



LIVE DATA Creates Electronic Air Traffic Control Environment in Georgia

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A CRISIS HAS NO SCHEDULE.

They can occur at 2:00 a.m., on a weekend or on a holiday. How does a system ensure individuals in need get timely access to life-saving services? How do we hold the public safety-net accountable to provide crisis services reliably 24/7/365?

Since 2006, Georgians have relied on the Georgia Crisis and Access Line—a clinically managed phone line designed to help anyone in crisis. As Georgia Crisis and Access Line continued to grow, Behavioral Health Link developed electronic resources in partnership with the state to both support our clinicians with crisis intervention in real-time and referral and assist the state with data tracking. Originally designed to track access to outpatient services, the case-by-case tracking mechanisms have recently grown into electronic processes with dashboard management that allow real-time tracking of access to intensive services like mobile crisis, bed availability in crisis stabilization units and performance.

Picture a person in crisis, and an emergency department doctor seeking a bed for the person or a deputy on the street who needs to know where to find the closest available crisis bed. With the very first call, the person

speaks to a licensed clinician who uses active engagement and collaborative problem-solving to help the person, or someone calling on his or her behalf, determine the most appropriate service to meet the immediate need. Behind the scenes, the clinician has access to a live, interactive web-based system showing real-time availability of urgent outpatient appointment slots, mobile crisis workers in the person's area and how close they are to being free for a new call, available crisis walk-in centers and vacant crisis stabilization and temporary observation beds.

At this very moment, behavioral health and developmental disability regional and state authorities in Georgia can login to a secure, HIPPA compliant web portal and view the number of people waiting for a crisis stabilization bed, where they are waiting and how long they have been waiting. Also available is live inventory of available beds across the state and information about which facilities with available beds are reviewing new referrals. A statewide view of mobile crisis activity displays average response times for the day and month to date, current active dispatches and shows how long teams have been on the scene of a crisis, which ultimately can help ensure the safety of the mobile crisis

workers and the individuals awaiting their arrival.

This information is invaluable to state authorities working to ensure that services are being used to their fullest capacity before more costly options like emergency room visits. Private beds contracted with the state or state hospital beds ensure that high-end resources are a last resort. Live data sent via email alerts lets officials know if a person has been administratively denied or denied by multiple facilities despite meeting criteria.

In real terms it means that the system is designed to facilitate access to services at the right level as quickly as possible as close to home as possible and to do so in a way that captures data throughout the process to make sure nobody falls through the cracks. The result has been phenomenal: clear reductions in ER wait times, improved direct access to crisis units and crisis walk-in services for individuals identified by law enforcement and probate judges and maximized untapped crisis stabilization unit capacity, increased use of mobile crisis services. This means a better experience for individual in crisis with as few barriers to care as possible.