



Deschutes County Health Services

Community Based Crisis Response Program



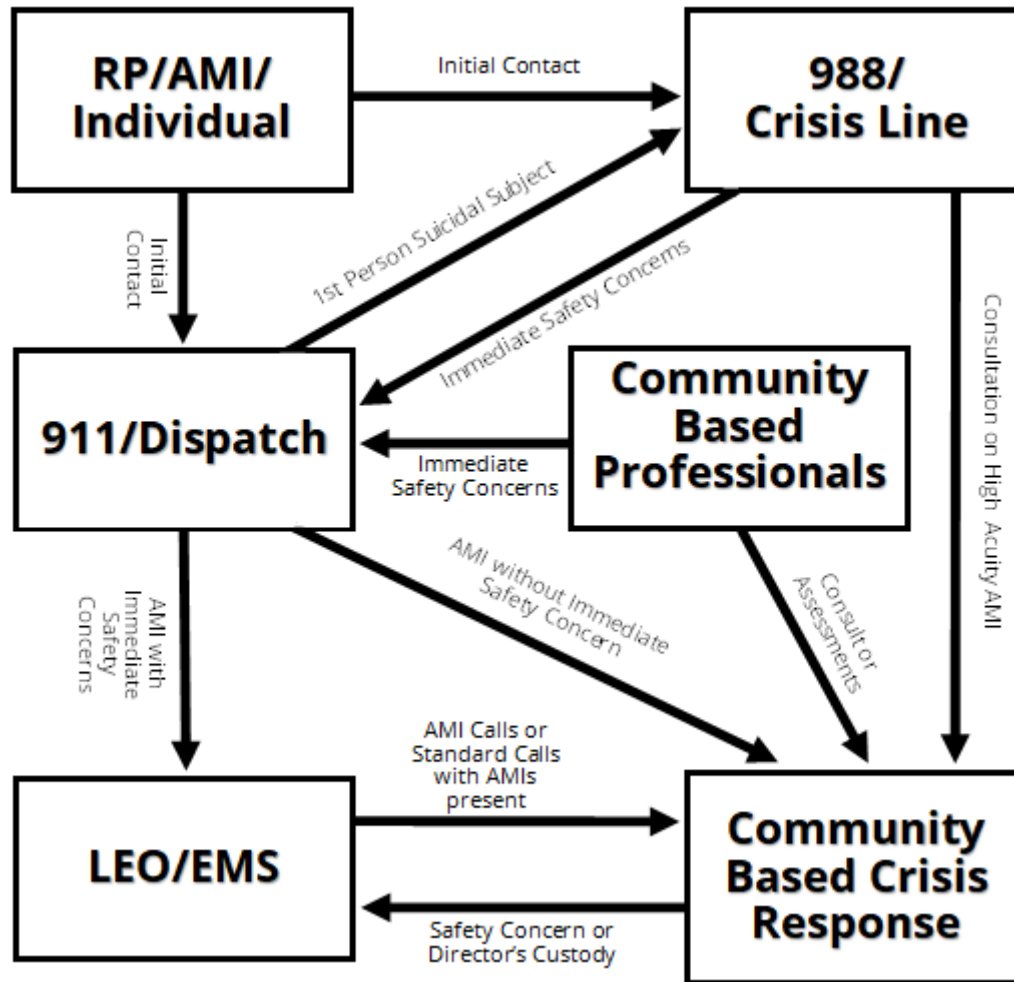
Acknowledgements



CITY OF BEND



Deschutes County Crisis System



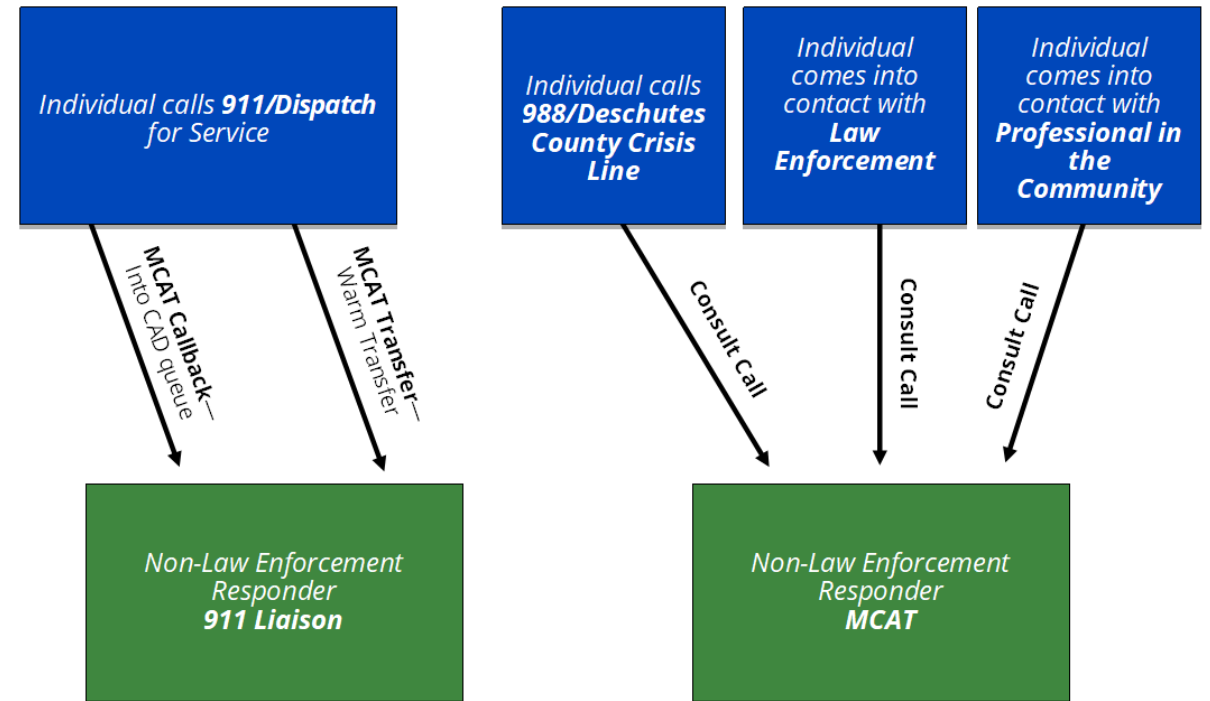
- This chart represents the flow of crisis referrals between **911/Dispatch, 988/Crisis Line, Law Enforcement/EMS, Community Based Professionals, and Community Based Crisis Response**
- Starting in the upper left with the Reporting Person (RP), Allegedly Mentally Ill Person (AMI), or Individual, this chart goes through the various possible options of crisis engagement



Community Based Crisis Response

Referrals and Call for Service

- Referrals to Community Based Crisis Response will come from four distinct sources:
 - 911/Dispatch
 - 988/Crisis Line
 - Law Enforcement
 - Fire/EMS
 - Community Based Professionals

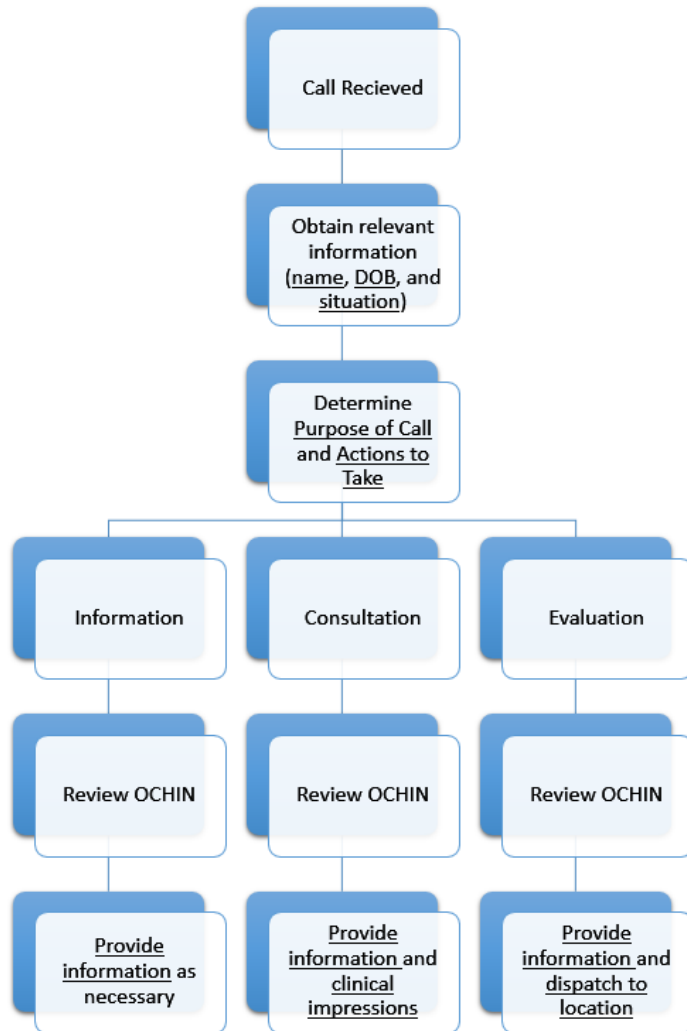


Calls from 911 to Community Based Crisis Response

- Calls received from 911/Dispatch must meet the following criteria to qualify for initial community based crisis response triage and screening:
 - The individual must be experiencing or reporting someone experiencing a **mental health crisis** (or other kind of crisis)
 - The individual is not currently **attempting to hurt or kill** themselves or someone else
 - Individual is not currently in **possession of a weapon** and does not have immediate access to a weapon
 - Individual is not **acting violent or threatening violence** towards others
 - Individual has not **allegedly committed any known crimes**
 - Concerns are active/current and not historical
 - Individual does not have any **current medical needs** requiring immediate medical attention
 - Individual is not creating a situation or engaging in behavior that would require an immediate response to **prevent any harm to people or damage property**



Calls from Community Based Professionals to MCAT

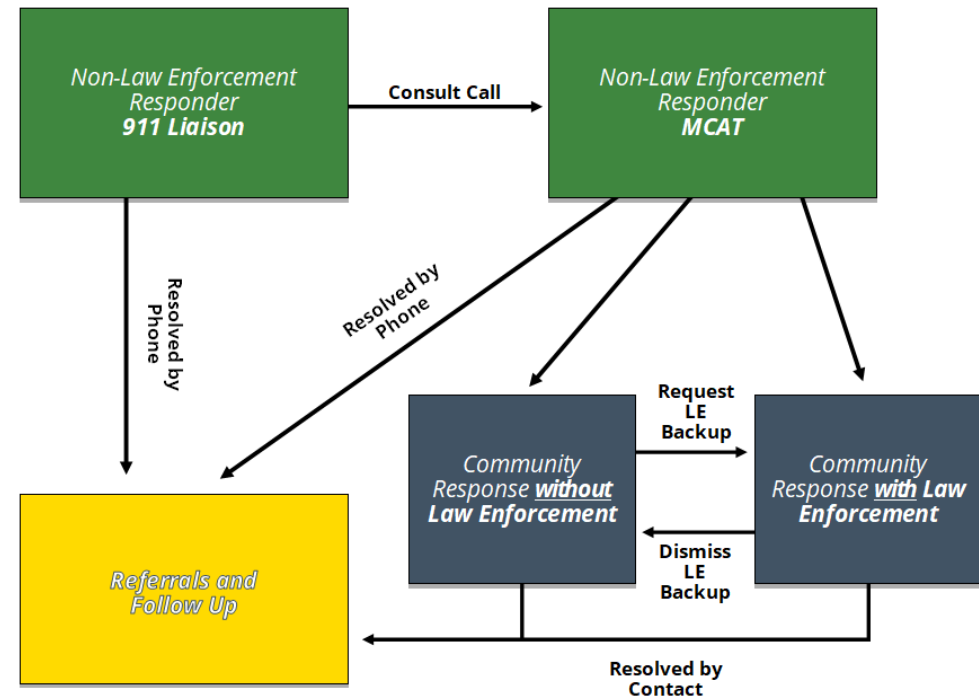


- MCAT will remain available to professionals in the community as a consultation and advice line
- Calls received from Law Enforcement, EMS, and other community based professionals are triaged and answered through MCAT
- MCAT can determine if a call requires a face to face evaluation and dispatch to the scene as a part of the non-law enforcement response program
- Community based evaluations will still require a welfare check
 - If the client is with a DCBH staff, at a DCBH building, or other controlled environment, calls can be directed toward MCAT



Responding to Calls for Service

- Once a request for service has been received, community based crisis response has three separate options to resolve the call for service:
 - Resolve the request for service by phone
 - Resolve the request for service by face to face contact in the community without law enforcement
 - Resolve the request for service by face to face contact in the community with law enforcement



Resolving Requests for Service by Face to Face Contact Without LE



- Determinations to complete face to face evaluations **without** law enforcement are based on the judgement of the community based crisis responder and the following criteria:
 - The individual **IS** experiencing a mental health crisis (could also be due to substance use).
 - The individual is **not currently** in possession of a weapon, and has no immediate access to a weapon.
 - The individual is **not actively** aggressive or assaultive
 - Note: Individual may still represent a potential threat or hazard but does not present a substantial risk of significant property damage and/or threat of injury or loss of life
 - The reporting party **is not** alleging that the individual has committed a criminal act that should be investigated by law enforcement
 - The individual **is not** creating a situation or engage in in behavior that would require an immediate response to address any public safety issues, for instance, any property damage, criminal behavior, or harm to themselves or others.





Follow Up and Community Crisis Response Procedure

- After initial contact, the crisis team will attempt to follow up with the individual and families based on the individual's relative risk based requirements set out in OAR 309-072-0150(9)
 - Note: categorizing risk is based on a number of factors including clinical discretion and can include (but is not limited to) suicidal ideation, homicidal ideation, poor impulse control, poor reality testing, inability to care, and other factors.
- Risk factors and follow up ranges
 - *High Risk* – Thoughts and plan for self-harm (or harm to others) or a recent suicide attempt but does not meet criteria for a director's custody. Follow up and outreach attempts should occur **within 24 hours after initial contact**
 - *Moderate-High Risk* – Thoughts of self-harm (or harm to others), no clear plan but has had recent psychiatric hospitalization or crisis care. Follow up and outreach attempts should occur **within 48 hours after initial contact**
 - *Moderate Risk* – Individuals who received other follow up services and/or need continued support. Follow up and outreach attempts should occur **within one week after initial contact**





MRSS (Mobile Response and Stabilization Services)

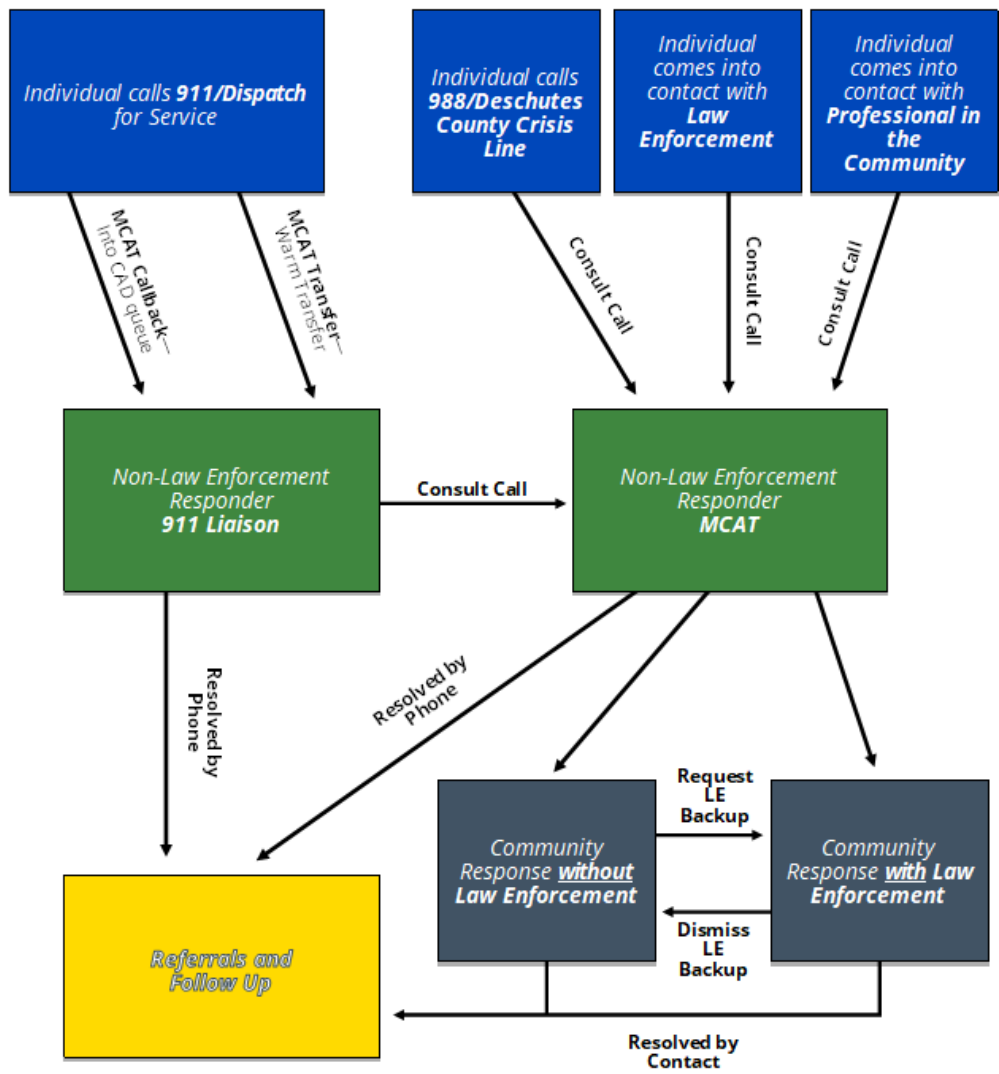
Youth and family living in Deschutes County.

Youth is age 18 or younger.

Program objective is to keep youth out of Emergency Department by providing intensive in-home services.



Referrals and Response to Calls for Service



- Referrals to Community Based Crisis Response will come to our community based crisis services (MCAT and non-law enforcement crisis response)
- Once a request for service has been received, community based crisis services can respond in a variety of ways
- Once response has been completed, referrals and follow up will be completed



Safety in the Field

Safety and Community Crisis Work

- Maintaining staff safety in the field is one of the highest priorities.
- Crisis staff should avoid physical confrontation whenever possible, leave potentially dangerous situations to ensure safety, and wait for law enforcement to arrive on scene.
- Should a situation become immediately dangerous, and crisis staff be unable to safely leave the scene, crisis staff will attempt to call for law enforcement support as soon as possible and can take steps to protect themselves and their partners.

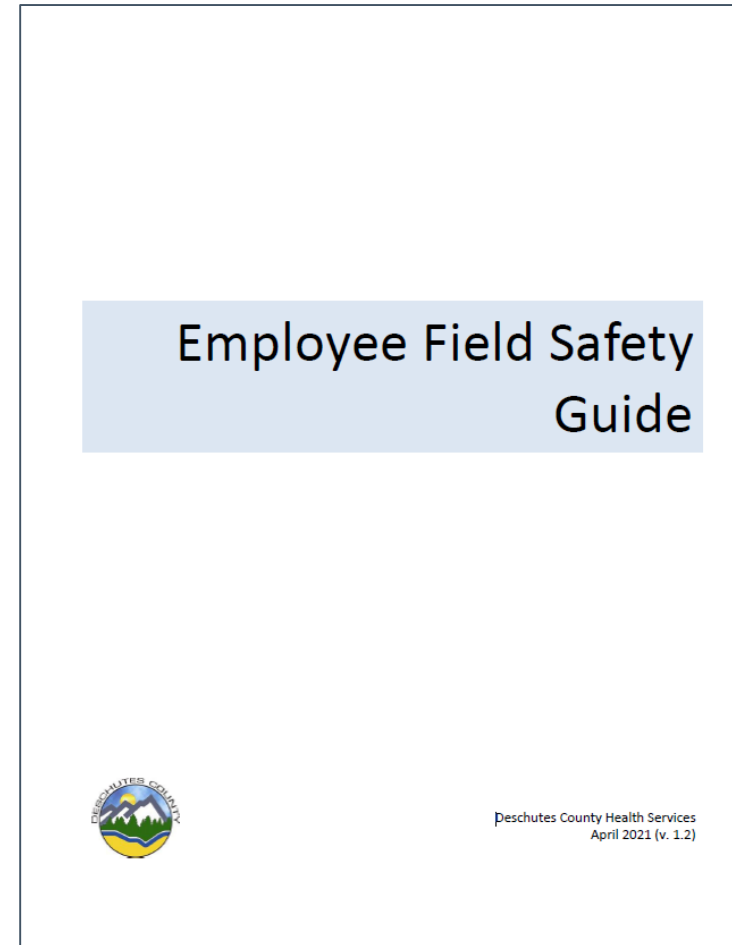


Safety Training

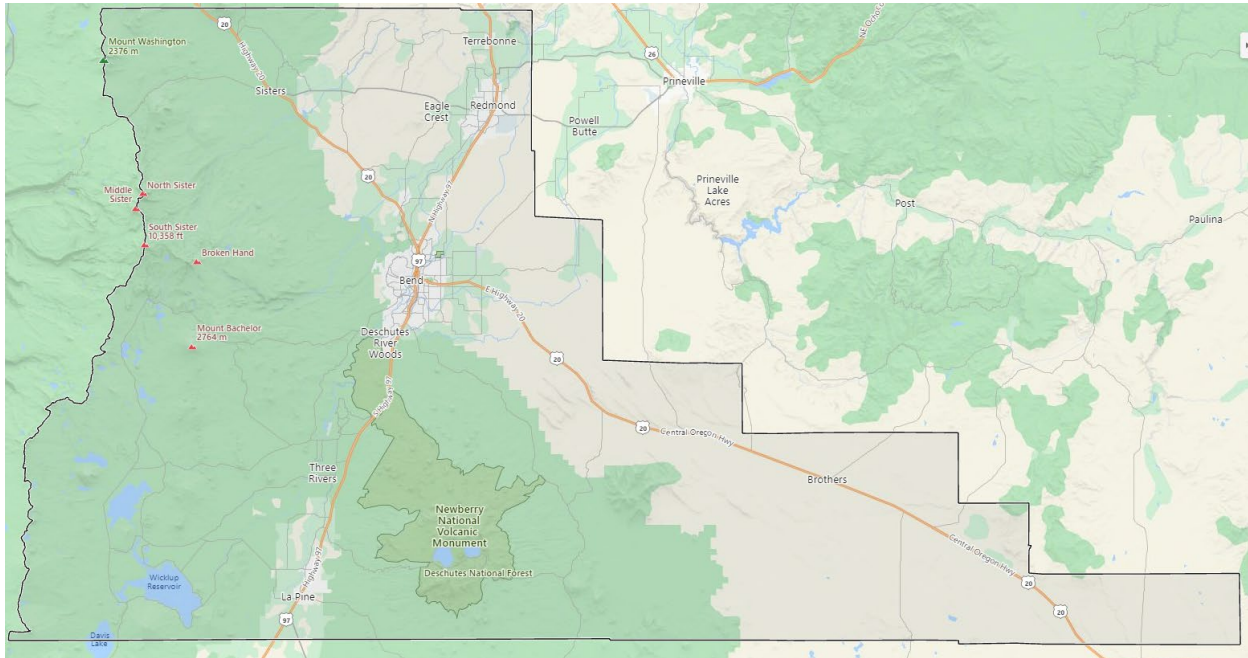
Crisis staff will be receive additional training on the following topics:

- Situational awareness
- Non-violent intervention and de-escalation
- 911/Dispatch Radio Training
- CPR/First Aid Training
- Policies and procedures which address early identification of potential threats, disengagement from unsafe situation, screening and response to potential health concerns, and other procedures.
- Naloxone administration
- Computerized Automated Dispatch (CAD) training
- Scenario training and walkthroughs
- And More

Staff will operate in accordance with the Deschutes County Health Services *Employee Field Safety Guide*



Transporting Individuals in Crisis



- Community based crisis Responders will periodically transport clients
 - Community based crisis responders will conduct a safety screening prior to transport
 - This includes separating the individual from large belongings and asking them to turn out pockets to ensure no weapons or illicit substances are present



Training and Operations



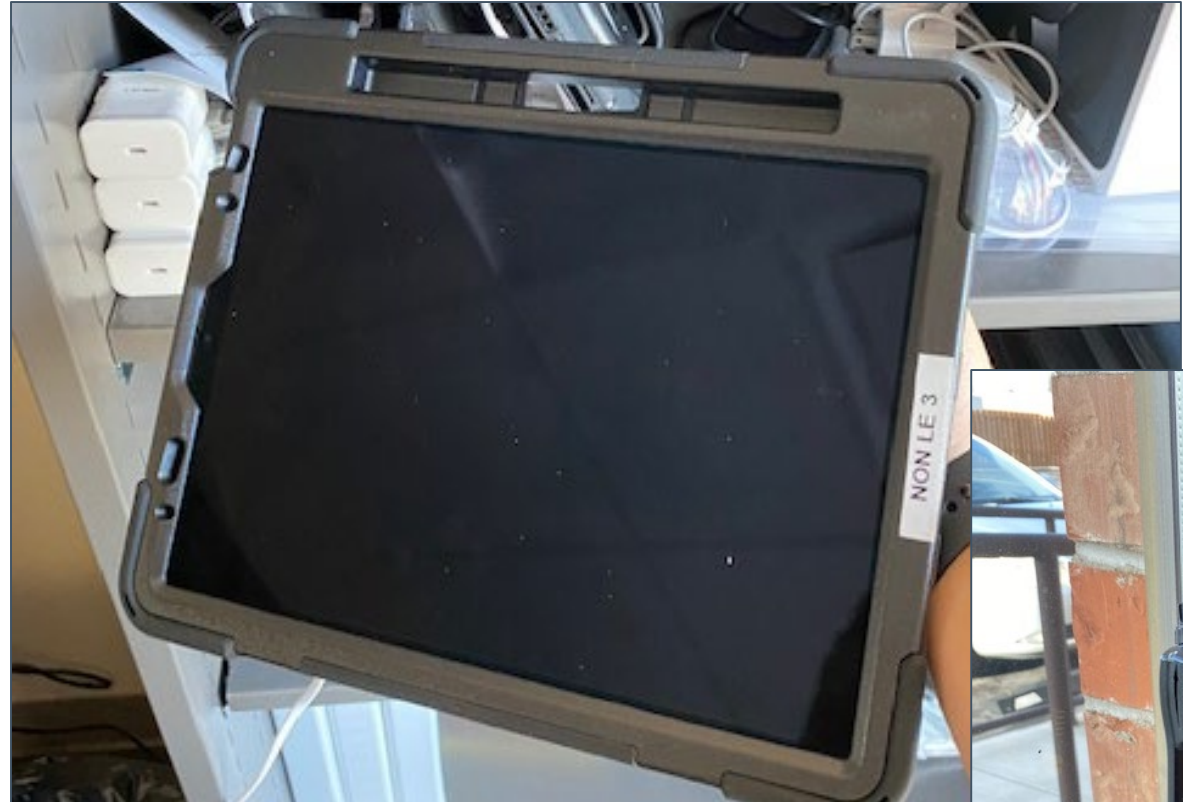
Crisis Team Training Procedure

- Per OAR 309-072-0120, community based crisis responders will obtain the following training on the following subjects within 90 days of hire:
 - De-escalation
 - Suicide risk screening and assessment
 - Crisis and safety planning
 - Lethal means counseling
 - Evidence-based clinical engagement strategies
 - Trauma-informed crisis response
 - Child development and family engagement
 - A review of DCBH policies and procedures regarding staff safety when responding to a crisis
- And the trainings on the following subjects within the first six months of hire:
 - First aid and CPR
 - Harm reduction strategies including overdose intervention
 - Mental health first aid (Optional for QMHP and QMHA)
 - Strategies for working with the following specific populations and communities
 - Individual with intellectual and developmental disabilities
 - Individual with other co-occurring disorders including medical disorder and substance use disorders
 - Communities of color
 - Tribal communities
 - LGBTQIA2S+ Community
 - Other communities at higher risk for suicide



CAD System and Hardware

- iPads will be used to monitor CAD System- 4 total
- 3 iPhones tied into Verizon OneTouch will be used to take calls for service
- Community Based Crisis Response will be using a system called *CrewForce* which is the same CAD EMS uses
- Staff will use radios to communicate with dispatch and LE
 - Ask will be going out for LE partners to let us use
 - Slings for carrying onsite



Community Based Crisis Response Program Van

Van purchased by DCSO

- Will be used to respond to calls and transport clients
- Work is currently happening to modify it for crisis needs
 - Removing seats
 - Storage to be added
 - Barrier



Data and Miscellaneous

Key Performance Indicators (KPI)

37 KPI are required out of the newly released OAR's

- Coordination with HIT and data team to integrate into EPIC
- Interim data collection created
- OHA is allowing 2023 to be a transitional year

5								
6	Data Elements	Formula	Purpose	National Standard (Based on Best Practices)	Source of Data	Disaggregate by	Umbrella, Adult Only, or MRSS Only	Column1
7	city, age, rurality, type of insurance coverage (Medicaid, Private/Commercial, Medicare and Uninsured), IDD status, language/interpretation requirement, veterans & individuals who served in the military							
8								
9	Point of origin = CMHPs, 988, 911, Hospitals, Request from LE or EMS	Total calls by point of origin	For this measure we are trying to establish a baseline understanding of where calls are coming in from in order to be able to identify any future education and marketing that needs to occur to make 988 more widely known.	Exploratory to establish a baseline	CMHP	All	Umbrella	Add to a NW
10	Name of person in crisis	Total # of people in crisis served	For this measure we want to know how many people are served to establish a baseline number.	Exploratory to establish a baseline	CMHP	All	Umbrella	EPIC Reg pull
11	Mobile Response Request Location (Private Residence, Hospital/ED, Outpatient Clinic, Community/Public setting, School, Jail, Business Building, Public Building, Other), County of Dispatch	Sum of Responses per County / Total Responses	For this measure we want to understand where calls are dispatching to. If there are increased volumes in certain areas this could be a good indicator to look into something deeper and could indicate a correlation with social determinants of health.	Exploratory to establish a baseline	CMHP	All	Umbrella	Encounter- Quick Questions- Place of Service
12	Language Requested, Mobile Response Request	Total number of calls by language	For this measure we are looking to determine what non-English languages are being requested.	Exploratory to	CMHP	All	Umbrella	Encounter- Quick Questions- Interpreter services



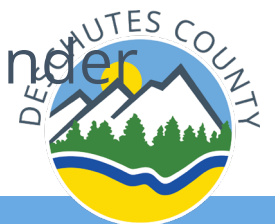
Community Based Crisis Responder Log

O	P	Q	R	S	T	U	V
1	Response or is seeking	Does the individual in crisis need developmental, cultural, or linguistic needs	presence of a weapon or other potentially harmful things (ex. Aggressive animals, drugs ect.)	presence of an animal (including service animals) (if any)	knowledge or current and/or historical aggression	presence of any physical barrier to reach individual or family at the location of crisis	Any available information about immediate unmet needs such as housing, employment, food insecurity ect. Current se or Suppc place sui PCP, Family/i support, based sup
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3							
4							
5							
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11							
12							
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2	Date of birth (mm/dd/yyyy)	MRN	Age at vis	SUD Treatment?	Referral to...	New re
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4			0			
5			0			
6			0			
7			0			
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9			0			
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10			0			
11			0			
12			0			
13			0			
14			0			

Tracks Face-to-Face response requests for safety and Follow-Up needs to meet KPI requirements

-challenge will be blending MCAT and Community Based Crisis responder logs



Any questions?

