

EMS Focus

A Collaborative Federal Webinar Series

Working Together: How 988, Crisis Response, and EMS Can Improve Community Care



Today's Panelists



Kate Elkins, Moderator
National Highway Traffic Safety Administration



**Richard McKeon, Substance Abuse
and Mental Health Services Administration**

Today's Panelists



Kimberly Behounek,
Gunnison Valley Health



Jodie Chinn, Gunnison
Regional 911 Authority



Sean Caffrey, National EMS
Management Association



Dan Gerard, International Association of EMS Chiefs

Office of EMS' Mission



Reduce death & disability



Provide leadership & coordination to the EMS community



Assess, plan, develop, & promote comprehensive, evidence-based emergency medical services & 911 systems

National 911 Program

- Convene
- Resources
- Grant program



A woman with dark, curly hair is looking out a window. She has a slight smile and is looking upwards and to the right. The window shows a view of a blue sky with clouds and some greenery. The overall mood is positive and hopeful.

988

**SUICIDE
& CRISIS
LIFELINE**

988 Goals & Near-term Activities (set in Fall 2021)

SAMHSA Goals

1

Strengthen and enhance Lifeline

2

Transform and strengthen broader crisis care continuum

Near-term Activities



Federal planning and convening



Operational readiness of the Lifeline network



Messaging and public communication



Foundation for comprehensive crisis services

Key Issues

- July 16 marks our country's transition to 988
- 988 offers 24/7 access to trained counselors
- Investment of unprecedented federal resources in scaling up crisis centers
- Substantial increase in the number of Lifeline calls, chats, and texts answered
- Long-term success of 988 depends heavily on collaboration between states, territories, and the federal government

SAMHSA's Vision for Crisis Services

Horizon 1: Crisis contact centers¹

"Someone to talk to"

90%+ of all 988 contacts answered in-state [by 2023]²

Horizon 2: Mobile crisis services¹

"Someone to respond"

80%+ of individuals have access to rapid crisis response [by 2025]

Horizon 3: Stabilization services¹

"A safe place for help"

80%+ of individuals have access to community-based crisis care [by 2027]

1. Inclusive of intake, engagement, and follow-up
2. Proportion may differ with chat/text vs. calls; "contacts answered" is defined as connected with a trained responder

SAMHSA'S Vision for Crisis Services

Provide individuals experiencing **suicidal, mental health, and substance use crises**, and their loved ones, with caring, accessible, and high-quality support

Ensure **integrated services are available** across the crisis care continuum, supported through strong partnerships (e.g., State, Territorial, Tribal, Federal)

Provide **“health first”** responses to behavioral health crises and ensure connection with appropriate levels of care

Integrate **lived experiences of peers** and support for **populations at high risk of suicide**, such as Veterans, LGBTQ, BIPOC, youth, & people in rural areas

Advance **equitable access to crisis services** for populations at higher risk of suicide, with a focus on Tribes and Territories

What is the Crisis Now Model?

**Call Center
Hub**



**Mobile
Crisis**



**Crisis
Facilities**



- “Air Traffic Control” Crisis Call Center Hub connects and ensures timely access and data

Crisis Call Hub

1

CRISIS CALL HUB

CHT

UK 8925

CH 7662

US 1452

Best Practice:
Caller ID, GPS Mobile Team Dispatch,
Bed Registry, Outpatient Scheduling

Mobile Crisis/Community Crisis Partnerships

Mobile crisis programs share goals of:

Meeting individuals in community environments for rapid triage

Helping individuals in crisis to experience relief quickly

Providing appropriate support while avoiding LE involvement and ED use

**Examples:
Georgia,
Arizona,
Connecticut**

Co-responder models

**Funding -85%
FMAP, MHBG**

Evaluations of Lifeline Effectiveness

Seriously suicidal individuals call the Lifeline

Significant decreases in callers' reports of intent to die, hopelessness, and psychological pain over the course of the call

55% of callers at imminent risk did not require emergency rescue by the end of the call and 19% collaborated with emergency rescue

Almost 90% of those who received follow up calls felt the calls helped them not kill themselves

Snapshot of 988 External Partners

Vibrant Emotional Health

National Coalition for Mental Health Recovery

NASADAD National Association of State Alcohol and Drug Abuse Directors

National Co-Responder Consortium

U.S. Department of Transportation

NASMHPD

human services

Justice Center THE COUNCIL OF STATE GOVERNMENTS

International Council for **HELPLINES**

PARAMEDIC foundation

TRANSFORM 911

HARVARD Kennedy School Government Performance Lab

AMERICAN ASSOCIATION OF SUICIDOLOGY

Health

NRI National Resiliency Institute™

IACP International Association of Chiefs of Police

beacon beacon options

KAISER PERMANENTE

PEW

DAWDO

SCHOOL OF MEDICINE

LIVE WELL SAN DIEGO

VIADUCT

BJA

connections connections

National Empowerment Center

EDC Education Development Center

DEPARTMENT OF MENTAL HEALTH

OKLAHOMA Mental Health & Substance Abuse

cbhda CALIFORNIA BEHAVIORAL HEALTH DATA ANALYTICS

PMHGA Public Mental Health Grant Association

YOUTH MOVE

MHA MENTAL HEALTH AMERICA

OKLAHOMA A&A Tribal Epidemiology Center

TN Department of Mental Health & Substance Abuse Services

Volunteers of America

GMHCN

National Indian Health Board

IAED

NAMI National Alliance on Mental Illness

TAC

REALITY 1986 - 1991

NASHP NATIONAL ASSOCIATION OF STATE HOSPITALS

YOUTH MOVE

MHA MENTAL HEALTH AMERICA

OKLAHOMA A&A Tribal Epidemiology Center

WHAT3WORDS

MBRLC

INDIAN HEALTH BOARD

RI INTERNATIONAL

dmhas

Advocates Living Healthy. Thriving. Together.

CT

CT

APCO International LEGISLATIVE PUBLIC SAFETY CONSULTANTS

WICE Western Interstate Commission for Higher Education

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD Indian Leadership for Indian Health

Health.gov

NATIONAL COALITION FOR SUICIDE PREVENTION

APRA ALTERNATIVE POLICE RESPONSE ASSOCIATION

NENA THE 911 ASSOCIATION

NEBRASKA Good Life. Great People. GREAT STATE. GREAT SERVICE.

LAPD

ABHW Association for Behavioral Health and Wellness

RAVE ROLLIT SAFETY

PAD POLICING ALTERNATIVES & DIVERSION INITIATIVE

BHR Behavioral Health Response

AHCCCS

NATIONAL COALITION FOR SUICIDE PREVENTION

Solari SOLARIS COMMUNITY SERVICES

TRANS LIFELINE

911 NATIONAL ASSOCIATION OF

NFFCMH National Federation of Families for Children's Mental Health

REPORT INSTITUTE

PRIORITY DISPATCH

Behavioral Health Link

CT

CT

NATIONAL COALITION FOR SUICIDE PREVENTION

NATIONAL COALITION FOR MENTAL, RESILIENCE SERVICES

NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION

Center for Societal Benefit through Healthcare

Cambridge

State of New Jersey Department of Human Services

OPTUM

IACP

SHUTTER PROOF

Two Feathers with outstanding results

AMERICAN PSYCHIATRIC ASSOCIATION

AMERICAN PSYCHIATRIC ASSOCIATION

NATIONAL COALITION FOR SUICIDE PREVENTION

Didi Hirsch MENTAL RESILIENCE SERVICES

Urban Indian Health Institute

fredla

NEVADA HEALTH RESPONSE

NASCOD

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

peopleUSA

NASDDDS National Association of State Directors of Developmental Disabilities Services

UNIVERSITY OF CALIFORNIA Health Sciences Center

The Partnership Center

THE HARRIS CENTER for Mental Health and IDD

Rocky Mountain Tribal Leaders Council

NATIONAL COALITION FOR SUICIDE PREVENTION

American Foundation for Suicide Prevention

TREVOR! Saving Young LGBTQ Lives

988 and 911 Activities

Regular meetings with OEMS

Calls with 911/EMS/police stakeholders

Co-sponsorship agreement

Community of Practice (Vibrant)

Police Academy (PRA)

Required activity in State 988 grants

Incorporation into Crisis Mapping in 30 locations

National Emergency Number Association 911/988 work group

Digital Service Sprint on 988/911 coordination

Snapshot of 988 Achievements (Fall 2021 – Present)



Messaging & Public Communication

Created 988 partner toolkit with corresponding webinars hosted for 1000s+ partners

Conducting national level news media interviews and events to educate about 988

Participating in national partner webinars to educate about 988 messaging Established 988 jobs webpage to expand 988 workforce

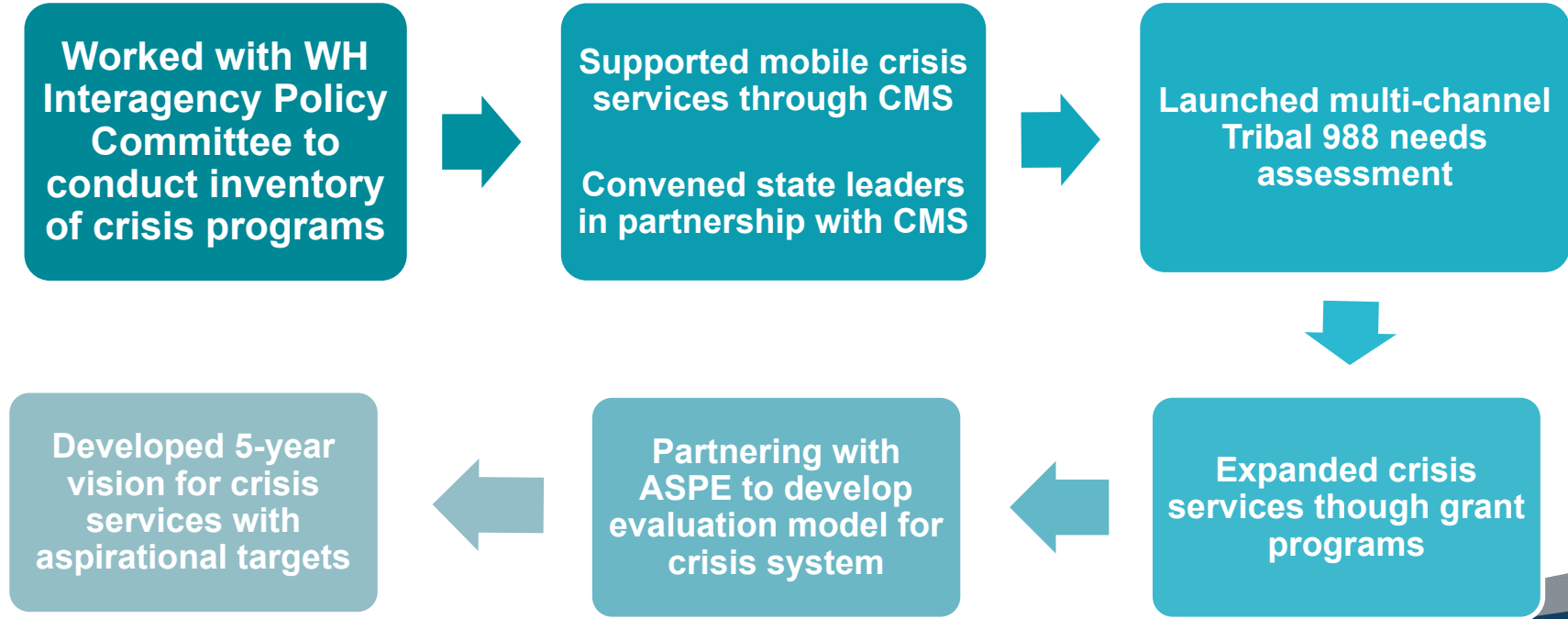
Coordinated robust state and local partner engagement

Launched formative research with the Action Alliance for Suicide Prevention

Snapshot of 988 Achievements



Foundation for Crisis Services



Mental Health Crisis Response Units – Overview

- **NorCal Crisis Mental Health Response Unit**

- Success
- Challenges

- **Calls/Outcomes**

- **Needs Analysis**

- Community
- Paramedic education

- Selection

- Resilience

- Training

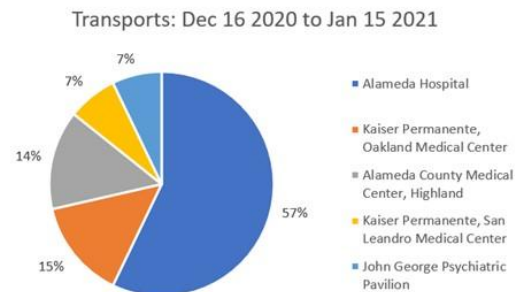
- Operations

- Finance

Transport Results by Time Period

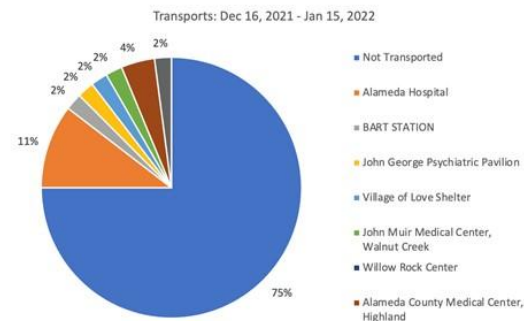
Transport Results Prior to and With Alameda CARE Team
For Reporting Period December 16 – January 15

Prior to ACT



- Prior to Care Team
 - 48 calls during this period
 - 25% of responses were transports
 - 2% of responses went to psych facility
 - 38 clients total involuntarily committed

With ACT



- After Implementation of Care Team
 - 44 calls during this period
 - 27% of responses were transports
 - 0% of responses went to psych facility
 - 13 clients total involuntarily committed

Mental Health Crisis Response Units

▣ Needs Analysis

- ▣ Community
- ▣ Paramedic education



Gap Analysis

EMT

- 1 – 2 hours of classroom instruction
- 15 – 20 pages in the average EMT textbook on behavioral health emergencies
- **No clinical experience**

Paramedic

- 3 – 4 hours of classroom instruction
- 20 – 30 pages in the average paramedic textbook on behavioral health emergencies
- **No clinical experience**

LCSW

- 6-7 years of education (a bachelor's and a master's – MSW)
- **Includes clinical rotations**

Mental Health Crisis Response Units

Selection

- Police Officer
- Psychiatrist/psychologist/LCSW

Resilience

Training

Operations

Finance

Introduction to Rural Mobile Crisis Response



GUNNISON VALLEY HEALTH



Gunnison and Hinsdale Counties



© 2010 EMS Management

Gunnison County	Hinsdale County
3,260 Square Miles	1,123 Square Miles
16,918 Population	788 Population
Tourism, Education & Agriculture	Tourism & Agriculture
1 Critical Access Hospital	
Shared 9-1-1 Center	
5 Law Enforcement Agencies	1 Law Enforcement Agency
3 Fire Districts	1 Fire District
2 Ambulance Services	1 Ambulance Service



How We Got Here

- Noticeable increase in mental health crises
- Lack of resources to treat behavioral crises
- Lack of training for 911 and EMS personnel



How We Got Here

- ❑ Failure to provide timely acute crisis intervention
- ❑ Consistent repeat callers/patients
- ❑ Change in public expectation around public safety response to those in crisis





Integration of Mobile Crisis into the Emergency Services System

- **First Responder & Mental Health Professional collaboration:**
 - Collaboration meetings between behavioral health professionals, GVH, Law Enforcement, EMS, and 911 communications
 - Determined the best solution for caring for our community members experiencing a mental health crisis

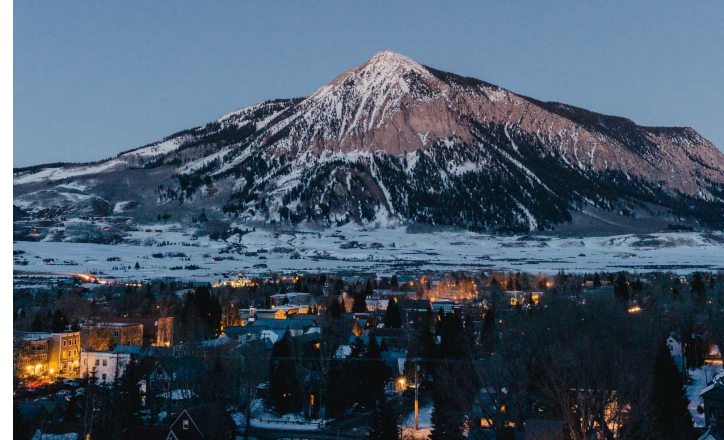
- **Brainstorming sessions:**
 - What we wanted the response to look like
 - Funding options
 - Interoperability



Integration of Mobile Crisis into the Emergency Services System

□ Policy and procedures created through the 911 Authority for:

- How to handle incoming mental health calls
- Colorado Crisis Services line (988)
- Mobile crisis dispatch
- Use of mobile crisis response team in police and EMS incidents



□ GVH Mobile Crisis became a user agency with the Gunnison Regional 911 Authority

- Dispatched similarly as other emergency services agencies

Gunnison Valley Health (GVH) – Mobile Crisis Services

GVH started offering mobile crisis services July 1, 2021. Why?

Community stakeholders wanted a locally-operated service provider who sent a behavioral health staff to scene.



What is unique?

We have no turf wars on scene! We have buy-in at all levels in our community. **Everyone on scene knows their scope of practice to have the best outcome for the patient.**



GVH sends a master's-level clinician...

...or a person one year from graduation in a master's program to scene.

GVH – Mobile Crisis Services

If we need a **mental health transport** or hold on scene, either law enforcement signs or **licensed providers come to the scene.**

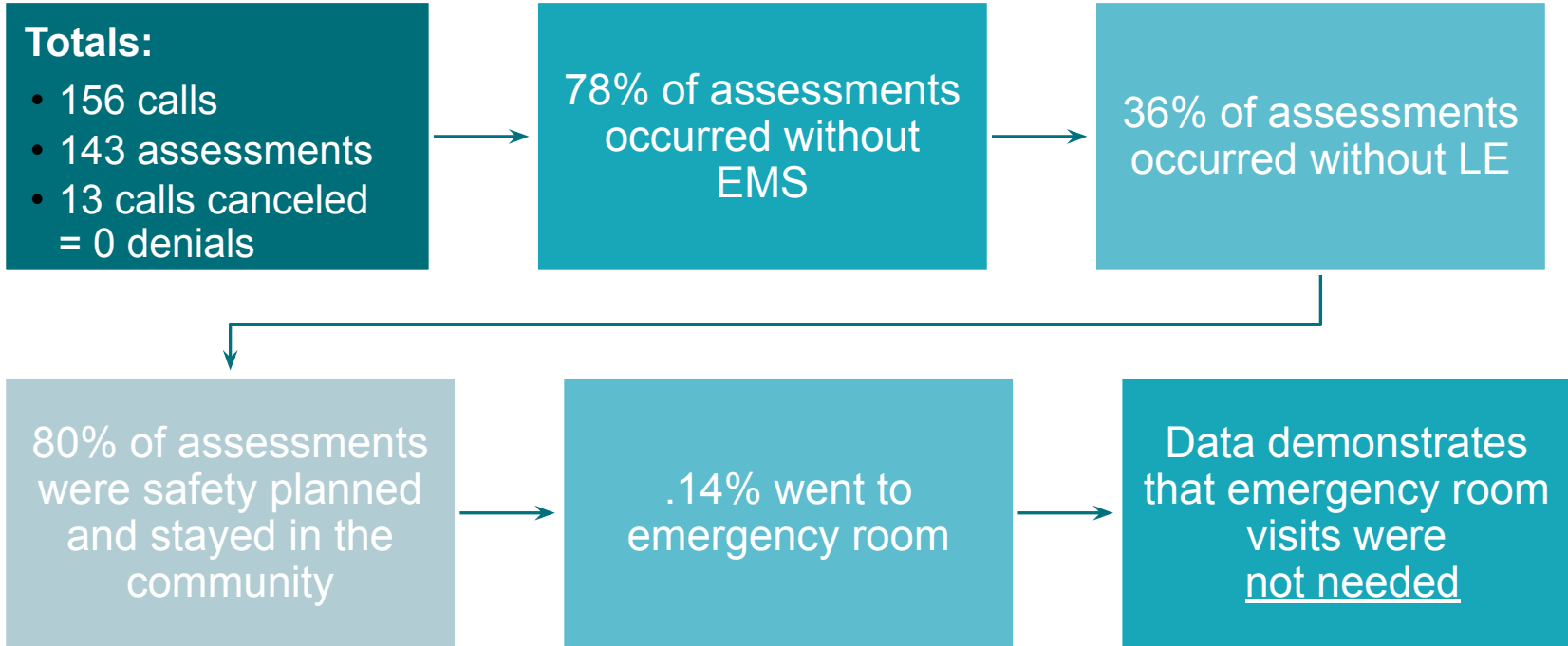
In 2019 and 2020, GVH saw a **200% increase** in behavioral health admissions to our ED.

Patients at the GVH ED can wait 2-6 hours to see a telehealth provider for assessment.

Result:

- **Frustrated client**
- **Large ED visit bill**
- **No connection to local services**

Year One Mobile Crisis Data



Gunnison Valley Health – Case Study

INCIDENT

- ▶ 911 call to local hotel, 47-year-old female known to law enforcement for two years, prior refusals of medical care via EMS.
- ▶ Chief complaint severe abdominal pain. Statements of "I am going to die. God knows why and how. I have stomach cancer."
- ▶ Refusal to leave hotel room. Doesn't work. Does have food delivered to hotel and a room paid for monthly.
- ▶ Denial to enter room results in many calls ending in no action taken.
- ▶ Patient doesn't let hotel staff in room to change linens or towels. Patient is observed to be losing weight between mobile crisis contacts.

OUTCOME

Female law enforcement officer patient has relationship with coached patient out of room while mobile clinician was listening for possible emergency transport (M.5). No evidence of substance use. Placed on M.5 with EMS transport to ED. Patient refused labs. Placed on M1 and secured placement without labs which is atypical. Our assessment, history and collateral proved grave disability and psychiatric diagnosis.

LESSONS LEARNED

Patient made accusations: "You are going to rape me if I get on the ambulance." Clinician rode along for safety. GVH EMS called to ED for abdominal pain. Clinician gave nurse from ambulance M.5 and a ligature resistant room was prepped versus admitting to a non-ligature resistant room. Clinician contacted EMS Captain for education on M.5 and acknowledged needing to communicate to EMS worker riding with patient the one who drove.

Impact Statements from EMS Chiefs



"The Gunnison Valley health mobile crisis response team has been a great benefit to our community and addressing the issues of those who suffer from mental health related problems.

The Crested Butte Fire Protection District remains committed to supporting the efforts of the mobile crisis response team so that we are providing a patient centric model that provides a path to care based upon the actual needs of the community and its members."



— Robert Weisbaum NRP, FP-C, MPO
EMS & Fire Chief, Crested Butte Fire
Protection District

Impact Statements from EMS Chiefs

"Behavioral Health 911 calls have rapidly risen in the last half decade and have skyrocketed through the COVID-19 Crisis. **Mobile crisis provides a rapid and safe intervention.**



Since the inception of Mobile Crisis in the Gunnison Valley, EMS and law enforcement rely heavily on their services. **Unnecessary trips to the emergency department, extremely costly medical bills and sometimes even jail can be completely avoided.**

It's hard to imagine a world without Mobile Crisis now that their amazing service has taken root in our region."



— CJ Malcolm NRP, FP-C, Chief of
Emergency Services Gunnison Valley Health

Questions?

Please submit questions through the webinar platform

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Thank You