

# Improving Access to Care using The National Guidelines for Crisis Care – A Best Practice Toolkit

Substance Abuse and Mental Health Services Administration  
U.S. Department of Health and Human Services

April 14, 2020



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Presenters

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- Debbie Atkins, LPC, Director of Crisis Coordination, Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)
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April 14, 2020



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Disclaimer

- This webinar was developed [in part] under contract number HHSS283201200021I/HHS28342003T from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

# Welcome and Introduction




**Elinore McCance-Katz, M.D.,  
Ph.D., Assistant Secretary for  
Mental Health and Substance  
Use.**

# RI International





**CRISIS NOW**  
Transforming Crisis Services



# People in Crisis

Est. 20,000 to 25,000 ED Visits Per Day Nationally

A map of the United States is shown in the background, with a blue rectangular overlay box in the center. The box contains the title and a quote. The map includes labels for various cities such as Seattle, Portland, Boise, Fargo, Salt Lake City, San Francisco, Oakland, Los Angeles, San Diego, Houston, New Orleans, Orlando, Tampa, and Miami.

## Action Alliance “Crisis Now” Policy Paper

Crisis is... “Limited. An afterthought. A work-around. Even non-existent. In many communities, depends on after-hour on-call therapists or space set aside in a crowded ED. Fragmented.”



1950s to 2010

Living Room Model Pierce Co.



- Living Room Model
- No Force First
- Integrated Peers

2009

Joint Effort in St. Louis



- Legislative response to shooting death of family members by person with mental illness
- Board of Overseers Four State (DOMS)

1995

9/11 MH Disaster Response



- Essential Value
- Crisis Services
- Recovery and Healing
- Long Term Supports

2001

First Crisis Services in US



SUICIDE PREVENTION  
Crisis Line  
877-727-4747

1958

Crisis Response Center Tucson



- 2006 community bond packages \$54 million
- CPSA and University Physician's Hospital
- Co-located Call Center, Stabilization and more

2010

Harris County MHMRA



2002


CIT Law Enforcement Training



- Response to shooting death of person with mental illness by Memphis police
- Sam Cochran and Randy Quastel with Nathan
- 40 hours mental health and de-escalation
- Now in 40 states and 2,000 jurisdictions

1988

Single Point of Entry



- Single Point of Entry concept
- Connection to Community Mental Health
- Scheduling, Dashboards and Analytics

2000

Local Innovation



“The increasing dependence on...hospital EDs to provide behavioural evaluation and treatment **is not appropriate, not safe, and not an efficient use of dwindling community emergency resources.**”

More importantly, it impacts the patient, the patient’s family, other patients and their families, and of course the hospital staff.”

Sheree (Kruckenberg) Lowe, VP of Behavioral Health (2015 Open Letter)  
California Hospital Association, with 400+ hospitals and health systems

2005 till now

**Psychiatric  
Boarding**

Extremely  
long waits  
in Hospital  
EDs

**Costs**

Inefficient  
&  
ineffective

**Public  
Safety**

Perception  
“we must  
do more”

**Deaths of  
Despair**

Tragic  
outcomes  
far too  
common

**National  
Challenges**

2005 till now



WASH. ST.



COLORADO



ARIZONA



GEORGIA



...hospital EDs to provide behavioural evaluation and treatment is not appropriate, not safe, and not an efficient use of dwindling community emergency resources. More importantly, it impacts the patient, the patient's family,

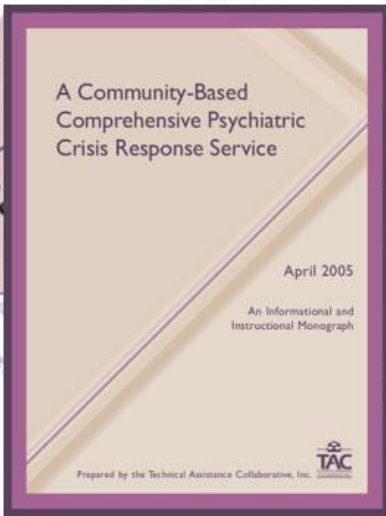
CALIFORNIA

Statewide Systems

**SAMHSA**

Substance Abuse and Mental Health Services Administration

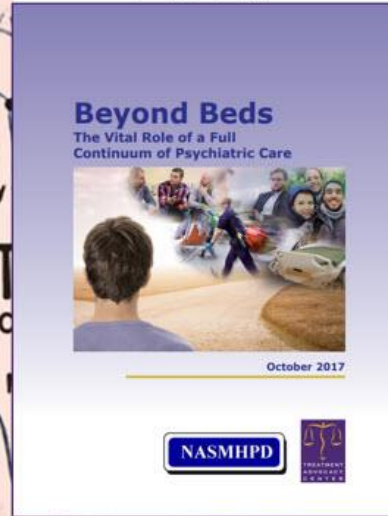
2005



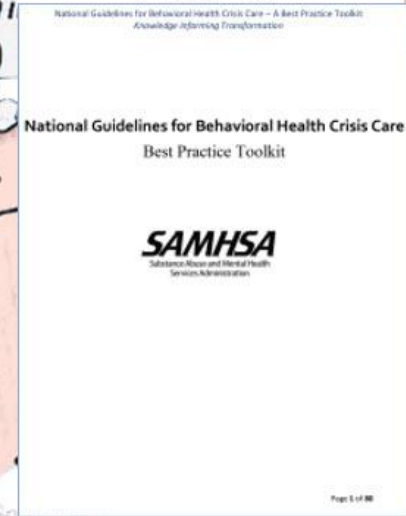
2016



2017



2020



# Scaling Solutions

# Core Challenges

Specific Codes

National crisis billing codes

Emergency Response

Different service delivery expectations

Financing

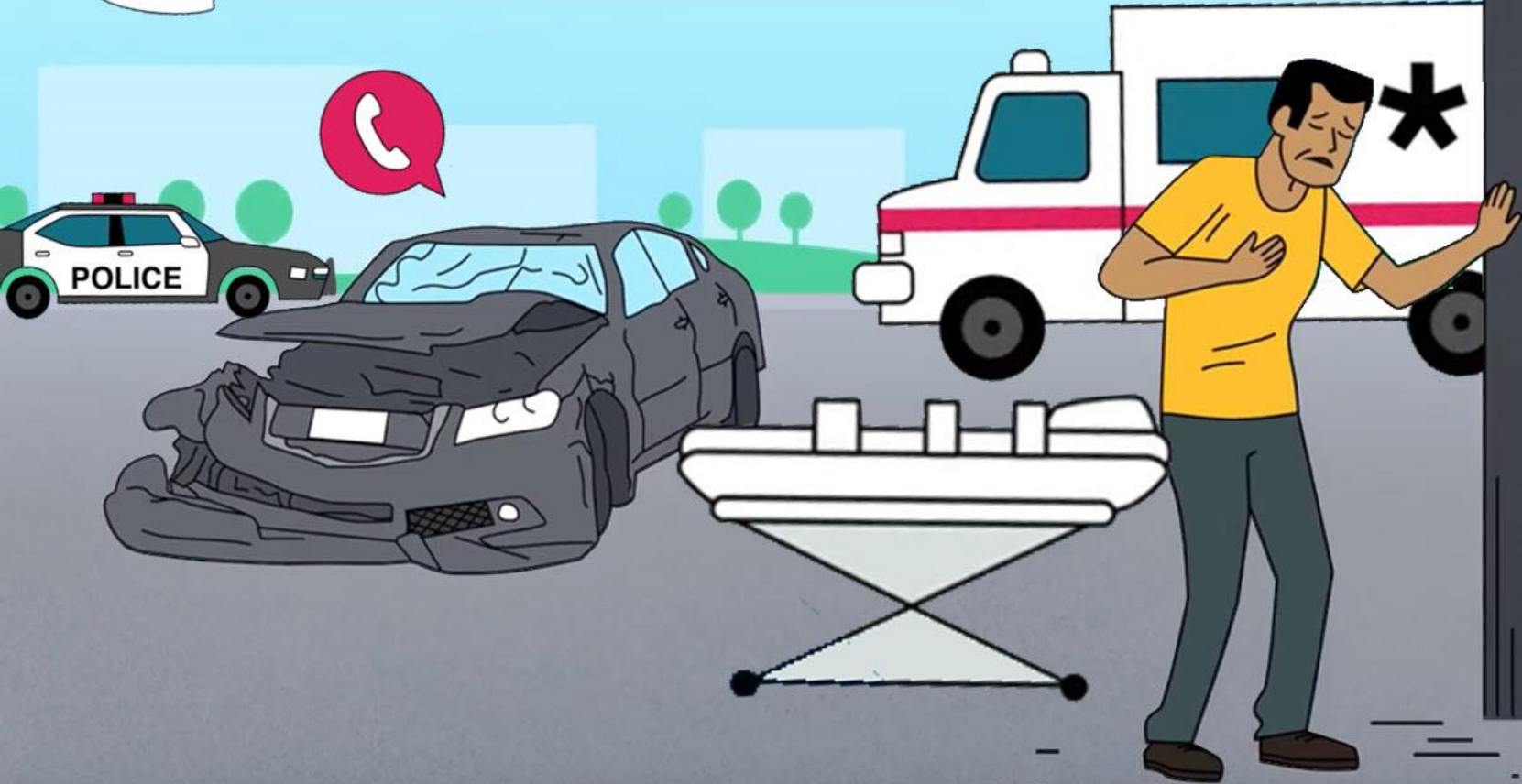
Adequate reimbursement to deliver



# Getting into Crisis Care



# EMERGENCY MEDICAL SYSTEM





## Community-Based

## Facility-Based

Peer Warm  
Line & Crisis  
Navigators

Crisis  
Clinical  
Answering  
Service

Crisis Call /  
Text / Chat  
Hub

24/7  
Outpatient

Hospital  
Rapid  
Response

Community  
Mobile Crisis

Peer  
Respite/  
Short Term  
Residential

23 Hour  
Urgent Care

Crisis  
Stabilization  
(Short Term  
Crisis  
Hospital  
Beds)

Acute Care  
Inpatient

1

2

3

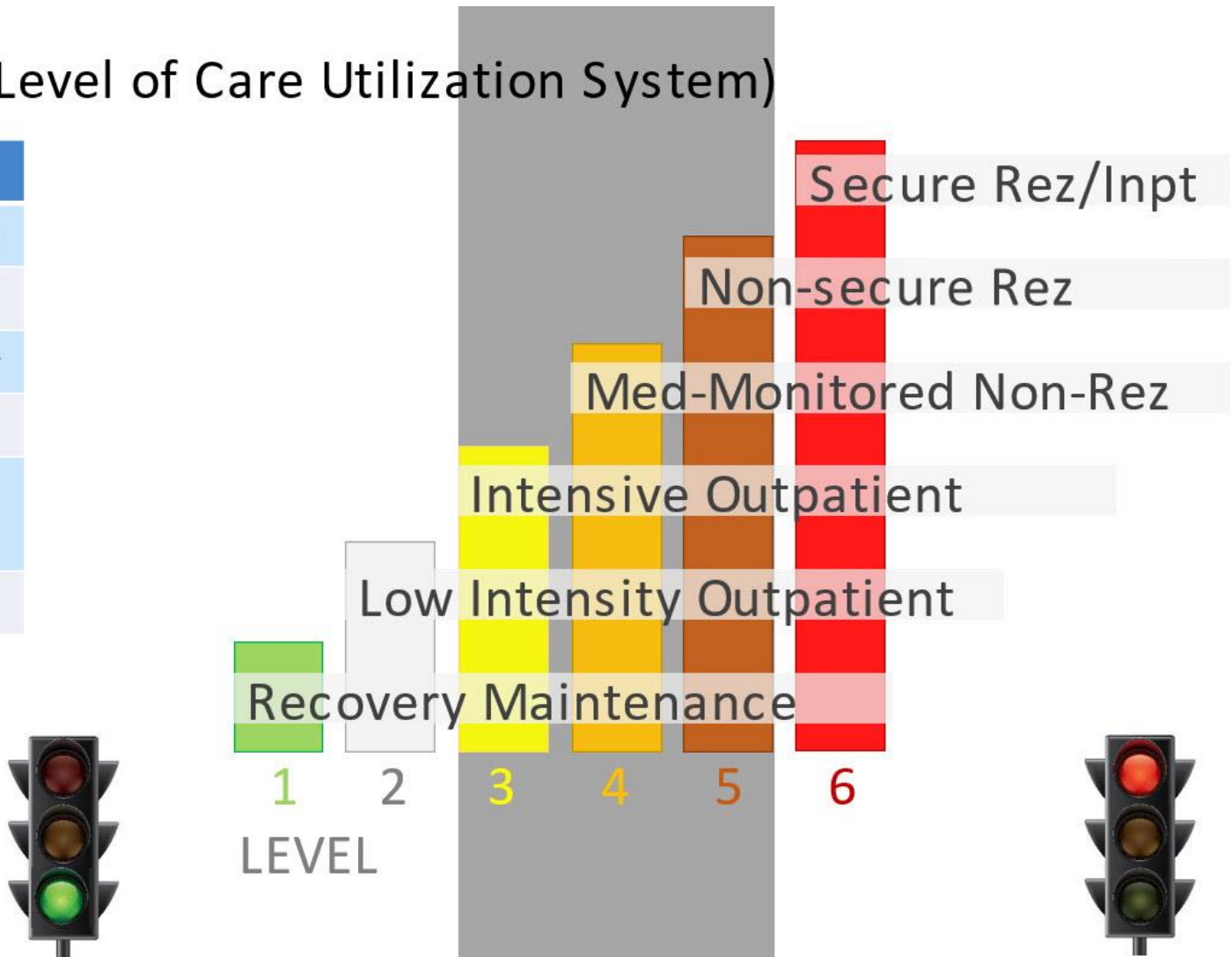
Contact | Support | Rescue

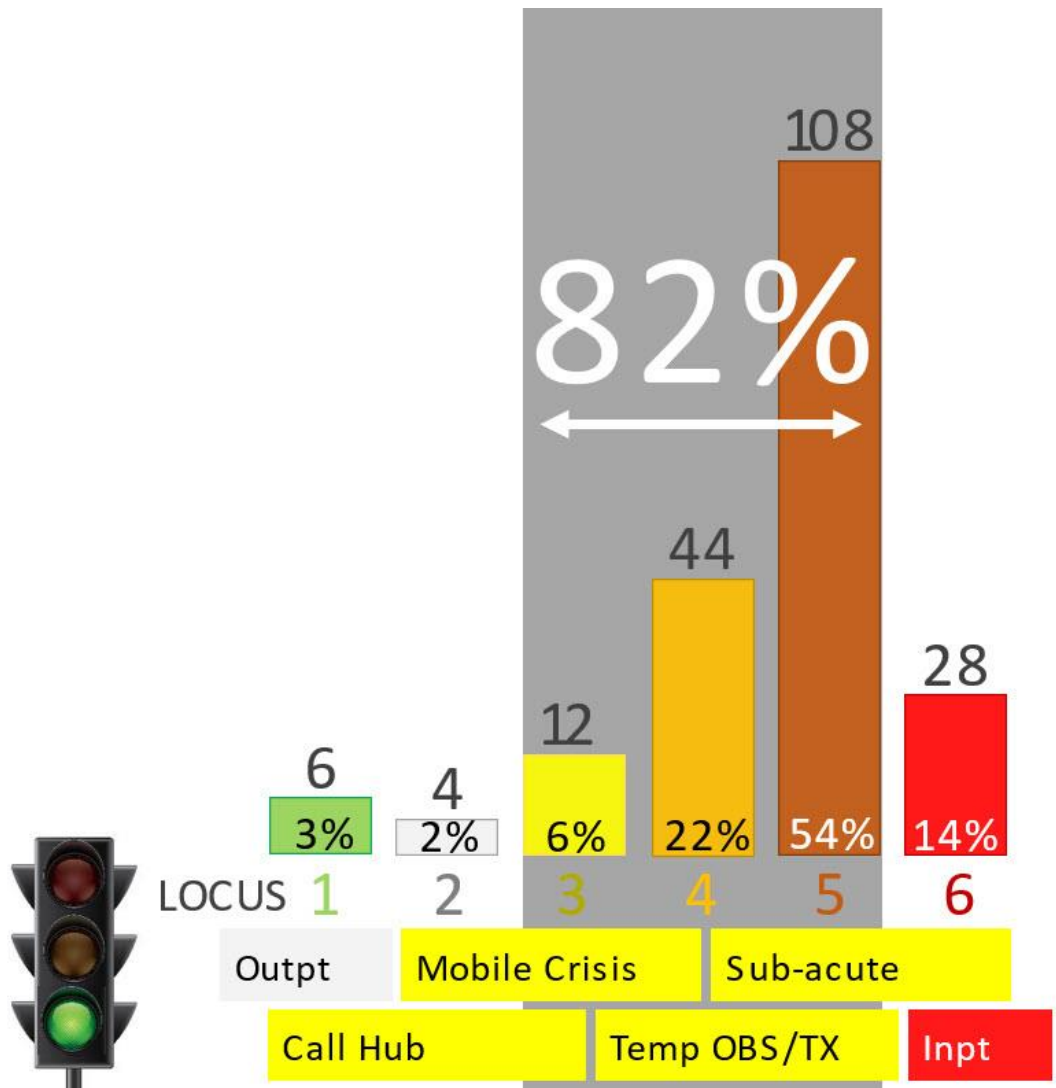


Anyone, Anytime, Anywhere

# LOCUS (Level of Care Utilization System)

Dimensions
Risk of Harm
Functioning
Co-Morbidity
Environment
Treatment History
Engagement





**Core Community  
Crisis Flow**  
(EDs, Police, Mobile)

**200 persons**  
per 100,000 population  
per month



1



Someone to talk to

2



Someone to come to you

3



Someplace to go

## Minimum Expectations:

Fundamental requirements for  
foundational crisis system services



# 3 CORE SERVICES

# 3 CORE SERVICES



Best Practice:

Full alignment and raising the bar



①

## Minimum Expectations:

24/7 Availability, Clinical Oversight,  
Assessment of Suicide Risk, Mobile  
Team and Facility Connections



**CRISIS CALL HUB**

Someone to talk to

1

# CRISIS CALL HUB

Best Practice:

Caller ID, GPS Mobile Team Dispatch,  
Bed Registry, Outpatient Scheduling

2

## Minimum Expectations:

Clinician response, community-based and warm hand-off to facility, as needed

**MOBILE CRISIS**

Someone to come to you



2

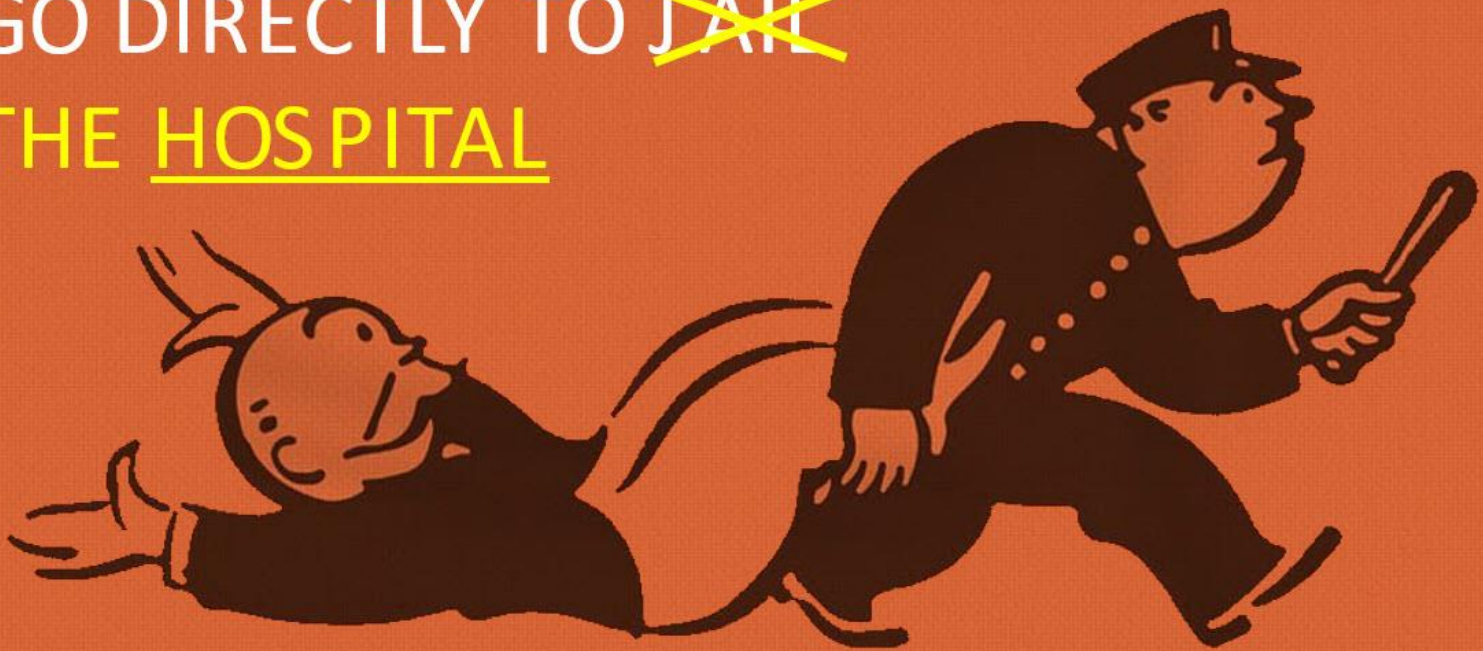
# MOBILE CRISIS

Best Practice:

Peer on Each Response, GPS-enabled Tech, Engaging Police as Last Resort

Do not pass go. Do not collect \$200.

GO DIRECTLY TO ~~JAIL~~  
THE HOSPITAL



3

## Minimum Expectations:

Accept all referrals, No default ED first,  
24/7 staffed incl. medical and clinical

**24H CARE**

Someplace to go

③

# 24H CARE

Best Practice:

Dedicated First Responder Area,  
Incorporate Intensive Support Beds, Bed  
Registry and Connections to Ongoing  
Care

FUSION REACTOR



## Core Crisis System Principles

Recovery Needs

Significant Role Peers

Trauma Informed Care

Zero Suicide/Safer Care

Safety / Security for All

First Responder Partnerships

FUSION REACTOR



# LIVING ROOM MODEL











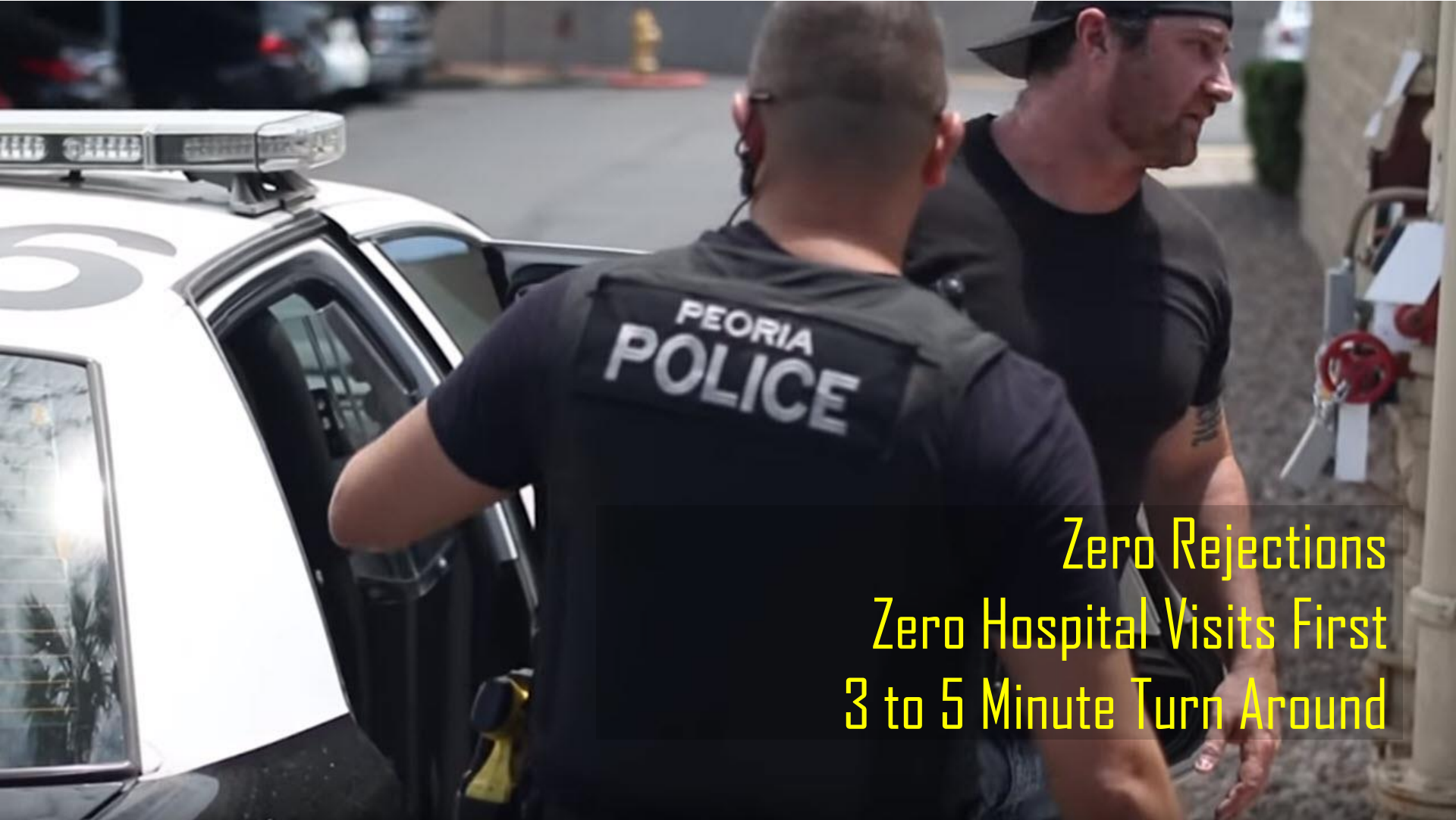


**RAPID DIRECT ACCESS**









Zero Rejections  
Zero Hospital Visits First  
3 to 5 Minute Turn Around

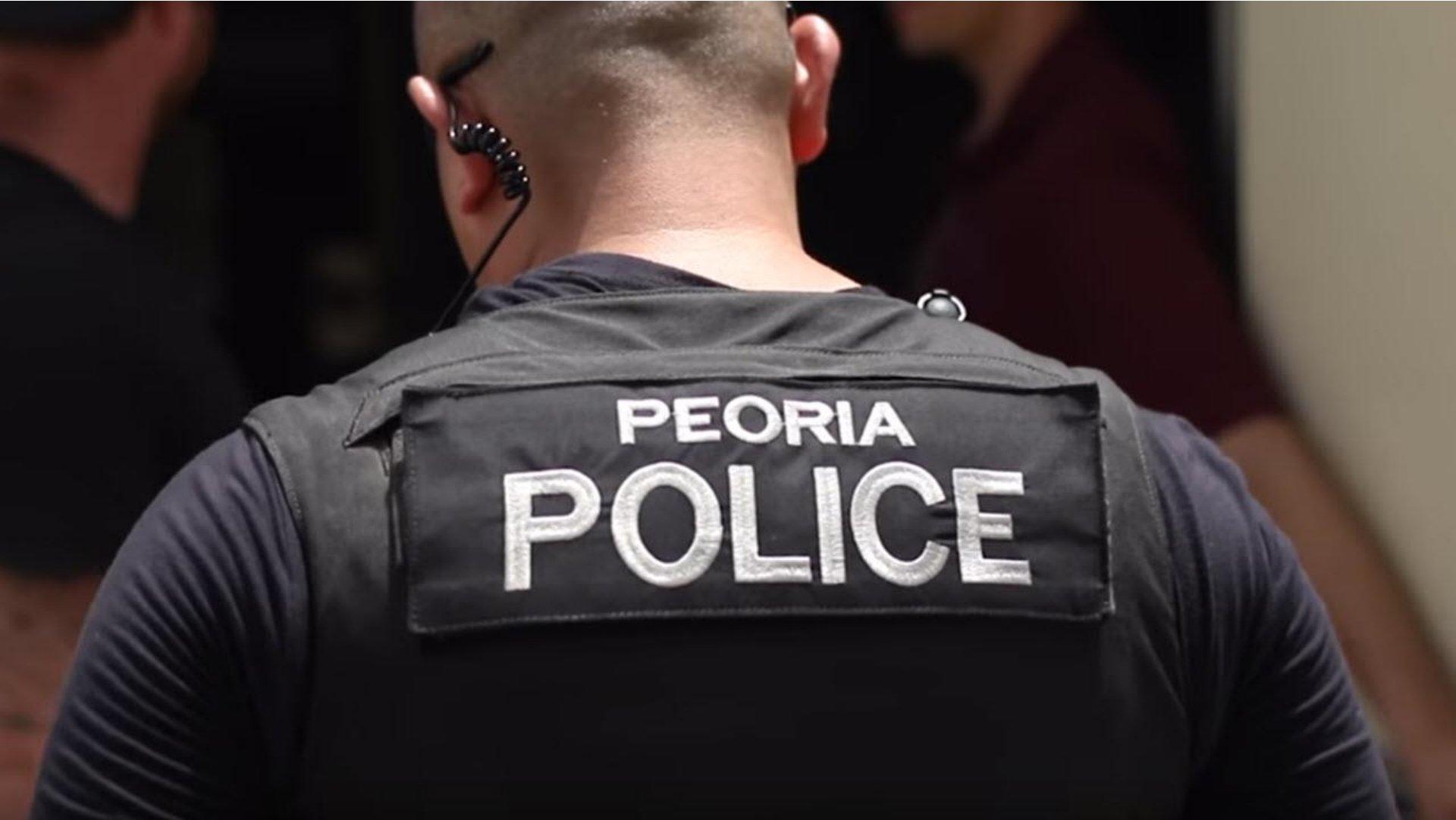


**POLICE  
ENTRANCE**

**POLICE**

**GARVER**  
EQUIPMENT









# Real Tools for Advancing Crisis Care

Acuity Rating Scale		
Criteria	Actuals	Acuity Score
% of IVC	60	3
LE Drop Off %	82	4
Admissions/24	17.00	2
LOS	24	1
S&Rs/24 hours	1	1
Average Census	17	
1:1's	1	

Acuity Score	11.5
Acuity Level	Level 4

Acuity Rating Scale					
	0 points	1 point	2 points	3 points	4 points
% of IVC	0-19%	20-39%	40-59%	60-79%	80-100%
LE Drop Off %	0-19%	20-39%	40-59%	60-79%	80-100%
Admissions/24	0-6	7-12	13-18	19-24	25+
LOS	0-19	20-39	40-59	60-79	80-100
S&Rs post 24 hour	0	1	2	3	4

Acuity Score	
Level 1	1-3
Level 2	4-6
Level 3	7-9
Level 4	10+

Calculate your crisis staffing



**Crisis Now Crisis System Calculator (Basic)**

	No Crisis Care	Crisis Now
# of Crisis Episodes Annually (200/100,000 Monthly)	14,880	14,880
# Initially Served by Acute Inpatient	10,118	2,083
# Referred to Acute Inpatient From Crisis Facility	-	828
Total # of Episodes in Acute Inpatient	10,118	2,911
# of Acute Inpatient Beds Needed	310	89
Total Cost of Acute Inpatient Beds	\$ 92,290,601	\$ 26,553,906
# Referred to Crisis Bed From Stabilization Chair	-	3,312
# of Crisis Beds Needed	-	25
Total Cost of Crisis Facility Beds / Chairs	\$ -	\$ 7,507,853
# Initially Served by Crisis Stabilization Facility	-	8,035
# Referred to Crisis Facility by Mobile Team	-	1,428
Total # of Episodes in Crisis Facility	-	9,464
# of Crisis Observation Chairs Needed	-	30
Total Cost of Crisis Facility	-	\$ 1,031,947
# Served Per Mobile Team Daily	4	4
# of Mobile Teams Needed	-	5
Total # of Episodes with Mobile Team	-	4,762
Total Cost of Mobile Teams	\$ -	\$ 1,826,367
# of Unique Individuals Served	10,118	14,880
TOTAL Inpatient and Crisis Cost	\$ 92,290,601	\$ 46,920,073
ED Costs (\$1,233 Per Acute Admit)	\$ 12,475,987	\$ 3,589,598
TOTAL Cost	\$ 104,766,588	\$ 50,509,671
TOTAL Change in Cost	\$ (54,256,917)	-52%

Calculate your own community

Please edit these 3 variables to estimate optimal allocations	Population Census	620,000
	ALOS of Acute Inpatient	10
	Avg. Cost of Acute Bed/Day	\$ 816





**CRISIS NOW**  
Transforming Crisis Services

- HOME
- SUMMITS
- #CRISISTALK
- LIBRARY
- TOOLS
- ABOUT US
- ☰

**NASMHPD**

# Crisis Now: TRANSFORMING CRISIS SERVICES

GET THE REPORT

CrisisNow.com

STRATEGIC NEWS / NOVEMBER 22, 2019

## FCC Moves to Establish 988 as the National Number for Mental Health and Suicide Crisis



On Tuesday, FCC chairman, Ajit Pai, took a critical step in establishing 988 as the nationwide number for mental health and suicide emergencies, mirroring what the three-digit-number 911 is for medical crises. The FCC Commission will vote on Pai's proposal on December 12th. In his announcement, Pai said all calls would redirect to the existing [National Suicide Prevention Lifeline](#). He stated

COVID-19 / MARCH 30, 2020

## Part 1: Tsunami Alarms Are Blaring—We Must Shore Up the Sea Wall

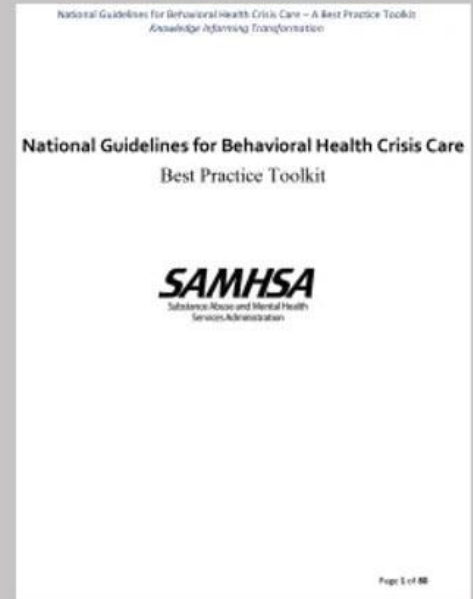


Earlier this month, Dr. Atul Gawande posted a graphic from Johns Hopkins University that [overlaid](#) daily COVID-19 growth in Italy and the United States. The two paths were eerily similar. We at #CrisisTalk began using the same framework and adding in China's trajectory to gain insight into our likely future in the United States. By aligning the first day each country reported over 100 cases (March 2nd in the US), we arrived to project 8 and 15 days into the future. This approach could assist in planning the mental

# 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](#)

CrisisNow.com



# Georgia Department of Behavioral Health & Developmental Disabilities



## GCAL Functions

State-wide telephonic crisis de-escalation, assessment and referral free for anyone in Georgia

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 state hospitals and crisis stabilization units

SAMHSA Treatment Locator Calls from Georgians. 1,500 + calls a month started in 2018

National Suicide Prevention Lifeline Calls, Answer 100% of Calls from Georgians



## Georgia Crisis & Access Line Functions(GCAL)

# Georgia Crisis and Access Line (GCAL)

## Statewide Central Call Center

- A toll-free, confidential hotline available 24 hours a day, 7 days a week from anywhere in Georgia providing:
  - Statewide telephonic crisis de-escalation
  - assessment and referrals
  - urgent and emergent appointments
  - For BH, SUD, and IDD including adults and kids.
- GCAL answers all SAMHSA Treatment Locator Calls from Georgians. 1,500+ calls a month
- Answer 100% of National Suicide Prevention Lifeline Calls from Georgia Area Codes

## Text and Chat

- MyGCAL app is a connection to the Georgia Crisis & Access Line. It allows young people in Georgia to choose how they want to reach out to us through either text, chat or phone.



# Georgia Crisis and Access Line (GCAL) continued

## Centralized Mobile Crisis Dispatch

- Single point of dispatch for DBHDD funded Mobile Crisis Teams Statewide

## Real Time Crisis Bed Management

- Single Point of entry for state-funded beds at private hospitals
- Preferred point of entry (PPOE) for state hospitals and crisis stabilization units
- Portal for emergency departments to track and communicate electronically regarding crisis referrals
- Live Beds Inventory of all DBHDD crisis beds

## Real-Time Performance Outcomes and Dashboards

- Dashboards on call center performance including text and chat
- Dashboards on Mobile Crisis Services
- Data collection allowing outcomes measurement as determined by DBHDD



## Crisis Contact Center

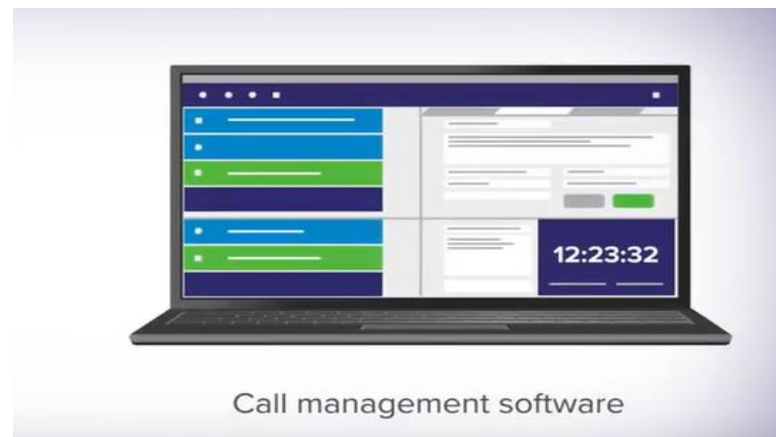


A Crisis Has No Schedule®

# 24/7 OUTPATIENT SCHEDULING

Routine/urgent needs

Triage reports attached



# 24/7 Outpatient Scheduling

Disability: **MIN** Primary Responder: **MIN** Epinephrine: **MIN** 2/22/2018 11:00:10 AM

LOCUS LEVEL: **LOCUS SYSTEM**

Copy to Notes | I | II | III | IV | V | VI | Total

LOCUS Score: **1**

---

### OutPatient Intake Options (Locus 1-3) 77 within 150 miles (30303 Fulton)

Set Appt	Facility Name	Appt Type
<input type="checkbox"/>	Grady - Grady Intake	Routine Appt Link
<input type="checkbox"/>	Grady - Grady Intake	Click for Next Ava
<input type="checkbox"/>	Grady - Grady Intake	Click for Next Ava
<input type="checkbox"/>	Grady - Grady Intake	Click for Next Ava
<input type="checkbox"/>	Grady - Grady Intake	Routine Appt Link
<input type="checkbox"/>	Grady - Grady Intake	Click for Next Ava
<input type="checkbox"/>	Grady - Grady Intake	Click for Next Ava
<input type="checkbox"/>	Grady - Grady Intake	Routine Appt Link
<input type="checkbox"/>	Grady - Grady Intake	Routine Appt Link
<input type="checkbox"/>	Grady - Grady Intake	Routine Appt Link
<input type="checkbox"/>	Grady - Grady Intake	Routine Appt Link
<input type="checkbox"/>	Grady - Grady Intake	Routine Appt Link
<input type="checkbox"/>	Grady - Grady Intake	Routine Appt Link
<input type="checkbox"/>	Grady - Grady Intake	Routine Appt Link
<input type="checkbox"/>	Grady - Grady Intake	Routine Appt Link
<input type="checkbox"/>	Grady - Grady Intake	Routine Appt Link

Record 1 of 77

Grady - Grady Intake [None](#)

10 Park Place 404-616-1688

Atlanta, GA 30303 404-616-4737

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:30 AM	7:30 AM	7:30 AM	7:30 AM	7:30 AM	Closed	Closed
2:00 PM	2:00 PM	2:00 PM	2:00 PM	2:00 PM	Closed	

**Urgent Appt: URGENT APPOINTMENTS ARE WITHIN 1 BUSINESS DAY OR 3 CALENDAR DAYS**

### Mobile Crisis Team Options (Locus 4-6)

Dispatch Type: Prerequ

[Edit MC Assessment](#)

### Crisis Stabilization Options (Locus 5-6) 10 CSUs found from 30303

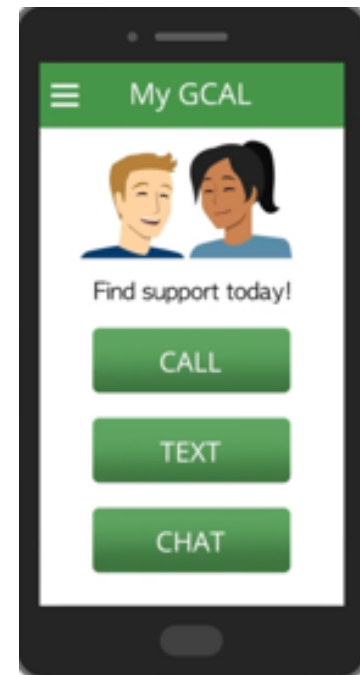
Re...	Facility	Dist...	BedsAvl	Type	Id
<input type="checkbox"/>	Region 3 MH Pending Referral (GCAL-I...	0	NA	CSU	
<input type="checkbox"/>	Region 3 Medical Clearance Pending R...	0	NA	CSU	
<input type="checkbox"/>	Region 3 In Transit to ED (GCAL Interna...	0	NA	CSU	
<input type="checkbox"/>	Interrupted Linkage Region 3 GCAL Elec...	0	NA	CSU	
<input type="checkbox"/>	Grady CSU Grady Health System	0	NA	CSU	6
<input type="checkbox"/>	LOCUS Pending (GCAL-Internal) GCAL ...	0	NA	CSU	
<input type="checkbox"/>	Awaiting Documentation (GCAL Internal ...	0	NA	CSU	
<input type="checkbox"/>	Call BHCC For Triage GCAL Electronic I...	0	NA	CSU	
<input type="checkbox"/>	DeKalb Regional Crisis Center DeKalb ...	6	9	CSU	
<input type="checkbox"/>	View Point Health Adult CSU View Point ...	26	0	CSU	

GA 30303

### InPatient Hospital Options (Locus 5-6) 14 IPs found from 30303

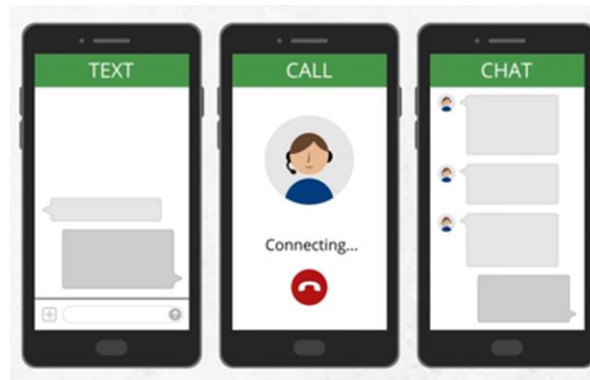
Re...	Facility	Dist...	BedsAvl	Type	Id
<input type="checkbox"/>	Atlanta Medical Center Atlanta Medical ...	1	Full	Private	4
<input type="checkbox"/>	Wesley Woods Center Emory Medical C...	5	NA	Private	4

# MyGCAL Text & Chat for Georgia's Youth



# What is the MyGCAL app?

The app is a connection to the Georgia Crisis & Access Line. It allows young people in Georgia to choose how they want to reach out to us either through text, chat or phone call.





# GPS ENABLED MOBILE CRISIS DISPATCH

# Element #3- High-Tech Mobile Crisis Dispatch

Port Isaac, Cornwall, England New tab Pending MC Dispatch

https://bhlweb.com/bhlsched/MCT/MCTDispatch.aspx

Menu Pending MC Dispatch 1/26/2018 2/26/2018 25 Clear Staff Export to XLS Export to Xlsx Export to CSV Export to PDF Download RTR Download MRD Clear Sorting Collapse All

Display Notes  BHL Only

Last Refresh 4:56:52 PM

Page 1 of 1 (19 items) [1] All

Drag a column header here to group by that column

#	Transit Time	Assessment Time	Status	Status Detail	Dispatch Detail Time	First Name	Last Name	Age	Location Type	Dispatch Level	MC Team	Referral Source	Crisis Region	Crisis County	Crisis Location
<a href="#">Edit</a>	00:25		Transit	Not Applicable	00:00			37	Jail/Detention Center	Level 5	BHL Region 5 MCRS Zone B Waycross	Coffee	5	Coffee	Jail/Det 825 TH
<a href="#">Edit</a>	00:26		Transit	Not Applicable	00:01			27	Residence	Level 3	BHL Region 3 MCRS East Metro	N/A	3	DeKalb	Resider Lynwo
<a href="#">Edit</a>	00:16	00:11	Assess	Not Applicable	00:05			10	School	Level 4	Benchmark Region 1 MCRS Zone B	N/A	1	Catoosa	School Drive
<a href="#">Edit</a>	00:42		Transit	Not Applicable	00:01			42	Residence	Level 1	BHL Region 3 MCRS East Metro	N/A	3	Gwinnett	Resider Way
<a href="#">Edit</a>	00:28	00:15	Assess	Not Applicable	00:00			15	Residence	Level 5	Benchmark Region 1 MCRS Zone B	N/A	1	Murray	Resider Loudern
<a href="#">Edit</a>	00:52	00:28	Linkage	Not Applicable	00:00			32	Residence	Level 3	Benchmark Region 2 MCRS Zone D	N/A	2	Clarke	Resider Court
<a href="#">Edit</a>	00:46	00:45	Linkage	Not Applicable	00:00			51	Hospital ED	Level 4	Benchmark Region 4 MCRS Zone A	Dorminy Medical Center	4	Ben Hill	Hospita House 1 1447
<a href="#">Edit</a>	01:07	01:45	Assess	Not Applicable	00:00			39	Residence	Level 4	Benchmark Region 6 MCRS Zone C	N/A	6	Muscogee	Resider
<a href="#">Edit</a>	00:49	03:21	Assess	Not Applicable	00:00			14	Residence	Level 4	BHL Region 5 MCRS Zone A Savannah	N/A	5	Tattnall	Resider PEACH
<a href="#">Edit</a>	00:52	01:47	Linkage	Not Applicable	00:00			10	School	Level 4	Benchmark Region 1 MCRS Zone D	N/A	1	Forsyth	School highwa
<a href="#">Edit</a>	00:15	00:43	Linkage	Not Applicable	00:05			61	Hospital ED	Level 5	Benchmark Region 4 MCRS Zone D	Tift Regional Medical Center	4	Tift	Hospita St.



# DISPATCHER DASHBOARD

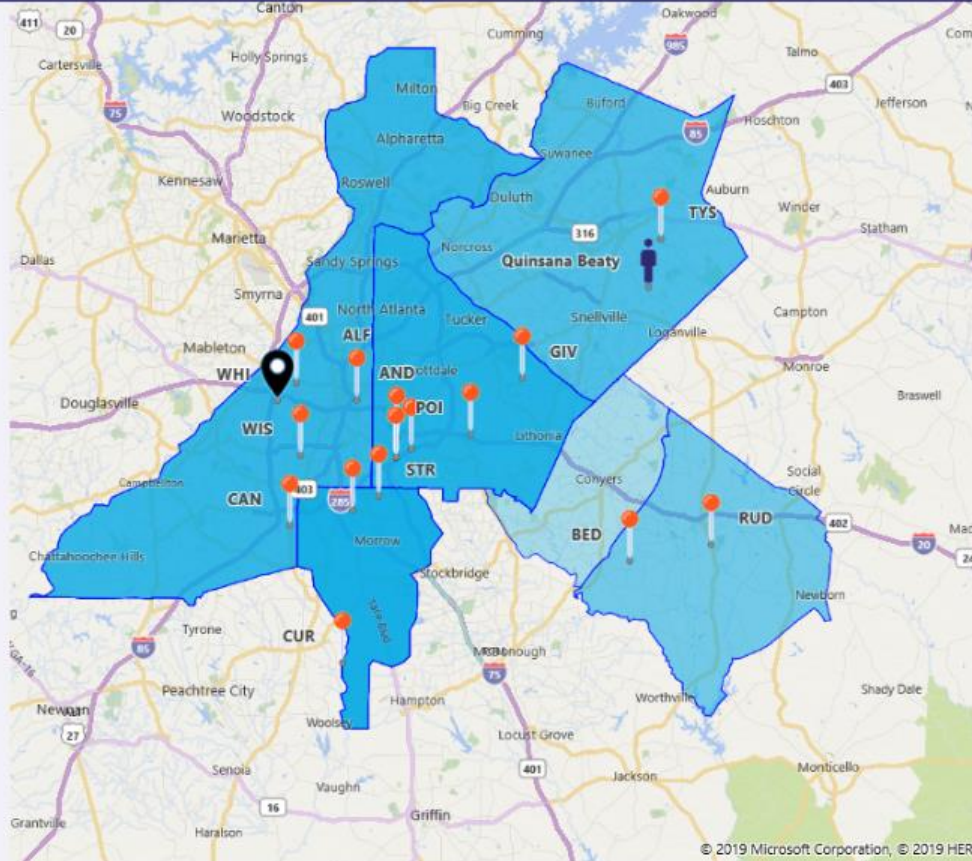


## ASSIGNED JOBS

CSRLN: WHI

CONSUMER NAME **Emmanuel Whitaker**  
ADDRESS **2931 Middleton RD  
Atlanta GA**

FIRST RESPONDER **Pam Beckham**  
SECOND RESPONDER  
LOCATION TYPE  
MCRS ACCEPT DATE  
STATUS **IN PROCESS**



## NEW JOBS



CSRLN: BRO

CONSUMER NAME **Deborah Brown**  
ADDRESS **2170 Chesire Bridge Rd  
Apt #708**

Select

CSRLN: ALF

CONSUMER NAME **Anthony Alford**  
ADDRESS **25 Bouelvard NE**

Select

CSRLN: CAN

CONSUMER NAME **Latasha Cannon**  
ADDRESS **2500 Pleasant Hill Rd  
Apt C-13**

### Select Responders

Quinsana Beatty  Second Respond

Dispatch

## Shows Every Intensive Referral

- Waiting for care
- How long they've been waiting
- Where they are waiting



# STATUS DISPOSITION FOR INTENSIVE REFERRALS

7 Days Pending Number of Pending Episodes 127 Scan Elapsed Time 3 Seconds (Double Click a Row to Open Episode)

Type of Facility	Age Gr...	Program or Hospital	Ref/Dispatch Date	Minut...	Referral Source	Ref Location T...	Primary Pres...	Acuity	Locus	C...	Wait Time	Consumer ID
CSU		Region 6 MH Pending Referral (GC...	2/2/2018 2:27 PM	204	Midtown Me...	Hospital ED	MH	Urgent	Level V	6	03:24:27	2018020...
CSU	Adult	Region 5 MH Pending Referral (GC...	2/2/2018 2:21 PM	210	Memorial H...	Hospital ED	MH	Emergent	Level VI	5	03:29:44	2011101...
SH	Adult	Region 6 SCB (State Contract Bed)...	2/2/2018 2:18 PM	213	West Georgi...	Hospital ED	MH	Urgent	Level V	6	26:34:52	2011050...
PH	C&A	C&A SCB Pending Statewide Refer...	2/2/2018 2:06 PM	225	Wellstar Ke...	Hospital ED	MH	Emergent	Level VI	1	12:21:47	2018020...
CSU	Adult	Region 4 MH Pending Referral (GC...	2/2/2018 1:56 PM	235	Terrell	Jail / Prison ...	MH	Emergent	Level V	4	06:44:25	2017091...
CSU		Region 6 Medical Clearance Pendl...	2/2/2018 1:53 PM	238	N/A	Community	AD	Urgent	Level V	6		2014012...
CSU	Adult	Region 2 MH Pending Referral (GC...	2/2/2018 1:49 PM	242	University H...	Hospital ED	MH	Emergent	Level V	2	07:45:50	2015060...
SH	Adult	Georgia Regional Hospital at Atlant...	2/2/2018 1:39 PM	252	Southern R...	Hospital ED	MH	Emergent	Level V	3	74:59:23	2018013...
PH	C&A	C&A SCB Pending Statewide Refer...	2/2/2018 1:39 PM	252	Northside H...	Hospital ED	MH	Emergent	Level VI	1	14:21:53	2018020...
CSU	Adult	Region 6 MH Pending Referral (GC...	2/2/2018 1:39 PM	252	Spalding Re...	Hospital ED	MH	Emergent	Level VI	6	11:33:34	2013041...
CSU	Adult	Region 5 AD Pending Referral (GC...	2/2/2018 1:12 PM	279	N/A	Community	AD	Urgent	Level V	5	29:56:31	2018020...
PH	C&A	C&A SCB Pending Statewide Refer...	2/2/2018 12:46 PM	305	Piedmont F...	Hospital ED	MH	Urgent	Level V	6	15:40:51	2018020...
CSU	Adult	Region 2 MH Pending Referral (GC...	2/2/2018 12:36 PM	315	Gwinnett He...	Hospital ED	MH	Emergent	Level VI	3	05:15:35	2009010...
CSU	Adult	Region 1 AD Pending Referral (GC...	2/2/2018 12:07 PM	344	N/A	Community	AD	Urgent	Level V	1	05:43:55	2016072...
CSU		Region 1 MH Pending Referral (GC...	2/2/2018 12:03 PM	348	Northside H...	Hospital ED	MH	Urgent	Level VI	3	05:48:12	2018020...
CSU	Adult	Region 1 MH Pending Referral (GC...	2/2/2018 11:56 AM	355	Redmond R...	Hospital ED	MH	Urgent	Level VI	1	05:55:26	2017110...
BHCC	Adult	DeKalb BHCC DeKalb CSB	2/2/2018 11:50 AM	361	Southern R...	Hospital ED	MH	Emergent	Level VI	3	06:01:00	2018020...
APS Hospital	Adult	SCB Approval Request GCAL UM B...	2/2/2018 11:34 AM	377	Northeast C...	Hospital ED	MH	Emergent	Level VI	1	14:19:09	2015090...
SH	C&A	C&A SCB Pending Statewide Refer...	2/2/2018 11:30 AM	381	Children's ...	Hospital ED	MH	Emergent	Level VI	3	26:39:05	2018020...
SH	Adult	Georgia Regional Hospital at Atlant...	2/2/2018 11:05 AM	406	Northside H...	Hospital ED	MH	Urgent	Level V	3	16:13:23	2018020...
SH	Adult	Georgia Regional Hospital at Atlant...	2/2/2018 11:01 AM	410	Newton Me...	Hospital ED	MH	Emergent	Level V	3	29:24:05	2010083...
SH	Adult	East Central Regional Hospital GA...	2/2/2018 11:00 AM	411	Newton Me...	Hospital ED	MH	Emergent	Level V	3	26:27:57	2018013...
SH	Adult	Georgia Regional Hospital at Atlant...	2/2/2018 10:50 AM	421	Atlanta Med...	Hospital ED	MH	Emergent	Level V	3	15:08:06	2009040...
CSU	Adult	Region 6 AD Pending Referral (GC...	2/2/2018 10:14 AM	457	N/A	Community	AD	Urgent	Level V	6	22:17:40	2018020...
CSU	Adult	Region 6 MH Pending Referral (GC...	2/2/2018 9:41 AM	490	Midtown Me...	Hospital ED	MH	Urgent	Level VI	6	08:10:02	2018012...
CSU	Adult	Region 1 MH Pending Referral (GC...	2/2/2018 9:37 AM	495	Northside H...	Hospital ED	MH	Emergent	Level VI	1	08:14:13	2018020...

# SHARED BED INVENTORY TRACKING



# STATWIDE BEDS INVENTORY STATUS BY INDIVIDUAL BED

<https://bhlweb.com/bhlsched/BedCensus/BedCensusInventory.aspx>

Menu Beds Census Inventory Status 1/28/2018 2/26/2018 Request Admission Date/Time Change Beds Swap Beds Reverse Discharge **SH Transfer Request Data Updated by SH** Export to XLS

Display Notes  Under 18 Only  Adult Only

Page 1 of 19 (471 items) [1] 2 3 4 5 6 7 ... 17 18 19

Drag a column header here to group by that column

#	Fac Re	Facility Type	Agency Name	Facility Name	Bed Description	Bed Status	Bed Status Detail	Bed Gender	Individuals Name	Age	Residence County	Crisis Count
<a href="#">Clear</a>						available						
<a href="#">Edit</a>	<a href="#">De</a>	2	Adult CSU	Advantage BHS	Vantage Point CSP	Bed 14	Available	Female		-1		
<a href="#">Edit</a>	<a href="#">De</a>	2	Adult CSU	Advantage BHS	Vantage Point CSP	Bed 9	Available	Male		-1		
<a href="#">Edit</a>	<a href="#">De</a>	2	Adult CSU	Advantage BHS	Vantage Point CSP	Bed 2	Available	Female		-1		
<a href="#">Edit</a>	<a href="#">De</a>	2	Adult CSU	Advantage BHS	Vantage Point CSP	Bed 11	Available	Male		-1		
<a href="#">Edit</a>	<a href="#">De</a>	4	Adult CSU	Albany Area Community Service Board	Albany Area CSU	CSU Bed 21	Available			-1		
<a href="#">Edit</a>	<a href="#">De</a>	4	Adult CSU	Albany Area Community Service Board	Albany Area CSU	CSU Bed 14	Available	Not Applicable		-1		
<a href="#">Edit</a>	<a href="#">De</a>	4	Adult CSU	Albany Area Community Service Board	Albany Area CSU	CSU Bed 30	Available	Not Applicable		-1		
<a href="#">Edit</a>	<a href="#">De</a>	4	Adult Temp Obs	Albany Area Community Service Board	Albany Area CSU	CZ 1	Available	Not Applicable		-1		
<a href="#">Edit</a>	<a href="#">De</a>	4	Adult CSU	Albany Area Community Service Board	Albany Area CSU	CSU Bed 16	Available	Male		-1		
<a href="#">Edit</a>	<a href="#">De</a>	4	Adult Temp Obs	Albany Area Community Service Board	Albany Area CSU	CZ 5	Available	Not Applicable		-1		
<a href="#">Edit</a>	<a href="#">De</a>	4	Adult Temp Obs	Albany Area Community Service Board	Albany Area CSU	CZ 6	Available	Not Applicable		-1		
<a href="#">Edit</a>	<a href="#">De</a>	4	Adult Temp Obs	Albany Area Community Service Board	Albany Area CSU	CZ 4	Available	Not Applicable		-1		
<a href="#">Edit</a>	<a href="#">De</a>	4	Adult Temp Obs	Albany Area Community Service Board	Albany Area CSU	CZ 3	Available	Not Applicable		-1		

# SUGGESTED MINIMUM DATA COLLECTION

## Crisis Call Center Services

- ✓ Call volume
- ✓ Average speed of answer Average delay
- ✓ Average length of call
- ✓ Call abandonment rate
- ✓ Percentage of calls resolved by phone
- ✓ Number of mobile teams dispatched
- ✓ Number of individuals connected to a crisis or hospital bed
- ✓ Number of first responder-initiated calls connected to care

## Crisis Mobile Services

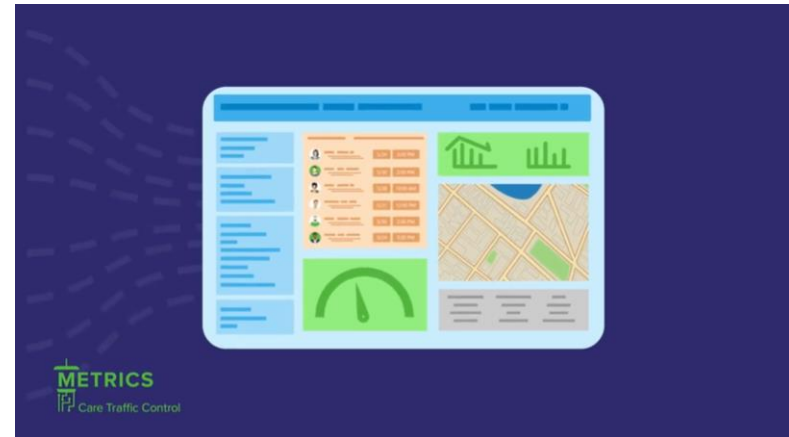
- ✓ Number served per 8-hour shift
- ✓ Average response time
- ✓ Percentage of calls responded to within 1 hour... 2 hours
- ✓ Longest response time
- ✓ Percentage of mobile crisis responses resolved in the community

## Crisis Receiving & Stabilization

- ✓ Number served (could be a measure of individuals served per chair daily)
- ✓ Percentage of referrals accepted
- ✓ Percentage of referrals from law enforcement (hospital and jail diversion)
- ✓ Law enforcement drop-off time
- ✓ Percentage of referrals from all first responders
- ✓ Average length of stay
- ✓ Percentage discharge to the community
- ✓ Percentage of involuntary commitment referrals converted to voluntary
- ✓ Percentage not referred to emergency department for medical care
- ✓ Readmission rate
- ✓ Percentage completing an outpatient follow-up visit after discharge
- ✓ Total cost of care for crisis episode
- ✓ Guest service satisfaction
- ✓ Percentage of individuals reporting improvement in ability to manage future crisis

# MEANINGFUL METRICS

- The live census was launched in 2012. Since then, the state has established benchmarks (in parentheses below) and monitored performance using the following metrics:
  - Occupancy rate of Crisis Stabilization Units (90% required)
  - Denial rate (no more than 10%)
  - Length of Stay (average of 7 calendars days or less)
  - Diversion Rate (50% of individuals who present to Walk-In Centers or Temporary Observation Units and are treated in  $\leq 24$  hours and no longer require inpatient admission to a crisis unit or hospital)



# Real-Time Performance Outcomes Dashboards



## Mobile Crisis Response Services Live Dashboard

- Statewide
- Region 1
- Region 2
- Region 3
- Region 4
- Region 5
- Region 6

Data as of 03/11/2018 12:00 AM

Average Dispatch Response Time  
(Scale In Minutes)



Average Mobile Crisis Response Time  
(Scale in Minutes)



Average MCRS Assessment Time  
(Scale in Minutes)





16707

Total Calls Offered

16302

Total Calls Answered

405

Abandoned Calls

9620

Crisis Calls (Ans < 15)

97

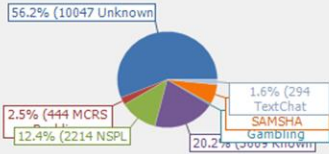
Crisis Calls %

2018

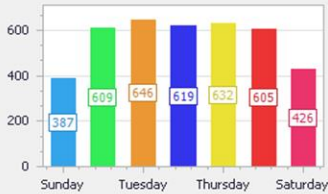
NSPL Calls Answered

9156

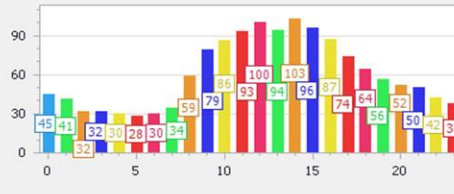
Outbound Calls



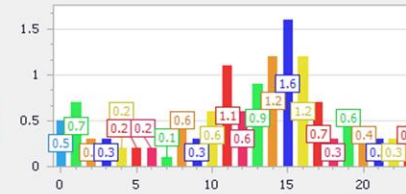
Calls by Skill Name



Avg Calls by Day of Week



Avg Calls by Hour



Avg Abn Calls by Hour



GCAL ASA (seconds)



OES ASA (seconds)



GCAL Abn Rate



OES Abn Rate

266

OES Offered

263

OES Answered

110

Total Text Calls

156

Total Chat Calls

0000

Downloads



Avg Talk Time Mins (Text/Chat)

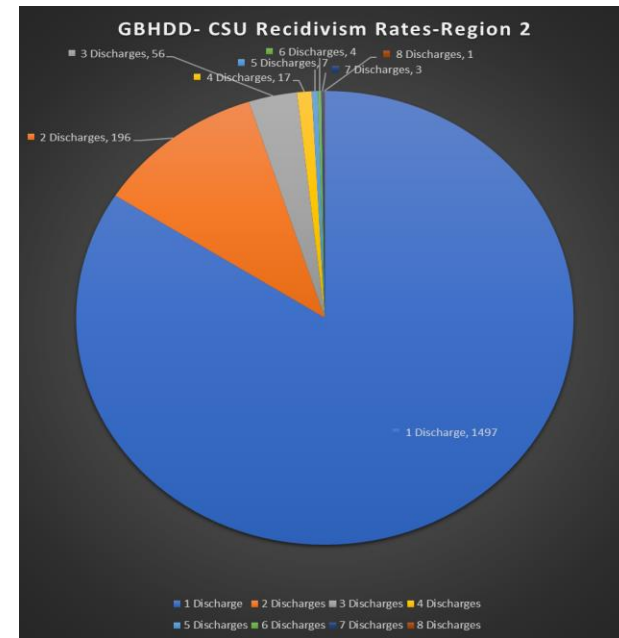
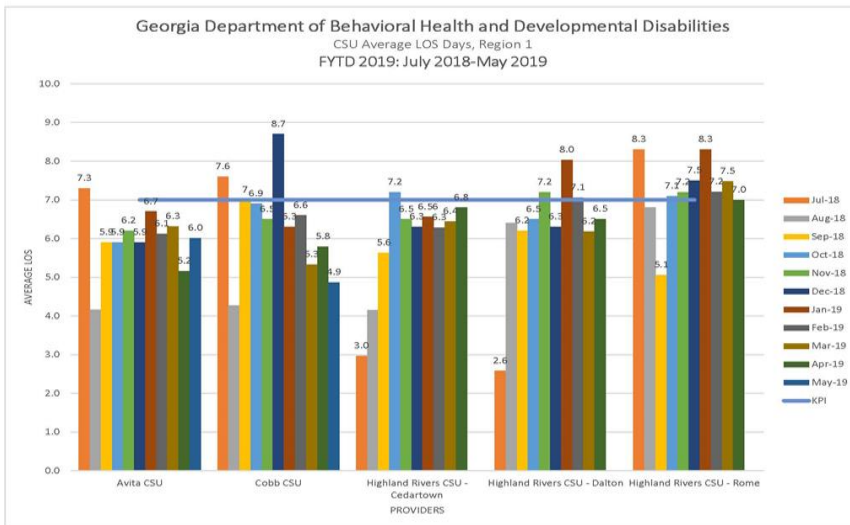


Avg Talk Time Mins (GCAL)

# Examples of Georgia Data

- Length of Stay Chart for a region

- Recidivism Chart





Department of  
**Mental Health &  
Substance Abuse Services**

# State of Tennessee's Crisis Delivery Model

# Crisis Services History

- Crisis response teams were established in 1991
- Contract with 13 providers across the state to deliver mobile crisis services 24/7/365
- Statewide hotline number routes caller to nearest provider based on area code and defaults to one provider if does not route due to unknown area code.
- TDMHSAS is also proud to participate in the National Suicide Prevention Lifeline with 6 TN providers assisting in answering the calls across the nation
- Respite services were established in 1992 to allow a community based option that offers a temporary reprieve from an environmental stressor
- Crisis Stabilization Units and Walk-in Centers were added in 2008
- Contract with 7 providers to provide 8 CSUs and Walk-in Centers to operate 24/7/365



# Where we are today – 124,878 Calls FY19

## STATEWIDE CRISIS PHONE CALLS

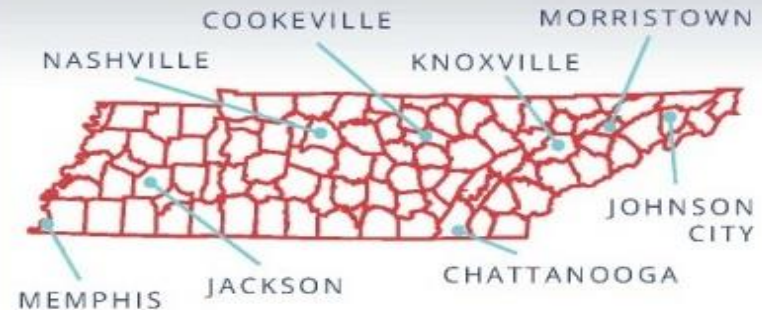


## THE RIGHT TREATMENT AT THE RIGHT TIME IN THE RIGHT PLACE



WHEN POSSIBLE, CRISIS SERVICES PROVIDES MENTAL HEALTH SERVICES AND REFERRALS TO RECEIVE TREATMENT IN THE COMMUNITY.

## Crisis Walk-In Centers



**25%** OF FACE-TO-FACE ASSESSMENTS OCCURRED AT WALK-IN CENTERS

## Mobile CRISIS TEAMS



**13** SERVING TEAMS

**79,000+**  
**Face-To-Face Assessments**

ADULT  
**67,000+**  
YOUTH  
**11,000+**

MOST FACE-TO-FACE ASSESSMENTS OCCURRED WITHIN  
**2** HOURS

**A** **88%**  
**Y** **89%**

# Funding Model

- **Statewide Crisis Hotline** – Funded with state dollars - \$50,000
- **Mobile Crisis** – Blended funding with Medicaid and state dollars. Rates based on a PMPM (per member per month) model as determined by TennCare with state dollars contributing approx. 20% of total. Funded to ensure firehouse model.

State \$5,061,206 Medicaid - \$20,751,041

- **Respite** – State pays at cost not to exceed 1/12 of total maximum liability per month while TennCare (Tennessee Medicaid Waiver) pays a fee for service.

State - \$507,567 Medicaid- \$163,241

- **CSU/WIC** – State pays at cost not to exceed 1/12 of total maximum liability per month while TennCare pays a fee for service.

State- \$15,051,033 combined

Medicaid - \$3,720,978

**TOTAL CRISIS INVESTMENT: \$45,305,066**



**TENNESSEE STATEWIDE CRISIS LINE**  
**There is hope.**  
**855-CRISIS-1 (855-274-7471)**

**Do you feel like you are experiencing a mental health crisis?**

**Our Statewide Crisis Line is here to help individuals struggling with a mental health emergency.**

This phone line is free and operated by caring, trained mental health professionals, 24 hours a day, 7 days a week.

Confidential help from anywhere in Tennessee is only a phone call away.

[tn.gov/behavioral-health/crisis-services](http://tn.gov/behavioral-health/crisis-services)

Tennessee Department of Mental Health and Substance Abuse  
Authorization No. 339517, June 2018, 1,000 copies. This public document was promulgated at a cost of \$3.16 per copy.

**TN** Department of **Mental Health & Substance Abuse Services**

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

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