Before and After a Behavioral Health Crisis: Building a Continuum of Care

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MENTAL HEALTH CRISIS RESPONSE SYSTEM
IOWA CITY, IA

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Old model

- Crisis Center
- Law Enforcement
- CMHC
- Family / Natural Supports
- Emergency Room
- Psychiatric Hospitalization
- Homeless Shelter
- SA services Provider

Questions mark the connections between the different components.
Crisis Psychiatric ER / Access Center

Law Enforcement

CMHC

Family / Natural Supports

Primary Care

Psychiatric Hospitalization

Crisis Center

Homeless and Housing Services

Substance Use Disorder Services

Vision
2010: Community service agencies begin meeting to improve coordination of the systems of care

January 2016: Elected officials, law enforcement, and provider agencies visit San Antonio Restoration Center, followed by
   - Ongoing government and agency planning
   - Crisis Intervention Training for law enforcement

January 2018: Gov. Reynolds cites Access Centers in her State of the State address
   - Requires Iowa will have minimum of six

May 2018: Project manager hired

December 2018: Land purchase

2020: Medical Director and Executive Director hired

February 2021: GuideLink opened to patients with a gradual opening of services
What is an Access Center?

- January 2018: Gov. Reynolds cites Access Centers in her State of the State address
- “Access center” means the coordinated provision of intake assessment, screening for multi-occurring conditions, care coordination, crisis stabilization residential services, subacute mental health services, and substance abuse treatment for individuals experiencing a mental health or substance use crisis who do not need inpatient psychiatric hospital treatment, but who do need significant amounts of supports and services not available in other home- and community-based settings. (IAC Chapter 25)
GuideLink Center Mission

- Provide rapid assessment, triage, and stabilization to individuals experiencing a behavioral and/or substance abuse crisis, followed up with linkage to appropriate community services for assistance with ongoing issues.
Access Center core services “plus”

- Screening, assessment and diagnosis, including risk assessment
- Patient-centered treatment planning
- Crisis Observation: prompt evaluation and/or stabilization of individuals presenting with acute symptoms or distress, up to 23 hours.
- Crisis Stabilization: admitted from Crisis Observation when it is determined treatment needs will last beyond 24 hours (up to 5 days).
- Subacute Care (offsite): admitted from Crisis Stabilization when it is determined treatment needs will last beyond 5 days (up to 10 days).
- Medical first aid
- Detox: Medically-supervised place to withdraw from drugs or alcohol and stabilize before engaging in a treatment program.
- Sobering: alternative to arrest of public intoxicants by providing a medically safe environment with direct access to additional treatment.
Structure

Managing Entity Agreement

- Johnson County
- UnityPoint Health AbbeHealth Services

Advisory Board
- Representation from community partners to review operations and make recommendations regarding improvements and future direction of the Guiding Light Center

Managing Entity

- Shelter House

License-Holding TIN
- Detox
- Sobering
- Evaluation / Triage

24/7 Paramedic Medical Coverage

CommUnity
- Mobile Crisis
- License-Holding TIN
  - Evaluation / Triage
  - Care Coordination

License-Holding TIN
- Professional Services
- Prescriber
- Therapy

License-Holding TIN
- Subacute
- Crisis Observation
- Crisis Stabilization
- Evaluation / Triage

Professional Service Agreements (PSAs)

Leased Staffing Pool

- University of Iowa Health Care
- Providing Medical Director (MD) coverage and ED telemedicine consults

- University of Iowa College of Nursing
- Providing ARNP coverage 24 hours per week
Participating Community Partners
CommUnity Mobile Crisis Outreach

- Immediate triage of clients
- Intake and brief screening
- Suicide assessment and safety planning
- Mobile crisis support
- Mobile crisis can meet with clients in the Emergency Departments to complete a crisis bed screening. If the client qualifies for a crisis bed, mobile crisis will transport the client to GuideLink.
- Office now located at GuideLink Center
- Other services provided:
  - Crisis Phone | Chat | Text
  - Support Groups
  - Suicide Prevention Training
  - Food Bank
  - Mobile Food Pantry
  - Basic Needs Program
**Service Providers and Descriptions**

- **Penn Center**
  - Crisis Stabilization and Subacute Care (offsite)
  - Staffed by nurses, peer support, social workers, qualified mental health providers

- **Abbe Community Mental Health**
  - Psychiatrists and Advanced Practice Providers
  - Medication management assistance
  - Perform physical exams and mental health evaluations as needed
Additional Service Providers

● **Johnson County Ambulance**
  – On-site 24/7
  – Medical First Aid
  – Medical Assessment and Consultation
  – Staff Sobering

● **Prelude Behavioral Services**
  – Sobering and Medically-Monitored Detox
Additional considerations

- Not a locked facility
  - Must be voluntary

- Patient Criteria
  - 18 years of age or older
  - Experiencing psychiatric/psychological stress or seeking detox/sobering support (cannot be only experiencing homelessness for example)
  - Feeling unsafe or suicidal, but able to maintain safe behaviors while onsite
  - Willing to work with GuideLink Center staff on intake and discharge planning (has to be able to provide some consent)
  - Able to provide their own basic self-care
  - Medically stable, with the exception of minor first aid needs
Gaps within Current Crisis Services Continuum

- Lack of Centralized Dispatch for Mobile Crisis Outreach
- No diversion to Mobile Crisis Outreach at 911 Dispatch
- Need for improved services for “complex needs”
- Need for improved coordination between Inpatient Psychiatric Teams and Community Providers
- General understanding of the importance of providing individuals with the right level of care at the right time
- Significant gaps in children's mental health services
  - No equivalent to GuideLink for Youth
  - No Psychiatric Urgent Care for Youth
  - Long waits in ED's for psychiatric hospitalization
  - Lack of step-down programming post psychiatric hospitalization
What I am most excited about

- Avoid overly medicalizing or criminalizing behavioral health issues and substance use disorders
- Connects patients to ongoing services
  - General medical services, housing, vocational support
- Collaboration of multiple community entities
- Recognition and collaboration with the state government
- Investment/support from the county
Blueprint for Crisis Response Continuum: Orange County

Darcie Miller, LCSW-R
Orange County Commissioner of Social Services and Mental Health
Where We Started?

24/7 Mobile Mental Health Team with a 1-800# provided by one agency

24/7 Helpline primarily staffed by volunteers provided by a 2nd agency with a separate 1-800#

Peer Services provided by a 3rd agency with their own number
Why Redesign the Crisis Continuum?

- Residents and Law Enforcement didn’t know when to call which number
- The Mobile Response was primarily for responding to individuals with Mental Health concerns
- Multiple agencies could be supporting the same individual without collaborating
- Needed to create more accountability and expectation of crisis follow-up
- Need to align services with the Crisis Intervention Benefit Guidance For Medicaid Managed Care Organization and Providers
Changing the Orange County Addiction Treatment Ecosystem

• As a result of the Opioid Epidemic, we held a week-long value-based mapping event with over 200 stakeholders creating 5 workgroups
• Law Enforcement Workgroup’s Clear Message:

“Give us one number to call”
Why Not a Stabilization Center?

<table>
<thead>
<tr>
<th>Geography/Transportation</th>
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<tbody>
<tr>
<td>Number of Law Enforcement Entities</td>
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<tr>
<td>Access to 24/7 Mobile Response Team</td>
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<tr>
<td>Access to Two Behavioral Health Urgent Cares</td>
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<td>Cost/Staffing</td>
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Planning Process

Met with our three agencies weekly

Created workgroups:
- Logistics
- MOU/BAA
- Policy Procedure
- Training

Reached out to Commissioner of Emergency Services about co-location with 911
- Agreed to Co-location
- Agreed to share 911 Tri-CAD and Rover systems
- Obtained contracts with telephone and cellular phone companies to move from 1-800# to 3 digit dialing code 311
Challenges Along the way. . .

- Establishing Roles
- Relinquishing Territory
- Mutual Accountability
- Legal Issues (MOUs, BAAs, Qualified Immunity)
- Billing
Crisis
Continuum
Today
Consistent Messaging to the Community

- **Orange County Crisis Call Center** connects people in need of support for mental illness, substance use, developmental disability, sexual assault, or who need information/referrals with trained professionals, 24/7. Given the ongoing COVID-19/Coronavirus Pandemic, the **Orange County Crisis Call Center** remains up to date on local resources and can support individuals experiencing difficulty during these uncertain times.

- The **Orange County Crisis Call Center** can be reached by dialing **311**
IMPACTED BY ADDICTION, MENTAL ILLNESS OR DEVELOPMENTAL DISABILITY?

CALL 311
The Crisis Center line is open 24/7 and it is routed through the 911 Center Tri-CAD System.

A trained Counselor answers and explores the caller’s need(s) using evidence-based screening tools and best practices.

Based on the caller’s need(s) a determination will be made on how the Counselor proceeds with the call.

- Calls can receive information and/or referrals to various services in Orange County
- Callers can receive assessments, supportive listening and/or crisis intervention from Call Center counselors.
- Calls can be dispatched to the Mobile Response Team (MRT) through the Rover app.
- Calls can be referred to the MH, SUD or Co-Occurring Peers through the Peer RX app
Rover Application

Call Center View

MRT View
The Call Center Counselors: Text for Teens Program

- Text 4 Teens is a confidential text line for teens for information, referrals or just to chat

- With redesign, Call Center Counselors are now available to respond to teens’ texts 24/7
Mobile Response Team

• Mobile Mental Health was established in 1991 and became 24/7 in 1998.
• The Mobile Response Team is now dispatched through the Orange County Crisis Call Center using the Rover App.
  • Callers are redirected to the Crisis Call Center hotline if they call the old number.
• MRT is available 24/7 and will respond to individuals of all ages
• Will assess for risk, attempt to stabilize and divert hospitalization, and determine if there is a need for involuntary transport to the hospital
• Co-Responds with law enforcement when necessary and appropriate
• Connect individuals to treatment services and supports
• Respond to individuals who have needs in any of the three service areas
• Each team has a licensed clinician and a bachelor's level or certified peer member
• The teams respond to callers in unmarked cars.
Crisis Call Center Diversion Peers

• What are Peer Specialists?
  • In collaboration with the Mobile Response Team, Peer Diversion Specialists receive referrals for individuals who have been evaluated but not hospitalized, providing intensive peer interaction during periods of crisis for 30 days.

• Staffing/Schedule
  • There are 4 peers assigned to the Diversion Program
  • Peers are available 7 days per week; Monday-Friday from 9am-8pm & Saturday-Sunday 12:00pm-8:00pm
  • Dispatched using PeerRx App

Supports provided include:

• Offer peer counseling, encourage personal empowerment, self-determination and autonomy.
• Assist with creating or updating current WRAP plans which focus on an individual’s wellness tools, goals and objectives and eight dimensions of wellness.
• Serve as advocates as they promote, model and teach self-help skills and self-advocacy as they navigate community resources.
• Work with service providers in the community and with family members to help cultivate a strong system of supports for each individual.
• Provide warm hand offs to our Reach One Specialists, Recovery Specialists, or Peer Advocates if more supports are needed.
CIT Response

- Call Center staff receive CIT reports from participating law enforcement agencies.
- Call Center Counselors or Peer Diversion Specialists reach out to the individuals who had law enforcement interactions with 24-48 hours of the Call Center receiving the CIT report to provide follow-up and connection to services and supports if needed.
  - Minimum of 3 attempts required.
- If they cannot reach the individual by phone, MRT is dispatched to the address on the CIT report for evaluation and offered connection to services and supports.
Overdose Response Team Workflow

PD responds to overdose call

PD reports overdose incident to HVCAC

HVCAC reports incident to OC Crisis Call Center and OC Mental Health

Follow up TBD

In 24-48 hours, a Peer Specialist contacts the individual and offers a support package and warm hand off to treatment.

OC Crisis Call Center dispatches Peer Specialists
Overdose Response Team

Peer Support Package
• LGU must make the time to both redesign and provide ongoing monitoring of the process
• Establishing a 3-digit dialing code is a process but worth it
• Delineate roles and responsibilities clearly to avoid conflict
• The quality and accountability gained by having 3 agencies providing crisis services is worth the early challenges
• Co-location with Emergency Services can save costs and encourage collaboration with 911 dispatchers
Darcie Miller, LCSW-R
Orange County Commissioner of Social Services and Mental Health
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Current resident experience

- Emergency call
- Response

Police  Fire  Medical  Mental Health
Purpose of the 911 mental health task force

Improve the response for people who call 911 with a mental health-related concern
System integration – sum of the parts

Call center support and linkage
Mobile response teams
Walk in/drop off facilities
Stabilization and follow up services
Call Center Support and Linkage

911 Dispatch  ⟷  MH Crisis Lines

- Augmented Intelligence
- SMART 911
- Data Sharing across system
- Embedded MH Professionals
- CIT training
- Community Engagement

- Psychiatric responses to mental health calls
- Significant focus of suicide prevention
- Coordinate with mobile crisis

Hennepin County NaCo Presentation 2022
Mobile Response Teams: Tailored/Layered

- MH Professional
- Police
- Violent
- Weapons

- MH Professional
- Community Paramedic
- Unknown nature
- Non-Violent
- No Weapons

- MH Professional
- Psychiatric
- Non-Violent
- No Weapons
Walk-In Drop Off Facility

- Withdrawal management
- ReEntry House crisis stabilization
- Walk-in clinic and county services
Stabilization and Follow Up
Performance metrics promote common goals

Value to residents

- Increase community stabilization engagement in care
- Decrease emergency department and hospital use and justice involvement
Leah Kaiser, Director

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Questions?