GCAL received ______ calls per month (____annually)
- Mobile Resources were dispatched ____% of the calls
- ACT/ICM/CM were dispatched ____% of the calls
- Law Enforcement was involved in _____% of the calls
- Service over the phone _____%

____% of the calls resulted in some type of action
- Crisis Stabilization ____%
- Inpatient ____%
- 1013 _____%
- Inpatient ____%
- Arrests _____%

____# of people were served by GCAL
MH Individual

Family, Victim or Other

Georgia Crisis Access Line

Emergency Stabilization

Private Outpatient Provider

Public Outpatient Provider

Georgia Regional Hospital

Homeless Outreach Teams

Encounter or Crisis

Transport

Calls

Responds to Location

Assess, Stabilize, Next Step?

Intake & Assessment

Psych Eval

Inpatient Crisis Service

Inpatient Crisis Services

Inpatient Crisis Services

Nursing Facility Adult MH Forensic Psych Eval Inpatient Crisis Services

Intake & Assessment

Service Delivery

Discharge Planning

Service Delivery

Intake & Assessment

Service Delivery

Discharge Planning

BHL/ Mobile Resources (7)

Key Linkages and Decision Points

Capacity/Flows

Screening, Assessment, Eligibility & Definitions

Data Sources & Data Sharing

Staffing/ Training

Treatment Protocols

Length of Stay

Funding

Problems and Gaps

Recommended Solutions

BHL/ Mobile Resources

Assertive Community Treatment Teams (100)

MEDICAID FUNDED
- Assertive Community Recovery
- Genesis Alliance for Mental Wellness
- Renaissance Counseling Services

STATE FUNDED
- Georgia Rehabilitation Outreach (2)
- Grady (3)
- Viewpoint (2)

Intensive Case Management Teams (30)
- Grady
- Community Friendship
- Viewpoint Health

Case Management Teams (50)
- Grady
- Mercy Care
- Viewpoint Health
**EMERGENCY STABILIZATION**

- **Grady**
  - Psych Emergency Services (12 beds/7 hrs)
  - Crisis Stabilization (32 Beds/33 hrs.)

- **St. Jude’s**

- **Mercy Care**

- **ViewPoint**

- **Other Hospitals**

Hospitals serve an important role in assessing MH individuals to medically clear them for Behavioral Health Treatment

Most provide crisis stabilization; but aren’t always fully prepared to adequately respond to the needs of individuals in crisis to the level that Grady does.
Community Mental Health Resources (non-criminal justice)

Private Outpatient Services
- Ridgeview
- Peachford
- Lakeview
- Emory?
- Viewpoint

Private Inpatient Services
- Ridgeview
- Peachford
- Lakeview
- Emory?

Key Linkages and Decision Points
- Screening, Assessment, Eligibility & Definitions
- Data Sources & Data Sharing
- Staffing/Training
- Treatment Protocols
- Length of Stay
- Funding
- Problems and Gaps
- Recommended Solutions
Community Mental Health Resources (non-criminal justice)

Outpatient Services Grady (44,000)
- Core
- Momentum
- Psycho-Social Rehabilitation
- Traditional

Other GA DBHDD Contracted Providers
- CHR is being outsourced to Rivers Edge and Chris 180 beginning January 1, 2018

PATH (15/month)
- Outreach to Homeless
- Case Management
- Connection to Services, Housing
- Grady
- Community Advance Practice Nurses
- Community Friendship
- HOPE Atlanta
- Mercy Care

Proscribe Call
Responds to Location
Assess, Stabilize, Next Step?
If ACT, ICM, CM
Intake & Assessment
Psych Eval
Inpatient Crisis
Inpatient
Discharge Planning
Discharge
Grady (example here)
Viewpoint
Mercy Care
Many Private Providers
Grody
FC DBHDD Center for Health and Rehabilitation
Other GA DBHDD Contracted Providers

Probate Court
Order to Apprehend (1013)
Sheriff’s Office
Transportation

Housing Options
Ongoing Case Management
Many Private Providers: Ridgeview, Peachford, Lakeview, etc.

Many Private Providers

Intake & Assessment
**ACT TEAMS**
- Caseload = 100
- Grady has 3 ACT Teams
- 21 ACT teams statewide
- 24/7 on call
- 2-4 contacts per month
- Treatment, Hsg, Disability, Jobs, etc.
- Follows client: jail, hospital, etc.
- Housing is key component
- Hard to house right out of jail
- Housing vouchers are good, but
- 70 vouchers done last year
- 60 days to evidence secured & inspected hsg
- Dartmouth Model
- Large team, diverse staffing
- Contract with DBHDD
- Eligibility: multiple hospitalizations, criminal justice involvement...

**Intensive Case Management**
- Weekly meetings
- 30 clients – 1 on 1
- Hospitalization required

**Case Management**
- Up to 50 clients
- Skill building, resource connection
- Meds
- Meet 2 x month
- 1 on 1

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**BHL/GCAL**
- 24/7
- 100 Trained, Professionals provide Crisis Support; 30 on the phone at any given point in time
- 3-5 months to be fully trained
- License Clinicians – triage based on level of care needed
- Critical Care Consultants – make connections and dispatch
- Goal: Connect to care quickly, close to home and avoid unnecessary law enforcement or emergency intervention
- About 1,000 calls per day
- 40% for themselves, 16% for friends, 46% professionals seeking support
- Dispatches mobile crisis teams
- If already connected to ACT, ICM, CM, will send appropriate team
- LOCUS – Level of Care Utilization System
- Risk Assessment SAMSA

**BHL/Grady Collaborative**
- “Upstream Crisis Intervention”
- 16 hours/6 days
- Clinician + Medic
- 911 calls that don’t need an ambulance

**BHL/Mobile Crisis Team**
- 60 employees in Region 3
- 24/7
- 3 zones, East, West, Grady
- High cancellation rates (25%)
- Certified Peer Specialist → follow up within 24 hours
- LOCUS
- Risk Assessment
- No Diagnosis in the field
- Can do 1013
**Community Mental Health Resources (non-criminal justice)**

**Grady Outpatient/Clincian Based Services**

1. Core: non intensive treatment
   - Open access model
   - SPMI
   - Intake, orientation, assessment by clinician

2. Momentum Program
   - For hospital discharge continuity of care
   - M-F, 8:00-1:00, Group/Ind
   - Med mgt, 6 weeks then traditional core services

3. PSR (Psycho Social Rehabilitation)
   - Life skills, vocational skills, etc.
   - Led by Case managers, 50-60 people
   - LT Day treatment program
   - Recovery based, no medication, most living in group homes
   - For All...?
   - Referrals from Grady, GA Regional, ACDC
   - No formal referral from FC jail, just walk in
   - Referrals to others: comm tx

4. Traditional
   - Ind/group tx, med, Psych and case mgt
   - Subs Abuse tx (Opiod)
   - Open dialogue tx – family imbedded

**Grady PATH**

- Federally Funded
- Outreach, Engagement, Referrals
- Seek out and connect at by-passes, parks
- Population is resistant to services
- Evidence: connection to service, housing, etc.
- Staff: 3 Case Managers (Bachelors level pay)
- Short term 90 days; then hand off to other team
- 15-16 people/month
- No birth certificate, no DL, = no housing
- Only team with outreach mission

**Georgia Regional Hospital**

- Operated by DBHDD
- State Hospitals have been decreasing in bedspace
- Forensic Beds – Competency Restoration
- Adult MH Beds –
  - Discharge Planning when return to Jail
- Voluntary v. Involuntary
- Family
- GCAL dispatch of Mobile Resources/ACT
  - Mobile Resource to ACT, CSU, Outpatient, GRH
MH
Individual
Family, Victim or Other

Georgia Crisis Access Line
ACT, Mobile Crisis Services
Emergency Stabilization

Private Outpatient Provider
Public Outpatient Provider
Private Inpatient Providers
Homeless Outreach Teams

Grady (example here)
Mercy Care
FC DBHDD Center for Health and Rehabilitation

JAIL
HOME

Capacity/Flows
Key Linkages and Decision Points
Data Sources & Data Sharing
Recommended Solutions
Problems and Gaps
Treatment Protocols
Length of Stay
Funding
Staffing/Training

Screening, Assessment, Eligibility & Definitions
Funding

Recommended Solutions
Problems and Gaps

• Many Private Providers: Ridgeview, Peachford, Lakeview, etc.

FC DBHDD (ACT, ICM, CM) – EPIC
FC DBHDD/Center for Health & Rehabilitation - CareLogic

• GCAL has ACT data from DBHDD
• Proprietary System
• GCAL has ACT data from DBHDD
• Grady has access to its system in many settings

Intake & Assessment
Service Delivery
Ongoing Case Management

Housing Options

Probate Court
Order to Apprehend (1013)

Sheriff’s Office
Transportation

Medically Cleared by Grady

Intake & Assessment
Service Delivery
Ongoing Case Management

If ACT, ICM, CM
GCAL provides counseling over the phone and makes referrals to community treatment resources

Sheriff’s Office
Transportation

Medically Cleared by Grady
GCAL
- 100 call center staff
- 60 mobile resources

GRADY
- ACT, - Diverse Team (see model)
- ICM - Clinicians
- CM - Clinicians

GRADY OUTPATIENT
FCDBHDD/Center for Health & Rehab - Outsourced

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Community Mental Health Resources (non-criminal justice)

Capacity/Flows
- Key Linkages and Decision Points
- Screening, Assessment, Eligibility & Definitions
- Data Sources & Data Sharing
- Staffing/Training
- Treatment Protocols
- Length of Stay
- Funding
- Problems and Gaps
- Recommended Solutions
Mental illness is a serious neurobiological condition that very often leads to an inability to successfully support oneself in gainful employment. Consequently, the illness may qualify as a liability and the ill person may be eligible for cash and health care benefits.

For people with a disabling mental illness, Medicaid is probably the most important resource for both mental health care and medical services. For those who qualify, Medicaid pays for doctor’s services, lab fees, clinics, medical equipment, emergency dental care and medical transportation.

There are two kinds of cash benefits available: Social Security Disability (SSD) and Supplemental Security Income (SSI). In order to qualify for either program, a person must be found to have a medical impairment that results in physical and or mental disability.

SSDI is for a person who has worked and paid into the Social Security system enough time to qualify. There is no limit on back accounts or what you own.

SSI is referred to as an entitlement program. It is based on a person’s financial need. To qualify for SSI, the person must also have low income and few resources. You cannot have more that $2000 in cash. You can own a house and a vehicle.

Retirement, survivors, disability insurance (RSDI) is a federally funded program. If a person is documented before age 22 with a disability, they may qualify under RSDI. Eligibility requires they be a dependent of someone who is qualified for Social Security.
- Length of time for Mobile Resources to respond (1 hour “interview” on phone; then dispatch wait time 44 min)
- Community understanding of how to access care.
- Utilization of faith-based resources
- Crisis Stabilization at Hospitals vs. Grady
- Ability to access BH information/ shared systems
- Awareness of MI and behavioral problems, particularly early identification (schools, doctors, etc.)
- Often MH individual returns home after crisis without treatment
- Police often get involved, which escalates the crisis in many instances
- It is not easy getting onto an ACT caseload
- # of individuals who have repeated needs for crisis stabilization
- GCAL may not dispatch resources if individual is not a threat to self/others. Family may 1013 at that point, which often results in jail. Can we ensure 1013’s go to treatment and not jail?
- It takes about 3 months to get DBHDD housing vouchers approved. What do you do in the meantime?
Recommendations Related to the Community/Zero Intercept

- Develop and implement a Fulton County Education and Community Outreach plan to interrupt the cycle of contacting police for a mental health crisis.
- Establish a revolving fund for housing providers to cover bridge funding for "startup" expenses.
- Increase the availability of supportive housing units with a Housing First model that includes care navigation services.
- Increase access to criminal expungement.
- Change zoning laws that interfere with establishing new units of permanently supportive housing.
Georgia, like every state, has its own civil commitment laws that establish criteria for determining when court-ordered treatment is appropriate for individuals with severe mental illness who are too ill to seek care voluntarily. The state authorizes both inpatient (hospital) and outpatient (community) treatment, which is known in Georgia as “involuntary outpatient treatment.”

For INPATIENT Treatment, a person must meet the following criteria:
- Be in need of involuntary treatment AND
- Be in imminent danger to self/others, evidenced by recent overt acts or expressed threats of violence, OR
- Be unable to care for physical health and safety so as to create an imminently life-endangering crisis and in need of involuntary treatment.

For OUTPATIENT Treatment, a person must meet the following criteria:
- Based on treatment history or current mental status, requires outpatient treatment in order to avoid predictably and imminently becoming an inpatient AND
- Is unable to voluntarily seek or comply with outpatient treatment.

Involuntary Hospitalization
Family or friends can request an Order to Apprehend from the County Probate Court. This document is designed for concerned parties to request that the mentally ill person be picked up and brought in by the sheriff’s deputies for an evaluation.

A qualified mental health professional, physician, or advanced practice behavioral health nurse may decide that the person’s current condition constitutes a substantial risk of immediate harm to self or others or the inability to care for self. A 1013 form is signed and the person is involuntarily transported to a Psychiatric Hospital for further evaluation. Transportation may need to be provided by a trained professional like police officers or paramedics. You may request that Crisis Intervention Team police officers be called to the scene.

DBHDD Form 1013 is utilized to initiate transportation to an emergency receiving facility, where the individual would be evaluated for admission on the basis of mental illness and substantial risk of imminent harm to self or others.

DBHDD Form 2013 is used to initiate transportation to an emergency receiving facility, where the individual would be evaluated for admission on the basis of substance abuse disorder and substantial risk of imminent harm to self or others.

The opinion of the person completing the 1013 or 2013 is based on (1) recent overt acts, (2) recent expressed threats, (3) an imminently life-endangering crisis because of the person’s inability to care for self. Contacts with the Emergency Receiving Facility (ERF) and transportation of the individual to the ERF are completed according to these procedures.

Mental illness if a serious neurobiological condition that very often leads to an inability to successfully support oneself in gainful employment. Consequently, the illness may qualify as a liability and the ill person may be eligible for cash and health care benefits.

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SOURCE: NAMI resource book
### Inpatient

<table>
<thead>
<tr>
<th>Crisis Intervention</th>
<th>Psychiatric Emergency Services</th>
<th>ACT teams Assertive Community Treatment</th>
<th>Community Based 22,812 visits</th>
<th>PATH</th>
<th>Community Based 47,158 visits, about 56,000 prescriptions filled</th>
<th>Jail Based</th>
</tr>
</thead>
<tbody>
<tr>
<td>9993/yr 833/avg mo.</td>
<td>20% police 40% EMS 40% walk in parks</td>
<td>1187 admits 1167 daily LOS: 7-9 days 24 beds 24/7 12 bed unit where patients are evaluated and medically cleared.</td>
<td>Weekly meetings 30 clients 30 days 1 on 1 Hospitalization required Up to 50 clients 1 on 2 month</td>
<td>Federally Funded Outreach Engagemen t Referrals Seek out and connect at by-pas, parks Population is resistant to services Evidence: connection to service, housing, etc.</td>
<td>Life skills, vocational skills, etc. Led by Case managers, 50-60 people LT Day treatment program Recovery based, no medication, most living in group homes For All...? Referrals from Grady, GA Regional, ACDC No formal referral from FC jail just walk in Referrals to others: comm tx</td>
<td>16 visits mo. Once an individual is referred for evaluation from the jail, the individual must be seen at Grady Psych ER for the initial assessment. Approx. 500 assessments are completed by the Psych ER on city jail inmates each year. If an inmate needs inpatient hosp then Grady or referred to Ga Reg Hospital. If outpatient, Grady Jail Psychiatric Services.</td>
</tr>
<tr>
<td>4030 admits</td>
<td>LOS: 33 hours 32 beds Crisis observation and Stabilization before further disposition</td>
<td>4 contacts 70 contacts</td>
<td>24/7 on call 24/7 on call</td>
<td>Open access model SPMI Intake, orientatio n, assessment by clinician</td>
<td>For hospital discharge continuity of care M-F, 8:00-1:00, Group/Ind Med rntg 5 weeks then traditional core services</td>
<td>Collab with BHL 16 hours/6 days Clinician + Medic 911 calls that don’t need an ambulance “Plain Clothes staff”</td>
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<tr>
<td>32 beds Crisis observation and Stabilization before further disposition</td>
<td>24 beds inpatient adult psych unit 2 FT attending Psych 4 residents 1 chief resident Reach resident has 6 patients on the unit</td>
<td>Treatment, Housing, Disability, Jobs, etc.</td>
<td>Up to 50 clients</td>
<td>Pathway to discharge continuity of care M-F, 8:00-1:00, Group/Ind Med rntg 5 weeks then traditional core services</td>
<td>Life skills, vocational skills, etc. Led by Case managers, 50-60 people LT Day treatment program Recovery based, no medication, most living in group homes For All...? Referrals from Grady, GA Regional, ACDC No formal referral from FC jail just walk in Referrals to others: comm tx</td>
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<td>24/7 12 bed unit</td>
<td>Where patients are evaluated and medically cleared. Two drivers for increases in emergency services: 1. State Hospital closures 2. Lack of outpatient services</td>
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