Quality and Expertise

✓ Behavioral Health Link, a Georgia based business, has provided crisis intervention, behavioral health screening, triage, and linkage services since 1998

✓ Accredited by URAC as a Health Call Center, by the American Association of Suicidology as a Crisis Center, and by CARF as the first ever accredited Crisis and Information Call Center

✓ We are also accredited by Contact USA for online emotional support (chat and text intervention)

✓ Experts in crisis intervention, BHL is also part of the National Suicide Prevention Lifeline and is the only Lifeline center in Georgia

✓ BHL also operates mobile crisis teams in 40 Georgia counties (Metro and Coastal Savannah). These teams are accredited by CARF for Crisis Intervention and Assessment/Referral.
What makes our services unique is that we utilize proprietary software and live dashboards to create an unbroken data stream for each episode of care.

We can maintain a complete record of the services provided as well as the live capacity and response of the service environment into which BHL refers the individual for services.

A CRISIS HAS NO SCHEDULE®
Award Winning Innovation

EXCELLENCE IN HEALTH INFORMATION TECHNOLOGY

Supported by Qualifacts, Inc.

Behavioral Health Link

Atlanta, GA

A CRISIS HAS NO SCHEDULE®
The Georgia Crisis & Access Line, 1-800-715-4225, is a toll-free, confidential hotline available 24 hours a day, 7 days a week from anywhere in Georgia. It connects callers with a trained, professional who can help them get the services they need if they or someone they know are in emotional distress, behavioral crisis, a suicidal crisis, or have other problems with mental health, drugs, or alcohol.

The hotline is staffed by trained and caring professionals who are available around the clock to provide help and hope. Our goal is to help connect individuals with care quickly, close to home, and to avoid unnecessary law enforcement or emergency department intervention.
The Georgia Crisis & Access Line receives 800-1000 contacts on most business days and makes nearly as many outbound contacts to coordinate care.

Nearly 40% are individuals calling for themselves. 16% are calling for their friends or family. A surprising 46% are professionals seeking support for an individual under their care or in their services.

Professionals call GCAL from emergency rooms, community mental health centers, private psychiatric hospitals, family and children services, courts, schools, law enforcement, probation and parole, juvenile justice, and many others.
BHL has been part of NSPL for many years. This is primarily a volunteer network. If you have a Georgia area-code and dial the NSPL number or 1-800-Suicide, you will get the BHL/GCAL call center M-F 8-4:30.

After hours and on weekends, these calls are routed to other Life-line centers outside Georgia.

BHL answers an average of 25,000 of these calls per year. However, 75,000 calls a year on average from Georgians are answered out of state.
Mobile Crisis Response Services

A CRISIS HAS NO SCHEDULE®
Rural and Urban One-Hour Response

GCAL dispatches all mobile crisis teams statewide.

BHL operates Mobile Crisis Response Services in 6 metro Atlanta counties and 34 coastal counties in the Savannah area (about 50% of Georgia’s population)

Benchmark Human Services operates mobile crisis services in Regions 1, 2, 4 and 6.

Live Dispatch Monitor allows immediate location of and communication with mobile teams in the field

Caring professionals respond to provide crisis intervention services wherever the crisis occurs

From our perspective the value of having an unmarked car with a mobile crisis team in plain clothes arrive during a crisis is – priceless to those we serve.

A CRISIS HAS NO SCHEDULE®
Mobile Crisis

GCAL Dispatches all Mobile Crisis Teams Statewide

MOBILE CRISIS DISPATCHES CALENDAR YEAR 2016

<table>
<thead>
<tr>
<th>Region 1</th>
<th>Region 2</th>
<th>Region 3</th>
<th>Region 4</th>
<th>Region 5</th>
<th>Region 6</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1898</td>
<td>3929</td>
<td>3755</td>
<td>1202</td>
<td>1969</td>
<td>2420</td>
<td>15173</td>
</tr>
</tbody>
</table>
Mobile Crisis Dispatch Levels

We do everything possible to respond without law enforcement intervention

15,173 Dispatches
1,388 with Law Enforcement
 Behavioral Health Link and Grady Hospital

Coming Together in Public/Private Partnership to Improve Crisis Services for the City of Atlanta

Grady EMS provides emergency 911 and EMS services for the City of Atlanta and is part of Grady Hospital- the largest not for profit hospital in Georgia serving metro Atlanta.

In 2012, Behavioral Health Link (BHL) and Grady EMS began working together to develop an *Upstream Crisis Intervention Unit*
Grady Hospital Overview

- Grady operates 911 for the city of Atlanta
- Grady Hospital is the largest public hospital in Georgia
- Emergency room diversion team – evaluates approximately 800 patients per month. Typically diverts 60% to a more appropriate level of care.
- Prior to our joint project, only option was to send an ambulance to callers and transport to the ER
- Pilot in 2012 started with 911 transferring appropriate calls to GCAL
- Next Phase involved BHL Clinician riding with EMS
- Made it a permanent team in 2013
- Now doing home visits between calls for frequent 911 Callers
Top 88 Grady EMS Frequent 911 callers 2012

- Homeless: 23%
- Psych: 41%
- Acute Condition: 2%
- Terminal: 6%
- Substance Abuse: 38%
On the Scene

**Paramedic** evaluates the individual for any medical conditions.

The **Mental Health Professional** then evaluates the individual in need under their licensure and expertise. (Mobile Crisis Response Services (MCRS) from BHL)

- Interventions include de-escalation, crisis evaluation, and appropriate service linkage.

- Linkages may include appointments, referral to community services, or hospitalization as a last resort. Goals include an overall decrease in the number of hospitalizations and presentations to emergency departments.

- 60-80% of individuals are diverted from ED and hospitalization.

- Of those hospitalized, many are referred directly to mental health facilities and bypass the ER.
Benefits of Co-response

• Frequent EMS training on de-escalation techniques needed
• Send the MH SUV rather than ambulance
• MH Paramedics in a relaxed dress (golf shirts)
• Transition law enforcement into a supportive role instead of primary role
• Removing onscene time constraints of a typical ambulance
• Continuity of care if transport required

• Team encourages Law Enforcement Officer to remove criminal charges
Benefits of Having a Behavioral Health Professional Co-responding

Evaluate individual’s surroundings and engage individual and family for future home visit.
Interact with caregiver to provide GCAL resources
Execute order for involuntary evaluation if necessary
At ED, EMS and MH transfer of care.
If physical and/or chemical restraint are required, a MH patient advocate is on scene.
## Results

Does this approach make a difference?

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Calls Handled by the Mental Health/EMS Team</td>
<td>1575</td>
<td>1405</td>
</tr>
<tr>
<td>Total diverted from the ER</td>
<td>1083 (69%)</td>
<td>1099 (78%)</td>
</tr>
<tr>
<td>Percentage Handled by the SUV team with no ambulance utilization</td>
<td>91%</td>
<td>91%</td>
</tr>
<tr>
<td>Reduction in Haldol Utilization in the Field</td>
<td>50%</td>
<td></td>
</tr>
</tbody>
</table>
The Bed Board
What we used to have...
And we now have
Electronic referrals...
Current Capabilities

These electronic systems, developed in collaboration with DBHDD, provide a real-time picture of state-funded crisis beds. Real-time data drives time-sensitive decisions. Trending allows methodical study of patterns and drives long-term system improvements.

GCAL and DBHDD partners can easily access information about who is waiting for a bed, how long they have been waiting and how many beds are available 24/7.

Transparency makes a difference. We have seen a clear increase in the number of referrals we make, and overall it does take less time for an acceptance to a CSU. While not perfect, there is robust data on wait times, referral patterns, and daily reports.
## Did the Electronic Process Make a Difference?

<table>
<thead>
<tr>
<th>VOLUME/TIME</th>
<th>FY2013</th>
<th>FY 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of manual referrals</strong></td>
<td>1,898</td>
<td>589</td>
</tr>
<tr>
<td>Average time for each response</td>
<td>12:27</td>
<td>11:32</td>
</tr>
<tr>
<td>Total time to final acceptance</td>
<td>16:48</td>
<td>20:04</td>
</tr>
<tr>
<td><strong>Number of electronic referrals</strong></td>
<td>5,381</td>
<td>6,314</td>
</tr>
<tr>
<td>Average time for each response</td>
<td>4:29</td>
<td>2:39</td>
</tr>
<tr>
<td>Total time to final acceptance</td>
<td>9:50</td>
<td>7:01</td>
</tr>
</tbody>
</table>
Stories of Hope

A CRISIS HAS NO SCHEDULE®
Real Success Stories: Supporting Recovery

“Julie”¹

12-year-old Julie sat home alone and considered the weight of the depression she had been struggling with and the anxiety she felt talking to anyone about it. She considered ending her life by using her father’s rifle. Perhaps that would be easier.

Instead, Julie called a hotline she found online and spoke with a clinician who provided warm support. BHL staff, Emeka, stayed on the line over an hour until the parents could be contacted and return. The mother was not aware her daughter was depressed and appreciated the collaborative approach. Julie engaged in treatment services and was given an urgent appointment for the next day.
Real Success Stories: Supporting Recovery

“Melanie and Joe”

15-year-old Melanie emailed our corporate website looking for help and received a message to call GCAL if she needed immediate help. When talking to the Clinician, it became clear that she and her 17-year-old boyfriend Joe had made a suicide pact.

The Clinician was able to keep her on the phone while a co-worker determined what school she was attending in East Central Georgia and immediately notified the school counselor who was able to get both Melanie and her boyfriend to the counseling office and notify their parents. The GCAL Clinician stayed involved in the situation until both teenagers received face to face crisis care.
John- a 25 year old student called stating that he just found out that he would not be able to return to school the following semester. He was feeling hopeless and was in the midst of a serious suicide attempt. Mary stayed on the phone with him for two hours while staff assisted her in finding his location. EMS arrived just in time.
Help is available 24 hours a day, 7 days a week. This free, confidential hotline provides access to counseling and other services for preventing a crisis or getting through a crisis. Trained and caring professionals will help connect you to services in your area. They can even help you schedule appointments.

BEFORE IT’S A CRISIS...

Call the Georgia Crisis & Access Line at 1-800-715-4225 if a child or teenager you care about has a developmental disability, mental health, drug, or alcohol problem. Children and teenagers can call the hotline, too.

A crisis has no schedule. Wherever you live in Georgia, help is available 24/7 for problems with developmental disabilities, mental health, drugs or alcohol. Call the Georgia Crisis & Access Line at 1-800-715-4225.
Contact Information

Wendy Martinez Farmer, LPC

CELL: 706-799-0181

wfarmer@ihrcorp.com