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Crisis Call Centers: Gateway to an Integrated Crisis System

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40 Years of NAMI

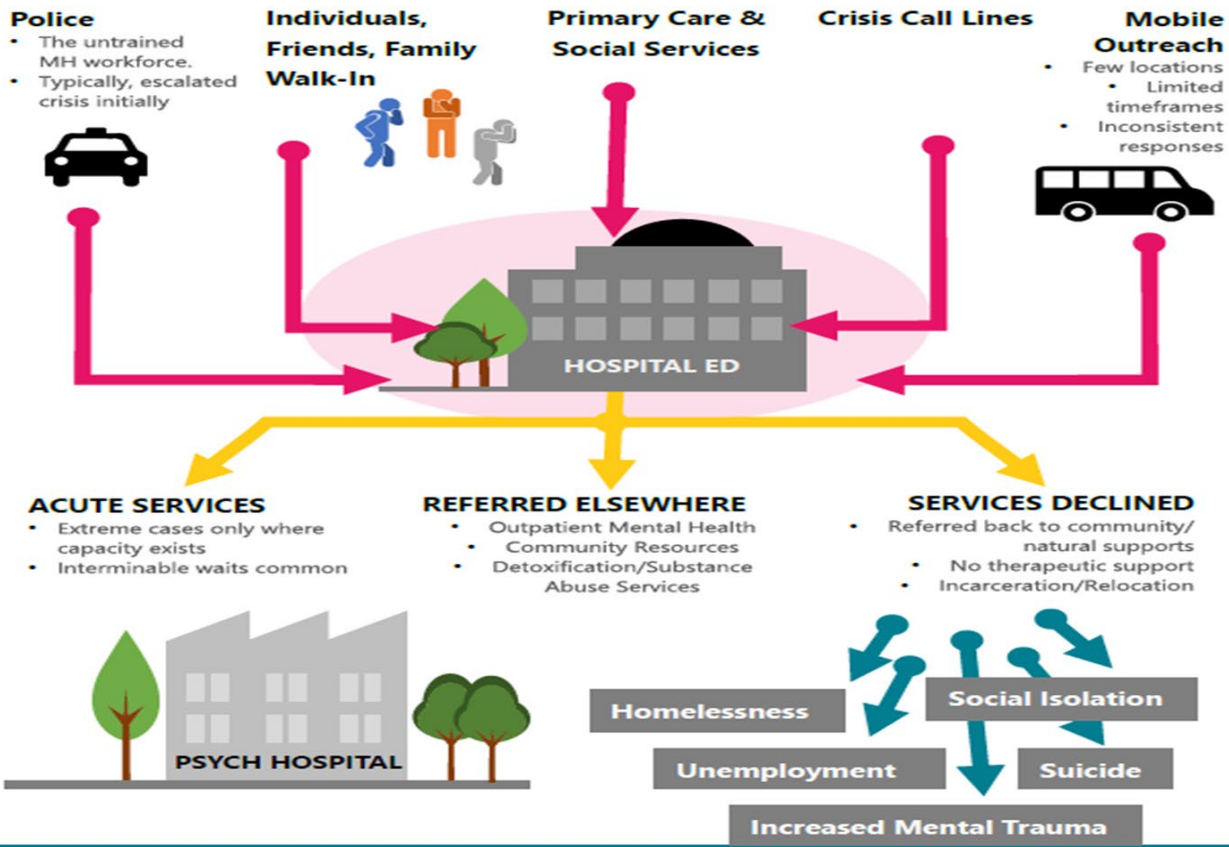statenews

Vol. 51, No. 10   The Council of State Governments   November/December 2008

Innovations Award Winner:
Georgia Crisis
and Access Line

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Traditional Community Crisis Flow

Police
- The untrained MH workforce.
- Typically, escalated crisis initially

Individuals, Friends, Family Walk-In

Primary Care & Social Services

Crisis Call Lines

Mobile Outreach
- Few locations
  - Limited timeframes
- Inconsistent responses

HOSPITAL ED

ACUTE SERVICES
- Extreme cases only where capacity exists
- Interminable waits common

REFERRED ELSEWHERE
- Outpatient Mental Health
- Community Resources
- Detoxification/Substance Abuse Services

SERVICES DECLINED
- Referred back to community/ natural supports
- No therapeutic support
- Incarceration/Relocation

PSYCH HOSPITAL

Homelessness

Social Isolation

Unemployment

Suicide

Increased Mental Trauma

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FOUR CORE ELEMENTS FOR TRANSFORMING CRISIS SERVICES

HIGH-TECH CRISIS
CALL CENTERS

24/7 MOBILE
CRISIS

CRISIS STABILIZATION
PROGRAMS

ESSENTIAL
PRINCIPLES & PRACTICES

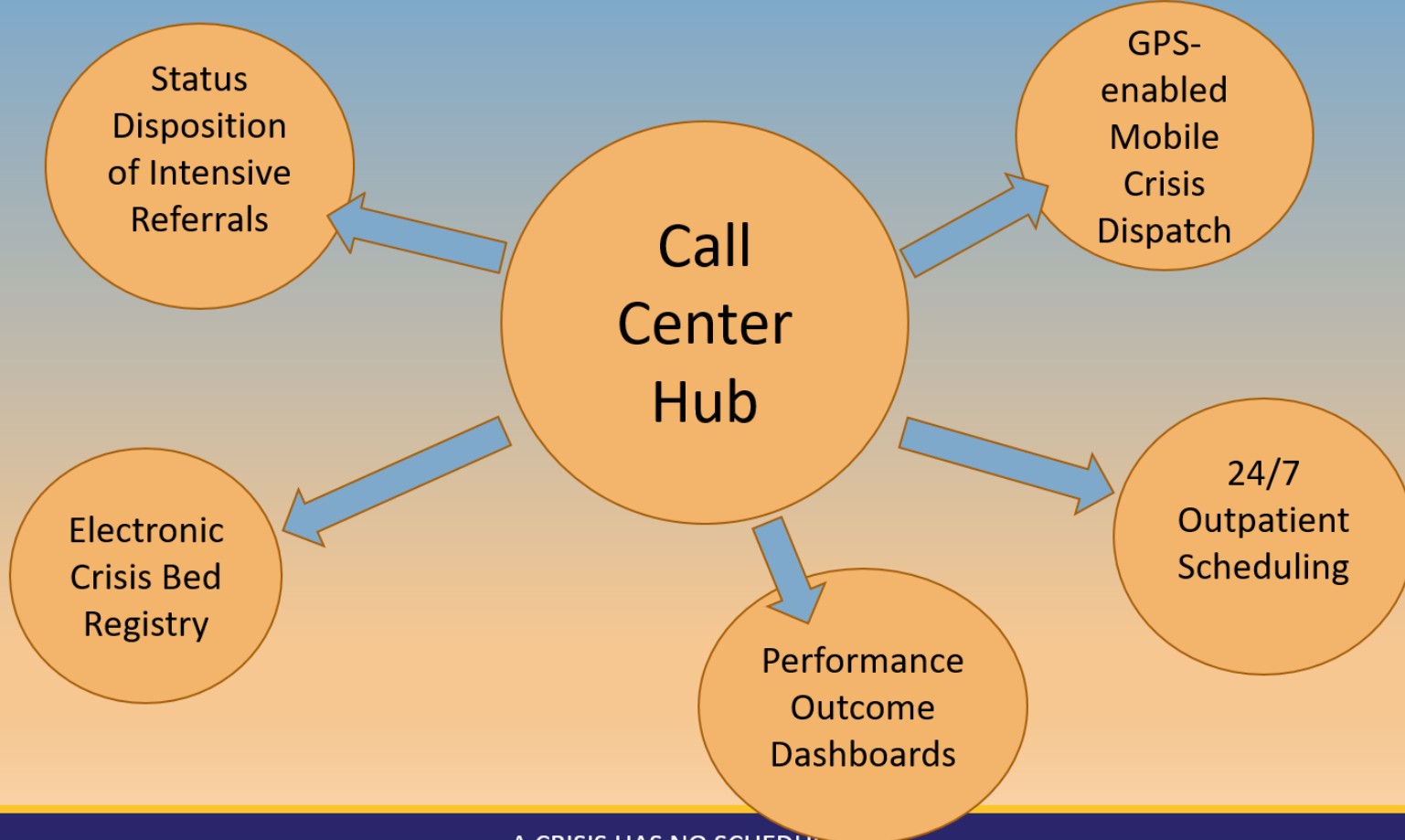"Air Traffic Control" Crisis Call Center Hub Connects and Ensures Timely Access and Data

Call Center Hub

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Status Disposition for Intensive Referrals

At-A-Glance view to track who is waiting for service, how long they have been waiting and where they are waiting

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24/7 Outpatient Scheduling

Track availability, schedule appointments and confirm attendance for referred services

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High-Tech GPS-enabled Mobile Crisis Dispatch

Track service utilization and team performance against KPIs. Need an assessment tool? We have a solution of that as well!

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Software Solutions
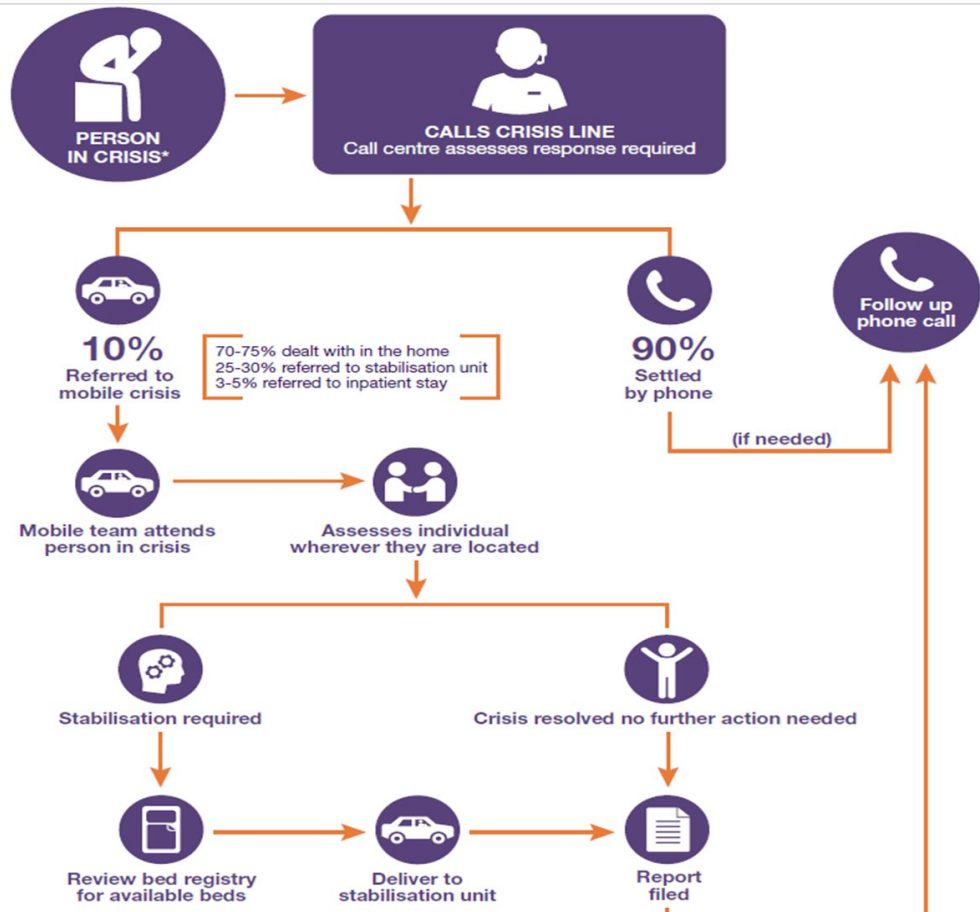
Live beds inventory that goes beyond a bed registry

Real-Time Performance Outcomes Dashboards

Real-time and historical views of performance data for virtually any element tracked. Fully customizable based on unique business rules

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PERSON IN CRISIS*

CALLS CRISIS LINE
Call centre assesses response required

10%
Referred to mobile crisis

70-75% dealt with in the home
25-30% referred to stabilisation unit
3-5% referred to inpatient stay

90%
Settled by phone

Follow up phone call

(if needed)

Mobile team attends person in crisis

Assesses individual wherever they are located

Stabilisation required

Crisis resolved no further action needed

Review bed registry for available beds

Deliver to stabilisation unit

Report filed

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Crisis Now Scoring Tool (Call Center Hub)

Call Center Hub	Level 1 (Minimal)	Level 2 (Basic)	Level 3 (Progressing)	Level 4 (Close)	Level 5 (Full)
	☐ Call Center Exists	☐ Meets Level 1 Criteria	☐ Meets Level 2 Criteria	☐ Meets Level 3 Criteria	☐ Meets Level 4 Critieria
	☐ 24/7 Call Center in Place to Receive BH Crisis Calls	☐ Locally operated 24/7 Call Center in Place to Receive Calls	☐ Hub for Effective Deployment of Mobile Teams	☐ Formal Data Sharing in Place Between Crisis Providers	☐ Integrated Data that Offers Real-Time Air Traffic Control (Valve Mgmt) Functioning
	☐ Answer Calls Within 30 Seconds	☐ Answer Calls Within 25 Seconds	☐ Answer Calls Within 20 Seconds	☐ Answer Calls Within 15 Seconds	☐ GPS-Enabled Mobile Team Dispatch by Crisis Line
	☐ Cold Referral to Community Resources or Better Connection to Care	☐ Warm Hand-off to BH Crisis Providers	☐ Directly Connects to Facility-Based Crisis Providers	☐ Coordinates Access to Available Crisis Beds	☐ Shared Bed Inventory and Connection to Available Crisis and Acute Beds
	☐ Meets NSPL Standards and Participates in National Network	☐ Staff Trained in Zero Suicide / Suicide Safer Care and BH Services	☐ URAC Call Center or Similar Accreditation	☐ Single Point of Crisis Contact for the Region	☐ 24/7 Outpatient Scheduling with Same Day Appointment Availability
		☐ Call Abandonment Rate Under 20%	☐ Call Abandonment Rate Under 15%	☐ Call Abandonment Rate Under 10%	☐ Call Abandonment Rate Under 5%
		☐ Shared MOUs / Protocols with Crisis Providers	☐ Some Call Center Access to Person-Specific Health Data	☐ Some Access to Person Specific Data for All Crisis Providers	☐ Real-Time Performance Outcomes Dashboards Throughout Crisis System
		☐ Priority Focus on Safety / Security	☐ Some Peer Staffing within Call Center	☐ Shares Documentation of Crisis with Providers	☐ Shared Status Disposition of Intensive Referrals
				☐ Peer Option Made Available to All Callers Based on Need	☐ Trauma-Informed Recovery Model Applied
				☐ Systematic Suicide Screening and Safety Planning	☐ Suicide Care Best Practices That Include Follow-up Support
					☐ Full Implementation of all 4 Crisis Now Modern Principles (Required)

Thank you!

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