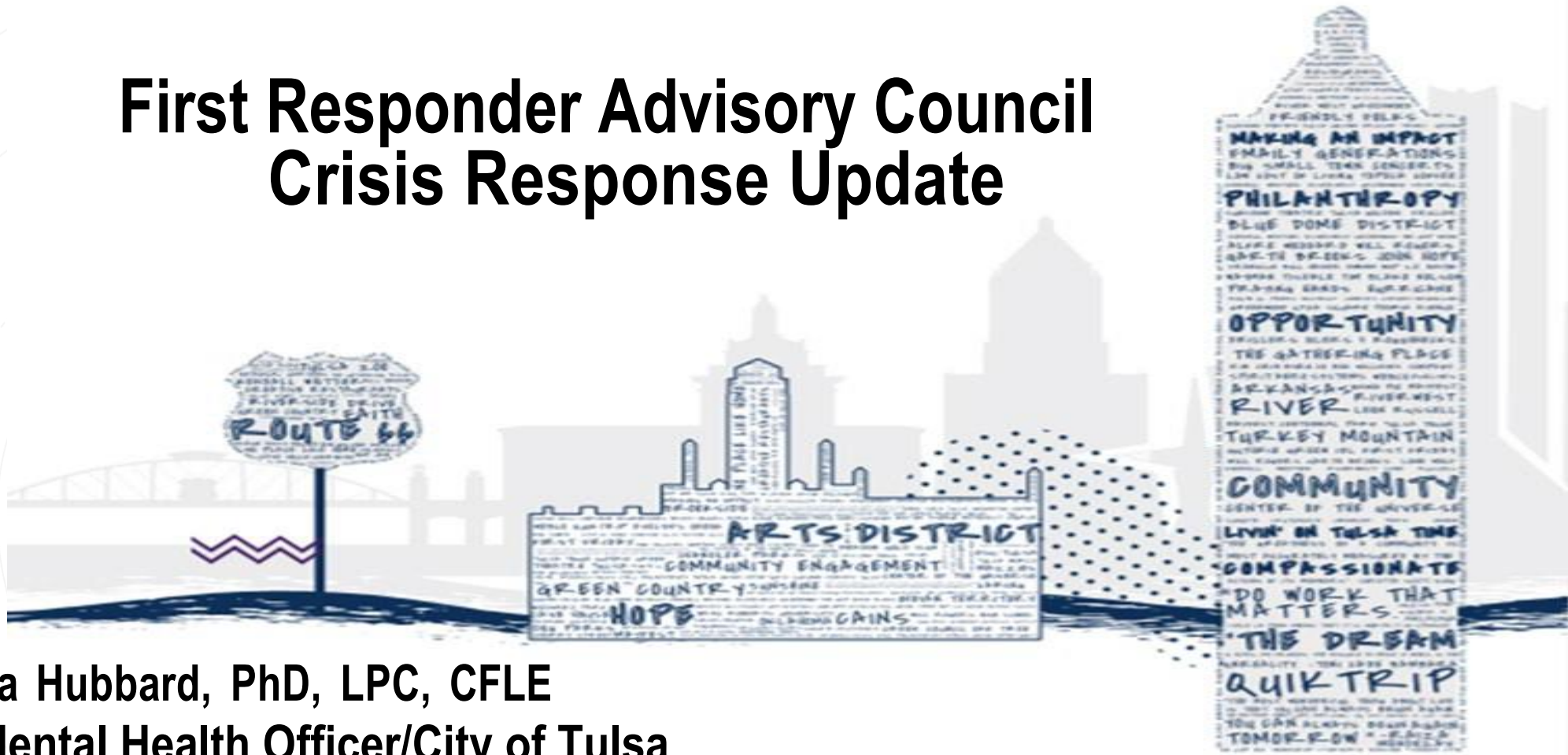


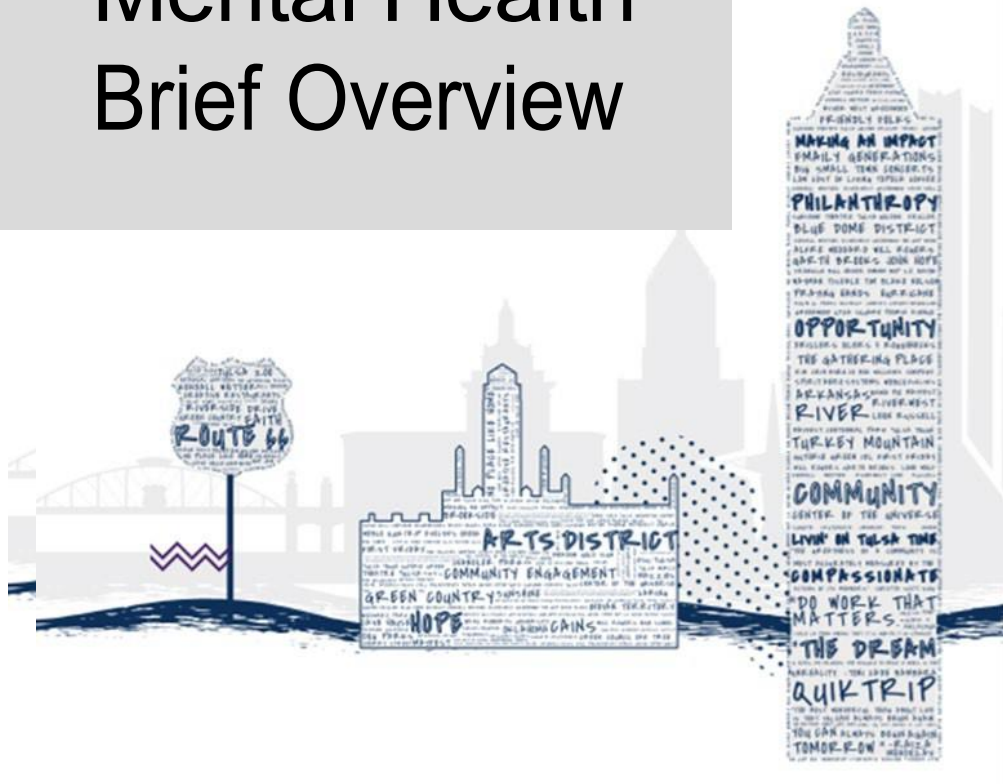
First Responder Advisory Council Crisis Response Update



Rebecca Hubbard, PhD, LPC, CFLE
Chief Mental Health Officer/City of Tulsa
Zack Stoycoff
Executive Director/Healthy Minds Policy Initiative

Mayor/Council 3H Taskforce
May 22nd, 2024

City of Tulsa Mental Health Brief Overview



- Information Gathering → MH Picture
- Children's Mental Health Initiative
- Community Engagement Genealogy Project
- 3H Path to Home Mental Health
- Tulsa Opioid Abatement Response
- Community Based Violence Intervention
- First Responders Advisory Council
- Advisor THD CHIP Stress and Mental Health
- Departmental Mental Health and Wellness
- Deputy Chief Resilience Officer

Healthy Minds: Who we are

Our mission

We work to end untreated mental illness and addiction in Oklahoma through policy and practice transformation.

Our vision

We believe all Oklahomans should have access to the behavioral health treatment and prevention services they need, when and where they need them.



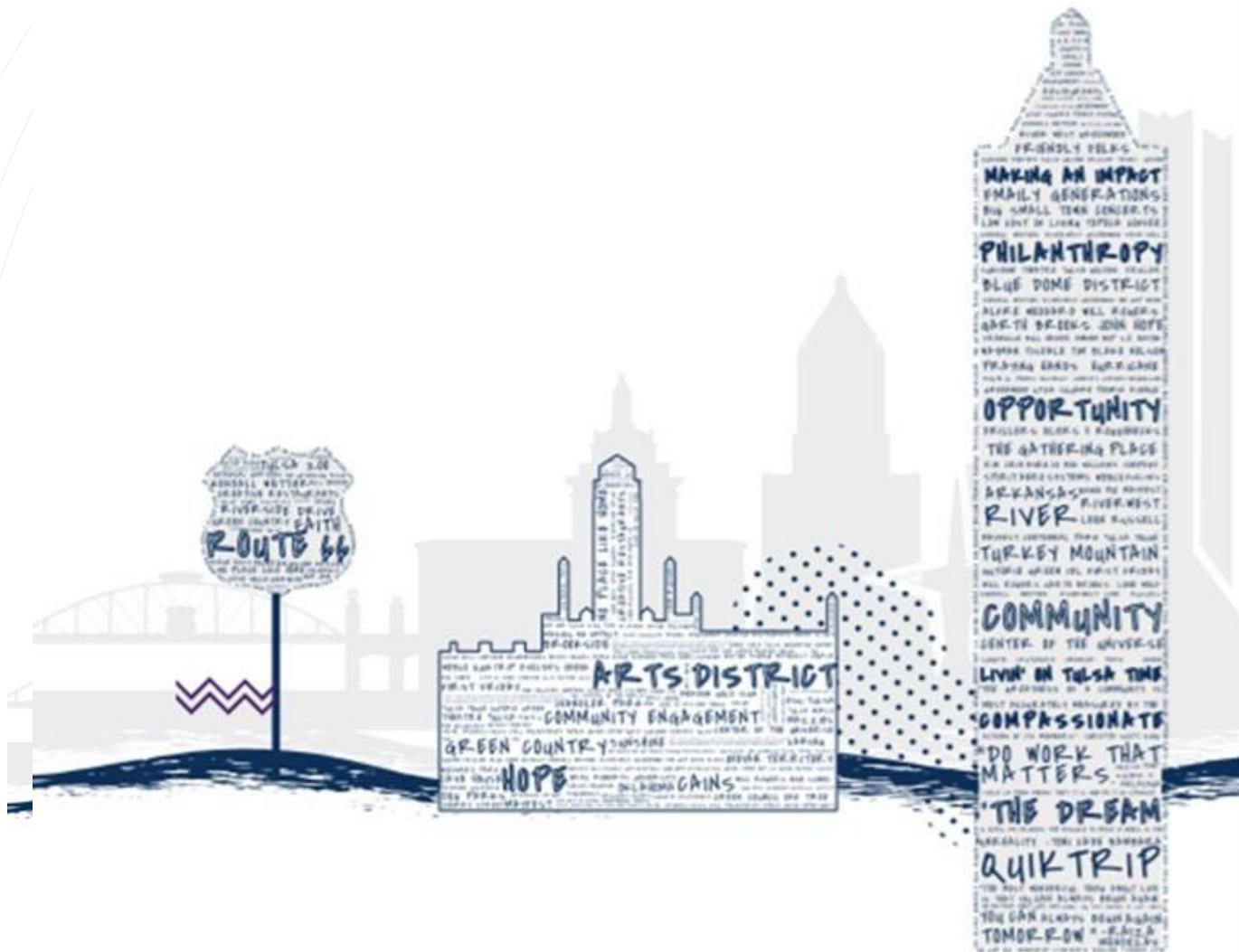
60+ pieces of original research
Illuminating gaps and opportunities in Oklahoma's behavioral health system



Policy guidance
Developing solutions to increase access to care for all Oklahomans



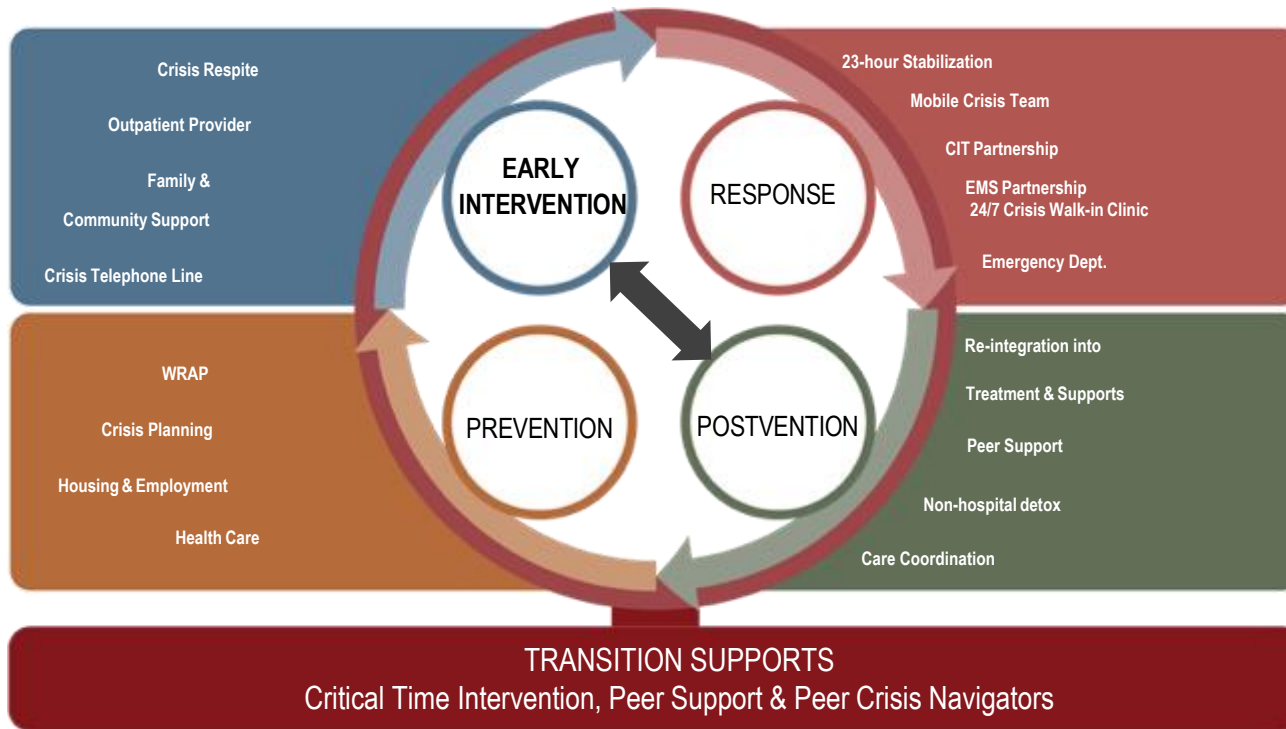
Collaborative partnerships
Coalitions of public- and private-sector leaders to elevate mental health policy and practices



First Responder Advisory Council (FRAC) Context and History

Systems Thinking

A crisis system is
more than a collection of services.



Adapted from: Richard McKeon (Chief, Suicide Prevention Branch, SAMHSA). Supercharge Crisis Services, National Council for Behavioral Health Annual Conference, 2015.

In a crisis **SYSTEM**,
the services
work together
to achieve
common goals.

The system is
more than the sum of its parts.



Roadmap Vision

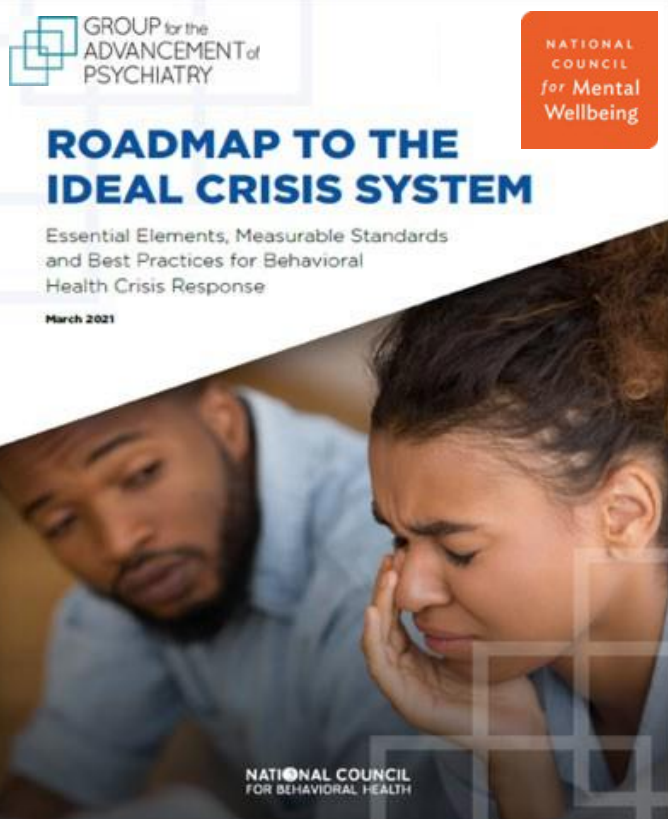
For 988 Suicide Hotline to Succeed, Communities Must Improve Crisis Services

By Kyle Coward | March 19, 2021

Share



In order to roll out a better job according to behavior. The 209-page Advanced recommendations leaders to behavior. The recommendations improve the before the which post Suicide Prevention. The short has been. [Hotline Design](#) in crisis to suicides. While should right direction the report nationwide. For the 988 stakeholder network those in p

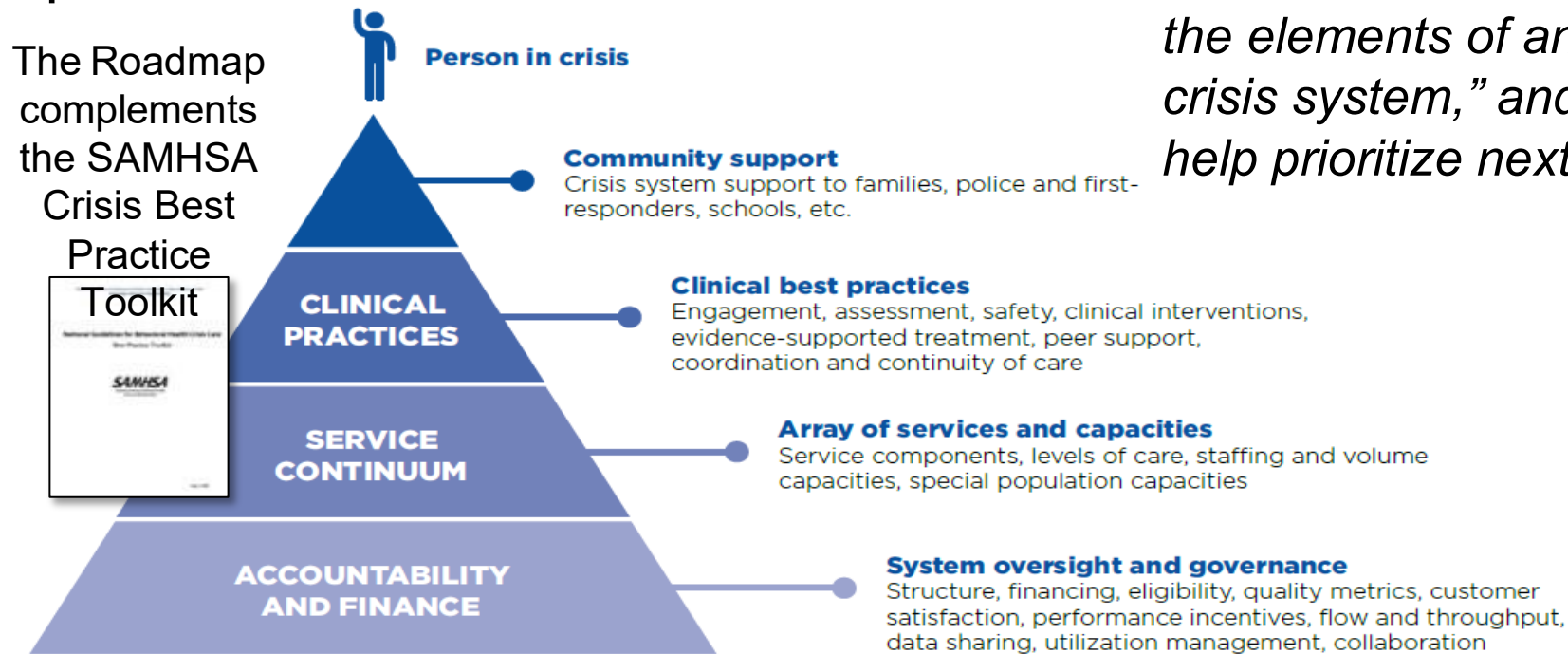


- **An excellent Behavioral Health Crisis System is an essential community service, just like police, fire, & EMS.**
- Every community should expect a highly effective crisis response system to meet the needs of its population.
- **A crisis system is more than a single crisis program.**
- It is an organized set of structures, processes, and services that are in place to meet all types of urgent and emergent BH crisis needs in a defined population or community, effectively and efficiently.

*The project of the National Council & Group for the Advancement of Psychiatry.
Download at www.CrisisRoadmap.com*

Roadmap to the Ideal Crisis System

The report describes how implementation of successful systems requires **3 interacting design elements**, along with measurable indicators for the components of each.

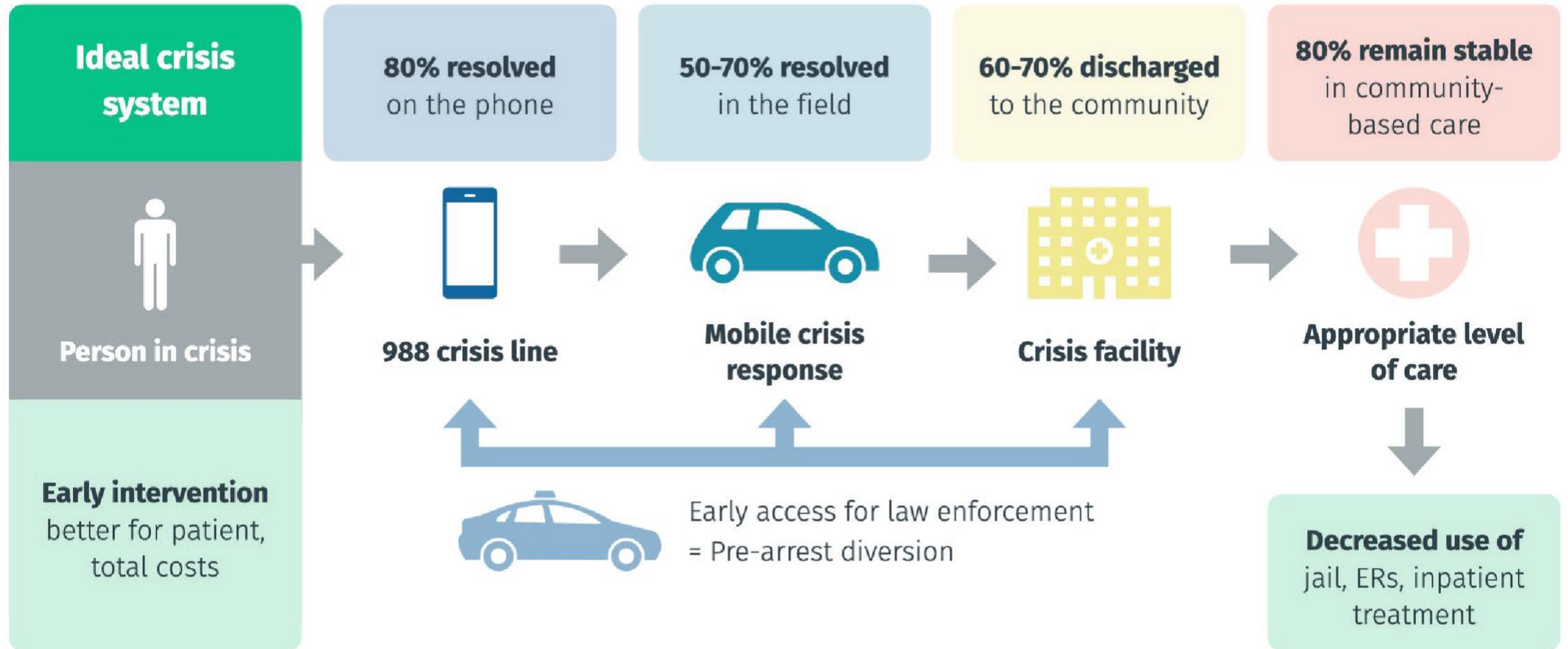


Implementation tools include the **Crisis System Report Card**

An instrument to assist communities to assess their current status on each of the elements of an “ideal crisis system,” and to help prioritize next steps.



Key priorities for Tulsa: Enhancing mental health crisis response



Benefits

- Mobile crisis teams have demonstrated cost savings to the community when compared to police-only intervention — one Georgia program resulted in a 23% lower average cost per case.
- Co-responder and non-police models of crisis response are associated with cost savings due to decreased use of police funds, justice system diversion, and provision of alternatives to emergency room visits and hospitalization.
- Crisis-specific facilities can assist in diversion from both the justice system and hospitalization. Investment in a crisis response facility has helped halve the percentage of inmates with serious mental illness and decreased the number of behavioral health ED visits in Pima County.

Preliminary review of crisis system

- Healthy Minds interviews with six core organizations involved in Tulsa mental health crisis response
- Interview aligned with best practices in crisis care
- Thematic analysis of interview responses
- Summarized key findings and developed system-level recommendations

Finding #1

Tulsa has a number of organizations providing one or more of the three foundational crisis system components: **someone to call, someone to respond, and a safe place to go.**

Recommendation

Establish a streamlined governance teaming structure to include:

- A leadership group and subordinate staff working group(s)
- Dedicated staff coordinator
- Effective information sharing
- **Commitment to shared guiding principles**

Finding #2

While some crisis components work together, the parts lack coordination as a high-functioning system.

Recommendation

Develop consensus for collective impact with:

- A shared crisis system protocol (ex: coordination of call transfers, transitions of care; assessment of safety risk, degree of public safety risk, significance of behavioral health condition)
- Interagency agreements
- Useful internal and external accountability measures
- High fidelity implementation and quality improvement processes

Finding #3

The crisis response process for children and youth is less understood and requires additional development and coordination.

Recommendation

Develop a best-practice crisis response system explicitly for children and youth that is coordinated within the overall Tulsa crisis response governance framework.

Finding #4

Public safety partners would benefit from increased understanding of post-acute services for adults, children and youth (those currently available & under development as well as barriers).

Recommendation

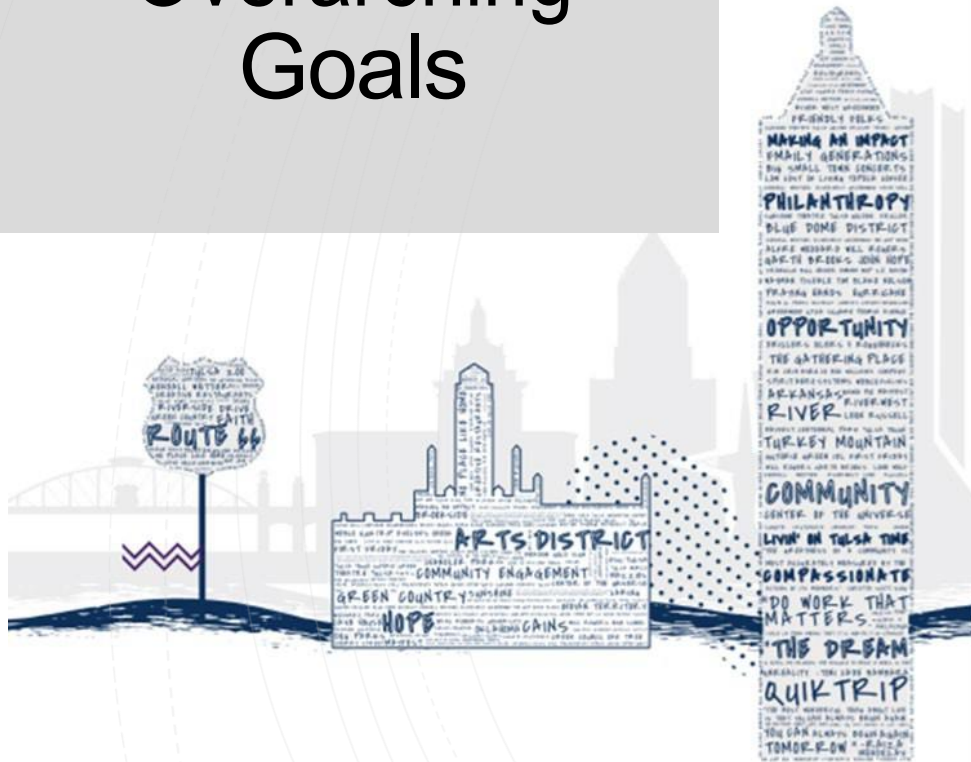
Utilize governance teams to maximize family supports, follow-up services, intensive services and alternatives to inpatient care to prevent recurring crisis and address complex needs of people who have insufficient social supports to maintain stability in the community.

First Responder Advisory Council background

- The First Responder Advisory Council (FRAC) started at the beginning of 2020 to increase collaboration between first responders, hospital systems, mental health facilities, the City, and the philanthropic community.
- Partners identified data collection, high utilizers, and a disjointed system as areas of focus.
- Information sharing was an additional priority — programs shared data and presented to members of the council in exchange for problem-solving guidance.

FRAC Overarching Goals

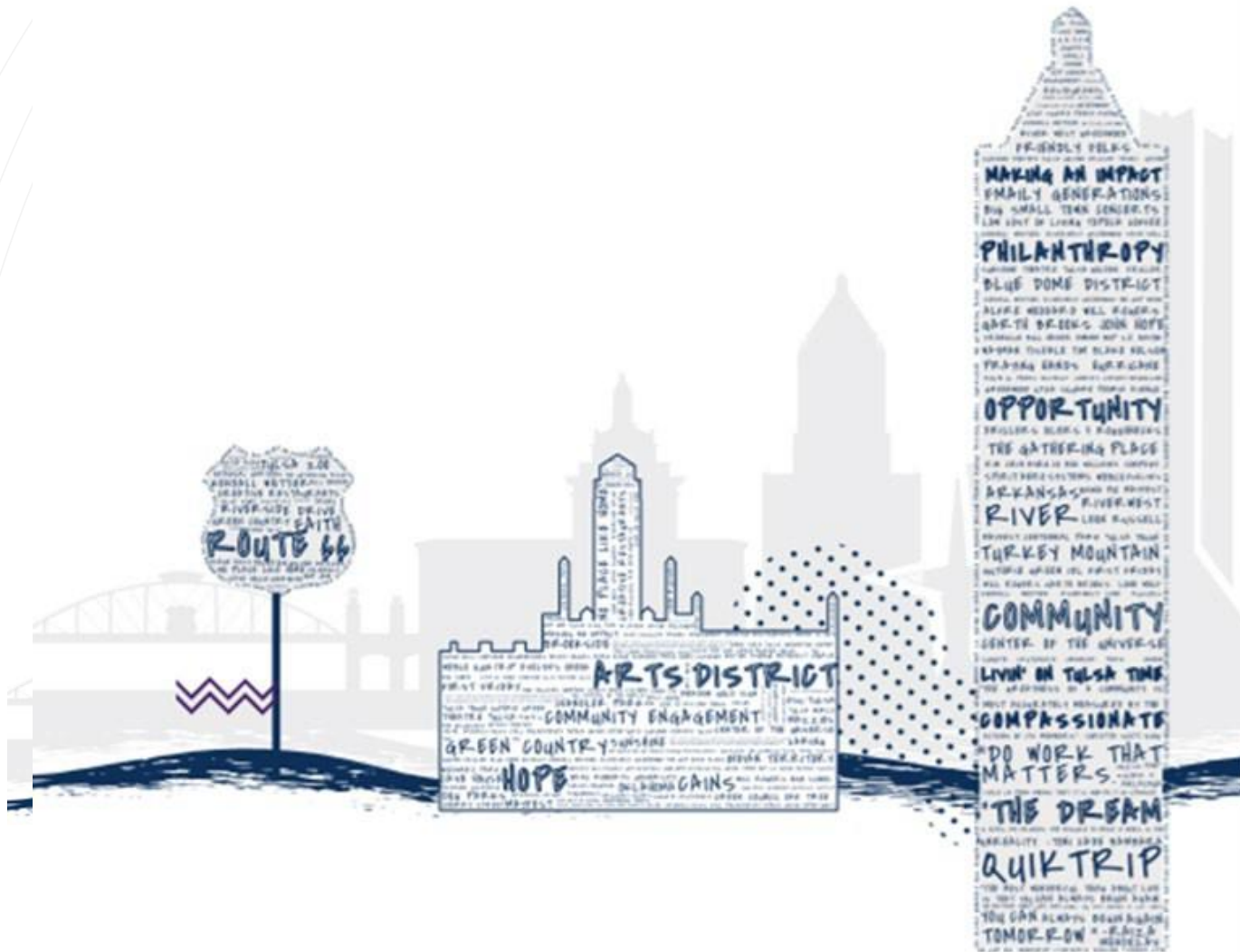
- **Coordinate** programs, practices and protocols into a single, community-wide crisis care system.
- **Address gaps** in Tulsa's crisis system, following best practices.
- **Build a governance framework** for high-fidelity implementation, oversight and continuous quality improvement.



FRAC Retreat Goals

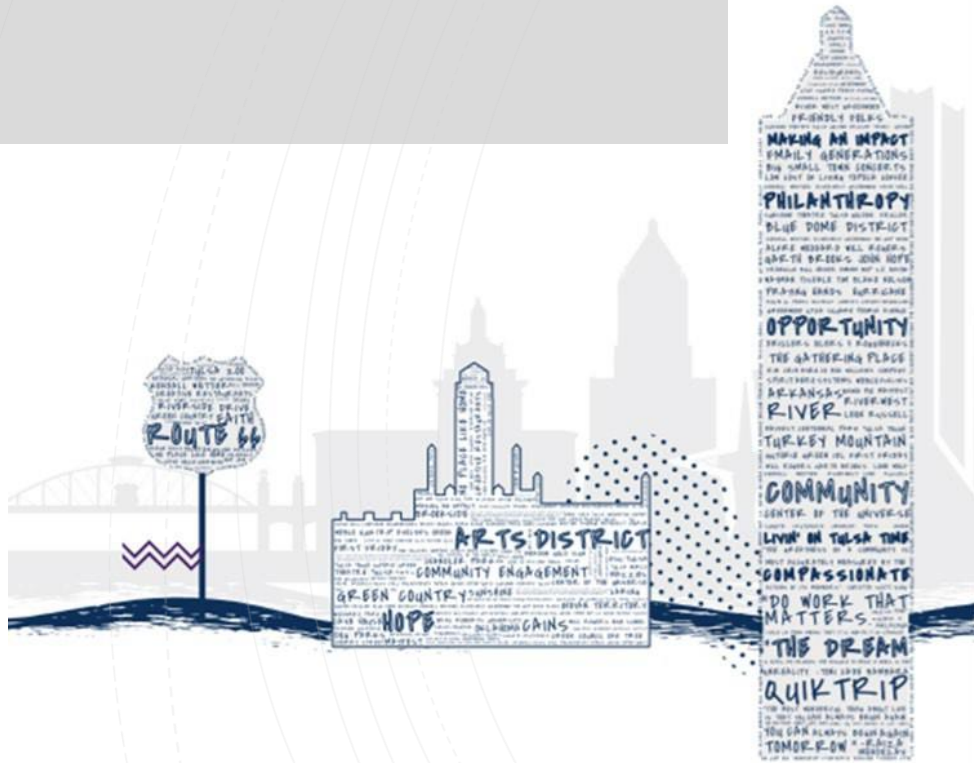


- Understand **current state and possible assessment considerations** for Tulsa crisis response system.
- Determine **triage levels and plan for protocol development** in the Tulsa crisis response system.
- Collaborative envisioning of the **future state crisis response** map for Tulsa crisis response system.



First Responder Triage Levels and Protocol Planning

L.A. County Triage



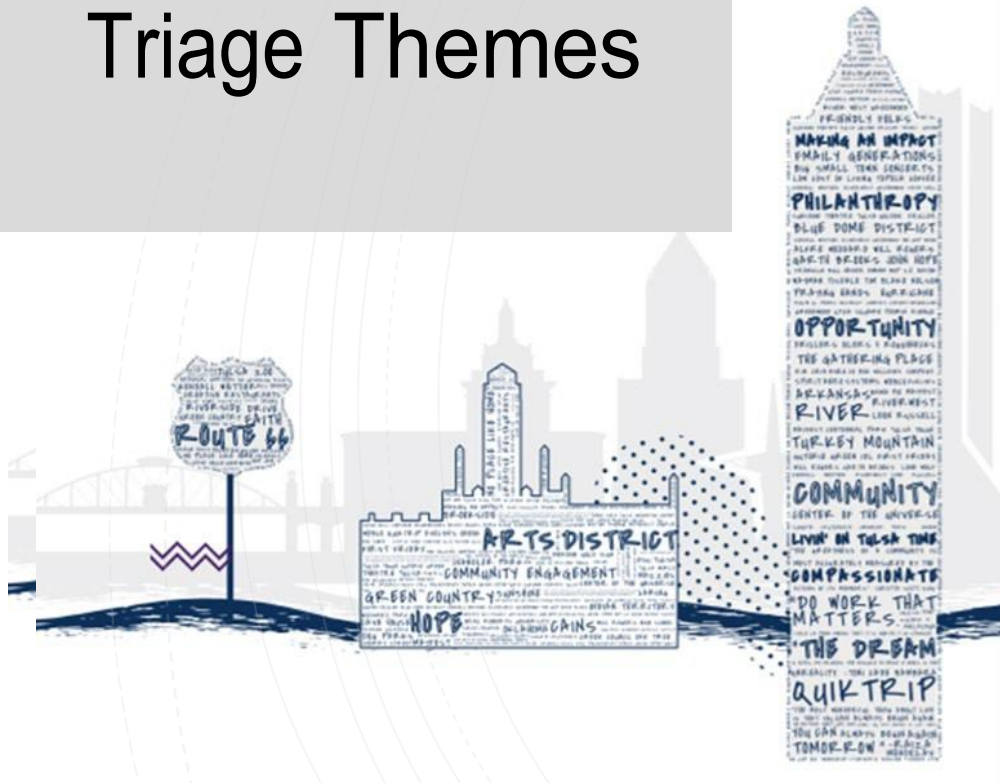
COUNTY OF LOS ANGELES · BEHAVIORAL HEALTH CRISIS TRIAGE	
PEER INVOLVEMENT IN TRAINING	<p>HIGHER RISK</p> <p>4</p> <p>IMMEDIATE THREAT TO PUBLIC SAFETY • CRIME</p> <p>ANYONE IN IMMEDIATE DANGER BESIDES LONE SUICIDAL SUBJECT SUBJECT THREATENING OTHERS' PERSONAL SAFETY/PROPERTY OBSERVED WITH OR KNOWN ACCESS TO DANGEROUS WEAPON REPORTED CRIME REQUIRES SOME LEVEL OF INVESTIGATION</p> <p>PATROL (B&W) UNIT(S) DISPATCHED OR ON SCENE SMART / MET CO-RESPONSE TEAM [DISPATCH VIA TRIAGE DESK] [FUTURE 988 LINKAGE TO 911 SYSTEM FOR TRANSFER IF NEEDED]</p>
	<p>MODERATE RISK</p> <p>3</p> <p>CALLER NEEDS HELP IN PERSON</p> <p>PUBLIC NOT IN IMMEDIATE DANGER FIELD RESPONSE IS NECESSARY MAY BE DANGER TO SELF, OTHERS, GRAVELY DISABLED DMH ACCESS CALL CENTER—DISPATCHES NON-LE TEAM [FUTURE LINKAGE TO 988 & 911 SYSTEM FOR TRANSFER IF NEEDED]</p> <p>FIELD RESPONSE BY DMH PSYCHIATRIC MOBILE RESPONSE TEAM (PMRT) OR DMH VAN OR OTHER PSYCH EVALUATION TEAM (PET)</p>
DIRECT PEER INVOLVEMENT (INDIVIDUALS WITH LIVED EXPERIENCE)	<p>IMMEDIATE REMOTE</p> <p>2</p> <p>CALLER NEEDS HELP VIA CALL / TEXT / CHAT</p> <p>IN CRISIS NOW • CAN / WILL ACCEPT IMMEDIATE <u>REMOTE</u> HELP INCLUDES SUICIDAL SUBJECT THAT'S NOT AN IMMEDIATE THREAT TO OTHERS "LIVE TRANSFER" TO DIDI HIRSCH SUICIDE PREVENTION CENTER [FUTURE 988 WITH LINKAGE TO 911 FOR TRANSFER IF NEEDED]</p> <p>NO FIELD RESPONSE UNLESS CALL ASSESSMENT LEVEL CHANGES CALLER MAY REMAIN ENGAGED FOR HELP DURING LEVEL 3+ FIELD RESPONSE</p>
	<p>NO CRISIS / RESOLVED</p> <p>1</p> <p>CALLER NEEDS SUPPORT/SERVICES • NOT IMMEDIATE RISK</p> <p>SUBJECT OR CARE TAKER NEEDS SUPPORTIVE SERVICES "LIVE TRANSFER" TO DMH ACCESS CALL CENTER—PRIORITY LINE MAY TRIGGER PEER ACCESS NETWORK REFERRAL TO MAKE CONTACT MAY RESULT IN APPOINTMENT FOR A TREATMENT PROVIDER</p> <p>MAY REQUEST PEER-RESPONSE ORG TO ASSIST INCLUDING "NAVIGATOR" ROLE</p>
	<p>CALLS AND RESPONSE CAN BE FLUID AND OVERLAP</p>

M

MEDICAL AID • EMS / FIRE DEPT

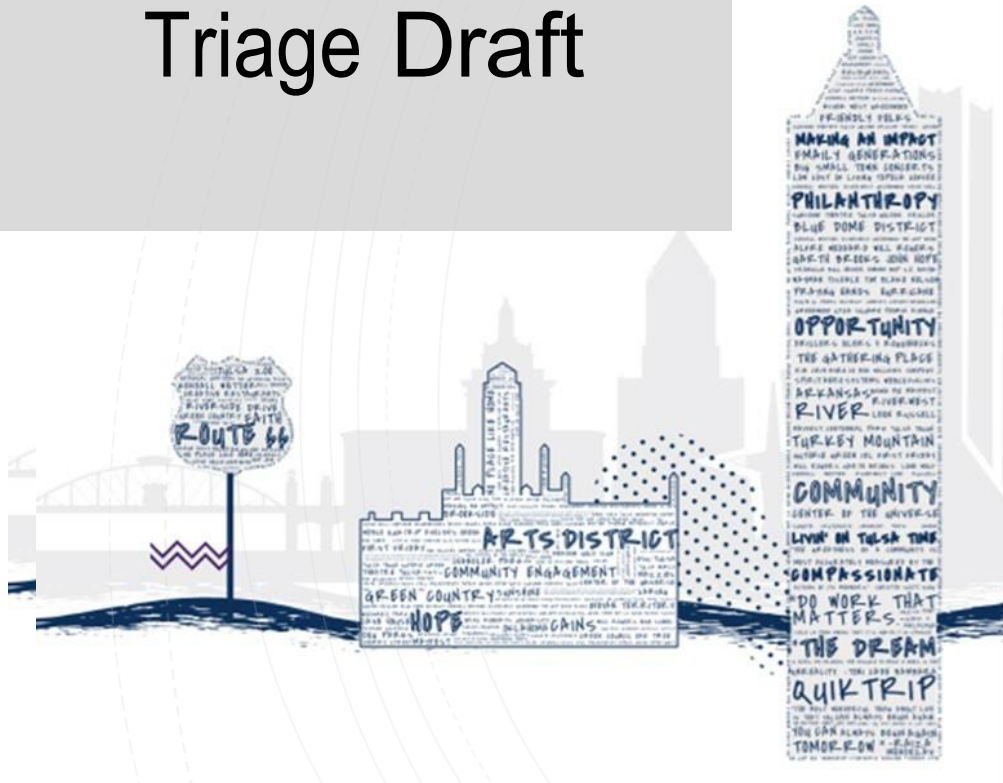
ANYONE NEED MEDICAL ATTENTION? INJURY?
 ALSO FOR INTEGRATED MEDICAL INTERVENTION PLAN

FRAC Retreat Triage Themes



- **Call-based triage** - prior or concurrent with community response
- **Screening/assessment protocol** - clear screening process
- **Internal response** - database and accessible scheduling via behavioral health providers
- **External response** - roaming mental health response teams to respond to nearest call
- **Assessment** - call flow, response time, quality improvement capacities
- **Specific needs** - assess specific needs, such as substance use involvement in call/situation

FRAC Retreat Triage Draft

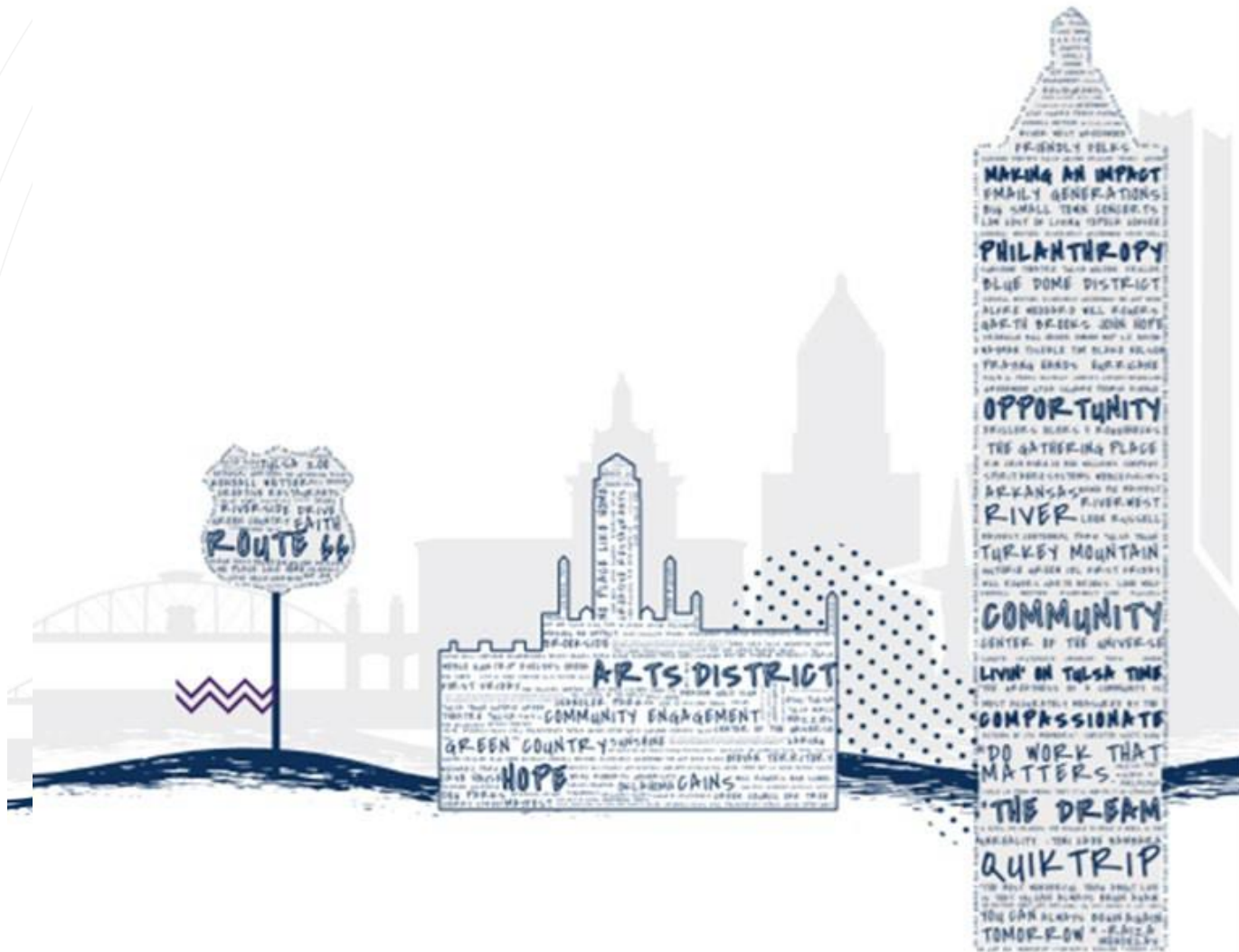


City of Tulsa Behavioral Health Crisis Triage – Draft (5/22/2024)		
Higher Risk	Immediate Threat to Public Safety/Crime	Medical Aid – EMS/Fire Department
4	<p>Caller is in current crisis and is in immediate danger to self and/or others.</p> <ul style="list-style-type: none"> joint response with embedded clinician to send appropriate community-based crisis response model repeat caller data history available in real time roaming GPS guided response TPD is needed screen for SUD and send OAR as needed collaborative scheduling 	
Moderate Risk	Caller Needs Help in Person	
3	<p>Caller is in current crisis, may be danger to self, significant symptoms, no immediate risk to others.</p> <ul style="list-style-type: none"> joint response with embedded clinician to send appropriate community-based crisis response model screen for SUD and send OAR as needed repeat caller data history available in real time roaming GPS guided response dispatch/mental health determines if TPD is needed collaborative scheduling 	
Immediate Remote	Caller Needs Help Via Call/Text/Chat	
2	<p>Caller is in current crisis and needs immediate support, no immediate risk to others.</p> <ul style="list-style-type: none"> refer to embedded clinician to connect to appropriate community-based support response with immediate remote assistance screen for SUD and send OAR as needed repeat caller data history available in real time no TPD response collaborative scheduling 	
No Crisis/Resolved	Caller Needs Support/Services – Not Immediate Risk	
1	<p>Caller needs mental health supportive services.</p> <ul style="list-style-type: none"> refer to embedded clinician for warm hand off to community based mental health service(s) transfer and supportive listening options potential peer support and navigation follow up 	

FRAC Retreat Action Steps: Triage Processes



- **Create call-based triage protocol** across all 4 levels.
- **Create/select screening and assessment protocol** to determine internal and external response.
- **Identify internal response protocol** and technology support across all 4 levels.
- **Identify assessment protocol** for regular quality improvement.



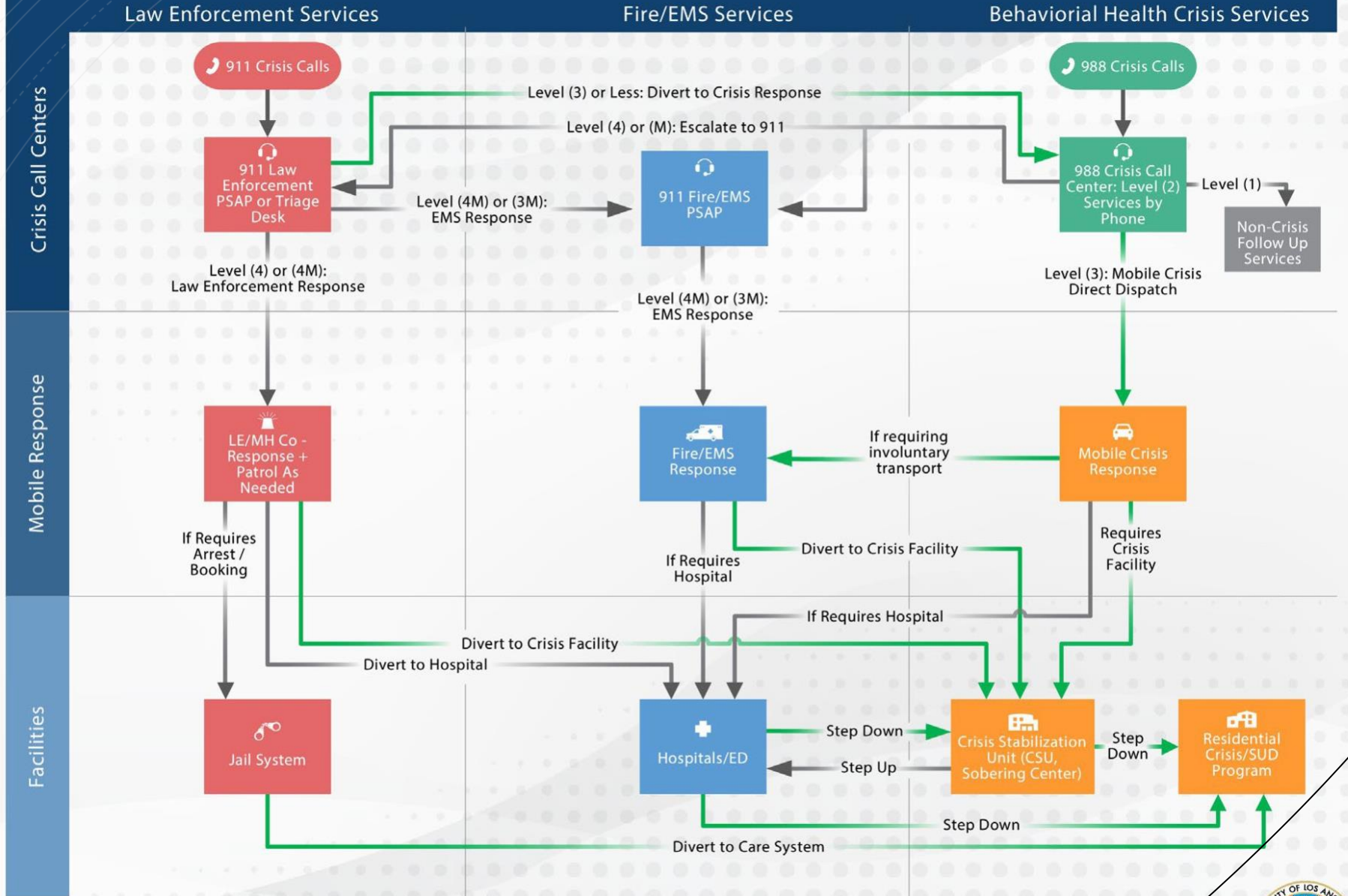
First Responder Crisis Response Map Planning

L.A. County Response Map



LA County Crisis Response System - Future State

➔ Preferred Diversion Pathway for Crises



ED = Emergency Department
NSPL = National Suicide Prevention Lifeline

EMS = Emergency Medical Services
PSAP = Public Safety Answering Point (911 Call Center)

MH = Mental Health
CSU = Crisis Stabilization Unit



Tulsa Adult Crisis System – Current State (1/31/24)

Longstanding coordination

Limited coordination

TPD

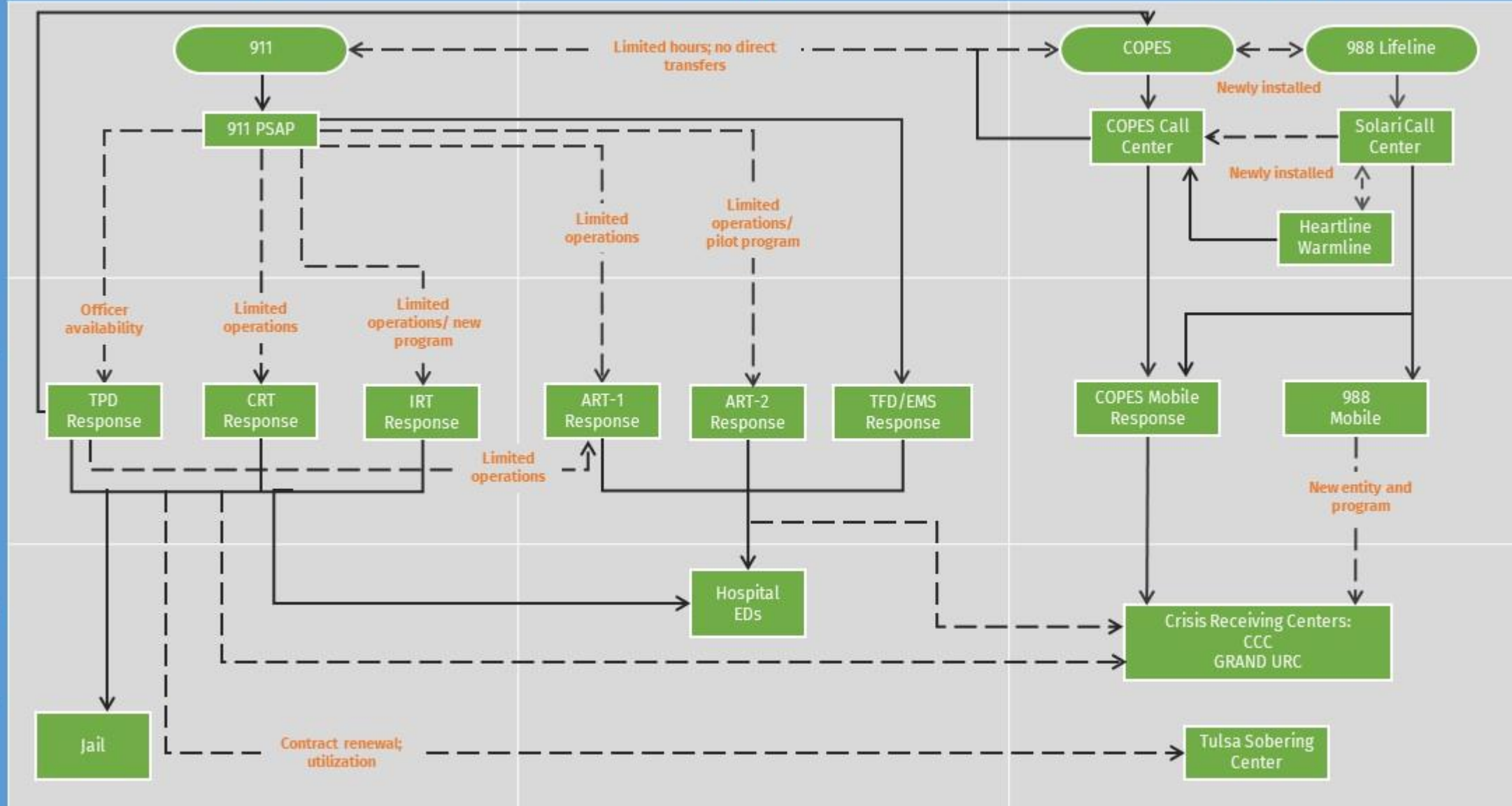
TFD

Behavioral Health

Someone to call

Someone to respond

Someplace to go



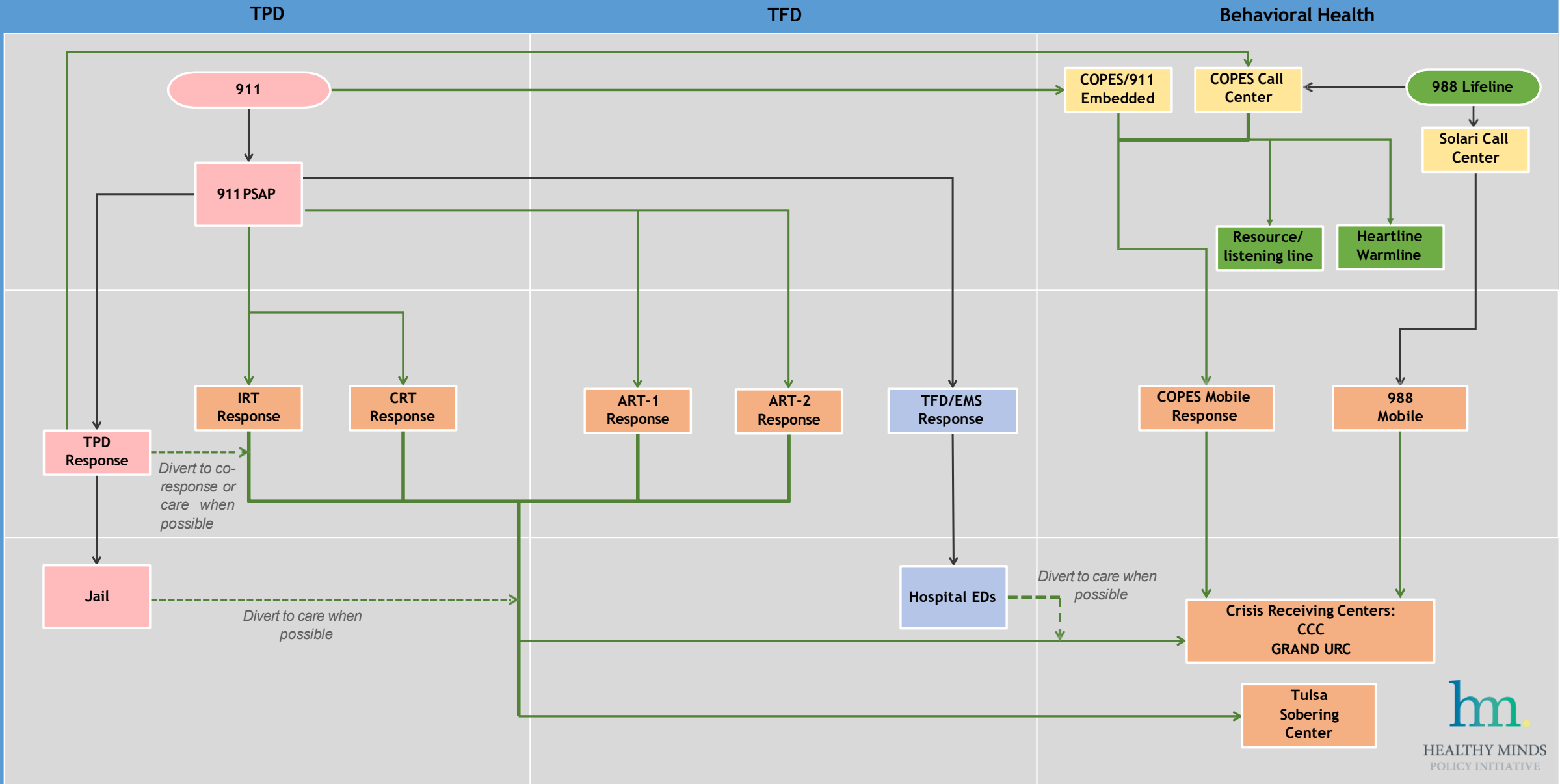
ART = Alternative Response Team; CBI = Community Bridges Inc.; CCC = CrisisCare Center; CIT = TPD CIT officer; CRT = Community Response Team; ED = Emergency Dept; IRT = Integrated Response Team; PSAP = Public Safety Answering Point; TFD = Tulsa Fire Dept.; TPD = Tulsa Police Dept.; URC = Urgent Recovery Center



Someone to call

Someone to respond

Someplace to go



ART = Alternative Response Team; CBI = Community Bridges Inc.; CCC = CrisisCare Center; CIT = TPD CIT officer; CRT = Community Response Team; ED = Emergency Dept; IRT = Integrated Response Team; PSAP = Public Safety Answering Point; TFD = Tulsa Fire Dept.; TPD = Tulsa Police Dept.; URC = Urgent Recovery Center

FRAC Retreat Action Steps: Response Map



- **Identify external response protocol** and technology support across all 4 levels.
- **Identify intersection of internal and external response protocol** and any needed clarifications.
- **Identify specific caller needs** and create specialized internal and external response protocol (e.g., SUD).

THANK YOU!

Rebecca Hubbard, PhD, LPC, CFLE
Chief Mental Health Officer/ City of Tulsa

rhubbard@cityoftulsa.org

Zack Stoycoff

Executive Director/ Healthy Minds Policy Initiative

zstoycoff@healthymindspolicy.org

