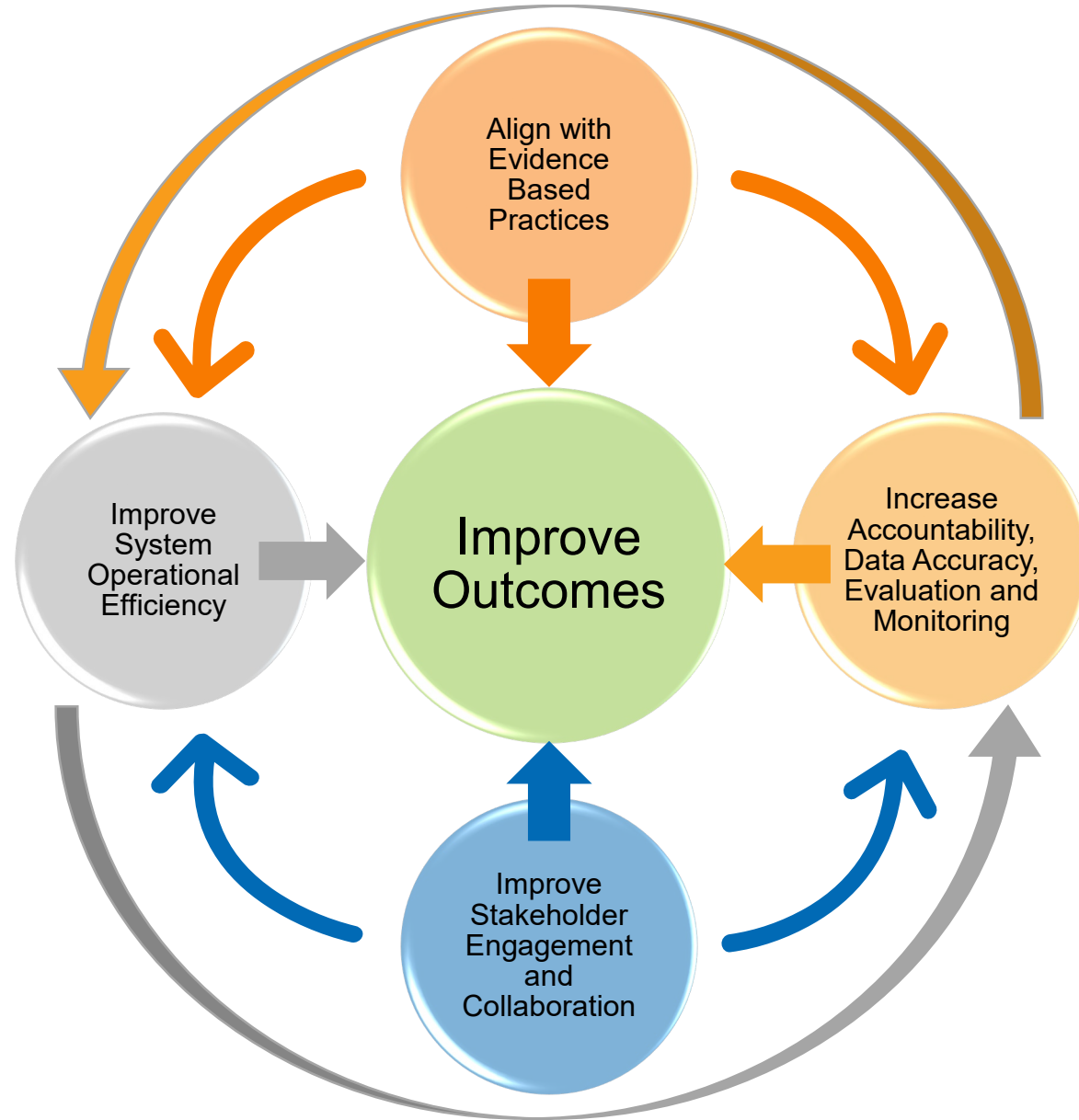
DELIVER collaborative, sustainable, and long-term outcomes at the individual and system level.

LEAD toward the reduction and ultimate end of chronic homelessness among DBHDD's target population in Georgia, as well as contribute to the end of homelessness throughout the state.

Supportive Housing 2.0 Values

- Outcome-Oriented
- Person Centered
- Silo-Breaking and Collaboration
- Continuous Quality Improvement
- Communication and Transparency
- Accountability and Reliability
- Compassion and Respect
- Harm Reduction
- Inclusion and Representation
- Flexibility
- Customer Service
- Efficiency
- Trauma-Informed

Supportive Housing 2.0 Goals



Supportive Housing System Phases

1. Outreach

- Individual is connected to a provider or presents for intake.
- Individual is identified at DBHDD Hospital.
- Individual receives outreach in correctional facility.
- PATH outreach occurs.

2. Assessment

- Determination of eligibility.
- Completion of NSH survey.
- If not eligible, individual is referred to other resources.

3. Application

- Completion of referral process for GHVP.
- Forms and document submission.
- Results in FO review of referral and issuance of voucher if appropriate.

4. Housing Search

- Housing search supported by provider begins.
- Individual exercises choice.
- Unit must accept vouchers and meet standards.

5. Leasing

- Lease signing and final paperwork gathered.
- Inspection scheduled and conducted prior to move-in.
- Furnishing and utility startup via Bridge Funding.
- Landlord enrollment.

6. Stability

- Individual receives ongoing housing support services.
- Optional treatment services.
- Program fidelity monitoring and evaluation.

Updates on Strategic Plan Implementation and Progress

Major Changes and Ongoing Work

Completed:

1. Changed referral pathway to expedite access to GHVP
2. Centralized communications using customer service platform

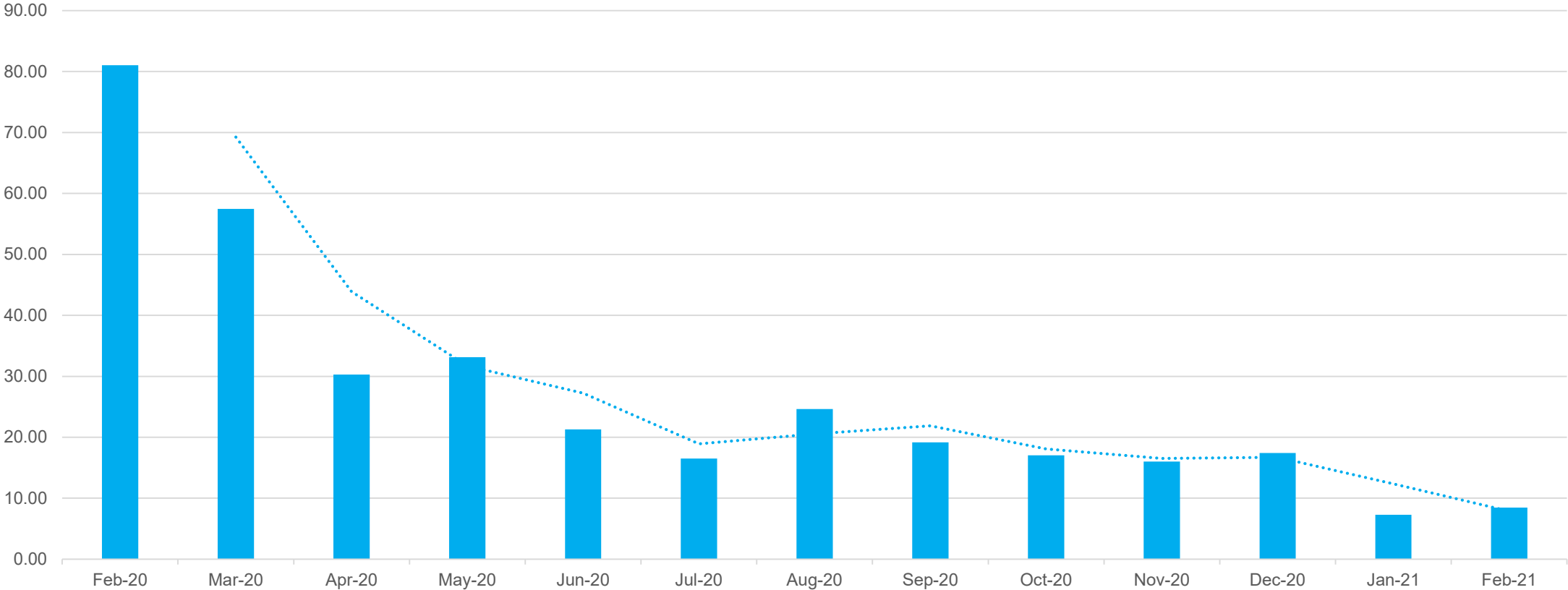
In Progress:

1. Digitizing and streamlining GHVP application process
2. Housing Support Program
3. Fidelity Monitoring Program

Average Time for Housing Referral Completion

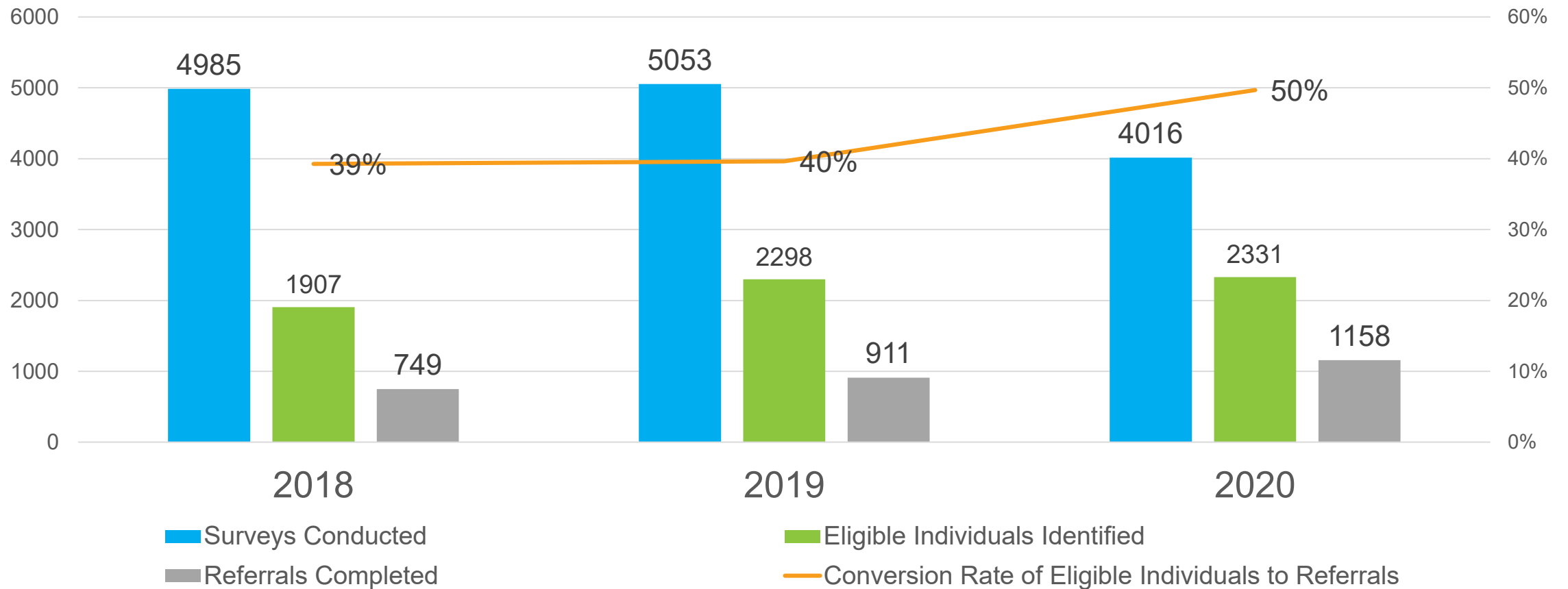
From more than 11 weeks to less than 3 weeks (almost 75% faster)

Average Time until Referral Completion



Connecting Individuals to Supportive Housing

CY2018-CY2020 Comparison



Conversion from Housing Referral to Voucher

3 out of 4 referrals to GHVP
are approved for a voucher



Technical Innovations to Improve Service Delivery

- Improving capacity for data-driven decision making
- Centralized communications to improve response time, increase customer satisfaction, and manage performance.
 - Dedicated support channels
 - Launched online **Supportive Housing Help Center**:
 - <https://GHVP.Zendesk.com>
- Digitizing application process to streamline process for Provider and Individual, improve system tracking and management.

Technical System Enhancements by Phases

1. Outreach

- Individual is connected to a provider or presents for intake.
- Individual is identified at DBHDD Hospital.
- Individual receives outreach in correctional facility.
- PATH outreach occurs.

2. Assessment

- Determination of eligibility.
- Completion of NSH survey.
- If not eligible, individual is referred to other resources.

3. Application

- Completion of referral process for GHVP.
- Forms and document submission.
- Results in FO review of referral and issuance of voucher if appropriate.

4. Housing Search

- Housing search supported by provider begins.
- Individual exercises choice.
- Unit must accept vouchers and meet standards.

5. Leasing

- Lease signing and final paperwork gathered.
- Inspection scheduled and conducted prior to move-in.
- Furnishing and utility startup via Bridge Funding.
- Landlord enrollment.

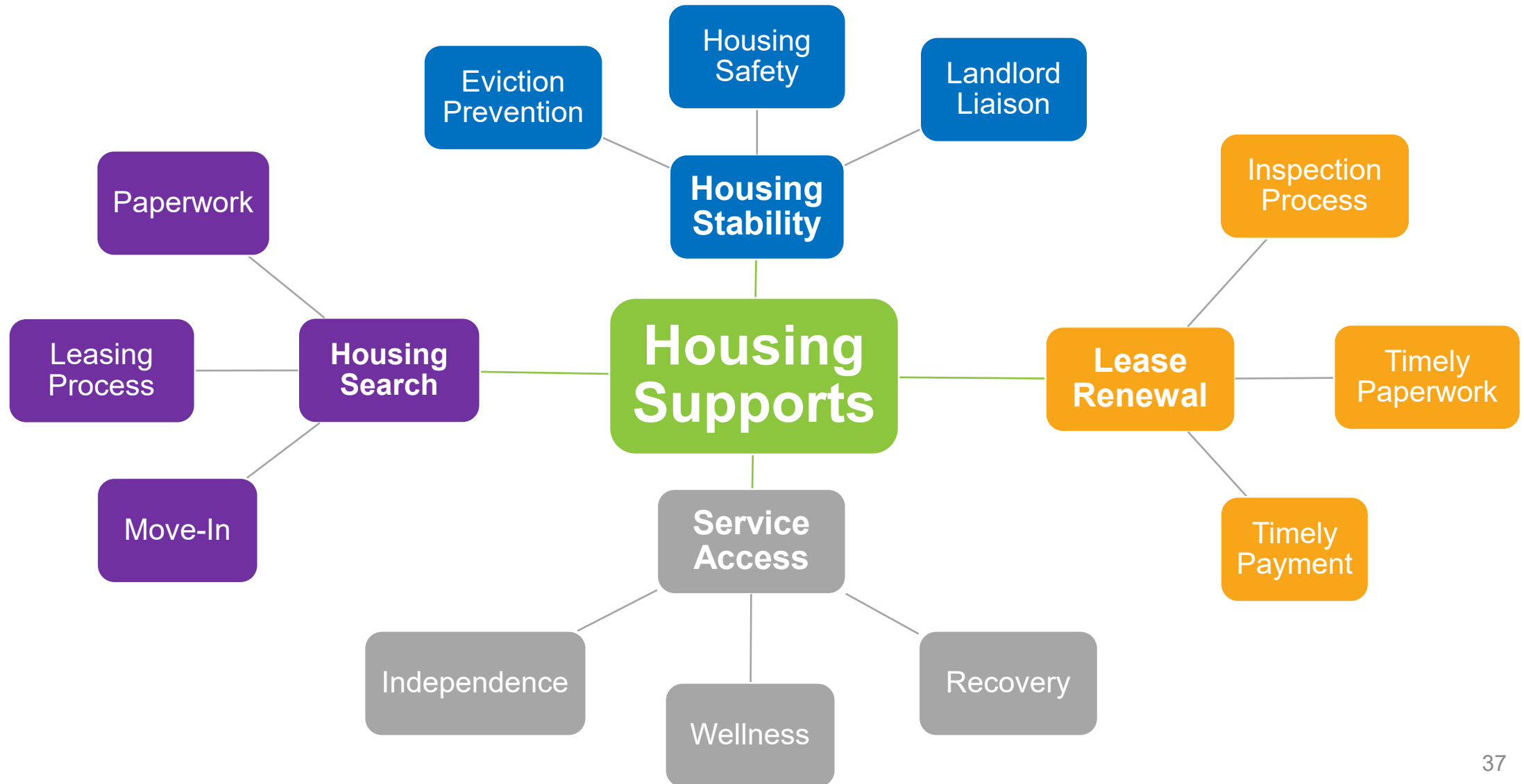
6. Stability

- Individual receives ongoing housing support services.
- Optional treatment services.
- Program fidelity monitoring and evaluation.

Implementing Evidence Based Practices

- Housing Support Program → July 2021
 - Ensuring ongoing housing stability supports
 - Monthly wellness checks
 - Financial feasibility for providers
- Fidelity Monitoring Program
 - Providing technical assistance
 - Ensuring consistency and accountability
 - Pilot underway, statewide rollout in FY22

Need for Housing Support Program



Housing Support Program by Phases

1. Outreach

- Individual is connected to a provider or presents for intake.
- Individual is identified at DBHDD Hospital.
- Individual receives outreach in correctional facility.
- PATH outreach occurs.

2. Assessment

- Determination of eligibility.
- Completion of NSH survey.
- If not eligible, individual is referred to other resources.

3. Application

- Completion of referral process for GHVP.
- Forms and document submission.
- Results in FO review of referral and issuance of voucher if appropriate.

4. Housing Search

- Housing search supported by provider begins.
- Individual exercises choice.
- Unit must accept vouchers and meet standards.

5. Leasing

- Lease signing and final paperwork gathered.
- Inspection scheduled and conducted prior to move-in.
- Furnishing and utility startup via Bridge Funding.
- Landlord enrollment.

6. Stability

- Individual receives ongoing housing support services.
- Optional treatment services.
- Program fidelity monitoring and evaluation.

Fidelity Monitoring Program by Phases

1. Outreach

- Individual is connected to a provider or presents for intake.
- Individual is identified at DBHDD Hospital.
- Individual receives outreach in correctional facility.
- PATH outreach occurs.

2. Assessment

- Determination of eligibility.
- Completion of NSH survey.
- If not eligible, individual is referred to other resources.

3. Application

- Completion of referral process for GHVP.
- Forms and document submission.
- Results in FO review of referral and issuance of voucher if appropriate.

4. Housing Search

- Housing search supported by provider begins.
- Individual exercises choice.
- Unit must accept vouchers and meet standards.

5. Leasing

- Lease signing and final paperwork gathered.
- Inspection scheduled and conducted prior to move-in.
- Furnishing and utility startup via Bridge Funding.
- Landlord enrollment.

6. Stability

- Individual receives ongoing housing support services.
- Optional treatment services.
- Program fidelity monitoring and evaluation.

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

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Debbie Atkins, LPC
Director of Crisis Coordination
April 15, 2021



9-8-8 Designation Overview

- ➔ Summer 2020
 - Federal Communications Commission
 - Declared the need for an easy-to-remember, 3-digit dialing code for the National Suicide Prevention Lifeline (Lifeline)
 - Designated 9-8-8 as the 3-digit number
 - Required all covered telecommunications providers to implement 9-8-8 in their networks by July 16, 2022.
- ➔ Fall 2020
 - S.2661-National Suicide Hotline Designation Act of 2020 signed into law (PL 116-172)
 - Designated 9-8-8
 - Set expectations related to how the 9-8-8 should be implemented

9-8-8 Background

National Lifeline

- Founded in 2005
 - Funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA)
 - Available 24/7
 - Provides free/confidential support for people in distress
 - Answer some calls directly AND routes calls to state and local call centers
 - Lifeline transfers callers to closest call center based on **area code** and availability
-
- **Routing in Georgia:** Lifeline calls are routed to the Department of Behavioral Health and Developmental Disabilities' (DBHDD) Georgia Crisis and Access Line (GCAL).

Georgia Crisis and Access Line (GCAL)








GCAL offers 24/7 crisis, urgent and routine access to the State of Georgia's behavioral health system.

Services Include:

- **Routine Service Access:** For consumers with less intense needs, the call center staff can offer consumers choice of providers and to schedule appointments for services.
- **Mobile Crisis Dispatch:** Individuals in need of crisis management will receive 24/7 mobile response to assess the situation, de-escalate the crisis, consult and refer with post crisis follow-up to assure linkage with recommended services.
- **Emergencies:** Individuals determined to be in immediate danger are “warm transferred” to the local 911 service in the area where the consumer is located. Call center staff do not leave the call until they have confirmation that 911 responders are on site with the caller.
- **Live Bed Board:** Offers placement on the bed board for stabilization services. The board offers a statewide view of DBHDD funded crisis bed availability.

Georgia DBHDD Crisis System

Legend

-  Individual presents at DBHDD agency
-  Individual accesses via GCAL
-  MIXED: Individual accesses via GCAL or through direct presentation (primarily accessed by direct calls to the agency)
-  MIXED: Individual accesses via GCAL or through direct presentation (primarily accessed by direct calls to GCAL)
-  Singular access route via GCAL
-  Primary access route via GCAL
-  Non-primary access route via GCAL



9-8-8 Expectations

Selected Expectations of the Law and Other Considerations:

Information Technology Infrastructure:

GCAL is considered nationally as high-tech approach to crisis call centers, however, the law as enacted will require upgrades to the current technology infrastructure.

Service Capacity:

Georgia is considering the anticipated additional demand on all current crisis response services reviewed on the previous slide

- GCAL receives approximately 200,00 calls per year (approximately 800 calls per day).
- GCAL receives 100% of the National Suicide Prevention Lifeline (NSPL) Calls from Georgia Area Codes
- The NSPL calls make up 25% of the current GCAL Volume

9-8-8 Provisions in Law

State Authority Over Fees:

- Enables states to collect a fee/charge applicable to commercial mobile service or an IP-enabled voice service for 9-8-8 related services.

Specifically, these funds are limited to:

- Ensuring the efficient and effective routing of calls made to the 9–8–8 national suicide prevention and mental health crisis hotline to an appropriate crisis center; and
- Procuring personnel and services—including acute mental health, crisis outreach and stabilization services—that support response to the 9–8–8 national suicide prevention and mental health crisis hotline.

9-8-8 Planning Activities

Partnering with federal leadership on the implementation of the law

- Engaged in weekly communication on legal aspects on implementation
- Engaging SAMHSA and Veteran Affairs on Implementation
- Participating with the 9-8-8 Community of Practice

Implemented an Internal DBHDD Steering team which meets weekly

- Engaged in communication and project plan development
- Developing resource assessments

Launching statewide planning coalition in April 2021

- Engaging with community partners to develop an implementation plan

9-8-8 Planning Coalition / Convening Authority

Georgia Crisis
Access Line
(Vendor: BHL)

Georgia
Collaborative
ASO (Vendor:
Beacon Health)

Mobile Crisis
Team
(Vendors: BHL
and Benchmark)

VA Suicide
Prevention
Coordinator

Advocacy
Organizations

Georgia EMS
Association

Law
Enforcement

DBHDD Suicide
Prevention
Coordinator

Governor's
Office of
Planning and
Budget

Georgia
Emergency
Communications
Authority/ 911

Lived Experience
Advocacy
(GMHCN,
GCSA, GPSN)

Community Mental
Health Center
Association
Representative
(public safety net)

Crisis/Wellness
Respite
(Vendor: GMHCN)

Ongoing Implementation Planning Activities

- Awaiting reports from SAMHSA and Veterans Affairs that are due in April
- Review budget estimates
 - Cost
 - Revenue (Federal/State Appropriations, Medicaid, telecom fees)
- Analyze need for legislation
- Launch planning coalition
- Implement necessary crisis system enhancements
- Hire project support
- Plan for stakeholder engagement and communication

Chair's Report

David Glass

Vice-Chair

Public Comment

Next Board Meeting

Thursday, June 10, 2021

1:00 p.m.