

2008 Innovations Awards Program APPLICATION

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ID # (assigned by CSG): 08-S-22GA

Please provide the following information, adding space as necessary:

State: **Georgia**

Assign Program Category (applicant): **Human Services** (Use list at end of application)

1. Program Name:

Georgia Crisis and Access Line (GCAL)

2. Administering Agency:

Department of Human Resources, Division of Mental Health, Developmental Disabilities and Addictive Diseases

3. Contact Person (Name and Title):

Gwendolyn B. Skinner, Director DMHDDAD

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9. Please provide a two-sentence description of the program.

The Georgia Crisis and Access Line (GCAL) provides individuals throughout Georgia with 24-hour, 7-day-a-week crisis intervention and access to the public behavioral health system. Licensed clinicians and bachelor's-level care counselors use flexible software to triage calls, identify treatment options, link callers to service providers, give real-time

feedback on performance to workers and their supervisors, and generate monthly performance and statistical reports for the Division.

10. How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on March 1, 2008 to be considered:

It began July 1, 2006. (20 months)

11. Why was the program created? What problem[s] or issue[s] was it designed to address?

When individuals with mental illness and/or addictive diseases seek assistance, they often must overcome almost overwhelming stigma to garner the courage to place a call for help. They then encounter additional barriers. Whom do they contact for help? How do they contact them? How do they navigate a complicated, unfamiliar behavioral health system? And, how long must they wait before services become available?

Prior to July 1, 2006, Georgians who were in crisis or who needed behavioral health services could seek help in two ways. The first option required considerable tenacity. Using a telephone book or another directory, individuals could identify local service providers, call around until a provider could be found who would agree to see them, and wait for an appointment to become available. This was particularly difficult for individuals without insurance coverage and/or with limited financial resources. Often families, law enforcement agencies, and others dealing with the individuals did not attempt to schedule appointments or seek community-based crisis assistance. They took those needing help to hospital emergency rooms, state hospitals, and local jails.

To help simplify this process, the Division had implemented a second option. Individuals seeking help could call one of 25 "single-point-of-access" lines that served specific parts of the state. Once callers got through to an access line, they could obtain names and telephone numbers of providers and attempt to make an appointment. While this simplified the process somewhat, it had several limitations. Providers used different protocols to screen and handle callers, and not all crisis and access lines had appropriate staff on duty to answer calls at all hours, every day. Busy signals and long hold times were not uncommon, especially after regular business hours.

Although the access lines referred callers to service providers, the callers had to schedule appointments themselves. Most calls for appointments had to be made during regular business hours as providers were open only a few hours weekends and evenings. Callers had to deal with long waits and busy signals while making appointments. Adding to the callers' growing sense of frustration, it was often weeks or even months before they could obtain an appointment for services.

Finally, when the local provider agency could not provide timely services, individuals were often referred to one of the state's seven behavioral health hospitals when community treatment was more appropriate. This significantly increased the cost of care and contributed to dangerous overcrowding in some hospitals.

12. Describe the specific activities and operations of the program in chronological order.

The Division began reviewing the performance of its crisis and access services early in 2005. Although the Division knew multiple access lines were problematic, it had little reliable performance data by which to determine the extent and impact of the weaknesses.

In August 2005, Hurricane Katrina hit southern Louisiana and Mississippi. As a result, over 100,000 hurricane survivors relocated to Georgia – many suffering from serious depression, post-traumatic stress syndrome, and other mental illnesses and addictive diseases. Tests of the various “single point of entries” revealed varying protocols and uneven availability. It became evident that the Division had to move quickly to improve the public’s access to the state’s behavioral health services.

A committee of experienced staff was formed under the leadership of the Director, Gwendolyn B. Skinner. The committee reviewed options used by other localities and consulted with other state agencies, community organizations, advocacy groups, and private organizations.

After discussing several options, the Division decided to consolidate the 25 “single-point-of-entry” access lines into one statewide crisis and access line that would be required to operate 24 hours, 7 days a week using an 800, toll-free telephone number. Well-trained clinicians and counselors were to staff the line. Call center staff were to be able to link callers with internal and external crisis counselors by adding additional parties to the telephone line rather than transferring calls to avoid unintentional disconnections. The vendor was to meet specified performance criteria and produce reliable information by which to monitor performance.

Since Division officials were also investigating ways to give consumers more choice in service options by expanding the pool of community-based providers, it was also decided that the access line should be operated by a vendor that did not provide direct care services. This was to simplify consumer access, standardize referrals, ensure professionalism and accountability, and offer consumers real choice in selecting services.

The Division developed a Request-for-Proposal for a single statewide crisis and access line. The RFP was issued January 27, 2006 for competitive bids. Four national managed care companies and Behavioral Health Link submitted proposals.

The contract was awarded in March 2006. The successful bidder was Behavioral Health Link (BHL), an Atlanta-based company with a core business in crisis intervention and access management services, hotline, mobile assessment, and disaster outreach. Start up preparations began immediately.

An advisory council was engaged to help guide GCAL’s implementation. The council included key stakeholders, consumers and advocates, provider agencies, and policymakers. The council represented both rural and metropolitan areas, various disability groups (such as, mental health, addiction, child and adolescent services, and suicide prevention advocates), and help lines operated by local social service agencies such as the United Way 2-1-1 and Fulton County 911 services.

One of the first tasks was to let the public know about GCAL. A national marketing firm helped develop a public information campaign, “A Crisis Has No Schedule”. GCAL officials engaged in direct media marketing and visited more than 140 emergency rooms around the state to share information and answer questions about the new crisis and access line. The Division’s regional and central office staff also worked with providers, law enforcement, hospitals, advocacy groups, other state agencies, and social services organizations to publicize the statewide crisis and access line.

Although BHL, the successful bidder, already had a basic structure for a call center, additional staff were trained and added, additional software was acquired, existing

software was enhanced, and new protocols were developed. The call center became operational on July 1, 2006 and fielded over 21,000 calls its first month of operation.

The high call volume threatened to jeopardize GCAL's personalized approach to dealing with each caller. To support staff in maintaining this important perspective and to improve efficiency, GCAL added high-tech software developed exclusively by and for the statewide crisis and access line. This software provided real-time "actionable intelligence" to be used during calls.

GCAL's ability to schedule appointments for callers on-line has been enhanced. When the statewide crisis and access line first became operational, GCAL could schedule appointments with the Division's 35 core providers. To accommodate a significant increase in the number of providers, GCAL acquired the scheduling component of practice management software. Now, staff can make on-line appointments with 107 core providers at 215 sites.

Currently, GCAL employs 90 individuals to fill 75 full-time positions at the call center. Approximately half the call center staff have Bachelor's Degrees in social work or similar areas; the other half are licensed clinicians and social workers with Masters Degrees. The call center includes 40 workstations with computers linked to providers and internal performance monitoring and case tracking systems.

13. Why is the program a new and creative approach or method?

- GCAL is a statewide crisis and access line. Although individuals can still contact providers directly, one statewide crisis and access line has proven less confusing to individuals and organizations; allowed consistent triage and referral protocols; and resulted in shorter waits for appointments.
- GCAL assistance is available 24-hours a day, seven days a week.
- GCAL does not provide direct-care services. Its sole function is to provide a crisis and access line, triage calls, identify service providers in a caller's locality, and link the caller to a provider that he or she has selected.
- While GCAL's primary target audience consists of the Division's core customers (persons who have persistent and severe behavioral disabilities and who lack resources for private treatment), GCAL provides help to anyone calling for assistance.
- The call center partners with a diverse array of private and public social service and health organizations. These include such key stakeholders as the Division's 107 Core Providers, 7 state hospitals, 20 crisis services programs, 3 sub-acute detoxification programs, 31 private inpatient facilities, 140 emergency rooms, 2 social service (2-1-1) help lines, 159 law enforcement agencies, and Georgia's 3 primary behavioral health advocacy groups, National Alliance for the Mentally Ill, Georgia Mental Health Consumer Network, and Mental Health America.
- There are two tiers of GCAL staff. Care Consultants, who are extensively trained and have Bachelors Degrees in one of the social service disciplines, handle most calls. When calls require additional expertise or crisis services, the Care Consultants introduce licensed clinical professionals (at the Masters Degree Level) to the caller using a three-way telephone connection to ensure call continuity and reassure the caller that he or she will not be disconnected. Callers can not be put on hold. The caller is then handed over to the licensed clinician. The Care Consultant/Licensed

professional approach allows the state to control costs while ensuring optimum service quality.

- Also, Callers can be similarly linked to emergency centers, local law enforcement, and other organizations for immediate assistance in a crisis.
- Interactive software helps GCAL's professional staff triage calls according to severity of problem. This software does not take the place of individual discretion, but rather works in the background to prompt the worker in addressing issues relevant to each call. The software does not require that the clinician follow a prescribed order of questions, but is flexible enough to be tailored to each call.
- GCAL also uses software which identifies provider options for callers by using a background logarithm to match callers to service providers by presenting problem, age, and payer source. It then sorts the providers by location and appointment availability. Callers are told which providers are the closest and which has the shortest wait for an appointment. The Division is now developing performance indicators that will allow the logarithm to include provider performance in the sort.
- Once the caller has selected a provider, GCAL links the caller to the provider by scheduling the appointment electronically. Because providers allot GCAL appointment slots based upon projected and historical usage, callers wait less time for an available appointment. Because GCAL is able to book appointments directly, the weak link that often exists between referral and the consumer booking an appointment is eliminated.
- GCAL has faxed a brief summary of the call triage to providers but soon will roll out a new version that attaches this information in PDF format directly to the shared electronic schedule.
- Software also provides staff with real-time feedback that shows the current wait times for calls to be answered, tracks urgent and suicidal callers, and tracks pending referrals. Dedicated staff monitor and service each area.
- GCAL is able to provide the Division with a "dash board" of performance indicators as well as trend data. The Division is able to "drill down" for most measures to identify factors impacting performance, and potential problem areas.

14. What were the program's start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)

The Division provided BHL with \$600,000 in startup funds during the May and June preceding the July 1, 2006 program roll out.

BHL already possessed a high capacity Nortel telephony system with automated call distribution. However, a new system was needed for the no-hold conference capability required by GCAL's new two-tiered staffing approach. The AT&T Option 11 with Symphony Express Automated Call Distribution (which supports conferencing of up to seven parties without ever disrupting a call by placing someone on hold) was purchased.

To support the flexible triage approach and logarithms for provider selection, new Call Center Information Database (CCID) software was developed and put into place late in June 2006 just prior to the launch. This software includes real-time tools for active-

case and pending-referral monitoring that allows information to be displayed on centralized television screens.

The Georgia Crisis and Access Line also used new computer workstations with dual screens to increase staff productivity. Given the multiple applications used by the GCAL staff, allowing staff to view two screens of information at the same time has improved efficiency and minimized disruption to the caller. Noise-eliminating headsets were also introduced to improve connectivity to callers and eliminate concerns over confidentiality.

Finally, Symon Call Center boards were obtained to provide real-time displays of activity. Visible throughout the center, the boards show abandonment rate, average speed of answer, the number of available care consultants and clinical staff, the number of calls waiting (if any) , and the longest wait times for pending calls.

15. What are the program's annual operational costs?

Annual operating costs have been approximately \$4.3 million a year.

16. How is the program funded?

GCAL is funded entirely by state funds.

17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.

No new legislation, executive order, or regulations were required.

18. What equipment, technology and software are used to operate and administer this program?

- 40 Computer/Telephone stations
- GCAL also uses software which prompts clinicians and counselors to follow up specific questions and issues tailored to each caller. This flexible software operates in the background and responds to information inputted by the worker. It does not require that questions or information be presented in specific order but rather uses artificial logic to propose follow up questions.
- Proprietary software identifies provider options for callers by using a background logarithm to match callers to service providers by presenting problem, age, and payer source. It then sorts the providers by location and appointment availability. Callers are told which providers are the closest and which has the shortest wait for an appointment. Callers are given multiple options if available. A third criterion, provider performance, is being developed and will be added in the future.
- GCAL has acquired the scheduling module of Practice Management Software so staff can schedule callers' appointments with providers. Once the caller has selected a provider, GCAL links the caller to the provider by scheduling the appointment electronically. Based upon historical use and projected needs, 107 core providers with 215 treatment sites allot GCAL appointment slots. This has resulted in reducing the time callers must wait before they receive treatment. Software also provides staff with real-time feedback that shows the current wait times for calls to be answered, monitors urgent and suicidal callers, and tracks

pending referrals. This information is shown on a “White Board”/television monitor so that both dedicated staff and supervisors can monitor their disposition.

- GCAL uses computer software to monitor response times and number of calls dropped. This information is shown “real-time” on monitors and tracked by staff and their supervisors.
- Software also provides a tracking system for crisis calls and pending referrals.
- A software component also allows GCAL to provide the Division with “dash board” indicators of performance, including trend information. The Division is able to “drill down” for most measures to identify, factors impacting performance, and potential problem areas.

19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator’s name, present address, telephone number and e-mail address.

Yes, to the best of our knowledge, we are the only state to have a 7-day-a-week, 24-hour-a-day crisis and access line that is operated by an organization not providing direct services. We also are the only state in which call center staff use web-based software to schedule appointments for callers rather than merely referring callers to providers.

An internal team of Division employees under the leadership of The Division’s Director, Gwendolyn B. Skinner, developed the parameters for this program, including those which are unique. Ms. Skinner can be reached at:

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20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?

Most states have some sort of crisis and access line(s); however:

- While GCAL provides toll-free access throughout the state, this is not the case in many states.
- GCAL is the only state crisis and access line available at all times – 24 hours a day, 7 days a week.
- To ensure consumer choice, GCAL is the only state crisis and access line operated by a vendor that does not provide direct care services.
- GCAL’s use of flexible software for triage and the identification of appropriate providers is distinctive.
- Software to provide immediate feedback to staff and supervisors on performance is also rare in this field as well as the ability to provide monthly “dashboards” of performance for Division decision-makers.

21, Has the program been fully implemented? If NO, what actions remain to be taken?

Although the program has been fully implemented, it is continually being enhanced and modified. The Division is developing performance measurement criteria for providers. This information will be added to the GCAL logarithm used to identify provider options for callers. Additional components may be added to the system (or existing components enhanced) based upon program experience and consumer needs.

22. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.

Increased accessibility to the behavioral health services

Pros

- Individuals calling GCAL can access crisis services and make appointments with providers 24 hours a day, seven days a week. In FY 2007, 39 percent of calls originated outside regular business hours.
- Calls have come from all 159 counties in Georgia. An average of 29 people dialed the crisis and access line every hour in FY 2007
- GCAL has made services more accessible to hard to reach groups, for example, 5 percent of calls are from individuals who are homeless.

Cons

- Use of GCAL varies throughout the state. We still have work to do in increasing the percentage of individuals who access the state's behavioral health system through GCAL.

Improved service quality

Pros

- GCAL meets or exceeds all national service standards for speed of service and reliability.
 - Average speed of answer in FY 2007 was 12 seconds (National Standard <30 seconds)
 - The FY 2007 abandonment rate was 3.7% (National Standard: <5%)
- An average of 8 days elapsed between the time individuals seeking routine appointments call GCAL and are seen by a provider.
- As result of better coordination with providers and technological advances as opposed to an infusion of new funding, the length of time required for an intake has been reduced by as much as 60 percent in some areas of the state.
- The Commission on Accreditation of Rehabilitation Facilities (CARF) has granted the GCAL's program operations three-year accreditation status. The GCAL vendor, BHL, is the first agency in the country to achieve CARF Crisis and Information Call Center Accreditation, and received special recognition of "exemplary conformance" for advanced technology and performance management dashboards.

- The Georgia Crisis and Access Line was the lead article in CARF's inaugural issue of the new Behavioral Health edition of the Promising Practices February 2008 newsletter.
- The National Association of State Mental Health Program Directors (NASMHPD) featured GCAL as an innovative suicide prevention program at their 2007 Winter Meeting.
- NASMHPD will release a Position Paper in early 2008 which will address the importance of call centers in the national suicide prevention strategy; GCAL will be identified as an innovative approach.
- SAMHSA awarded GCAL the Crisis Center Award for Community Engagement at its first national crisis center conference in September 2007.

Improved Accountability

Pros

- Perhaps, for the first time, Georgia's Decision-makers have reliable and useful information regarding the crisis and access line.
- "Dashboard" presentation of data has resulted in easier to understand information.
- Information presented in the dashboard can be disaggregated to reveal trends.

Cost Control

Pros

- GCAL has achieved an estimated \$12.5 million in cost avoidance by diverting callers to community-based services rather than inappropriately using hospital emergency rooms and state hospitals.
- Georgia is saving \$1.2 million a year with GCAL compared to the previous system which had 25 crisis and access lines.

Cons

- As accessibility to the state's behavioral health system improves, more people will access the system. There is a huge unmet need for services in Georgia. GCAL is improving access to the state's behavioral health system. If a larger percentage of those needing and qualifying for services actually use services, the state's behavioral health system may require additional funding. On the other hand, inappropriate placement of people with mental illness and addictive diseases in jails, prisons, and juvenile detention should decrease resulting in significant cost savings.

23. How has the program grown and/or changed since its inception?

Changes to date have been planned or anticipated responses to increased service needs.

24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

- The Division benefited from having an experienced provider of crisis and referral services that had worked closely with us previously. Other states may not have such a resource.
- As Georgia was implementing GCAL, it was moving away from exclusive contracts with Community Service Boards (quasi-governmental agencies that provided behavioral health services in specified areas of the state) by instituting a fee-for-service method of reimbursement. This resulted in an influx of new providers, which provided consumers with more options for service. Some of GCAL's benefits would be diminished if callers did not have a choice of service providers.
- If more people have access and use the state's behavioral health system, there may be a need for increased funding for services.