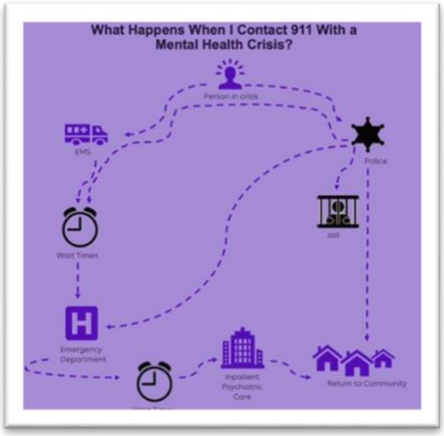
988 Mental Health Crisis Hotline “Air-Traffic Controller”

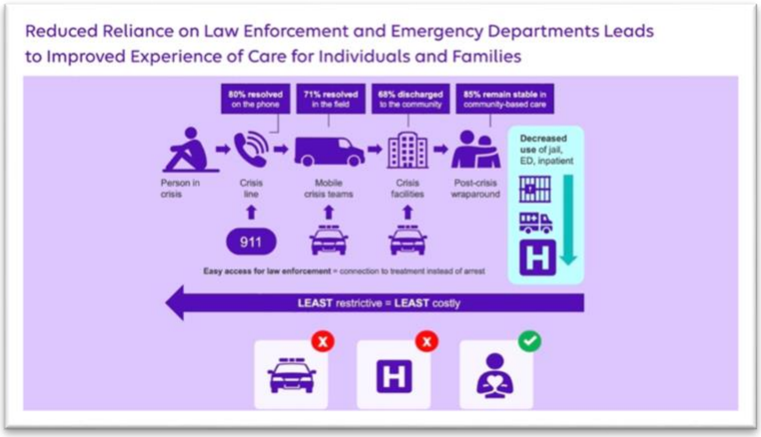
From Jail to Care: A New Crisis Care Model

Everyone knows that mental health is a major issue in the United States. For lower levels of acuity (severity), we throw pills at people suffering and keep pressing on, but when mental health issues escalate to a crisis, the remedy has often been ***jail.*** In the last five years, US States and the federal government have attempted to change course and provided funding for dedicated phone lines, response, and treatment infrastructure to help in crisis.



What Happens When I Contact 911 With a Mental Health Crisis?

Person in crisis
EMS
Police
Jail
Wait Times
Emergency Department
Inpatient Psychiatric Care
Return to Community

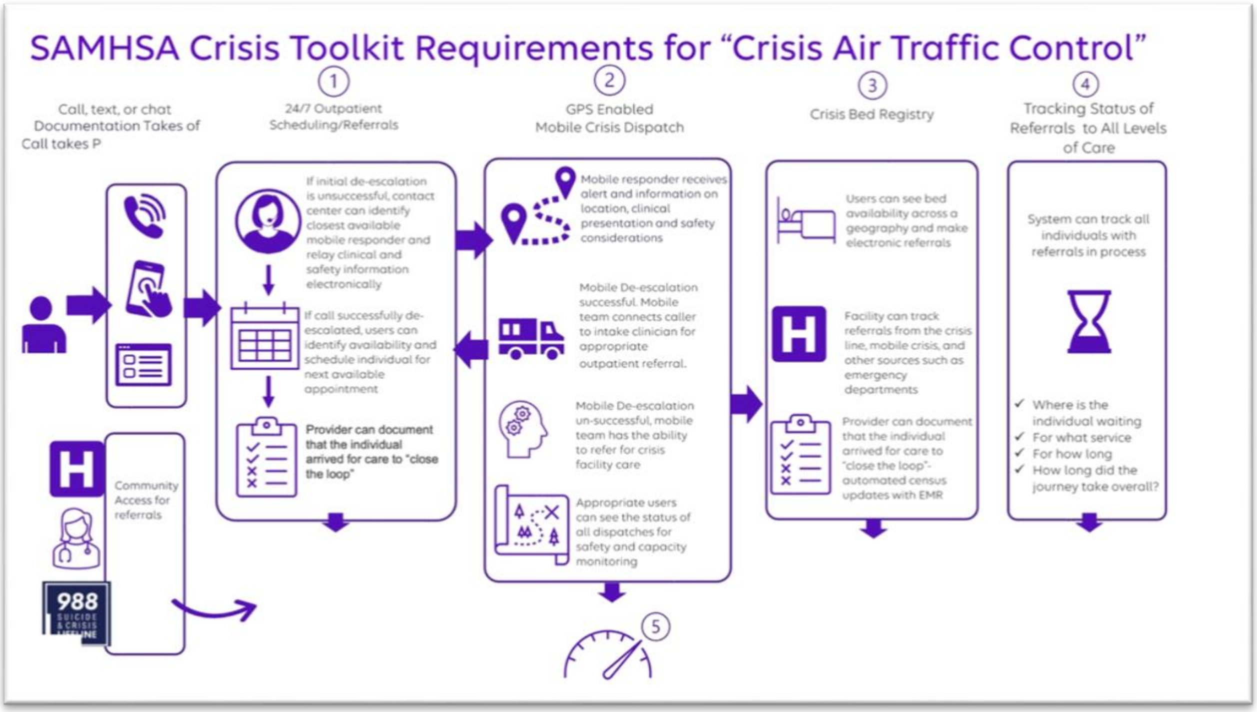


Reduced Reliance on Law Enforcement and Emergency Departments Leads to Improved Experience of Care for Individuals and Families

80% resolved on the phone
71% resolved in the field
68% discharged to the community
85% remain stable in community-based care
Person in crisis
Crisis line
Mobile crisis teams
Crisis facilities
Post-crisis wraparound
Decreased use of jail, ED, inpatient
911
Easy access for law enforcement = connection to treatment instead of arrest
LEAST restrictive = LEAST costly

Air-Traffic Control

Our clients administer crisis infrastructure for several states using out of the box tech but now wanted to build a dedicated solution. You can see the broad set of requirements in the slide below. Turning this slide into a real product and creating teams that can continuously ship additional features was an intense but highly rewarding challenge.



SAMHSA Crisis Toolkit Requirements for "Crisis Air Traffic Control"

Call, text, or chat Documentation Takes of Call takes P

Community Access for referrals

① 24/7 Outpatient Scheduling/Referrals

If initial de-escalation is unsuccessful, contact center can identify closest available mobile responder and relay clinical and safety information electronically

If call successfully de-escalated, users can identify availability and schedule individual for next available appointment

Provider can document that the individual arrived for care to "close the loop"

② GPS Enabled Mobile Crisis Dispatch

Mobile responder receives alert and information on location, clinical presentation and safety considerations

Mobile De-escalation successful. Mobile team connects caller to intake clinician for appropriate outpatient referral.

Mobile De-escalation un-successful, mobile team has the ability to refer for crisis facility care

Appropriate users can see the status of all dispatches for safety and capacity monitoring

③ Crisis Bed Registry

Users can see bed availability across a geography and make electronic referrals

Facility can track referrals from the crisis line, mobile crisis, and other sources such as emergency departments

Provider can document that the individual arrived for care to "close the loop"- automated census updates with EMR

④ Tracking Status of Referrals to All Levels of Care

System can track all individuals with referrals in process

- ✓ Where is the individual waiting
- ✓ For what service
- ✓ For how long
- ✓ How long did the journey take overall?

Key Design Considerations

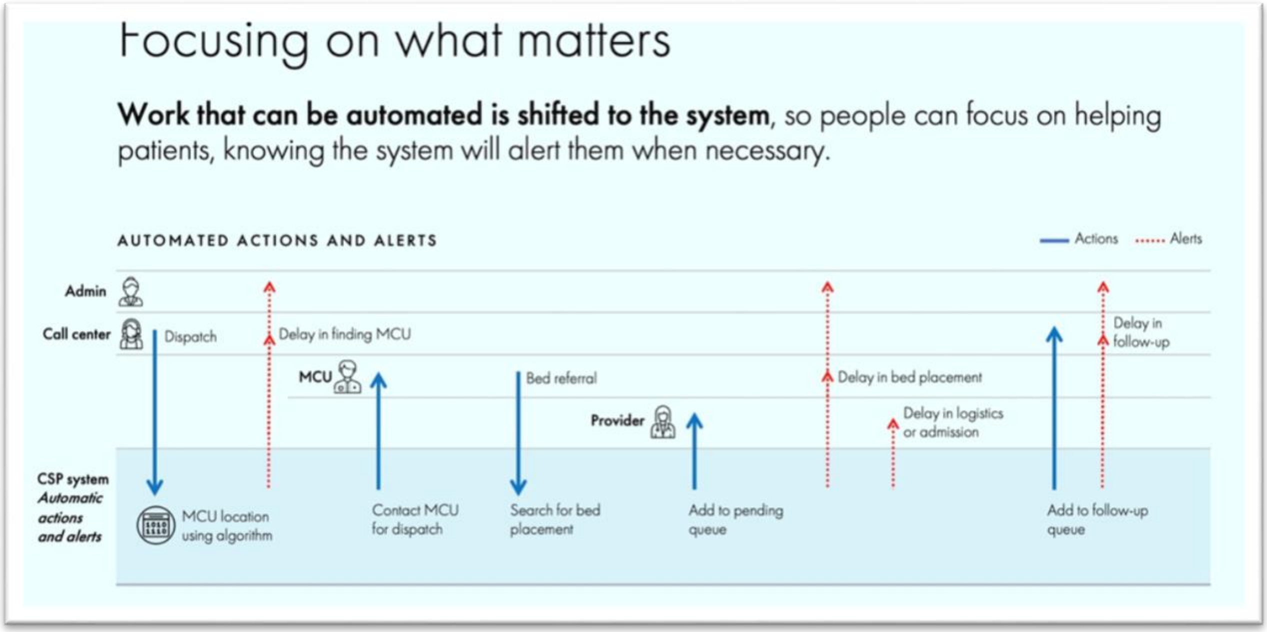
The platform functionality is actually quite straight forward. Call centers essentially use a CRM, cases are managed in a queue and sent to mobile crisis responders and treatment facilities via SMS or email, and all is overseen by administrators with maps and dashboards.

Reporting → Automated Reporting

The real challenge was changing the mind set of our clients (insurance providers and state bureaucrats) to shift from a platform that focused on reporting and standard operating procedures first, to a platform that focused on the key tasks for the call center operators, patients, and providers first by automating reporting and encoding standard procedures.

To accomplish this, we:

- Created a data model that separated "people in crisis", "call center contacts", "crisis episodes", and "crisis interventions".
    - Previously all were part of one "crisis event" entity.
    - Greater abstraction allowed us to more easily auto-fill data from "frequent callers" (about 45% of callers), avoiding duplicate records.
    - Automatically fill in reporting information when N number of interventions are initiated.
    - Extend the lifecycle of the documentation period so that non-urgent details could be documented after the crisis call is over.



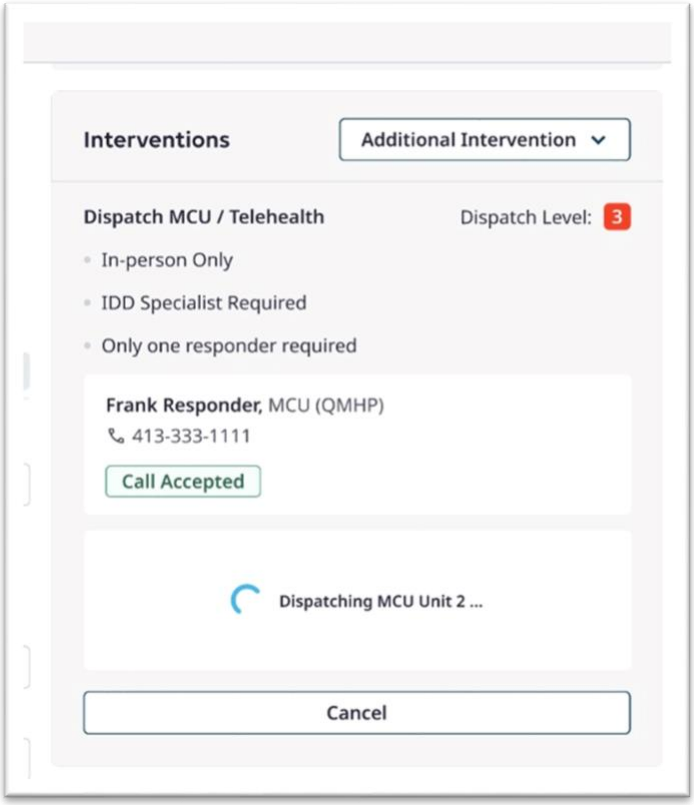
Focusing on what matters

Work that can be automated is shifted to the system, so people can focus on helping patients, knowing the system will alert them when necessary.

AUTOMATED ACTIONS AND ALERTS
Actions
Alerts
Admin
Call center
Dispatch
Delay in finding MCU
MCU
Bed referral
Provider
Delay in bed placement
Delay in logistics or admission
Delay in follow-up
CSP system
Automatic actions and alerts
MCU location using algorithm
Contact MCU for dispatch
Search for bed placement
Add to pending queue
Add to follow-up queue

Automated Dispatch & Referral

- 30% of the call center operators time was spent *looking for responders or care facilities*.
- Using keys from the person and the episode, we created a matching algorithm to find responders and facilities for the operator, allowing them to focus on the patient until an actionable care plan was ready to be executed.



Interventions

Dispatch MCU / Telehealth

Dispatch Level: 3

- In-person Only
- IDD Specialist Required
- Only one responder required

Frank Responder, MCU (QMHP)

413-333-1111

Call Accepted

Dispatching MCU Unit 2 ...

Additional Intervention
Cancel