



One call solves it all!

For a 24-hour hotline, a crisis has no schedule

When individuals with mental health and addiction problems seek help, they frequently face additional challenges connecting with services that offer help.



Stigma can make picking up the “400-pound” phone feel impossible. And once a person gathers the courage to call, other barriers present themselves. The process of navigating the public behavioral healthcare system can be complex and overwhelming. It is often unclear which phone number to call, and many calls may be made searching out the right access point. Busy signals and lengthy hold times are not uncommon, especially after regular business hours. Once the caller has persevered to reach the right agency contact, wait times for a scheduled intake can be weeks or even months.

In August 2005, the Georgia Department of Human Resources (DHR) was already in the process of evaluating potential solutions to these obstacles when 120,000 individuals were displaced from the Gulf Coast to the state by Hurricane Katrina. The impact of these access issues was brought into sharp focus by this influx. Individuals without knowledge of Georgia’s system were even more likely to present at emergency rooms or call 911, despite the majority only requiring community-based services. Access barriers result in the most costly and intensive services being easily overwhelmed. In 2002, Malcolm Hugo et al studied the differences between community based crisis intervention and services based in an emergency room. They suggested that those who are not assessed until they reach the emergency room are three times as likely to be admitted to psychiatric inpatient units (Australian & New Zealand Journal of Psychiatry). This places tremendous strain on limited state resources and individuals are placed in the wrong level of care.

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“The men and women of Behavioral Health Link strive to respond as quickly as possible whenever and wherever individuals struggle with behavioral health problems. This is our niche, our passion, and what we do best.”

Gregg D. Graham, BHL
President/Senior Partner
(July 2007, FY2007
BHL Annual Report)

“The Georgia Crisis & Access Line operated by Behavioral Health Link is a national model for how public health authorities can effectively use crisis call centers to provide 24/7 support for anyone in emotional distress. They also reduce unnecessary emergency

Georgia needed an innovative solution that would help improve access and provide fast, friendly, and accurate connections on a 24-hour basis. To address this need, DHR, Division of Mental Health, Developmental Disabilities and Addictive Diseases developed a bold vision for a statewide crisis and access hotline. Dubbed the Georgia Crisis & Access



Line, this single statewide phone number would be operated by a company that did not offer direct care services. It would partner with the state's network of community mental health centers, but callers would be given a choice of providers. This approach would empower hotline staff to advocate fully for the caller's needs in an "honest broker" role.

Furthermore, callers would realize a one-stop shopping approach, with direct scheduling of intakes facilitated during a single hotline phone call day or night at more than 200 sites statewide.

Four national managed care companies bid on the service, but Georgia DHR selected Behavioral Health Link (BHL) as the vendor.

Headquartered in Atlanta, BHL's core business is crisis intervention and access management services, hotline, mobile assessment, and disaster outreach. Since 1998, BHL has recruited professionals based on their warmth and expertise when helping individuals in crisis. Team members receive ongoing training and coaching in triage protocols, emerging best practices on good contact, collaborative problem solving, and new suicide risk assessment standards of the Substance Abuse and Mental Health Services Administration (SAMHSA). BHL's mission is a "high-touch" approach, engaging every individual in crisis with a high quality personal interaction.

The initial challenge of the new statewide service was communicating its availability. The state had previously funded 25 different hotlines that covered specific geographic areas of Georgia under a system paradoxically known as Single Point of Entry. BHL engaged an advisory council that included the key stakeholders, consumers and advocates, provider agencies, and policymakers. The council represented both rural and metropolitan areas as well as various disability groups (mental health, addiction, child and adolescent services, suicide prevention advocates, etc.). The group also included representatives of key social service partner agencies (United Way 2-1-1 and Fulton County 911). BHL worked with a national marketing firm, Macro International, Inc., and together developed the campaign, "A Crisis Has No Schedule." In addition to direct media marketing, BHL staff visited more than 140 emergency rooms around the state to share information and answer questions about the new hotline.

department visits by efficiently linking persons to necessary community behavioral health services. Model programs such as the Georgia Crisis & Access Line set a quality standard for better ensuring continuity of care and getting help to people where and when they need it."

Dr. John Draper
Director,
SAMHSA's National
Suicide Prevention Lifeline
(December 2007)

Regional Trainings

A regional training for Behavioral Health, Child and Youth Services, and Opioid Treatment Program organizations will be held in February 24–26 in Tucson, AZ. Pre-Conference for new organizations is February 24.

A regional training for Behavioral Health and Child and Youth Services organizations will be held April 10–11 in Atlanta, GA.

For more information, training brochures, or to register for trainings and events, please visit www.carf.org/events.

The Georgia Crisis & Access Line launched on July 1, 2006, and more than 21,000 calls poured in during the first month. BHL quickly realized the next major hurdle would be maintaining the “high-touch” approach despite enormous volumes. Management sought to empower staff and dramatically improve efficiency using high-tech solutions. BHL began providing real-time “actionable intelligence” to all staff members through a proprietary system designed exclusively by and for the statewide hotline. For example, instead of researching in a resource manual for service options available to a particular caller, the clinician relies on the software to instantly prioritize the best, closest, and fastest providers. Electronic call center boards provide staff members with immediate performance feedback. The boards also allow them to track open calls and pending referrals to ensure continuity of care for persons with the most emergent needs.

BHL provides monthly dashboard reports showing dramatic outcomes to key stakeholders. In January 2008, BHL facilitated over 4,000 linkages to community mental health centers across Georgia. The average length of time required for an intake has been reduced by as much as 60 percent in some areas of the state. This accomplishment results from better coordination with providers and technological



advances as opposed to an infusion of new funding. In fact, DHR reports spending \$1.2 million less per year on the new Georgia Crisis & Access Line than it did on the previous Single Point of Entry system. However, this reduced expenditure has not reduced quality of service despite the high call volumes. BHL continues its tradition of quality personal interaction. Twelve-year-old Julie is one such example. Julie sat at home on a Sunday afternoon and considered the weight of her depression and the anxiety she felt talking to anyone about it. She considered ending her life by using her father’s rifle. Instead, Julie called the Georgia Crisis & Access Line after an Internet search and spoke with a clinician who provided warm support. A BHL clinician, Emeka, stayed on the line with Julie for over an hour until her parents could be contacted and return home. Julie’s mother was not aware her daughter was depressed and appreciated the collaborative approach. Julie engaged in treatment services and was given an urgent appointment for the next day.

The Georgia Crisis & Access Line team is proud of what we have accomplished. However, our goal is to reach more people and serve

them more effectively. We are continually investing in our team, incorporating new technologies and new approaches. We are asking more questions, listening more closely, and collaborating more effectively to meet the needs of persons in crisis. We are inspired by individuals like Julie who work to overcome mental illness and addiction to live a life of recovery and resiliency. BHL is there 24 hours per day, every day, so when someone picks up that “400-pound” phone, there is a warm greeting on the other end.

BHL, the parent company of the Georgia Crisis & Access Line, recently achieved CARF three-year accreditation, the highest level available, for its crisis and information call centers, crisis intervention, and assessment and referral programs serving adults and children and adolescents.



CARF’s standards for crisis and information call centers are tools for first responders like Georgia Crisis & Access Line to provide quality-driven and outcomes-focused services.

For more information, please contact CEO/Partner David Covington at dcovington@ihrcorp.com or President/Senior Partner Gregg Graham at ggraham@ihrcorp.com. Also visit BHL online at www.behavioralhealthlink.com.

For more information about the Behavioral Health edition of the Promising Practices eNewsletter, please contact Michele Irwin at mirwin@carf.org.

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