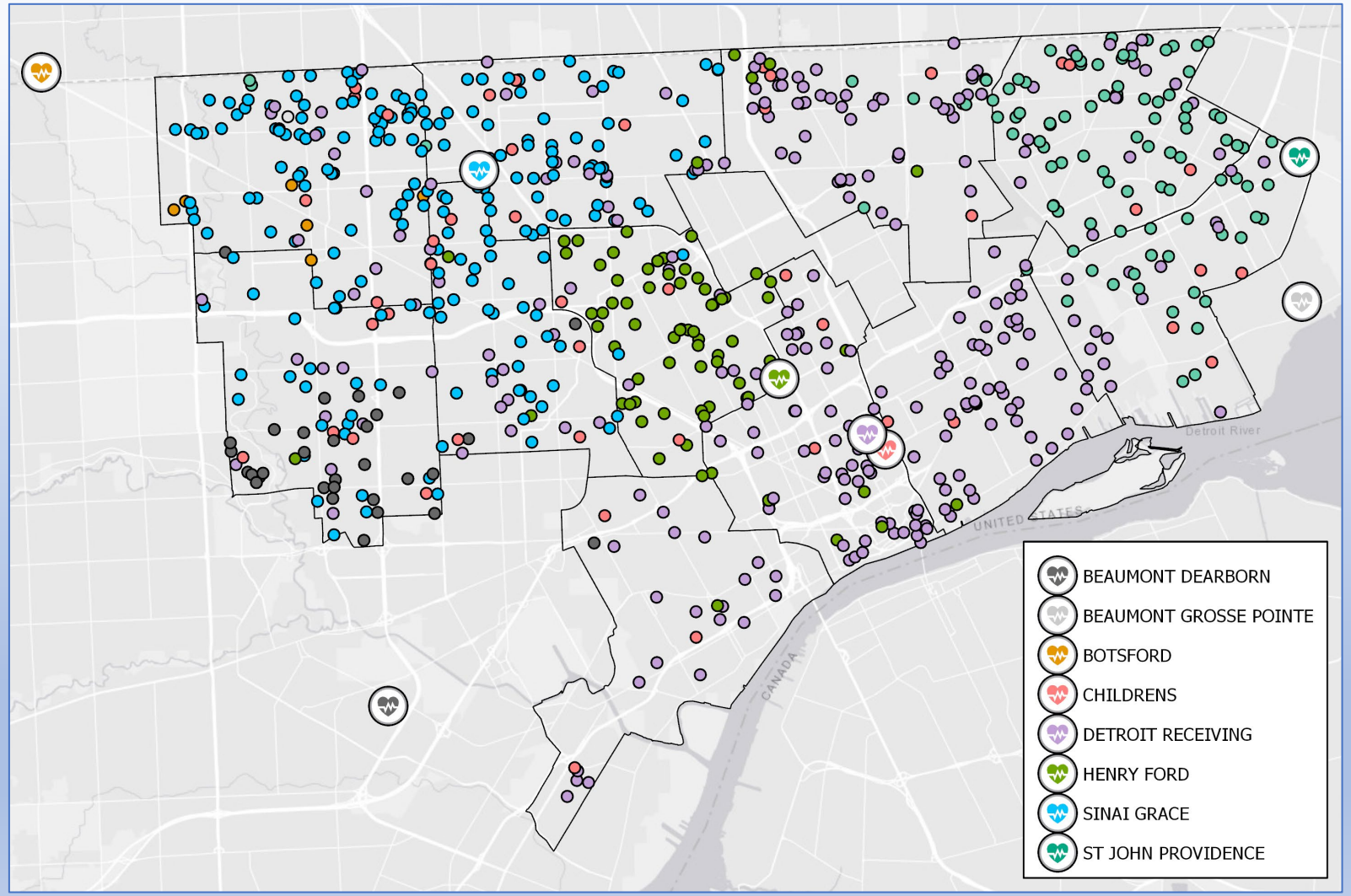
Dazed and Confused: Managing Behavioral Health Emergencies The 4-1-1's & 6-1-1's on 9-1-1 BHE

Public Safety & Behavioral Health Data Sharing & Partnership Driving Change in Detroit

PRESENTED BY: Robert B Dunne MD, FAEMS, FACEP, Detroit, MI

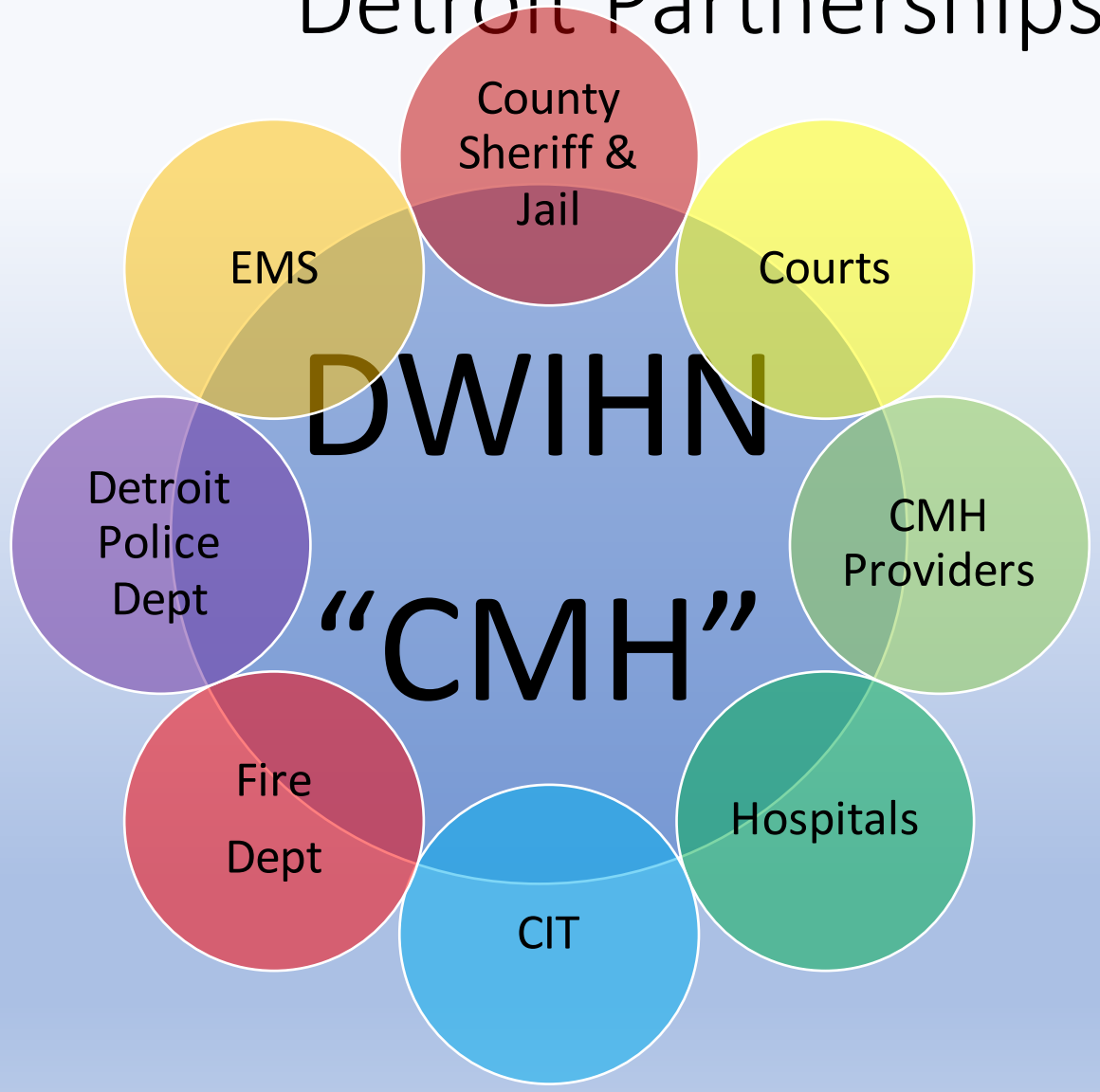
Mental-related Detroit CFS by Hospital Destination

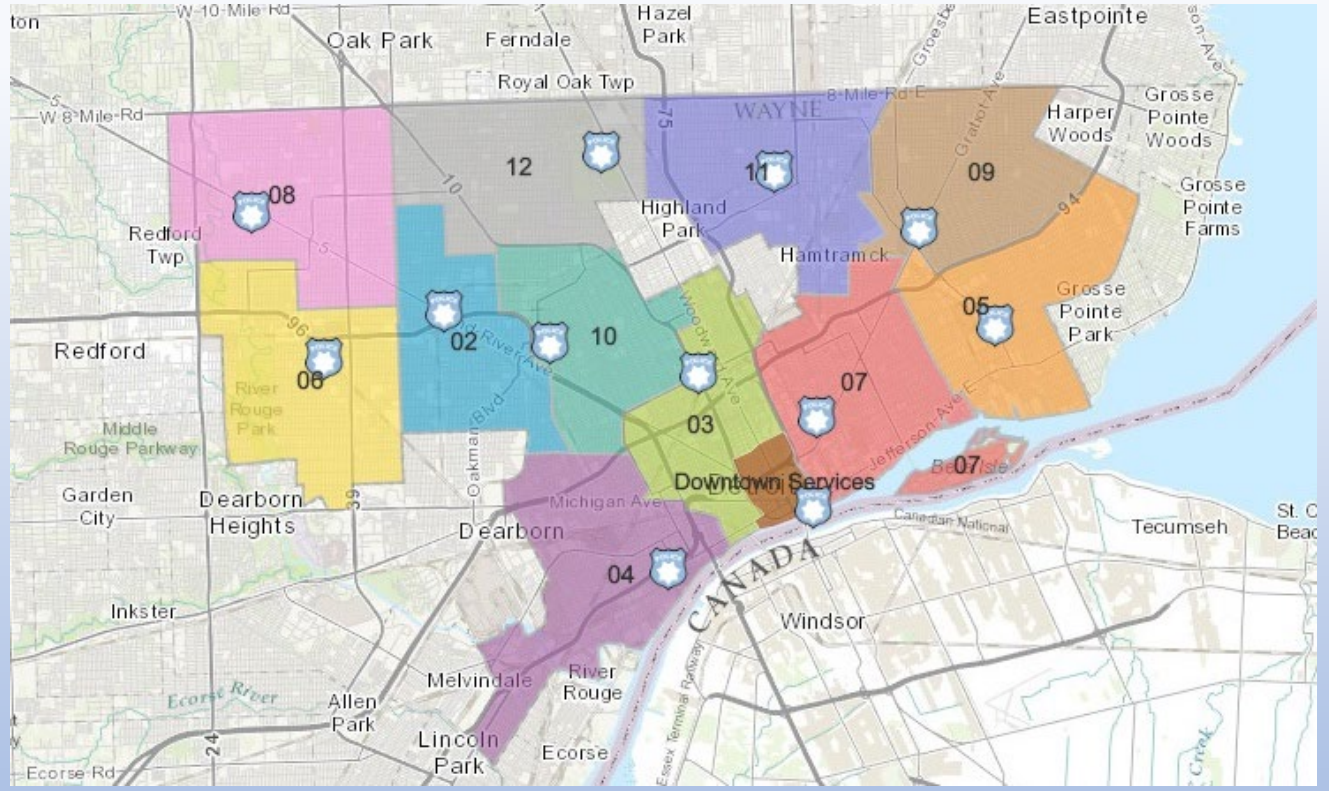


- What are the outcomes
- Who are the players
- How can we measure success
- What New resources

Data from 1 January 2019 through 26 June 2021.

Detroit Partnerships-Who are the Players





Project Purpose

Encourage	Reduce	Hire & deploy	Reduce	Reduce
Encourage use of preventative services and resources – telehealth, self-management tools, etc.	Reduce use of 911 services by members of the DWIHN system of care for non-crisis needs.	Hire & deploy community health workers/Peers to increase community capacity as it relates to crisis response services and accessing behavioral health services.	Significantly reduce the use of EMS and police services where possible and increase service engagement.	Reduce hospital admissions and re-admissions.

What has been discovered?

- Individuals are calling 911 due to the inability to cope with presenting problems.
- Several of these individuals live in residential settings.
- Chief EMS complaints are for pain or not otherwise specified.
- Insufficient follow-up and maintenance.
- Very few (<5%) transported by ambulance

Data Project

Review began 04/29/2022
Review ended 05/09/2022
Published 05/11/2022

Strengthening Behavioral Health Services Through Partnerships and Data Integration

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Abstract

Background

There has been an increase in emergency medical service (EMS) use for behavioral health reasons. Detroit Wayne Integrated Health Network (DWIHN) and Detroit East Medical Control Authority (DEMCA) collaborated to study the rising number of behavioral health (mental disorders and substance use disorders) calls to EMS.

Methodology

To examine the trend, DWIHN and DEMCA partnered on a data-sharing project and identified that a high volume of EMS runs (responses by EMS as a result of an emergency call) involved individuals served by DWIHN.

Results

Over a period of 2.5 years, an average of one-third (33.73%) of EMS runs involved individuals who receive behavioral health services through DWIHN.

Conclusions

DWIHN used the data to create interventions and internal process improvements that can help coordinate medical and behavioral healthcare for individuals who have been using EMS increasingly. The findings were also used to develop prevention efforts to decrease the occurrence of such crises and to avoid unwarranted member involvement with the justice system. We suggest that other comparable organizations consider similar partnerships, especially given the increasingly high EMS and Emergency Department use for behavioral health reasons.

Categories: Emergency Medicine, Psychiatry, Quality Improvement
Keywords: behavioral health, crisis, emergency, ems, diversion

DWIHN EMS Dashboard

DWIHN EMS Users
339 76.9% Of Total

EMS Users
441

DWIHN EMS Runs
30,364 77.4% of Total

Total EMS Runs
39,253

DWIHN EMS Users Claims
50,500

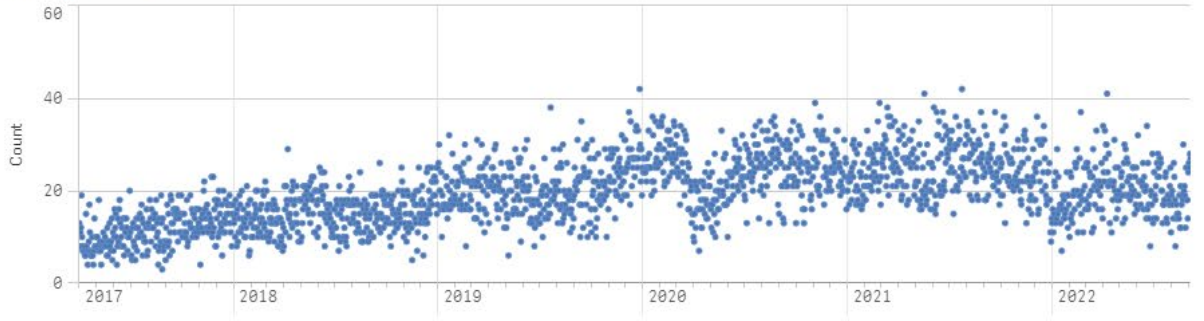
EMS Incident Date
Select date range

DWIHN Member

Member ID

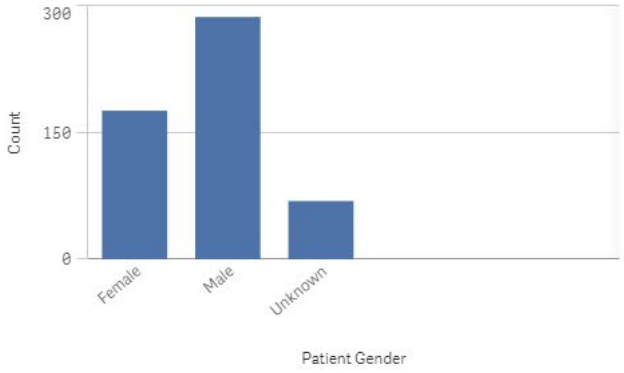
EMS Users by Run Frequency

EMS Runs Over Time

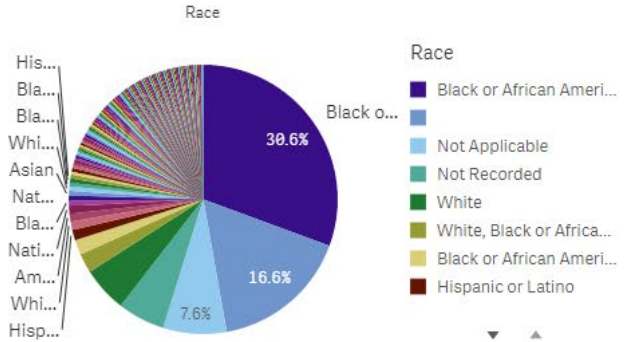


Incident Date.Calendar.Date

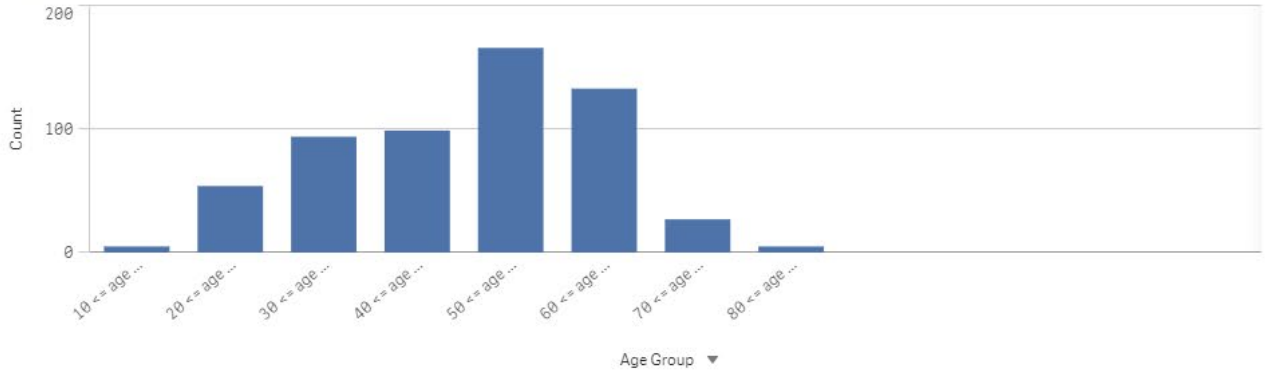
Gender



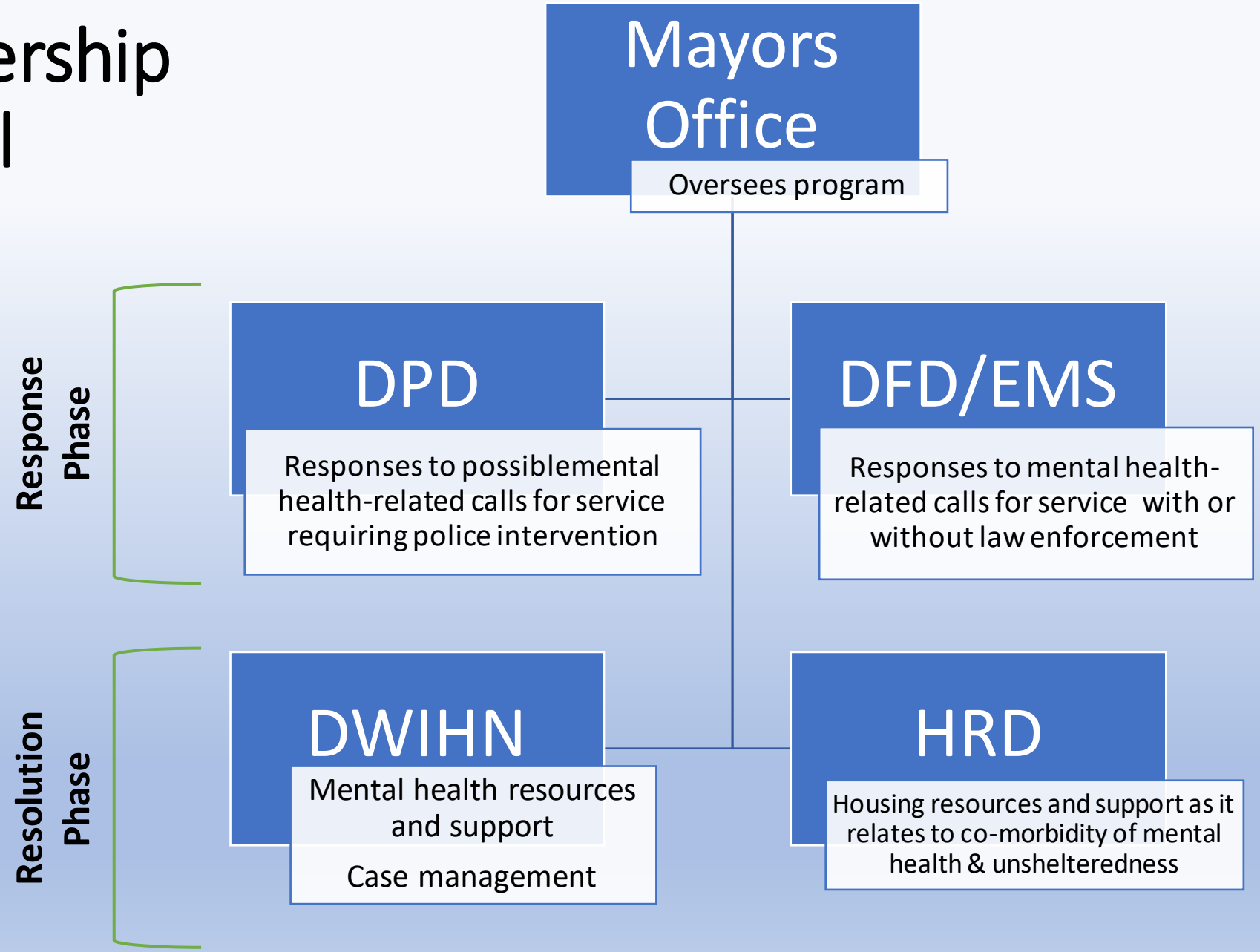
Race



Age



Partnership Model



Crisis Intervention Team (CIT)

is part of the mental health co-response pilot program. They have crisis intervention trained officers and mental health specialists that respond to non-violent mental health calls.

The 8th precinct will be the fifth precinct added to this program, joining the 3rd, 4th, 9th, and 12th precincts.

Mental health specialists work with our 911 call center to filter mental health calls and direct them to CIT.

Our goal is to expand this program to all precincts by 2023 and have 20% of officers trained in crisis intervention

Next Steps

- Expand Training to all DPD and DFD
- Assessing results of Case Management
- More Mobile Resources Through Community Organizations
- New Non-Hospital Destinations
- More resources at 911 center
  - Behavioral Health Workers
  - Nurse Triage Line
  - Direct Linkage to Providers
- Continuous Quality Improvement

EMS Getting Psyched-In: How is the City of Brotherly Love Delivering Mental Health and Psychiatric Emergency Services?

C. Crawford Mechem, MD
EMS Medical Director
Philadelphia Fire Department

Department of Emergency Medicine
University of Pennsylvania School of Medicine

A Better Way to Respond?

Walter Wallace

- In October 2020, PPD shot & killed man in crisis
- Better identify & respond to mental health 911 calls

1. Station behavioral health navigator in 911 center
2. Add screening questions to identify crisis calls
3. Provide crisis mental health training to call takers

More PPD Training & Resources

- Crisis Intervention Team training for all officers
  - 40-hour curriculum
  - How to effectively interact with those in crisis
  - Direct them to care, away from jail
- Deploy **C**risis **I**ntervention **R**esponse **T**eams
  - 2 CIT-trained officers & mental health worker

NAMI Philadelphia
National Alliance on Mental Illness

Current City Process for 911 Crisis Calls

- 911 calls → PPD
- If crisis call, CIRT or CIT-trained officers sent, if available
- If fire/medical → PFD Fire Communications Center
- Unclear which crisis calls forwarded to FCC
- Once at FCC, call processed with MPDS Card 25, *Psychiatric/Abnormal Behavior/Suicide Attempt*
- Ambulance sent

Alternative Response Unit 3

- FY23 budget included $ for PFD to launch AR-3
- Partnership with the MDO, DBHIDS
- ALS squad (AR-3) staffed by CIT-trained paramedic & behavioral health specialist
- *Plus* BLS ambulance & ADA-compliant transport van
- Administrative staff & data analyst

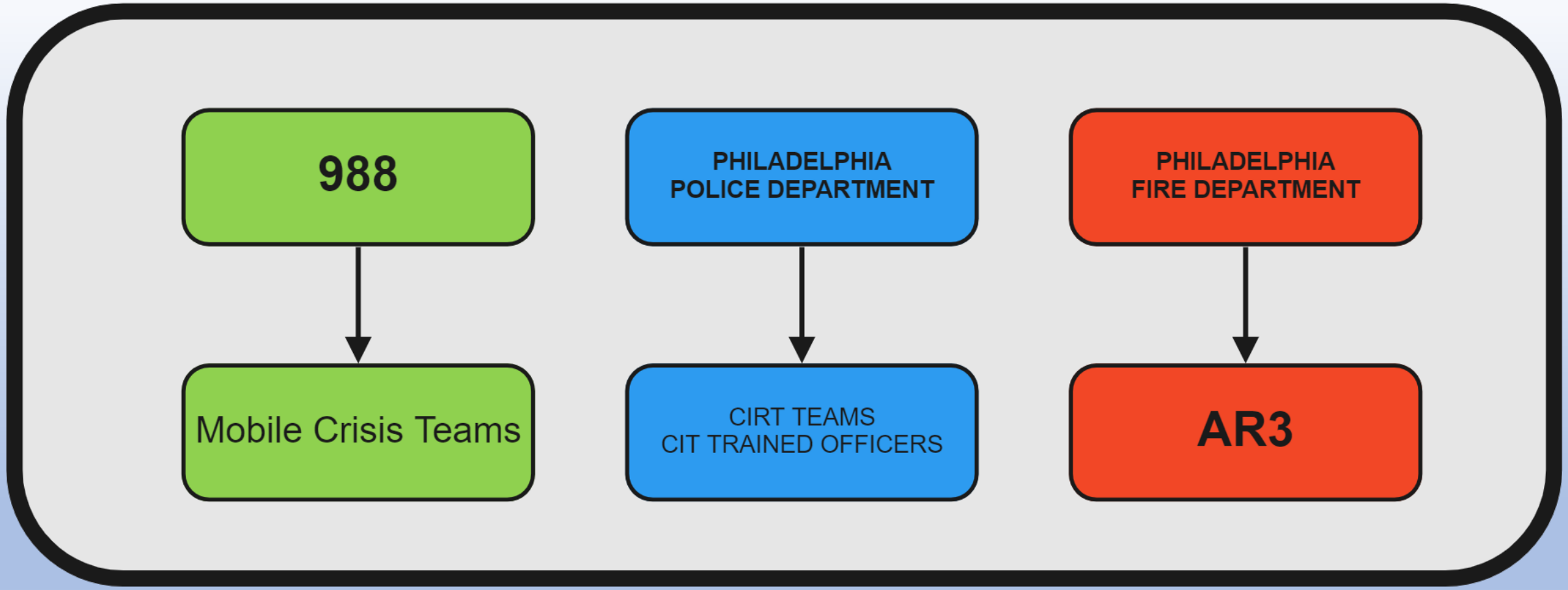
AR-3 Dispatch Plan

1. FCC dispatches ambulance per Card 25 & AR-3
2. AR-3 self dispatches on select incidents
3. Responds to requests from EMS Operations
4. External requests from PPD, community partners, DBHIDS Mobile Crisis Teams (via 988)

AR-3 & 302 Patients

- PPD currently handles most involuntary commitments (302s)
- Some involve medically frail or elderly individuals, non-violent, no acute medical issue
- Better served by PFD rather than police transport
- Ambulance available for those needing BLS level of care
- Van available for those with wheelchairs

The Bigger Behavioral Health Picture



Follow-up Report Next Year

AR-3, AR-3/A, AR-3/T

Pediatric “Direct to Psych” EMS Transports

Brandon Morshedi, MD, DPT, NREMT-P, FACEP, FAEMS

Assistant Medical Director – Metropolitan EMS (Little Rock, AR)

Medical Director – Air Evac/GMR SE Region

Medical Director – Arkansas State Parks

President, AR Chapter of Nat’l Association of EMS Physicians

EMS Medical Director Sector Representative, NEMSAC

Metropolitan EMS (MEMS)

- Public Utility Model, CAAS & ACE Accredited
- Serving Little Rock and surrounding metropolitan area (1800 sq mi)
- Population 450,000
- ~108k calls/year
- ~77k transports/year
- ~300 licensed EMS clinicians
- ~1100 firefighters as first responders from 30+ different fire departments

Questions to answer…

How should we manage our increasing psychiatric call volume?

How can we help decompress the overcrowded ED's?

How do we get pediatric patients to definitive psychiatric care and avoid unnecessary ED visits and secondary EMS transports?

Scope of the Problem

- Only ONE pediatric receiving hospital for the entire metroplex
- Mental health makes up ~10% of our call volume over past year
- Mental health calls are the #2 most frequent 911 call over the past 6 months

Scope of the Problem

Original Investigation

May 2, 2023

National Trends in Mental Health–Related Emergency Department Visits Among Youth, 2011-2020

Tanner J. Bommersbach, MD, MPH[1]; Alastair J. McKean, MD[1]; Mark Olfson, MD, MPH[2]; Taeho Greg Rhee, PhD[3,4,5]

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JAMA. 2023;329(17):1469-1477. doi:10.1001/jama.2023.4809

Scope of the Problem

Original Investigation

May 2, 2023

National Trends in Mental Health–Related Emergency Department Visits Among Youth, 2011-2020

Results From 2011 to 2020, the weighted number of pediatric mental health–related visits increased from 4.8 million (7.7% of all pediatric ED visits) to 7.5 million (13.1% of all ED visits) with an average annual percent change of 8.0% (95% CI, 6.1%-10.1%; *P*<.001). Significant linearly increasing trends were seen among children,

New York

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[4]New England Mental Illness, Research Education, and Clinical Center, VA Connecticut Healthcare System, West Haven, Connecticut

[5]Department of Public Health Sciences, University of Connecticut School of Medicine, Farmington

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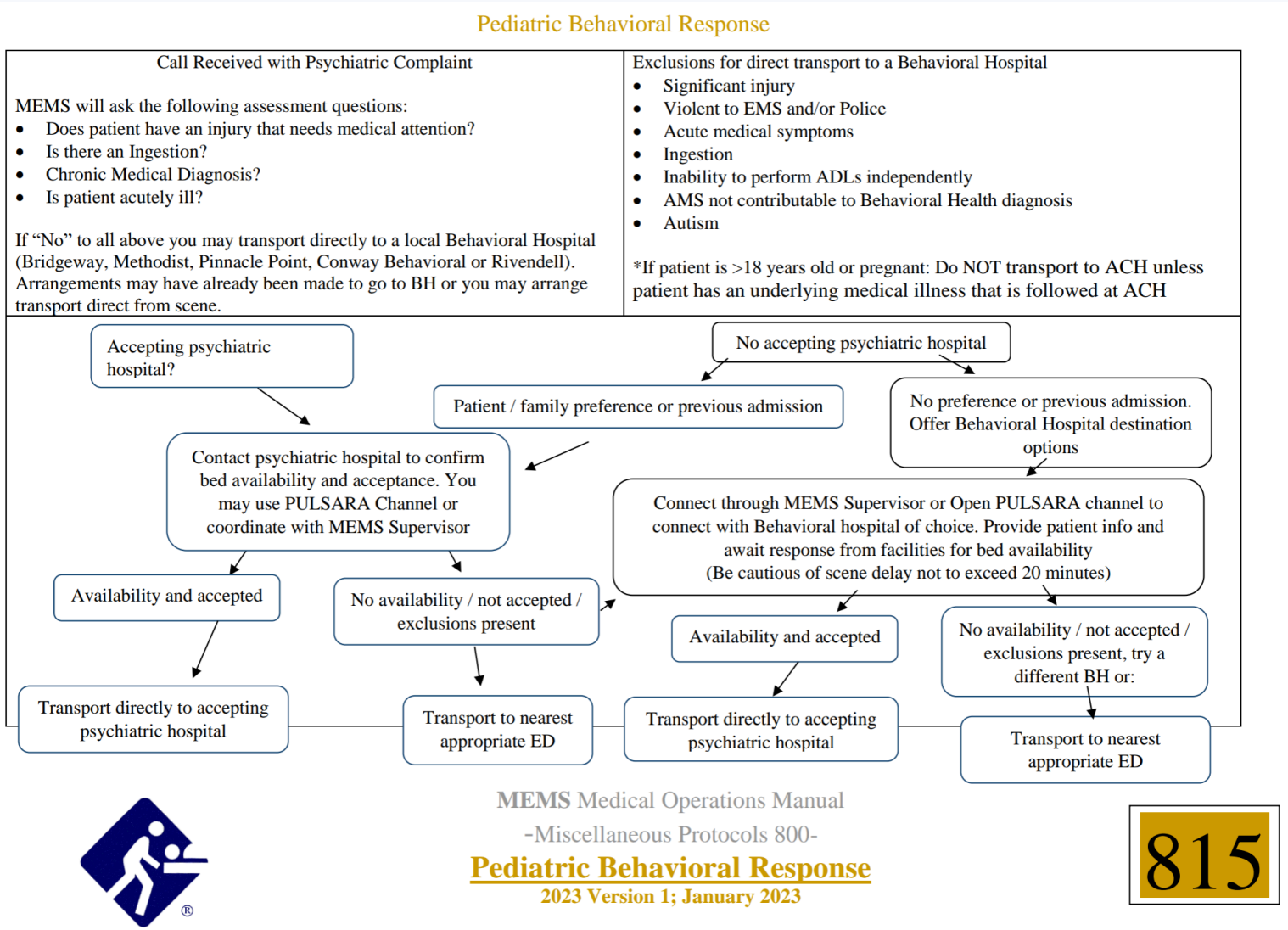
What Little Rock did…



Pediatric Behavioral Response

Call Received with Psychiatric Complaint

MEMS will ask the following assessment questions:

- Does patient have an injury that needs medical attention?
- Is there an Ingestion?
- Chronic Medical Diagnosis?
- Is patient acutely ill?

If "No" to all above you may transport directly to a local Behavioral Hospital (Bridgeway, Methodist, Pinnacle Point, Conway Behavioral or Rivendell). Arrangements may have already been made to go to BH or you may arrange transport direct from scene.

Exclusions for direct transport to a Behavioral Hospital

- Significant injury
- Violent to EMS and/or Police
- Acute medical symptoms
- Ingestion
- Inability to perform ADLs independently
- AMS not contributable to Behavioral Health diagnosis
- Autism

*If patient is >18 years old or pregnant: Do NOT transport to ACH unless patient has an underlying medical illness that is followed at ACH

MEMS Medical Operations Manual

-Miscellaneous Protocols 800-

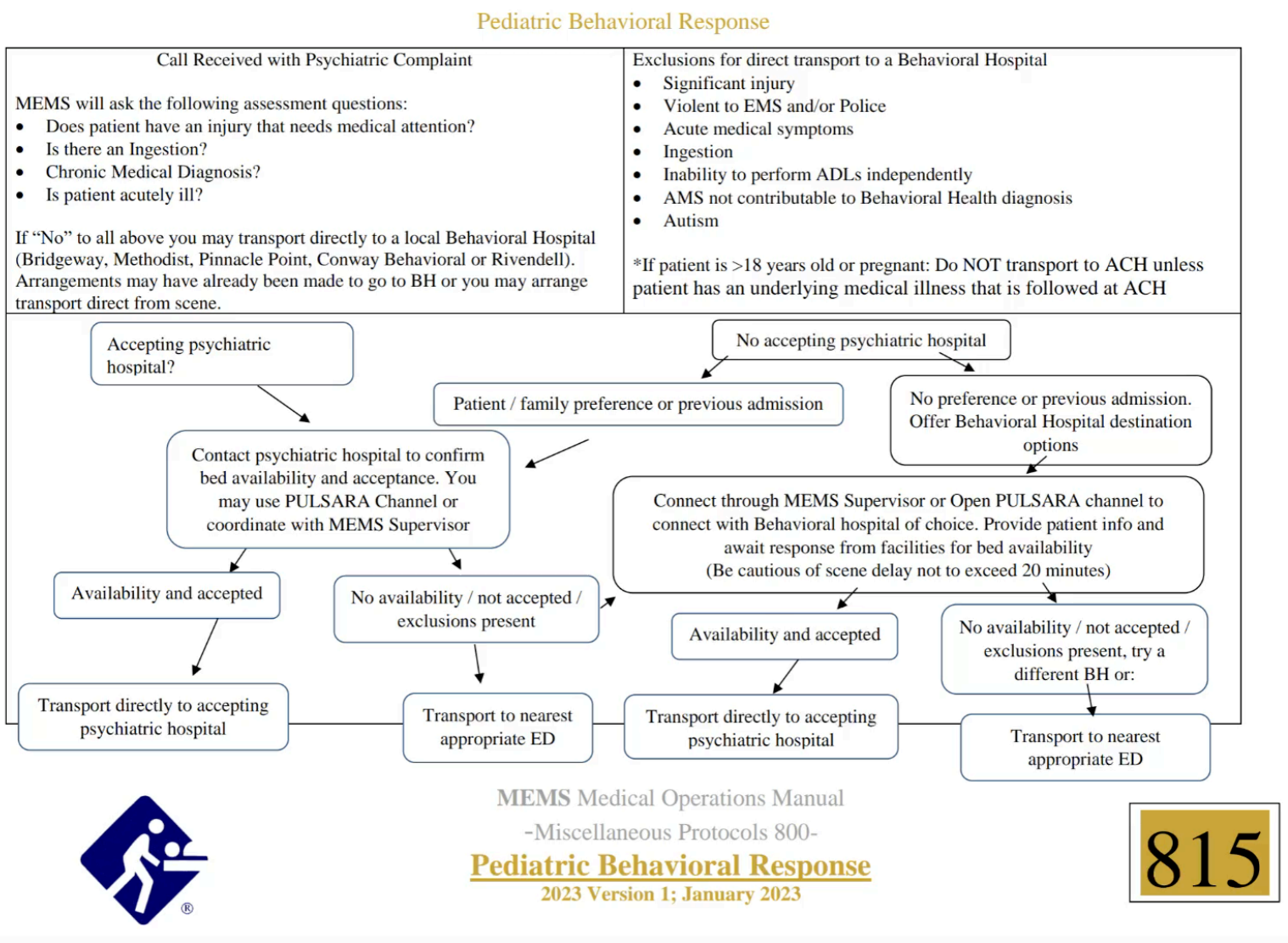
Pediatric Behavioral Response

2023 Version 1; January 2023

815

- Created a protocol to screen and transport pediatric psych patients directly to a behavioral health facility

What Little Rock did…



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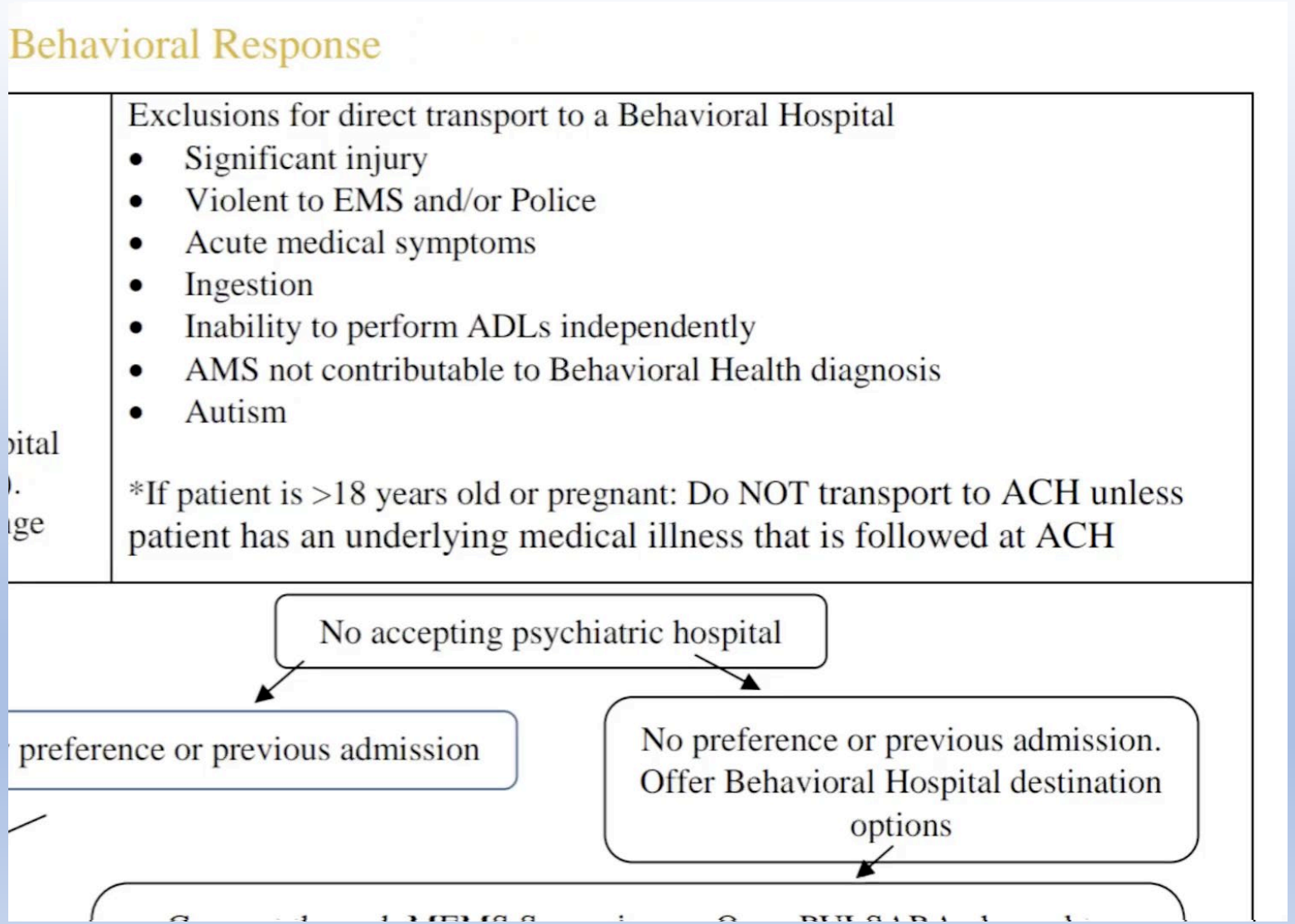

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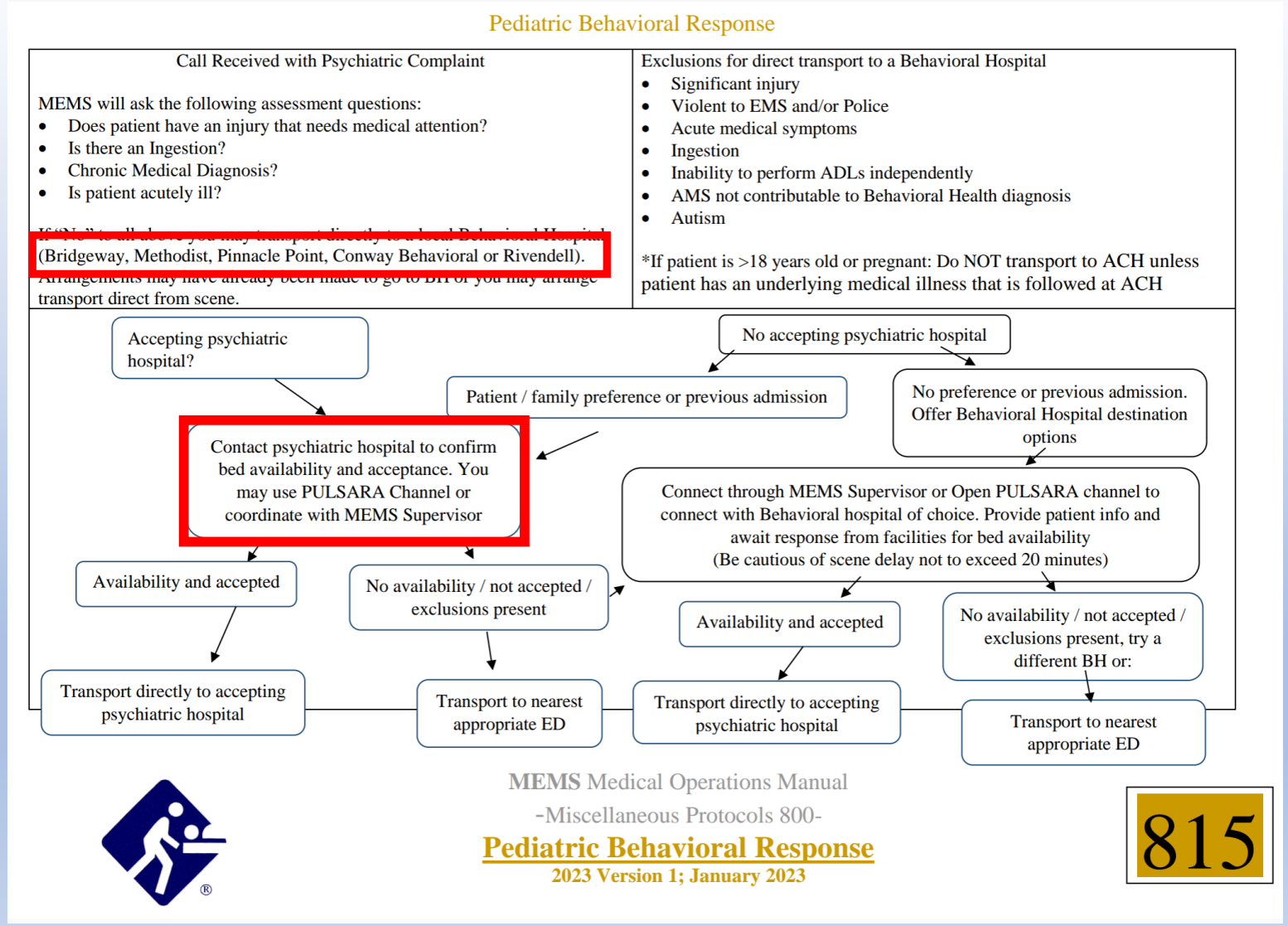

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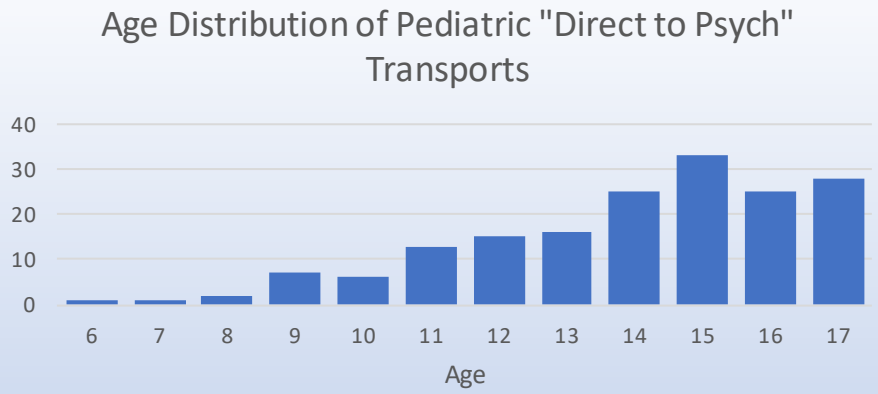
-Miscellaneous Protocols 800-
Pediatric Behavioral Response
2023 Version 1; January 2023

815

- Created a protocol to screen and transport pediatric psych patients directly to a behavioral health facility
- Partnered with 5 different pediatric behavioral health facilities for direct admissions
- Utilize Pulsara to communicate directly with facilities
- Went live October 21st, 2022

Since 10/21/22…



49,755 EMS calls

4424 Psych Pts

438 Peds Psych Pts

226 to ER's

193 to Pedi Psych

17 No-Haul's

1 Remained w/PD

…and 1 dog

186 qualified to go direct to psych*

ZERO 911 or ED BOUNCEBACKS !!!!

* Reasons for NOT going direct to psych

- No psych bed availability
- Facility didn't answer Pulsara
- Family didn't want THAT facility

Conclusion

How should we manage our increasing psychiatric call volume?

Answer: Alternative transport model

How can we help decompress the overcrowded ED's?

Answer: Alternative transport model

How do we get pediatric patients to definitive psychiatric care and avoid unnecessary ED visits and secondary EMS transports?

Answer: Alternative transport model

EMS CAN safely assess, screen, and transport pediatric patients with mental health crises directly to psychiatric facilities and avoid unnecessary ED visits and secondary EMS transports