

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

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

9-8-8 Planning Coalition
Meeting

May 27, 2021



Agenda

- 1** “Someone to Talk to” Introduction
- 2** Georgia Crisis and Access Line (GCAL) Overview
- 3** 9-1-1 Overview
- 4** Group Activity: “Someone to Talk to” Gaps & Considerations

Georgia's Current Crisis System



Someone to Talk to

- Georgia Crisis and Access Line (GCAL)
- 9-1-1



Someone to Respond



Somewhere to Go

GCAL Overview





GCAL Overview

A CRISIS HAS NO SCHEDULE®



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The Georgia
Collaborative ASO

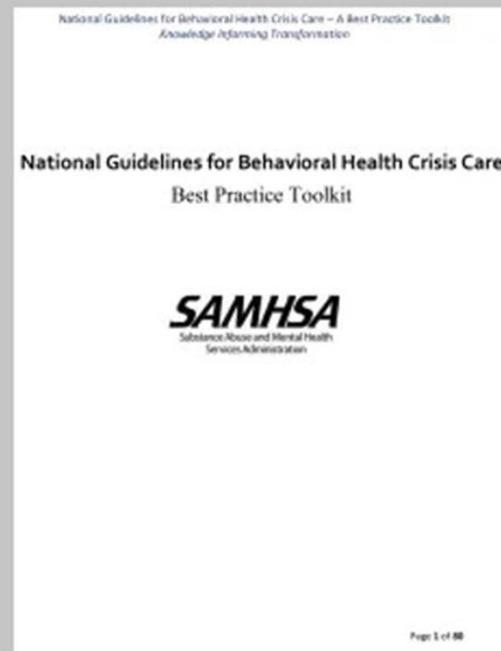


A CRISIS HAS NO SCHEDULE®

NATIONAL GUIDELINES FOR BEHAVIORAL HEALTH CRISIS CARE: BEST PRACTICE TOOLKIT

The National Guidelines for Crisis Care – A Best Practice Toolkit advances national guidelines in crisis care within a toolkit that supports program design, development, implementation and continuous quality improvement efforts. It is intended to help mental health authorities, agency administrators, service providers, state and local leaders think through and develop the structure of crisis systems that meet community needs.

This document was produced for the Substance Abuse and Mental Health Services Administration (SAMHSA), and the U.S. Department of Health and Human Services (HHS).



[DOWNLOAD](#)

Three Core Services



Technology Platform

Crisis Care Traffic
Control



Crisis Call Center Hub

Someone to Call



Crisis Mobile Teams

Someone to Come to You



Crisis Receiving Center

Some Place to Go

About the Company



BHL is a private company and has provided crisis services in the state of Georgia since 1995

Is available 24/7 to provide access to behavioral health & developmental disability services – a crisis has no schedule!

BHL uses cutting edge technology to efficiently serve Georgia's citizens

Mobile Crisis Team Services are available

BHL uses live Chat and Text Messaging Services

Mission

Our mission is to provide integrated crisis intervention and access management services that empower individuals in behavioral health crisis, or a crisis related to an intellectual disability to obtain and sustain a life of recovery and resilience.



Though BHL is not a direct service provider, our crisis call center and mobile crisis services are designed to intervene at the time of crisis and to continue holding the individual's hand until safely in the hands of ongoing care and services.

Quality and Expertise

GCAL is accredited by URAC as a Health Call Center.

Only AAS - American Association of Suicidology accredited Crisis Center in Georgia

First ever CARF accredited Crisis and Information Call Center. BHL's Mobile Crisis Teams are CARF accredited for Assessment, Referral and Crisis Intervention.

We are also accredited by Contact USA for online emotional support (chat and text intervention).

BHL is part of the National Suicide Prevention Lifeline (NSPL) and is the only Lifeline center in Georgia.

All BHL Clinical Programs are also accredited by NADD for the care of individuals with dual IDD and Behavioral Health Needs.



GCAL- Georgia Crisis & Access Line – who are we?

GCAL staff are:

- Certified Peer Specialists – Text/Chat, Initial Calls, Dispatch Mobile Crisis
- Care Consultants (Paraprofessionals) – Text/Chat, Initial Calls, Dispatch Mobile Crisis, Professional Callers, Electronic Referral Process
- Clinicians (Licensed Mental Health Professionals) – Initial and Triage Calls, Text/Chat
- Supervisors (Fully Licensed Mental Health Professionals) – Provide consultation, oversight and support for all staff, review referrals for contract bed approval, assist with Active Rescue and with calls and texts/chats
- Supervisors (Paraprofessionals) – Provide consultation, oversight and support for Care Consultants, assist with Active Rescue and electronic referral process, calls and texts/chats

GCAL- Georgia Crisis & Access Line – what do we do?

Toll-free, confidential crisis and access line available 24 hours a day, 7 days a week from anywhere in Georgia.

- Telephonic crisis de-escalation, assessment, referral and linkage for anyone in Georgia
- 24/7 Online Emotional Support in the form of Text and Chat services
- Single point of dispatch for DBHDD-funded Blended Mobile Crisis Teams Statewide
- Single point of entry for state-funded contract beds at private hospitals
- Preferred point of entry (PPOE) for access to state hospitals and crisis stabilization units

Inbound Calls

Volume – from 400 to 1,000 calls each day

Busiest Days – Mon, Tue, and Wed

Busiest Times - 10 am through 8 pm, average number of calls per hour range from 40 to over 85

Call Spikes – unusual increases in call volume that can mean as many as 120 in an hour



A CRISIS HAS NO SCHEDULE®

GCAL- Someone to Call

- About 37% of callers are individuals calling for themselves.
- 40% are friends or family.
- Approximately 23% are professionals seeking support for an individual under their care or in their services.
- About 75% of calls are from or about adults, over 10% are about Children and Adolescents (C&A – ages 6 through 17)
- More calls are from or about males than females

Someone to Call

When the Call comes in, typically:

- Answered by GCAL staff confirming the caller has reached GCAL, providing their first name and role or position, and invitation to help
- GCAL requests name, phone number, DOB to try to locate caller in our system if previous calls exist – name and phone number important if call is disconnected or dropped.
- GCAL also requests address – important if Active Rescue or Mobile Crisis is needed, also informs availability of resources in caller's area
- Meet the caller where they are – what is the caller asking for?
- Establish safety, determine potential of imminent risk
- As with the stages of grief, these steps may not always occur in the same order, and may need to be revisited as the call process continues

Safety and Risk

In addition to the risk of suicide, GCAL asks about:

- Use of Substances for the risk associated with withdrawal from alcohol, benzodiazepines and barbiturates
- Risk related to the use of opiates – overdose, interactions of opiates with medical conditions
- Psychosis - can be dangerous if the individual is paranoid or fearful, or hearing voices commanding them to hurt themselves or someone else
- Mania - can be dangerous if the individual is no longer able to accurately recognize limitations or danger

Determining Acuity - Emergent

Presenting Conditions/Circumstances:

- Medical Emergency – overdose, asphyxiation, uncontrolled bleeding
- Suicidal and/or Homicidal intent
- Active withdrawal with history of seizures, DT's and/or medical co-morbidities increase the risk
- Hallucinations/Psychosis that may result in harm to self/others
- Unable to care for self
- IDD behaviors that cannot be safely managed

Possible Responses/Linkage:

Medical Emergency – 911

SI/HI means and intent – 911/Police

Active Withdrawal – 911 or if supports are available, drive to ER

If safety can be maintained (C&A) – Mobile Crisis

Determining Acuity - Urgent

Presenting Conditions/Circumstances:

- SI/HI and some combination of plan, desire, capability, intent means may be present, but supports/resiliency lessen risk
- Hopeless, helpless, sense of burdensomeness, disconnection or anger
- May develop intent without immediate help
- Distress/Impairments compromise functioning, judgement, impulse control
- Withdrawal that is not life threatening
- Problematic IDD behaviors can be safely managed until Mobile arrives

Possible Responses/Linkage:

- Mobile Crisis
- BHCC (Behavioral Health Crisis Center) if transportation is available and can be safely managed
- Urgent Appointment/Open Access
- If caller declines linkage at time of call, urged to call back if conditions worsen

Determining Acuity - Routine

Presenting Conditions/Circumstances:

- Some level of distress/concern
- Some impact on ability to participate in daily living
- Some impact on quality of life
- No marked impairments in judgement or impulse control
- Symptoms may warrant further assessment and possibly services
- Individual in need of I&E referral

Possible Responses/Linkage:

- Assist caller in identifying provider – warm transfer if during business hours, provide contact information if not
- If insured, recommend caller contact insurance carrier
- Call GCAL if symptoms or conditions worsen

Determining Acuity – Referral Only

Presenting Conditions/Circumstances:

- Any Mental Health, Substance Use or IDD concern identified does not rise to level or Routine Acuity
- No current distress or risk identified
- No impact to level of functioning or ability to participate in daily living
- No significant impact to judgement or impulse control

Possible Responses/Linkage:

- Offer appropriate referral
- Offer resources (HUD, Traveler's AID, United Way)
- Offer Support Group Information
- Provide information about NAMI
- Suggest caller contact insurance carrier if applicable

Determining Acuity – Warm Support

Presenting Conditions/Circumstances:

- Caller is linked with community services, does not have urgent or emergent needs, just wanting to talk
- Caller may have been triggered by stressor but responds easily and well to warm support

Possible Responses/Linkage:

- Encourage connection with current provider
- Connect with Georgia Mental Health Consumer Network
- Provide other community resources (as listed in Referral Only)

Online Emotional Support – Text & Chat

- 24/7 Text and Chat Services
- Currently seeing about 300 a month
- Though created primarily with youth in mind, adults also use this service, looking for the anonymity of the connection
- Anyone using the service is asked about suicide/self/other harm
- In instances of higher risk, try to get the individual to agree to a call
- Some Text/Chats have escalated to Mobile Crisis and even Active Rescue



Thank you for the privilege
of your time and your attention

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9-1-1 Overview



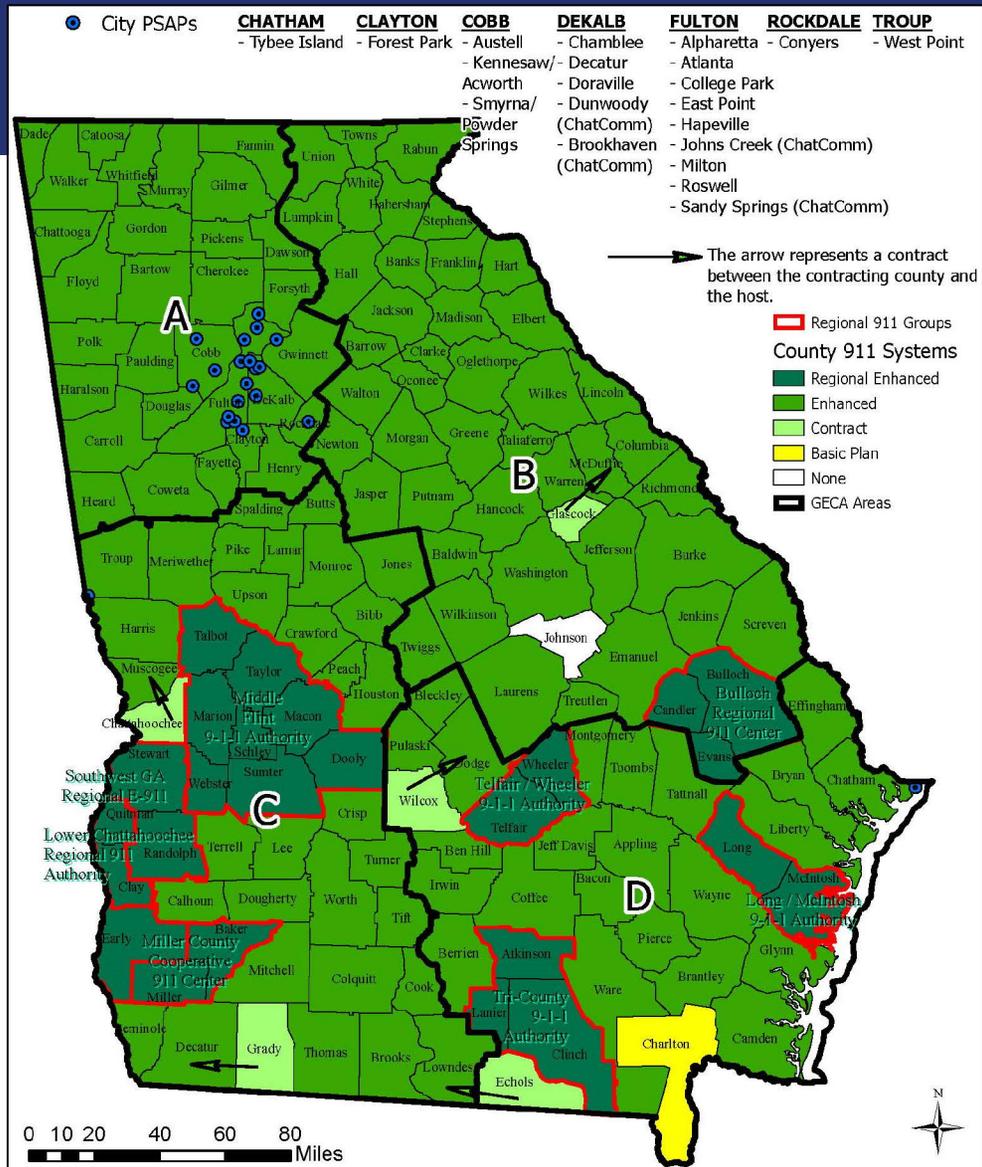


Georgia Emergency Communications Authority

911 and 988



9-1-1 Implementation Status July 2020





State of 911 in Georgia

- Roughly 85% of 911 centers have less than ten (10) call taking/dispatching positions
- Nearly 60% of 911 centers have fewer than five (5) call taking/dispatching positions
- On average, only 55% of a 911 center's budget is covered by the state 911 fees. The remainder comes from local government general funds and SPLOST projects for capital improvements.



Considerations for 988/911

- Staffing and Call Volume
 - Our 911 telecommunicators may only have a few seconds to get the necessary information from the caller and dispatch before disconnecting and answering next call
- Trusting the caller
 - Depending on the type crisis a caller may be in or person around the caller may be in, they may not tell the truth or be able to tell the truth (weapon accessibility, etc.)
- Training/Policy/Procedure
 - A lot of "what ifs"
 - A caller/person in crisis doesn't want to be transferred
 - There will most likely be a delay in mobile response team response times.
- Possibility of escalation
- Liability, liability, liability

Group Activity

“Someone to Talk to” Gaps and Considerations



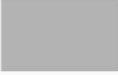
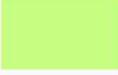
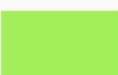
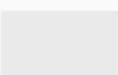
Group Activity

What are the current state gaps and considerations related to “Someone to Talk to”?

Instructions

1. Go to:
<https://app.mural.co/t/eyamericas3876/m/eyamericas3876/1621518983503/c27ada650717ac5b803449f217d421a792b6e439?sender=agathewallin9914>
2. Identify your breakout group and associated color
3. Brainstorm and answer the following using your group’s sticky notes as it relates to “Someone to Talk to”
 - What gaps exist in our current system across the following areas:
 - Staffing
 - Technology
 - Interagency connectivity
 - Other
 - What are some considerations we need to keep in mind while planning for 9-8-8?
4. Drop any additional thoughts (related to other 9-8-8 topics) into the Parking Lot

Breakout Groups:

	Public Safety Access Point (PSAP)		Major State Advocacy
	Law Enforcement		Georgia Emergency Medical Services Association (DPH)
	Current Lifeline Representative		Hospitals
	Mobile Crisis Services & Peer Support Provider		State Government
	Crisis Respite / Stabilization Providers and Peer Support Provider		Veteran's Administration
	Lived Experience		State Suicide Prevention Resources



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