Protocol for Managing Mental Health Crisis Calls Received by the Georgia Poison Center

A. Background

1. *Whereas*, the Georgia Poison Center (GPC) is a non-profit unified command for the state of Georgia dedicated to providing clinical advice free-of-charge to callers regarding the management of acute poisonings; and,

2. *Whereas*, GPC internal review of one month (July 2023) of calls revealed that GPC receives an average of approximately 1-2 mental health crisis calls daily in which GPC is the caller's first point of contact with emergency services; and, of these calls, some of these callers require active rescue and some do not; furthermore, of these calls, some of these callers disclose locating information and some do not; and,

3. *Whereas*, GPC has surveyed America's Poison Centers and discovered that other poison centers also receive mental health crisis calls; however, there is no established best practice for poison centers to manage such calls; and,

4. *Whereas*, GPC does not possess the resources to deploy personnel to the scene of a crisis; and,

5. *Whereas*, at this time, GPC does not have access to geolocating technology (e.g., Carbyne).

B. Crisis Call Protocol

1. *Therefore*, we propose the following guidance (Figure 1):

   i. If a patient presents with a mental health crisis, and [a] does not require active rescue, and [b] there is no immediate harm to those on scene; then, GPC will attempt to transfer the call to 988/Georgia Crisis and Access Line (GCAL), regardless of whether the patient's location is known or unknown.

   ii. If a patient presents with a mental health crisis, and [a] does require active rescue or [b] there is immediate harm to those on scene; and [c] does provide a dispatchable location; then, GPC will attempt to transfer the caller to the appropriate Georgia 911-Public Safety Answering Point (PSAP) that services the patient's location.

      a. If it is known that the 911-PSAP only dispatches medical services, then GPC will also attempt to notify emergency services that dispatch law enforcement to the caller's dispatchable location.

      b. If the caller is an apparently competent adult collateral who is at the scene with the patient, and [a] patient or collateral does not wish to have 911 respond, and [b] collateral offers to immediately transport the patient to the nearest specified emergency department (ED) instead of having 911 respond, and [c] collateral provides their name and cell phone number, and [d] the patient expresses their willingness to go to the ED with collateral; then, [e] GPC

Commented [MD1]: Resource utilization (particularly important for small 911-PSAPs): collateral can transfer to ED (without EMS) if triaged to be stable-enough for transfer without EMS

Commented [MD2R1]: Ask 911-PSAP: do you have an ambulance available?

will defer transferring the call to the local 911-PSAP and [f] call the specified ED/healthcare facility (HCF) within the next 2-to-3 hours to confirm patient arrival.

1. GPC will [a] document the name and cell phone number of the collateral, and [b] immediately call the collateral at the provided phone number to confirm that the number and name are correctly recorded, and [c] call the ED/HCF to inform providers that the patient is expected, and [d] provide the ED/HCF with initial clinical recommendations, and [e] schedule a 2-hour high priority follow-up for the ED/HCF.

2. If GPC is unable to confirm patient arrival at the emergency department at the 2-hour follow-up to HCF, then GPC will call collateral to ascertain whether or not health care has been obtained, and document answers provided. If healthcare was not obtained, encourage collateral to obtain healthcare for patient.

3. If GPC is unable to ascertain whether or not health care has been obtained, or if collateral reports that patient will not receive healthcare; then, GPC will contact the local 911-PSAP for assistance.

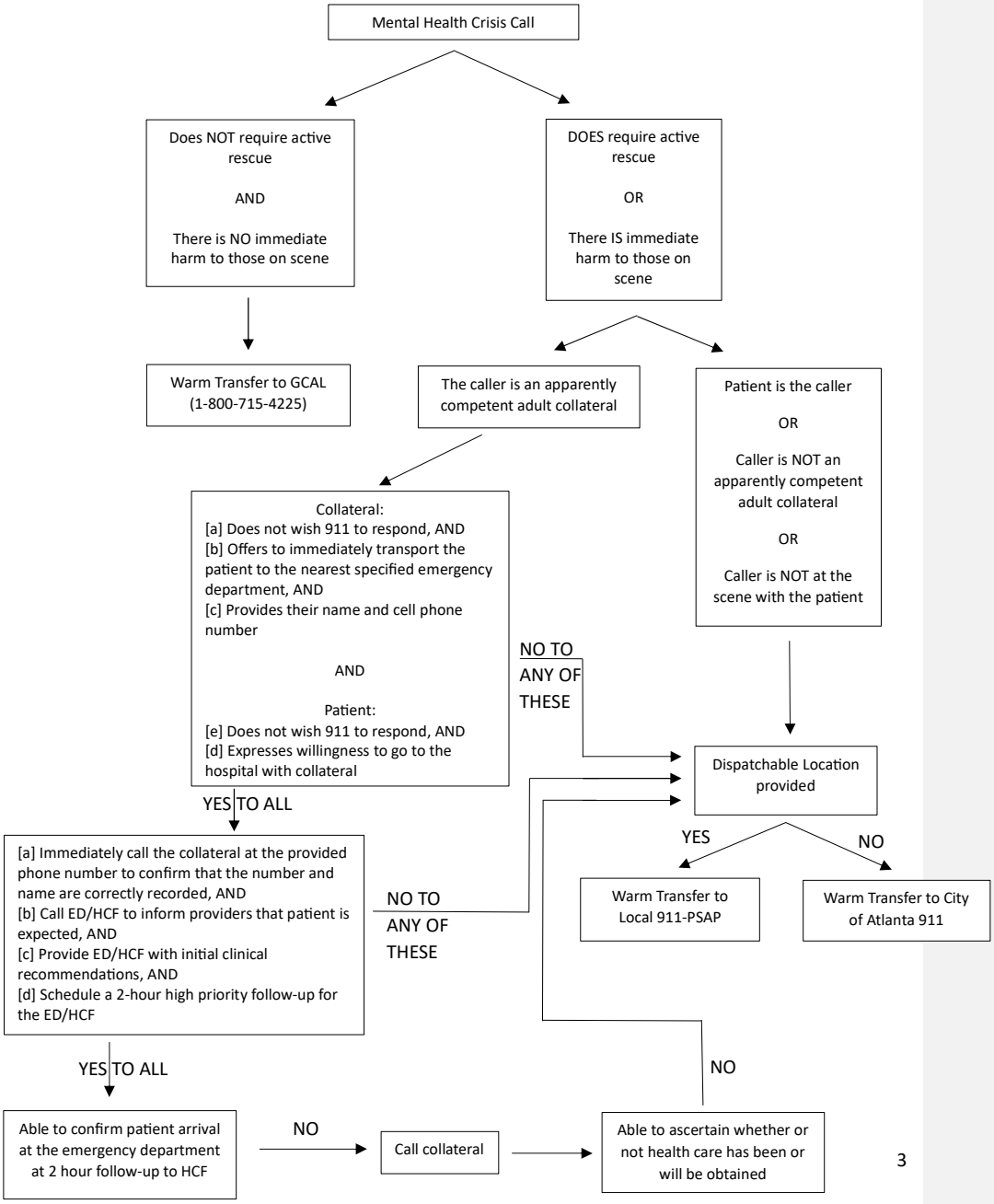
4. If at any time GPC determines that the patient's clinical status is such that 911 transport is preferred to collateral transport, then GPC will transfer the call to local 911-PSAP regardless of the availability of collateral transport.

iii. If a patient presents with a mental health crisis, and [a] does require active rescue or [b] there is immediate harm to those on scene; and [c] does not provide a dispatchable location; then, GPC will attempt to transfer the caller to City of Atlanta 911.

a. If [a] the caller is adult collateral to the patient, and [b] the caller does not wish to have 911 respond; then, refer to B.1.ii.b.

iv. If a patient presents with a mental health crisis and subsequently prematurely terminates the call ("hangs-up") with GPC, then GPC will make one attempt to re-connect with the caller. If the re-connect attempt is unsuccessful, then, based on the information available at the time that the call was terminated, if the patient [a] required active rescue or [b] there was immediate harm to those on scene, then GPC will call either the local 911-PSAP or City of Atlanta 911 (if patient information not available) and transfer the patient's information to the respective agency (i.e., local 911-PSAP or City of Atlanta 911). GPC will not make further transfer attempts if either [a] or [b] were not met.

Figure 1. Transfer protocol for mental health crisis calls received by GPC.



C. GPC

1. The target "Go Live" date for this protocol is January 1, 2024.

2. Prior to the "Go Live" date, GPC will:

   i. Provide GPC staff with Question, Persuade, Refer (QPR) suicide prevention gatekeeper training via certified QPR instructor(s);

   ii. Develop a mechanism to code mental health crisis calls within the standards of the National Poison Data System (NPDS), such that the calls are queryable and countable;

   iii. Develop a queryable database of 988/GCAL and 911 phone numbers (see below); and,

   iv. Train GPC staff on the rationale, details, and procedure of this guidance.

3. When receiving mental health crisis calls, GPC staff will attempt to obtain the following information from callers prior to transferring the call:

   i. Name;

   ii. Age;

   iii. Physical Address (if possible) and Zip Code;

   iv. Phone number (caller ID);

   v. Purpose of call; and

   vi. Whether there is anyone else in the home/available.

4. Stress debriefing services will be available for GPC staff following management of mental health crisis calls, via:

   i. GPC staff peers who have been trained in stress debriefing; or,

   ii. Post-docs, fellows or faculty of the Emory University Department of Psychiatry and Behavioral Sciences.

5. Management of mental health crisis calls will be discussed during GPC staff meetings at least every 4-6 months for the first 12 months following the "Go Live" date, and then at least annually thereafter for the purpose of sharing feedback on calls, procedure, and quality improvement.

D. GPC and 988/GCAL

1. In order to expedite transfers and minimize the need for GPC staff to provide mental health counseling to callers, 988/GCAL will assist GPC in developing a transfer script to facilitate transfer of calls from GPC to 988/GCAL.

2. For transfers from GPC to 988/GCAL, in order to facilitate both continuity of care and privilege the caller's confidentiality regarding their mental health concerns, GPC staff will provide a warm transfer to 988/GCAL operators and then will disconnect from the call after the arm transfer has concluded and the 988/GCAL operator has acknowledged receipt of the transfer.

3. 988/GCAL will consider providing GPC with a 10-digit "back-door" phone number for transfer and disaster recovery. GPC will provide 988/GCAL with a priority "back-door" phone number to GPC in case a connection is broken and 988/GCAL needs to reach back to GPC. Neither 988/GCAL nor GPC will relay the phone numbers to callers.

4. 988/GCAL will meet with GPC at least every 4-6 months for the first 12 months following the "Go Live" date, and then at least annually thereafter for the purpose of sharing feedback on calls, procedure, and quality improvement.

5. GCAL/988 will develop a mechanism to track the calls that are incoming from GPC.

6. 988/GCAL will attempt to provide GPC with de-identified information regarding this protocol every 4-6 months, to include:

    i. Number of mental health crisis calls received as transfers from GPC; and,

    ii. The respective outcomes of the calls.

E. <u>GPC and 911/GECA</u>

1. For transfers from GPC to 911, in order to facilitate both continuity of care and provide clinical assistance, GPC staff will provide a warm transfer to the 911-PSAP operator. After all pertinent information is relayed to the PSAP, GPC staff will ask 911 operator if the 911 operator wants GPC staff to remain on the line. GPC staff will remain on the call with 911 operators for as long as needed up to the entire duration of the call.

2. In order to best facilitate rapid transfer of emergency calls to PSAPs, GPC will work with the Georgia Emergency Communications Authority (GECA) in order to attempt a good faith effort to obtain unpublished PSAP "back-door" phone numbers that ring directly into the PSAP and receive a priority answer. Neither 911 nor GPC will relay the phone numbers to callers.

    i. If such "back-door" phone numbers are unavailable, GPC will utilize a 10-digit phone number published on the local 911 center directory (https://gema.georgia.gov/local-911-center-directory).

3. GECA will meet with GPC at least every 4-6 months for the first 12 months following the "Go Live" date, and then at least annually thereafter for the purpose of sharing feedback on calls, procedure, and quality improvement.

4. GECA will work with GPC to develop guidance on 911-PSAP transfers to GPC, and on poison center education to 911-PSAP.

5. The GPC/911 collaboration will be included in GECA's NG911 initiatives.

F. <u>GPC and City of Atlanta 911</u>

1. For transfers from GPC to City of Atlanta 911, in order to facilitate both continuity of care and provide clinical assistance, GPC staff will provide a warm transfer to the 911 operator. GPC staff will disconnect from the call after the warm transfer has concluded and the City of Atlanta 911 operator has acknowledged receipt of the transfer.

2. City of Atlanta 911 will provide GPC with a 10-digit "back-door" phone number for transfers and disaster recovery. GPC will provide City of Atlanta 911 with a priority "back-door" phone number to GPC in case a connection is broken and City of Atlanta 911 needs to reach back to GPC. Neither City of Atlanta 911 nor GPC will relay the phone numbers to callers.

3. City of Atlanta 911 will meet with GPC at least every 1-2 months during the pilot period, at least every 4-6 months for the 6 months following the pilot period, and then at least annually thereafter for the purpose of sharing feedback on calls, procedures, and quality improvement.

4. City of Atlanta 911 will develop a mechanism to track the calls that are incoming from GPC.

5. City of Atlanta 911 will attempt to provide GPC with de-identified information regarding this protocol every 4-6 months, to include:

    i. Number of mental health crisis calls received as transfers from GPC;

    ii. Whether the respective callers had a known or unknown dispatchable location; and

    iii. The respective outcomes of the calls, to include:

        a. Dispatchable location was identified and dispatch was notified;

        b. Dispatchable location was identified and call was transferred to appropriate local 911-PSAP; or,

        c. Dispatchable location was not identified and caller refused intervention.

6. This guidance will be piloted in partnership with City of Atlanta 911 for the duration of the pilot period. At the end of the pilot period, City of Atlanta 911 will either continue the guidance or else assist GPC in augmenting the guidance. If City of Atlanta 911 determines not to continue participation in the guidance, City of Atlanta 911 will not terminate participation in the guidance until GPC has implemented a further plan to manage mental health crisis calls, not to exceed 90 days.

G. <u>Follow-Up</u>

1. If GPC successfully transfers a call to 988/GCAL then the call is an info call. If GPC successfully transfers a call to 911, then the case is an exposure call and can be closed (medical outcome: "Unable to follow – judged as a potentially toxic exposure"). Otherwise, GPC will continue to follow-up on callers until the case is closed, per NPDS standards.

2. At this time, 988/GCAL will follow-up on callers through last point of contact (i.e., transfer of care).

3. 911 will follow-up on callers through last point of contact (i.e., transfer of care).

H. Definition of Terms

1. **Mental Health Crisis**: Anyone at elevated risk of harm to self, experiencing suicidality, or exhibiting signs of psychosis or mania; substance use disorder or developmental disability crisis. Examples include (but are not limited to):

   i. Patient reports suicidal ideation;

   ii. Patient reports persecutory auditory hallucinations;

   iii. Patient experiencing emotional distress;

   iv. Patient seeking substance use treatment;

   v. Patient seeking supportive conversation;

   vi. Patient seeking information on lethal/toxic dose of a xenobiotic with concern for self-harm purposes, without known imminent plan/intent.

2. **Active Rescue**: Anyone in immediate danger or requiring assistance in the order of clinical decision making. Examples include (but are not limited to):

   i. Patient reports suicidal ideation with imminent access to means;

   ii. Patient reports imminent plan to overdose;

   iii. Patient reports that they have intentionally overdosed;

   iv. Patient reports a medical emergency;

   v. Patient reports being in crisis, but refuses to facilitate medical/mental health intervention.

3. **Immediate Harm**: Any threat to individual or public safety; observed with or known access to a dangerous weapon; reported crime requiring some level of investigation. Examples include (but are not limited to):

   i. Patient reports homicidal ideation;

   ii. Patient is actively causing physical harm to self, others, or property.

4. **Warm Transfer**: Introducing self and role, and relaying information from the calling operator to the receiving operator, to include any known information detailed in C.3, as well as any other pertinent information obtained during the call, and obtaining acknowledgement of information transfer.

5. **Follow-up**: The point at which the organization stops tracking the outcome of the call.

6. **Pilot Period**: The first 6 months following the "Go Live" date of the protocol.

7. **Caller**: The person who calls and speaks with GPC.

8. **Patient**: The subject of the mental health crisis call; that is, the person who is experiencing the mental health crisis.

9. **Collateral**: A third-party associated with the patient who may provide reports on the patient; for instance, a patient's parent, spouse, or friend.

I. Conclusion

1. We hope that this guidance will lead to improved patient care and improved coordination between emergency services in the state of Georgia, and serve as a model for the entire United States.

2. We are indebted to the emergency services of the state of Georgia for their innovation in having developed the infrastructure that made this guidance possible.

3. This guidance was developed in mutual collaboration with the following:

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Appendix 1: Transfer Script

This is an example script that can be used to guide questions when assessing a patient in mental health crisis, and referring them to either GCAL/988 or 911. The script should be utilized in accordance with the above guidance, and can be modified by GPC staff as appropriate to fit a particular clinical circumstance.

Phase 1

- *Has a mental health crisis been identified?*
  - If Yes:
    - Proceed to Phase 2
  - If No:
    - Proceed with GPC standard of care.

Phase 2

- "Are you (or the person you are calling about) having any unsafe thoughts, like thoughts to hurt or to kill yourself, or someone else?"
  - If Yes:
    - "Do you (or the person you are calling about) have a plan?
      - If Yes:
        - Can you share with me what the plan is?"
    - "Have you (or the person you are calling about) done anything to act on these thoughts?"
      - If Yes:
        - "Can you share with me what you/they have done?"
    - "Do you (or the person you are calling about) have access to a weapon, or large stores of pills?"
      - If Yes:
        - "What type of weapon/pills?"
        - "Is that weapon/pills present?"
          - If Yes:
            - "Can you put the weapon/pills away, or can you leave the room where they are?"
  - If No:
    - Proceed to next question.

- "Are you (or the person being called about) under the influence of drugs or alcohol?"
  - If Yes:
    - "Are you (or the person being called about) showing dangerous behaviors?"
    - "What is being used? How much was consumed/ smoked/ inhaled/ injected, etc?"
    - "Do you have Narcan?"
  - If No:
    - Proceed to next question.

- "Do you (or the person being called about) have any urgent medical needs?"

Phase 3

- *When you have identified the appropriate transfer pathway according to B.1*:
    - "I'd like to transfer you to the 9-8-8 crisis line. They are experts in handling situations like yours, is that OK? Please do not hang up. I am connecting you with the Georgia Crisis and Access Line. I am not disconnecting the line."
        - If No:
            - "OK, we are here to help you, and we will remain on the line until we can get you help. Your options include connecting with a mental health counselor through the 9-8-8 crisis line or active rescue."
    - "I'm worried about your safety. I am going to transfer [or connect] you to 9-1-1. Please do not hang up. I am connecting you with 9-1-1. I am not disconnecting the line."

Phase 4

- *When you warm transfer to 988/GCAL or 911 operator*:
    - "Hello, this is [name], and I am a specialist in poison information calling from the Georgia Poison Center. I am transferring a caller to [988/GCAL or 911] because the caller is experiencing [reason for transfer]. The caller is on the line with us. For background, [share any known information detailed in C.3, as well as any other pertinent information obtained during the call]. Do you have any questions? Thank you for accepting the transfer, I am disconnecting from the call."

Appendix 2: Rule-Based Coding

This is an outline of how to code mental health crisis calls in ToxSentry® using rule-based coding.

Rule-Based Coding Conditions *[exposure call]*

Caller Site
- Own Residence *OR* Other Residence *OR* Workplace *OR* School *OR* Restaurant/Food Service *OR* Public Area *OR* Other (code) *OR* Unknown

Exposure Reason
- Intentional--suspected suicide *OR* Intentional--unknown

Rule-Based Coding Conditions *[information call]*

Caller Site
- Own Residence *OR* Other Residence *OR* Workplace *OR* School *OR* Restaurant/Food Service *OR* Public Area *OR* Other (code) *OR* Unknown

Call Type
- Caller referral

Call Sub-Type
- Immediate referral - psychiatric crisis line *OR* Other - caller referred

Special Call Designation
- Mental Health Crisis Call (911/988 tx)

Rule-Based Coding Questions *[all questions must be answered].* *The information in these questions pertains to the patient and not the caller per se. For instance, if a parent were calling with regards to their suicidal child, then the questions would be coded with respect to the child's situation.*

Type of mental health crisis *[select all that apply]*
- Seeking supportive conversation
- Anxiety
- Depression
- Substance use
- Developmental disability
- Intentional ingestion
- Seeking information on lethal/toxic dose of a xenobiotic with concern for self-harm purposes
    - Imminent plan/intent *[select one]*
        - Yes
        - No
        - Unknown
- Suicidal ideation *[select one]*
    - Yes
        - Has plan *[select one]*

                - Yes *[select one]*
                    - Plan to overdose
                    - Other
                    - Uknown
                - No
        - No
- Homicidal ideation *[select one]*
    - Yes
        - Has plan *[select one]*
            - Yes
            - No
            - Unknown
    - No
- Auditory verbal hallucinations
- Delusions (e.g., paranoia)
- Not a mental health crisis as defined by the protocol

Caller hung-up prematurely *[select one]*
- Yes
- No

Caller requires active rescue *[select one]*
- Yes
- No

There is immediate harm to those on scene *[select one]*
- Yes
- No

Caller provided dispatchable location *[select one]*
- Yes
- No

Caller refused transfer *[select one]*
- Yes
    - Refused transfer to *[select one]*
        - GCAL
        - 911
        - Both
- No

Call transferred to *[select one]*
- GCAL
- 911
    - Specify 911-PSAP County *[free text]*
- Unable to transfer
- Transfer not required