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

June 24, 2021

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Welcome Ms. Lynne Trageser
RESPECT Institute

Agenda

1. **RESPECT Institute Speaker**
2. **“Someone to Respond” Introduction**
3. **GCAL and Mobile Crisis Current State Presentation**
4. **Group Activity: “Someone to Respond” Gaps & Considerations**

Georgia's Current Crisis System

Someone to Talk to

Someone to Respond

- Mobile crisis available statewide
- Coordinate with 911/EMS as appropriate
- Outpatient Community Provider Response

Somewhere to Go


GCAL and Mobile Crisis
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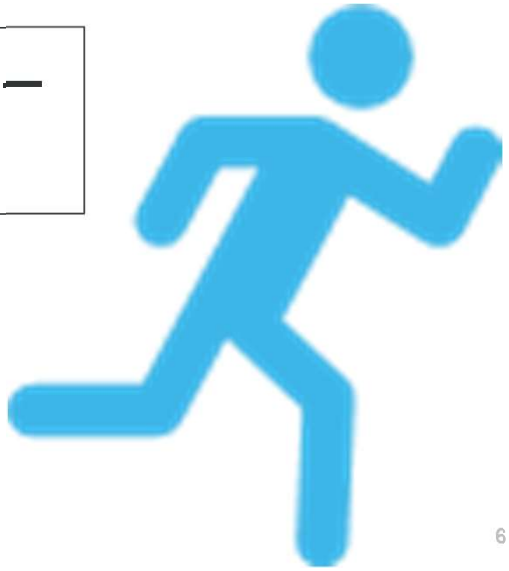
Someone to Call – GCAL

Someone to Go See Them – Mobile Crisis



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Inbound Calls

- GCAL – single point of entry for accessing DBHDD's blended mobile crisis dispatch services (BMCRS)
- 20,000 calls monthly – any one of these may result in a dispatch of a mobile team
- GCAL dispatches BMCRS 1,400 – 2,000 per month

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Where will BMCRS go?

Teams dispatched to:

- 70% - Residences
- 30% - Hospitals
- 10% - Schools, social services agencies, motels, businesses, parks, streets
- 7% - Jails

Information obtained differs depending on setting

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Residences/Non-Secure Settings – Safety

Determining level of risk associated with the situation

- Suicidal Desire, Capability and Intent
- Substance Use
- Psychosis
- History when applicable
- Current Behaviors
- Who is on scene
- Description of the individual

Safety Questions

Before Dispatching Mobile to Community Setting – Safety Questions

- Recent OD or attempted asphyxiation?
- Any weapons in the home? Accessible on the property?
- Paranoia or bizarre behaviors?
- Unsecured animals?
- History or recent violence?
- Police on scene recently?
- Individual high or drunk with potential for aggression or possible withdrawals?

Acuity Drives Level of Response – Emergent Acuity

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**

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Urgent Acuity

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

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Someone to go see Them – Dispatch Mobile Crisis

Considerations for GCAL When Dispatching Mobile Crisis

- Mobile is a voluntary service – individuals can choose to not participate.
- Mobile can be dispatched without the consent of the individual in crisis
- The preference is always for the interaction to be one of collaboration and respect for the rights of all involved
- Must be a mental health component to the crisis
- The presence of Autism impacts the composition of the team

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BMCRS Dispatch levels

- GCAL determines Dispatch Level
- Mobile can increase, but not decrease the assigned level
- Information obtained by GCAL is available to Mobile via Dispatch Monitor
- Teams are called by dispatchers to alert of a dispatch for which they are responsible

Level 1	**Law Enforcement Leads** (with Mobile Crisis Team Accompanying or Following Behind) The team must heed police instructions and respond as the scene is deemed safe for entry.	This level indicates situations that are too dangerous to deploy without the environment first being secured by law enforcement. It is also key in these situations to have a response within the shortest time possible. The Georgia Crisis & Access Line initiates Rescue Protocol and does not dispatch the Mobile Crisis Team as sole responder if the caller is in imminent danger to self and/or others (as evidenced by any of the following): ▪ "Likely" or "Very Likely" intent for suicide attempt (more than desire/ideations and capability alone) ▪ "Likely" or "Very Likely" intent for homicide attempt ▪ Threat to staff ▪ Possession of weapon
Level 2	**Mobile Crisis Team Leads** (with Law Enforcement in the Background or Following Behind but on the Scene)	Caller reports any of one of the following: ▪ History of aggression ▪ Recent acts of aggression ▪ Self-Injury This level indicates situations where BHL staff enters into the environment first but law enforcement is immediately available if needed.
Level 3	**Mobile Crisis Team Lifeline** (Law Enforcement on Standby by Phone)	All "Emergent" cases and certain "Urgent" cases (where clinical judgment suggests that a call to apprise law enforcement of the situation is prudent)
Level 4	**Mobile Crisis Team Alone** (With no Law Enforcement)	"Urgent" cases in which the absence of clinical intervention suggests the advancement to greater risk or other cases where children or adolescents are being referred to the state hospital or LOC
Level 5	**No Mobile Crisis Team Required** (GCAL Supports Only)	"Routine" Cases in which an intake and evaluation within five business days is the best course of action

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Blended Mobile Crisis Response Services

A CRISIS HAS NO SCHEDULE®

BHL operates Blended Mobile Crisis Response Services under contract with DBHDD in 104 of Georgia's 159 counties (Regions 2, 3, 5, and 6).

- 24/7/365 Community Response to Urgent and Emergent Calls
- Crisis Assessment by licensed and certified professionals with support from additional team members
- Linkage from community to appropriate level of care

BHL Totals	
Population:	7,199,156
Area (sq mi):	48568

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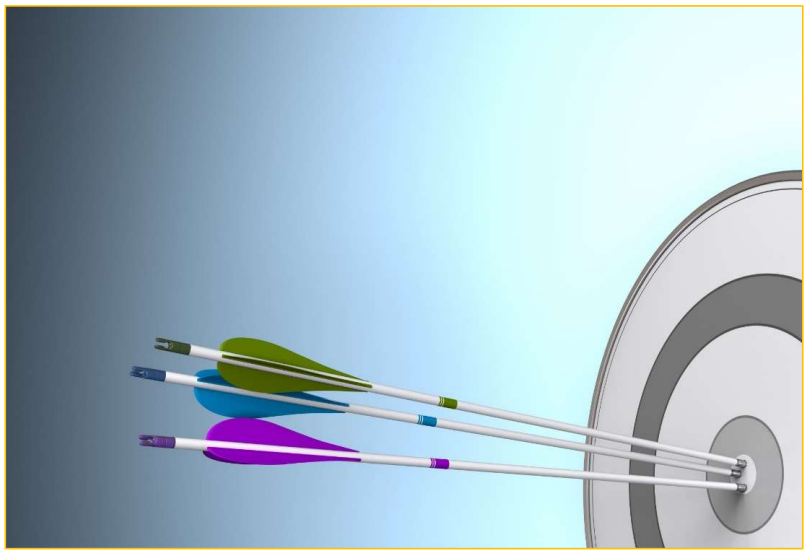
BMCRS Goals

Increase	Timely access to most appropriate services close to home
Decrease	Unnecessary involvement of law enforcement/probate courts and involuntary treatment
Reduce	Out-of-home placements for individuals experiencing BH and IDD crises
Support	Safety and direct linkage to services when indicated
Avoid	Emergent services (EMS, ER) whenever it is safe to do so and clinically indicated



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Team Approach

All teams have a minimum of two staff members.

Teams may consist of clinicians, BCBAs, paraprofessionals, certified peer specialists, behavior specialists, and other support staff.

BCBAs (Board-Certified Behavior Analysts) and supervisors are also available for video or telephonic consultation if the on-site team needs additional support.

Training

- CPR, First Aid, & CPI – NCI
- Safety in the Community
- LOCUS
- CALM
- C-SSRS
- Safety Planning
- Specialized training in Substance Use Disorders, Intellectual/Developmental Disabilities (to include Autism Spectrum Disorder), Trauma Informed Care & Telehealth

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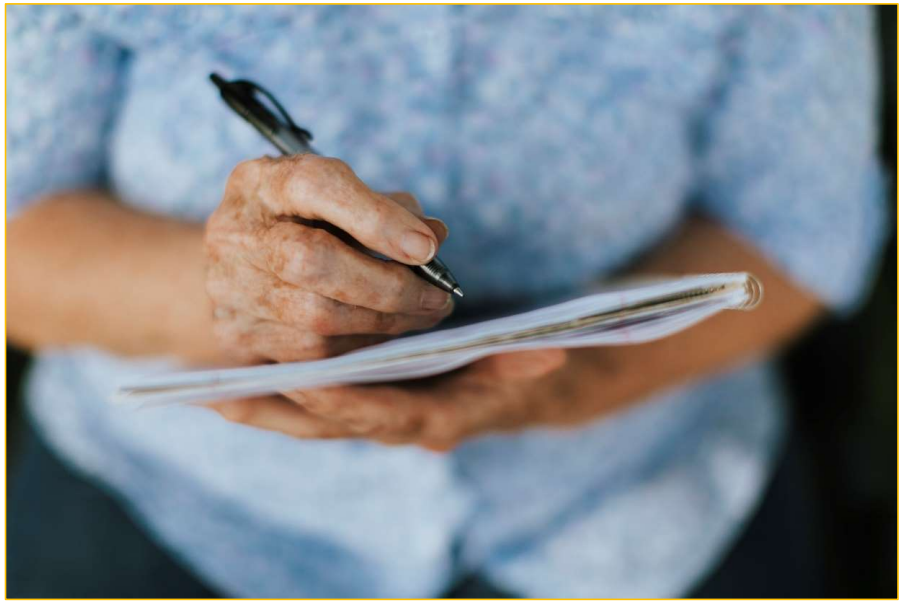
BMCRS Outcomes

1. Resolved onsite with existing resources
2. Outpatient Referral (Routine or Urgent)
3. Intensive In-Home Support
4. Intensive Out-of-Home Support
5. Referral for Evaluation/Inpatient



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Follow-Up

- Peer-led
- Customer Service Survey to gauge satisfaction and perceived effectiveness
- Review of Safety Plan Intervention
- Confirmation of appointment and other linkage details
- Discussion of any barriers (financial, transportation, etc.) and problem-solving
- Opportunity to determine if crisis persists or has escalated (may re-dispatch Mobile)
- Follow-up may continue as an interim limited support until IND declines further calls or until linkage is confirmed (following attendance at appointment, for instance)

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Challenges

- Expectations of Hospitals & Jails
- 1013 Transportation Process
- Inpatient Bed Space

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Benchmark Human Services:

TEAM COMPOSITION

RESPONSE PROCESS

CHALLENGES/OPPORTUNITIES

Team Composition

- A Fully Licensed Clinician (Clinical Social Worker, Professional Counselor or Marriage & Family Therapist) responds to each call. Most of these clinicians are also behavior specialists.
- 2nd responder is one of the following:
  - Certified Peer Specialist
  - Board Certified Behavior Specialist
  - Registered Behavior Technician
  - Associate Licensed Clinician (or Fully licensed)

Response Process

- Receive call and email triage from dispatcher.
- Clinicians call individual or caller and give ETA and begin assessment process, including safety evaluation and call law enforcement for support if unsafe.
- Team assesses and de-escalates crisis. Decides appropriate level of care. High acuity cases staffed with supervisor.

Follow-up

- Mobile Crisis Team will follow up via phone to ensure staff have assessment and all information needed and individual arrives safely at destination for inpatient referral.
- For other referrals a face to face follow up is conducted within 24 hours. This may involve transport to first appointment with community mental health if no other arrangements can be made.

Training

All staff complete:

- 10-hour Trauma Informed Care course from the University of South Carolina Medical School
- CPI, CPR, First Aid
- Training on risk reduction, Columbia Suicide Severity Rating Scale, assessment skills.
- Treatment Improvement Protocol 42, motivational interviewing, addiction disease model
- 40-hour behavior training (DD/ASD focused, required prerequisite for becoming RBT).

Challenges/Solutions

- Cooperation and clear understanding of roles of various partners.
- All parties, MCT, LE, CSU, GCAL are facing challenges of limited staffing and limited resources.
- Challenges of LE, CSU & MCT all understanding the role and expectations of each other.
- Eg. Closest CSU is full, CSU expects MCT not to refer to them, LE expects to transport only to closest CSU, not 60 miles to the next one.
- Making CSU & LE aware of the number of calls MCT manage without their involvement is helpful in developing relationship & cooperation.
- Ongoing education & collaborative meetings reduce these challenges.
- Community expectations can be managed through ongoing education.

Group Activity

"Someone to Respond" Gaps and Considerations

Group Activity

What are the current state gaps and considerations related to "Someone to Respond"?

Instructions

1. Go to: https://app.mural.co/t/eyamericas3876/m/eyamericas3876/1623868374848/43d0e76b5a1516e81bd9be855d18e545302a6bc0?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 Respond"
   - 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:


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