



# DOAA

Georgia Department  
of Audits & Accounts

**Greg S. Griffin**  
State Auditor

February 5, 2024

Honorable Sharon Cooper  
Chairman, House Committee on Public Health  
436 State Capitol  
Atlanta, Georgia 30334

SUBJECT: Fiscal Note  
House Bill 913 (LC 54 0283)

Dear Chairman Cooper:

This bill would establish a grant program to create emergency psychiatric assessment, treatment, and healing (EmPATH) units in hospitals. As defined by the bill, an EmPATH unit means a hospital-based outpatient program that meets the following criteria:

- Operates to provide behavioral health services for individuals experiencing a behavioral health crisis.
- Provides brief, intensive crisis treatment that includes an evaluation by a psychiatrist within 24 hours of admission.
- Provides other appropriate treatment or services as necessary, including, but not limited to, observation, detoxification, and stabilization services, and medication prescribed by a physician.
- Provides services 24 hours a day, seven days a week to individuals on a voluntary and involuntary basis in a community-based setting as an alternative to emergency department admission, inpatient hospitalization, and other higher levels of care.
- Certified by the Georgia Department of Behavioral Health Developmental Disabilities (DBHDD).

The bill would require DBHDD to coordinate with the Georgia Department of Community Health (DCH) to provide grant funding for the creation, development and operation of EmPATH units. In coordination with DCH, DBHDD would also establish grant criteria and make award decisions, with an explicit prohibition of using such grants for funding existing programs. The program is subject to appropriations, but the two agencies may solicit donations, in-kind contributions, or public grants to supplement any state funding.

It is expected that grants would be used to fund planning and construction costs, as well as initial operating costs. However, the bill does not explicitly prohibit spending these grant funds on ongoing operational or other costs beyond startup. It is assumed that EmPATH units would also generate revenue, though it is unknown the extent to which patient revenue would cover operational costs. DBHDD and DCH would be able to use existing resources for grant administration.

We identified two states—South Carolina and California—that have recently distributed state grant funding to establish EmPATH units. As shown in **Table 1**, the grant amount per unit was similar in both states at approximately \$2.7 million to \$2.8 million.

**Table 1. Recent Grant Programs in Other States**

State	Total Grant	Units Created	Per Unit Cost
South Carolina	\$35,000,000	13	\$2,692,308
California	\$17,000,000	6	\$2,833,333

In 2023, South Carolina established a \$35 million grant to provide one-time funding to 13 EmPATH units in return for hospitals’ agreement to operate the units for at least three years. In 2022, California established a \$17 million grant to provide funding for the creation and development of six EmPATH units.

While it is unknown what portion of each grant is needed for planning and construction versus operations, a University of Iowa study of an EmPATH unit established in 2018 found planning and construction costs of \$1.38 million and an annual operational cost of \$2.63 million. These amounts are five years old and would likely be higher today, and actual costs will vary by unit.

Respectfully,



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State Auditor



Richard Dunn, Director  
Office of Planning and Budget

GSG/RD/jw