

Community Mental Health Resources (non-criminal justice)

HOME

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 \_\_\_\_\_%

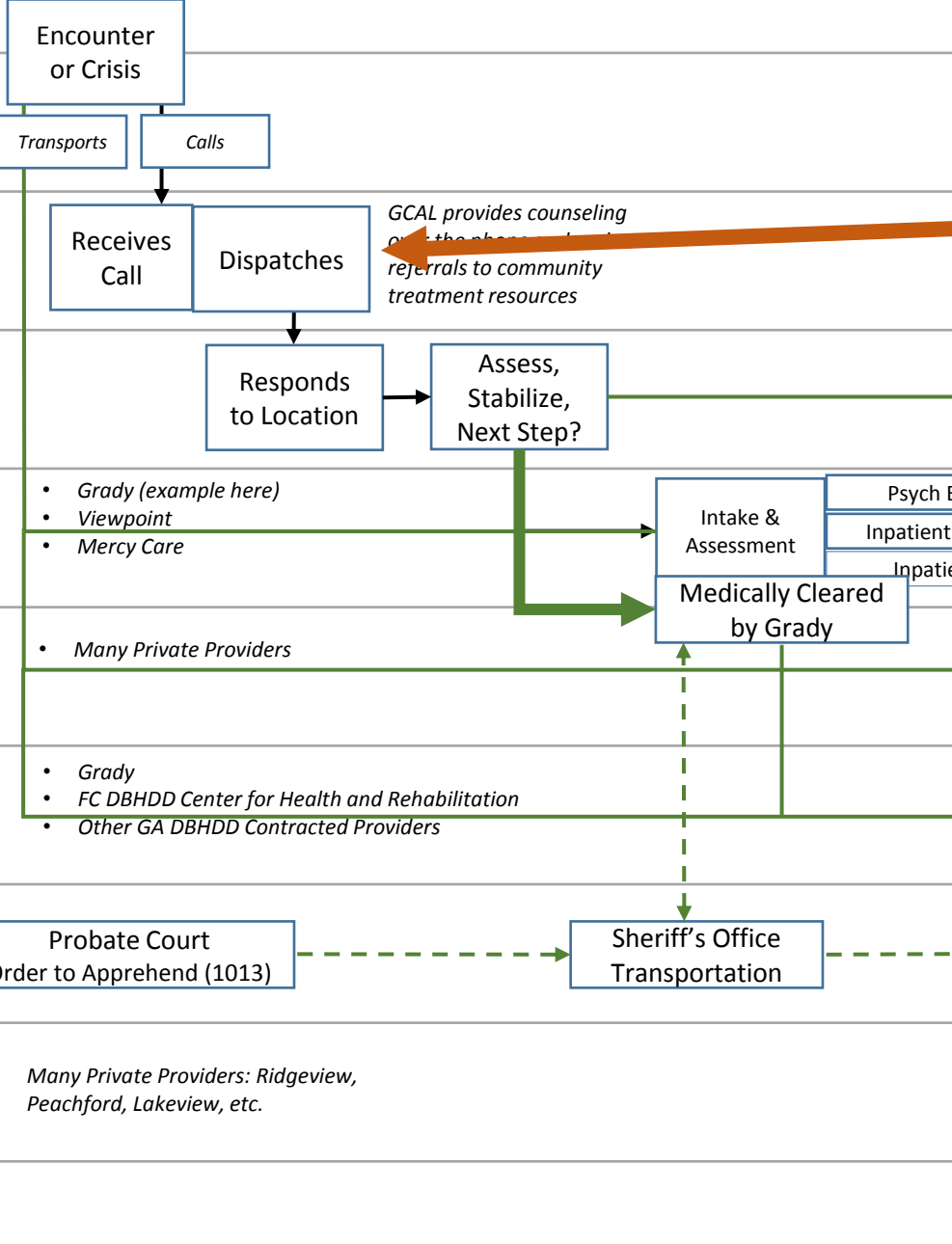
\_\_\_\_\_ % of the calls resulted in some type of action

- Crisis Stabilization \_\_\_\_\_%
- Inpatient \_\_\_\_\_%
- 1013 \_\_\_\_\_%
- Inpatient \_\_\_\_\_%
- Arrests \_\_\_\_\_%

\_\_\_\_\_ # of people were served by GCAL

- 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

- MH Individual
- Family, Victim or Other
- Georgia Crisis Access Line
- ACT, Mobile Crisis Services
- Emergency Stabilization
- Private Outpatient Provider
- Public Outpatient Provider
- Georgia Regional Hospital
- Private Inpatient Providers
- Homeless Outreach Teams



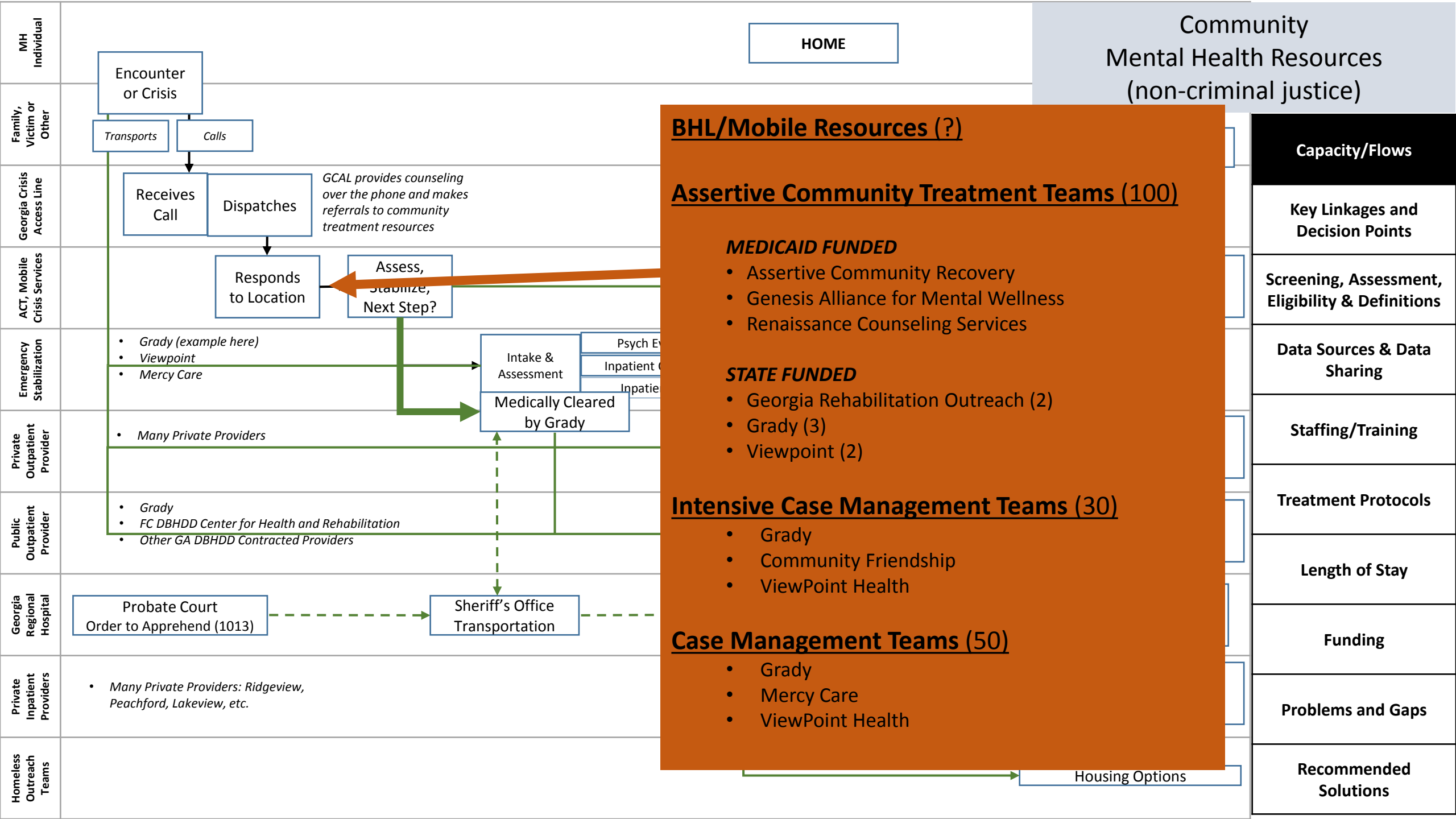
GCAL provides counseling over the phone and referrals to community treatment resources

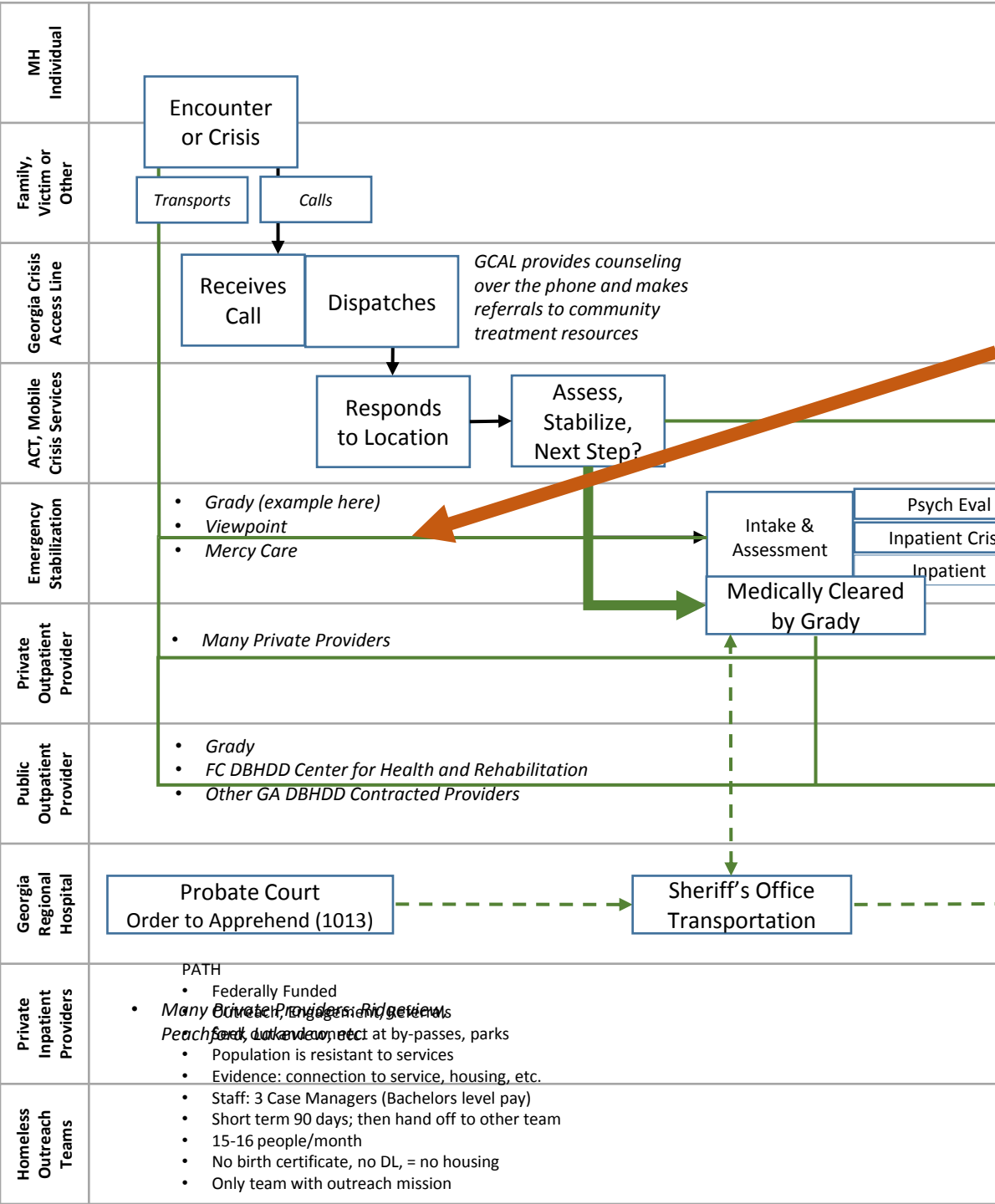
- Grady (example here)
- Viewpoint
- Mercy Care

- Many Private Providers

- Grady
- FC DBHDD Center for Health and Rehabilitation
- Other GA DBHDD Contracted Providers

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





Community Mental Health Resources (non-criminal justice)

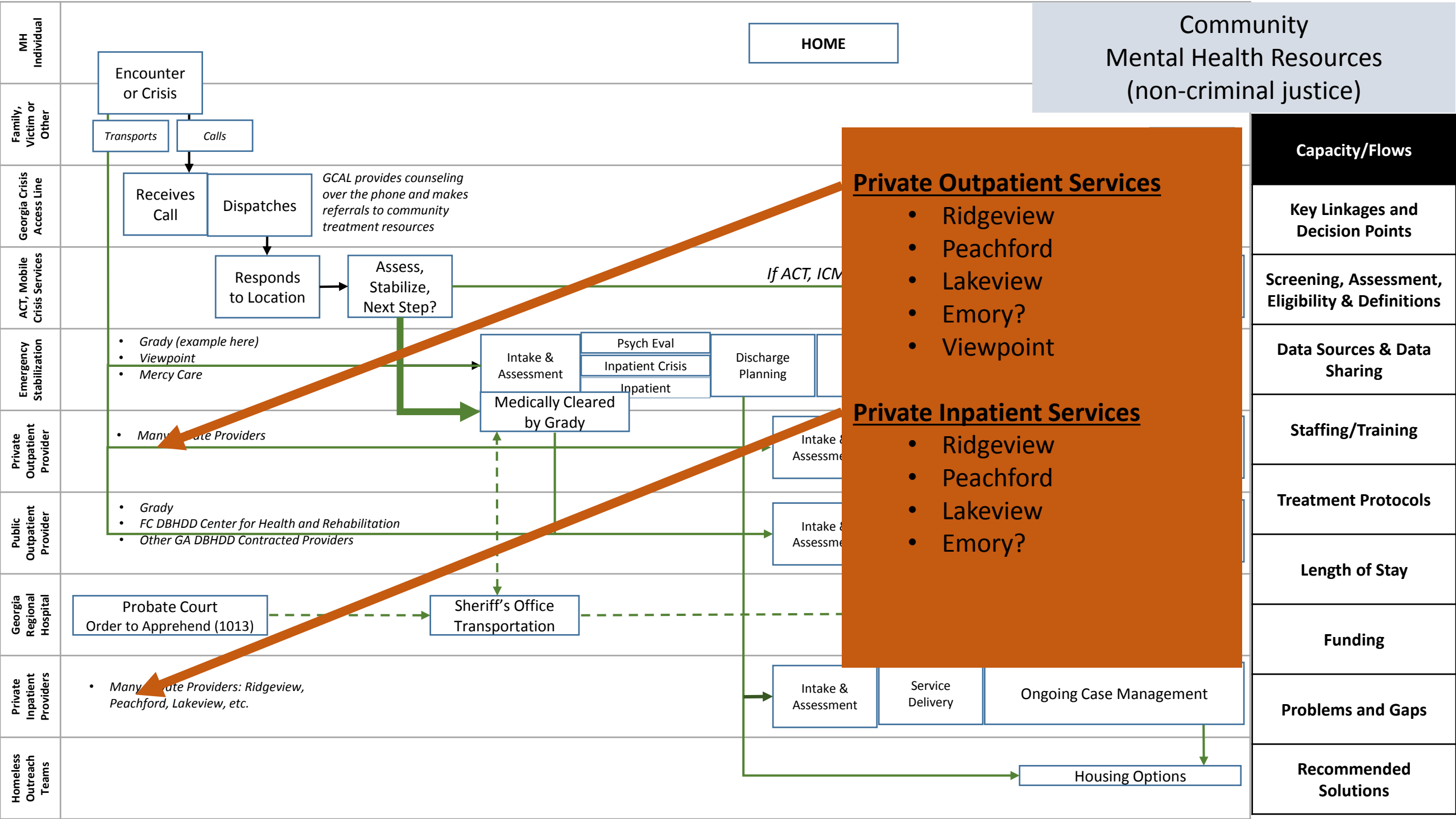
### EMERGENCY STABILIZATION

- 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.

Capacity/Flows
Key Linkages and Decision Points
Screening, Assessment, Eligibility & Definitions
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MH Individual  
 Family, Victim or Other  
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 Homeless Outreach Teams

HOME

Community Mental Health Resources (non-criminal justice)

Encounter or Crisis

Transports Calls

Receives Call

Dispatches

GCAL provides counseling over the phone and makes referrals to community treatment resources

Responds to Location

Assess, Stabilize, Next Step?

If ACT, ICM

- Grady (example here)
- Viewpoint
- Mercy Care

Intake & Assessment Psych Eval Inpatient Crisis Inpatient Discharge Planning

Medically Cleared by Grady

- Many Private Providers

Intake & Assessment Intake & Assessment

- Grady
- FC DBHDD Center for Health and Rehabilitation
- Other GA DBHDD Contracted Providers

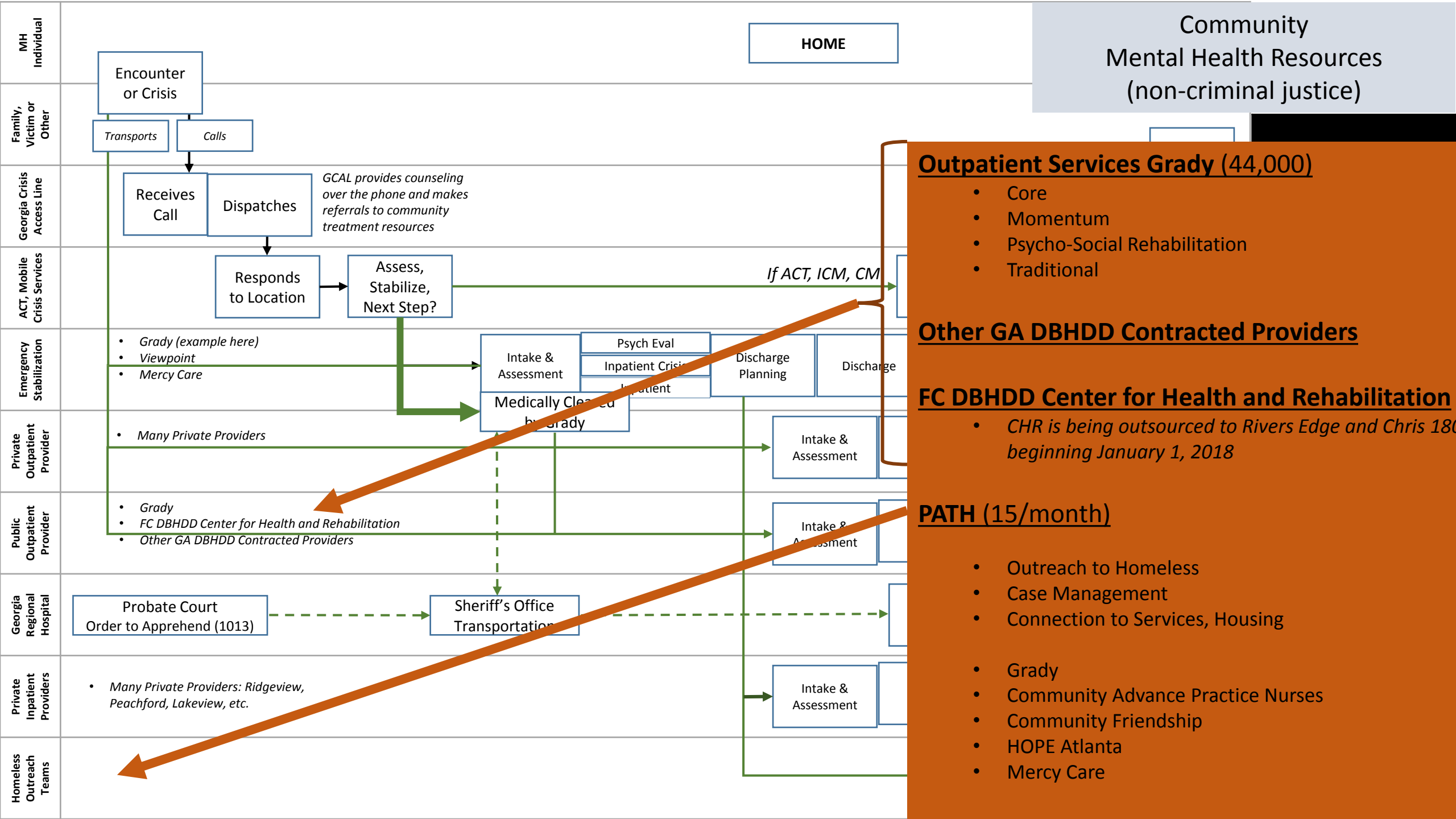
Probate Court Order to Apprehend (1013)

Sheriff's Office Transportation

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

Intake & Assessment Service Delivery Ongoing Case Management

Housing Options



HOME

Community Mental Health Resources (non-criminal justice)

**Outpatient Services Grady (44,000)**

- Core
- Momentum
- Psycho-Social Rehabilitation
- Traditional

**Other GA DBHDD Contracted Providers**

**FC DBHDD Center for Health and Rehabilitation**

- 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

Encounter or Crisis

Transports Calls

Receives Call

Dispatches

GCAL provides counseling over the phone and makes referrals to community treatment resources

Responds to Location

Assess, Stabilize, Next Step?

If ACT, ICM, CM

- Grady (example here)
- Viewpoint
- Mercy Care

Intake & Assessment

Psych Eval  
Inpatient Crisis

Discharge Planning

Discharge

Medically Cleared by Grady

- Many Private Providers

Intake & Assessment

- Grady
- FC DBHDD Center for Health and Rehabilitation
- Other GA DBHDD Contracted Providers

Intake & Assessment

Probate Court Order to Apprehend (1013)

Sheriff's Office Transportation

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

Intake & Assessment

Homeless Outreach Teams

## 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/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

## BHL/Grady Collaborative

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

## 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?

## Community Mental Health Resources (non-criminal justice)



## Grady Outpatient/Clinician 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)

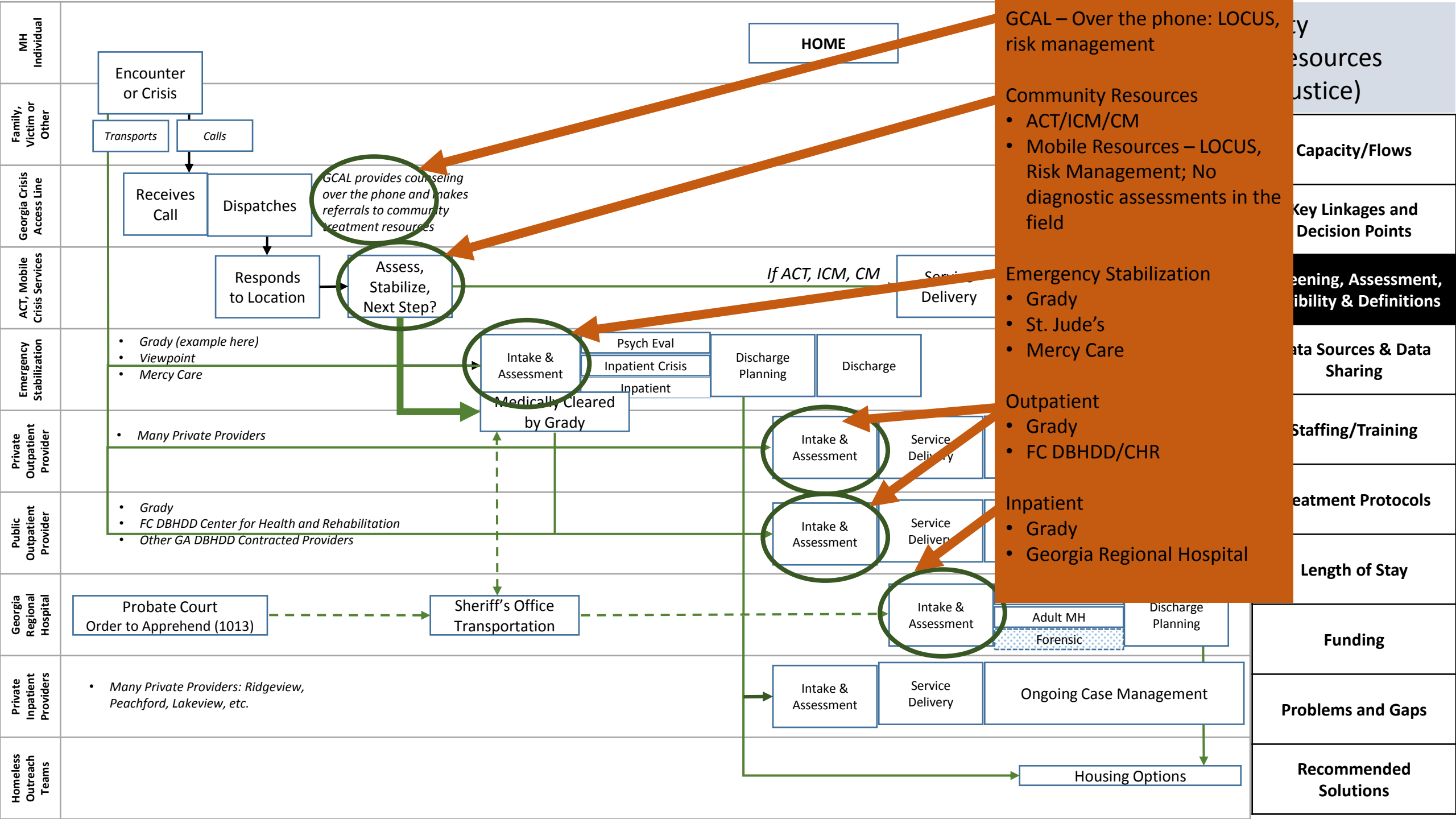
## Grady PATH

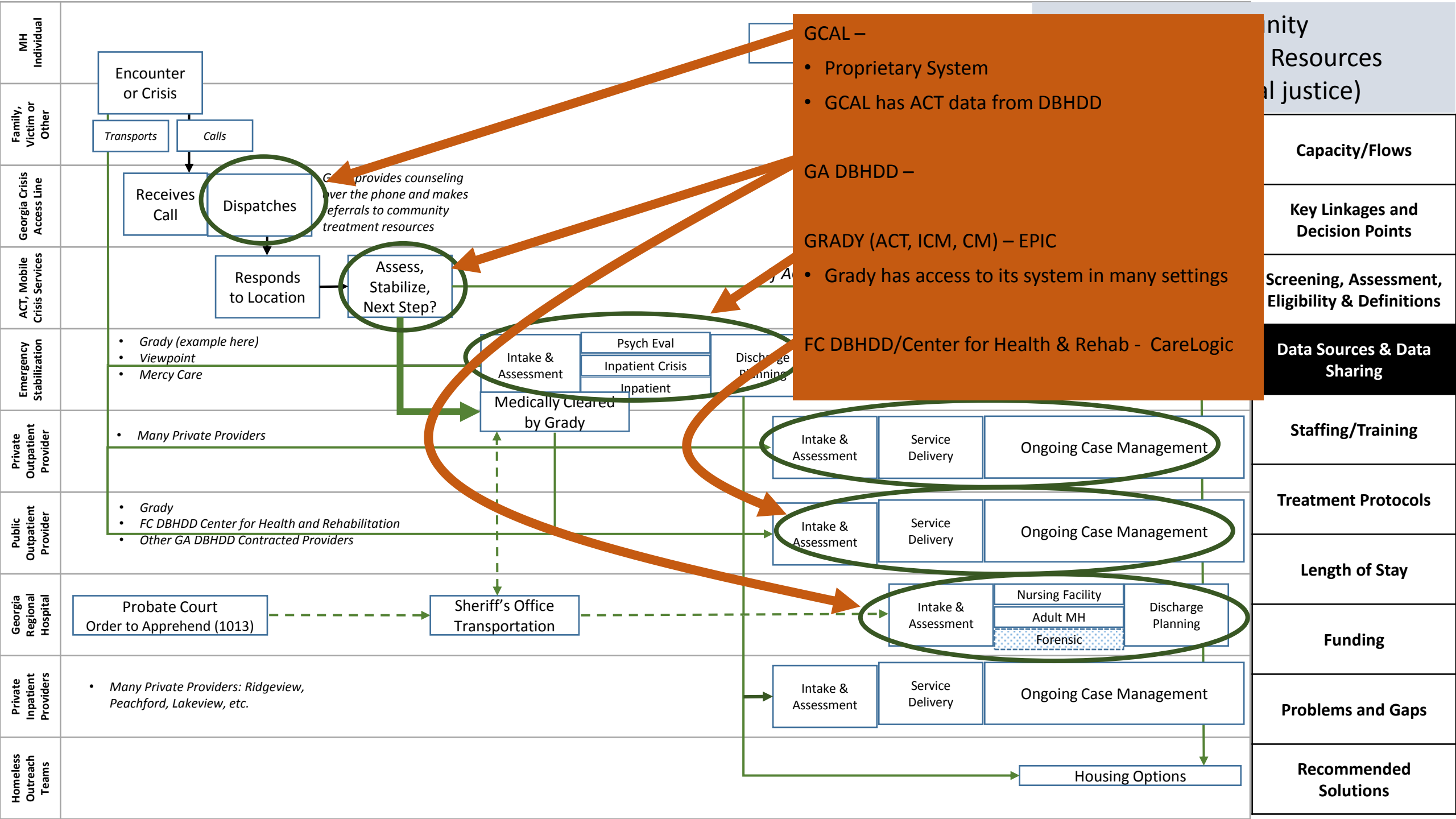
- Federally Funded
- Outreach, Engagement, Referrals
- Seek out and connect at by-passes, parks
- Population is resistant to services
- Evidence: connection to service, housing, etc.
- Staff: 3 Case Managers (Bachelors level pay)
- Short term 90 days; then hand off to other team
- 15-16 people/month
- 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







**GCAL –**

- Proprietary System
- GCAL has ACT data from DBHDD

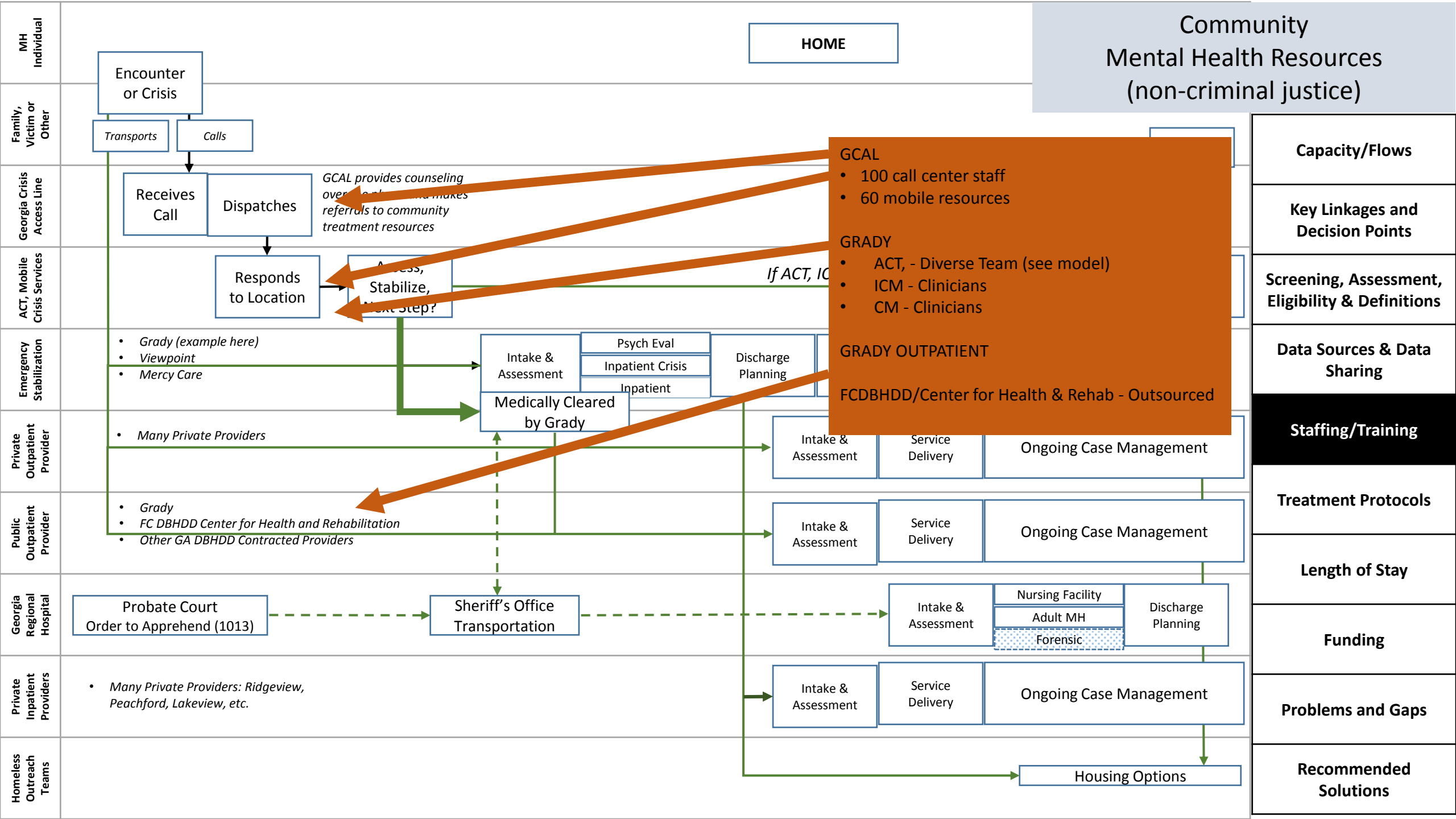
**GA DBHDD –**

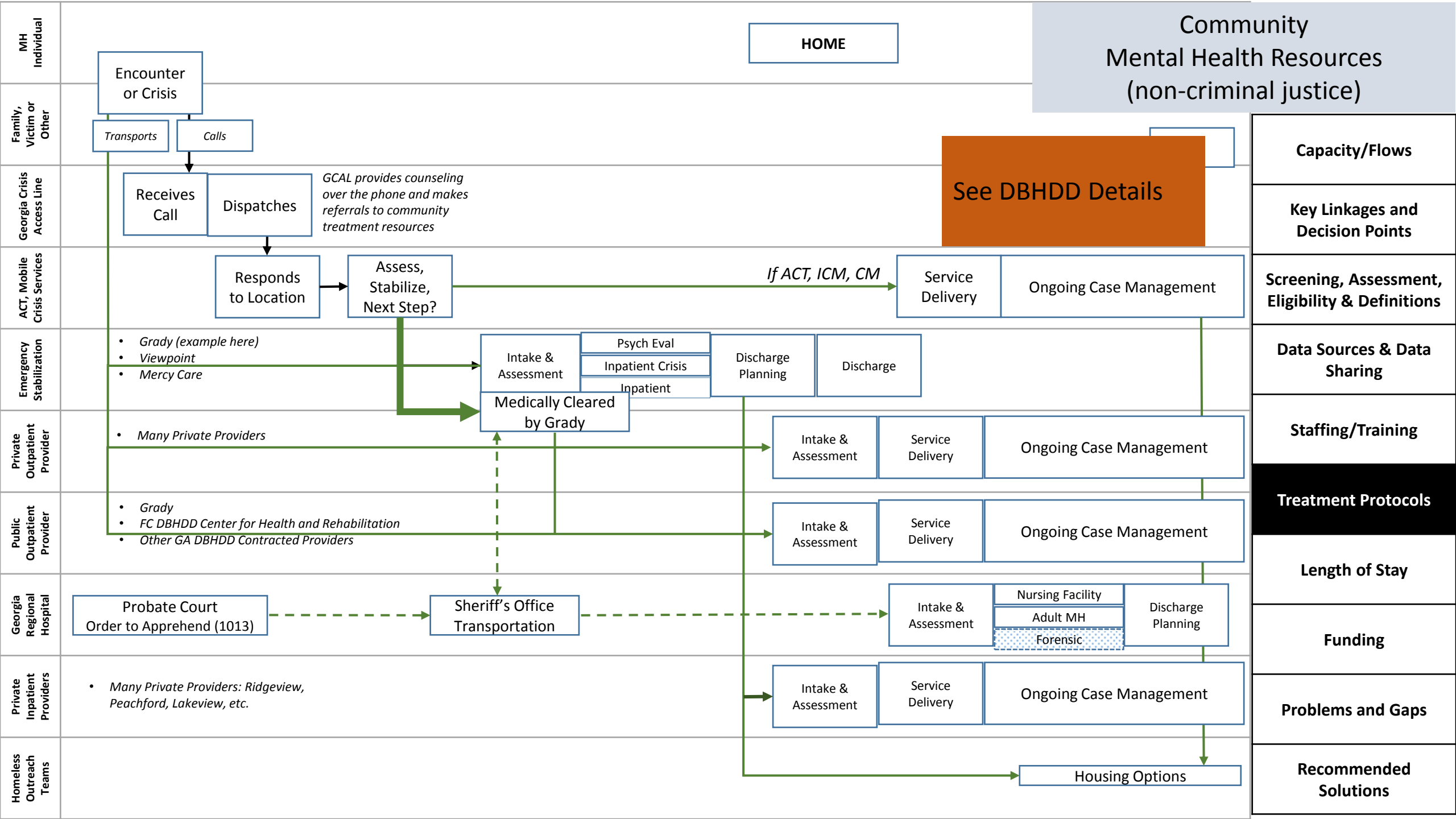
**GRADY (ACT, ICM, CM) – EPIC**

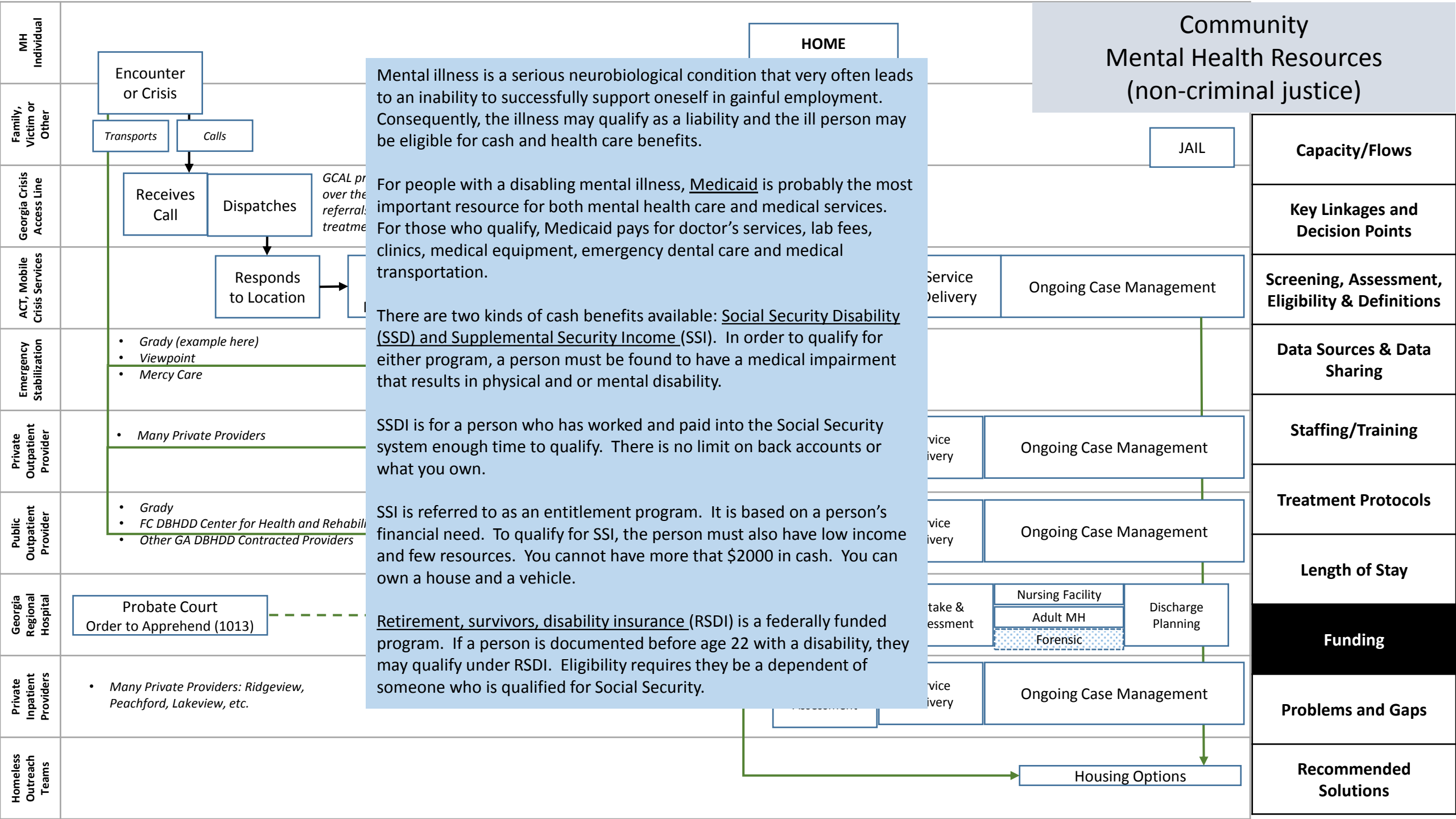
- Grady has access to its system in many settings

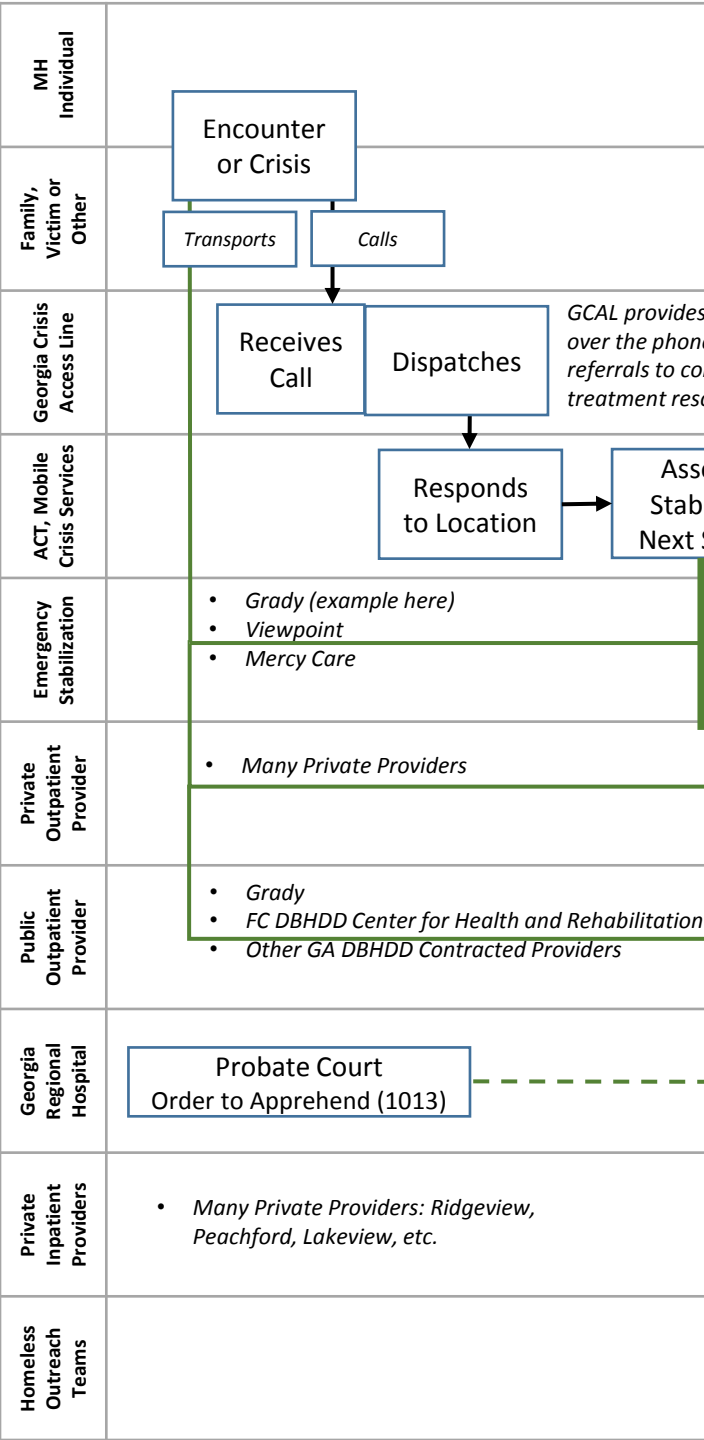
**FC DBHDD/Center for Health & Rehab - CareLogic**

Community Resources (Social 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







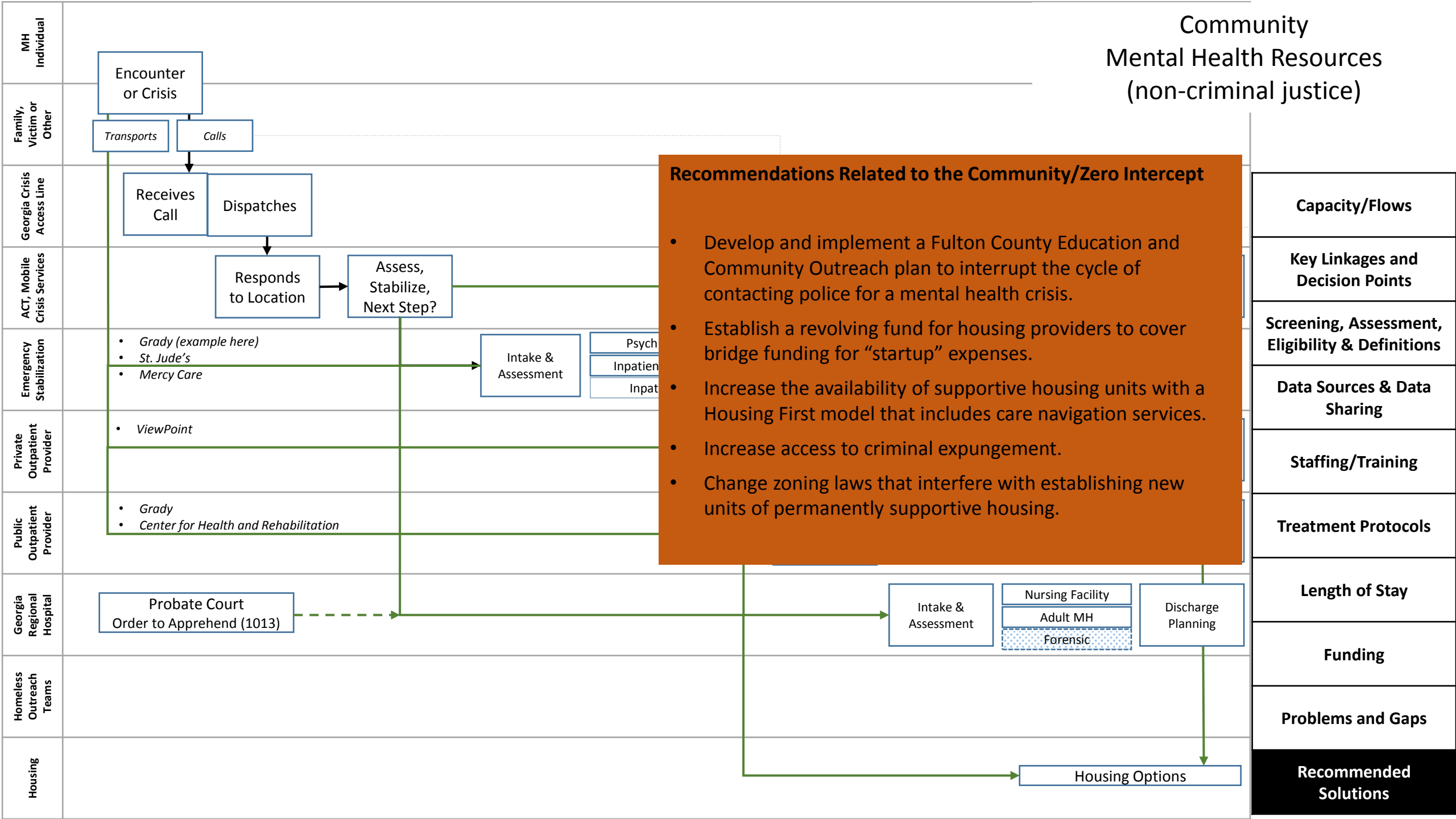


- Length of time for Mobile Resources to respond (1 hour “interview” on phone; then dispatch wait time 44 min)
- Community understanding of how to access care.
- Utilization of faith-based resources
- Crisis Stabilization at Hospitals vs. Grady
- Ability to access BH information/ shared systems
- Awareness 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?

Capacity/Flows
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# Community Mental Health Resources (non-criminal justice)



# 1013/Order to Apprehend

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 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 disability 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 than \$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.

SOURCE: NAMI resource book

# GRADY Behavioral Health Services

Inpatient			Community Based 22,812 visits				Outpatient (Clinician Based) 47,158 visits, about 56,000 prescriptions filled					Jail Based	
Psychiatric Emergency Services	Crisis Intervention	Inpatient	ACT teams Assertive Community Treatment	Intensive Case Management	Case Management	PATH	Non- Intensive, Core	Momentum	Psycho-Social Rehab	Traditional Psychological Counseling	BHLink  Upstream Crisis Intervention	ACDC  BH Treatment Services	ACDC  Comp Restoration
9993/yr 833/avg mo.  LOS: 7 hours  20% police 40% EMS 40% walk in  24/7 12 bed unit where patients are evaluated and medically cleared.  Two drivers for increases in emergency services:  1. State Hospital closures  2. Lack of outpatient services	4030 admits  LOS: 33 hours  32 beds Crisis observation and Stabilization before further disposition	1187 admits  LOS: 7-9 days  24 bed inpatient adult psych unit  2 FT attending Psych 4 residents 1 chief resident  Reach resident has 6 patients on the unit	<ul style="list-style-type: none"> <li>• Caseload = 100</li> <li>• Grady has 3 ACT Teams</li> <li>• 21 ACT teams statewide</li> <li>• 24/7 on call</li> <li>• 2-4 contacts per month</li> <li>• Treatment, Housing, Disability, Jobs, etc.</li> <li>• Follows client: jail, hospital, etc.</li> <li>• Housing is key component</li> <li>• Hard to house right out of jail</li> <li>• Housing vouchers are good, but</li> <li>• 70 vouchers done last year</li> <li>• 60 days to evidence secured &amp; inspected hsg</li> <li>• Dartmouth Model</li> <li>• Large team, diverse staffing</li> <li>• Contract with DBHDD</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly meetings</li> <li>• 30 clients – 1 on 1</li> <li>• Hospitalization required</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 50 clients</li> <li>• Skill building, resource connection</li> <li>• Meds</li> <li>• Meet 2 x month</li> <li>• 1 on 1?</li> </ul>	<ul style="list-style-type: none"> <li>• Federally Funded</li> <li>• Outreach, Engagement, Referrals</li> <li>• Seek out and connect at by-passes, parks</li> <li>• Population is resistant to services</li> <li>• Evidence: connection to service, housing, etc.</li> <li>• Staff: 3 Case Managers (Bachelors level pay)</li> <li>• Short term 90 days; then hand off to other team</li> <li>• 15-16 people/month</li> <li>• No birth certificate, no DL, = no housing</li> <li>• Only team with outreach mission</li> </ul>	<ul style="list-style-type: none"> <li>• Open access model</li> <li>• SPMI</li> <li>• Intake, orientation, assessment by clinician</li> </ul>	<ul style="list-style-type: none"> <li>• For hospital discharge continuity of care</li> <li>• M-F, 8:00-1:00, Group/Ind</li> <li>• Med mgt, 6 weeks then traditional core services</li> </ul>	<ul style="list-style-type: none"> <li>• Life skills, vocational skills, etc.</li> <li>• Led by Case managers, 50-60 people</li> <li>• LT Day treatment program</li> <li>• Recovery based, no medication, most living in group homes</li> <li>• For All...?</li> <li>• Referrals from Grady, GA Regional, ACDC</li> <li>• No formal referral from FC jail, just walk in</li> <li>• Referrals to others: comm tx</li> </ul>	<ul style="list-style-type: none"> <li>• Ind/group tx, med, Psych and case mgt</li> <li>• Subs Abuse tx (Opioid)</li> <li>• Open dialogue tx – family imbedded)</li> </ul>	<ul style="list-style-type: none"> <li>• Collab with BHL</li> <li>• 16 hours/6 days</li> <li>• Clinician + Medic</li> <li>• 911 calls that don't need an ambulance</li> <li>• "Plain Clothes staff"</li> </ul>	200 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.	