

Making the Connection:

The role crisis call centers play in linking the community to mobile crisis services.

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Outline

- Objectives
- Overview of contact center and Mobile Crisis Services in New York City
- Strengthening the partnership between contact center and mobile crisis services
- Streamlining the process to meet business needs/KPIs
- Identify the benefits and challenges of a crisis line serving as the Single Point of Access for Mobile Crisis response referrals.
- Questions and Answers

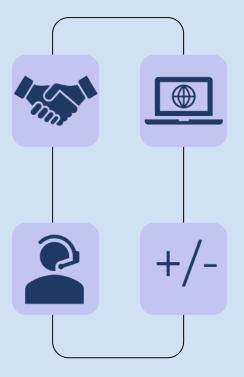


Learning Objectives

Participants should be able to:

Identify 3 ways to build/strengthen a partnership between crisis call centers and mobile crisis services

Describe how the role of dedicated staff and different types of technology streamline the mobile crisis response referral process and reduce inbound call handle time



Explain how an online mobile crisis provider portal can meet the unique needs of providers and reduce inbound volume

Identify benefits and challenges of a crisis call center serving as the Single Point of Access for Mobile Crisis response referrals.



Overview of Contact center and New York City's Mobile Crisis Services



Agency and Program Name Changes

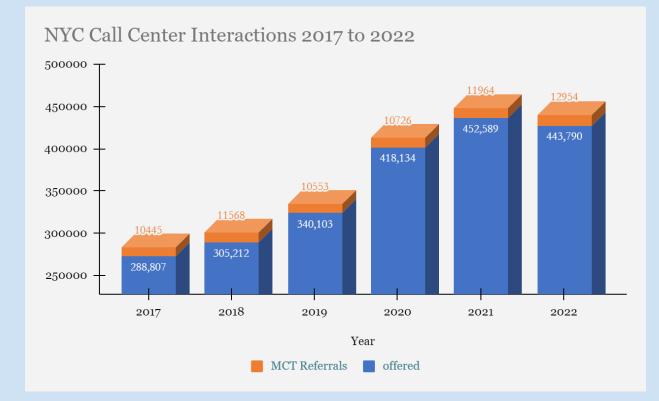








NYC Well Volume Growth





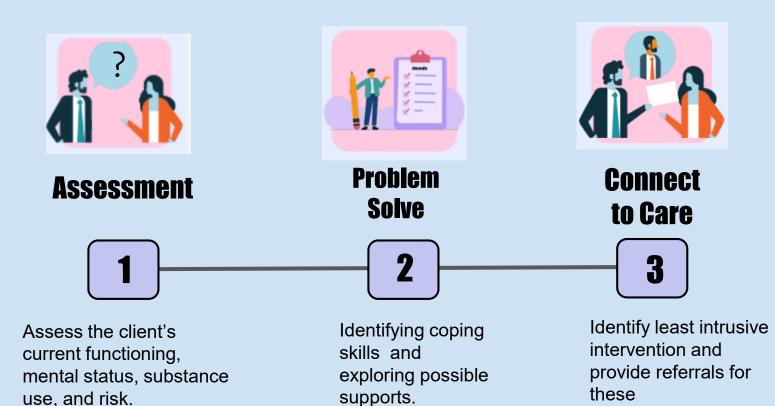
NYC 988 Services

- Free, confidential service
- 24/7/365
- Talk, text and chat
- Mobile Crisis Teams Single Point of Access
- Warm transfers to referrals
- Public facing service finder
- Follow up
- De-escalate and reduce need for Emergency Medical Services
- Warm transfer to peer support warmline



Call Management





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Criteria for MCT Referral:

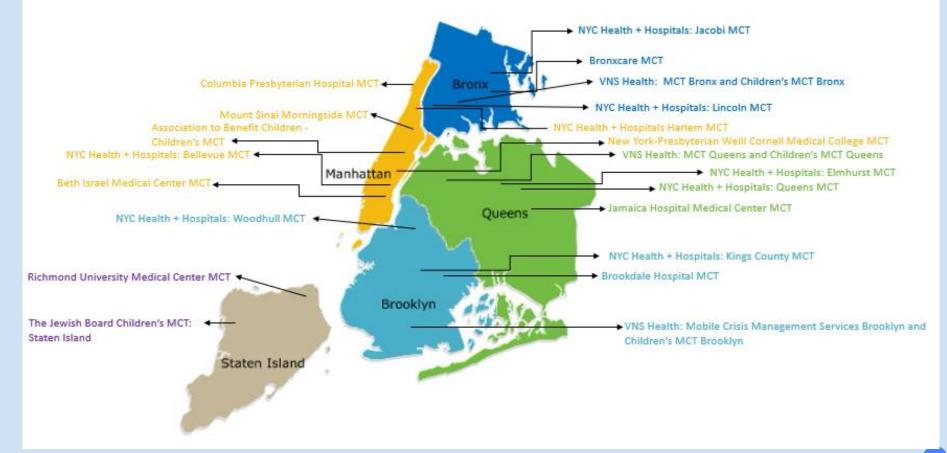


A preventative, short term intervention with the goal to de-escalate and stabilize the client, while connecting them to relevant services in their community. Teams are made up: nurses, social workers, peer counselors, psychiatrist, psychologist and addiction specialist.

Person in NYC who is experiencing, or in a nonlife-threatening situation in which a person experiences an intense behavioral, emotional, or psychiatric response triggered by a precipitating event. The person may be at risk of harm to self or others, disoriented or out of touch with reality, functionally compromised, or otherwise agitated and unable to be calmed. If this crisis is left untreated, it would result in an emergency. A visitor is unwilling or unable to seek or adhere to behavioral health care on their own or with the aid of a family member, caregiver, or friend.

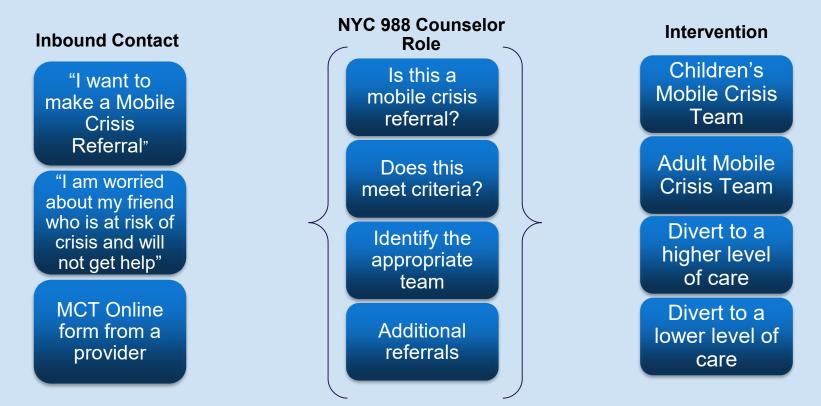
A visitor requires short-term supports until behavioral health services are available.

Mobile Crisis Teams in New York City



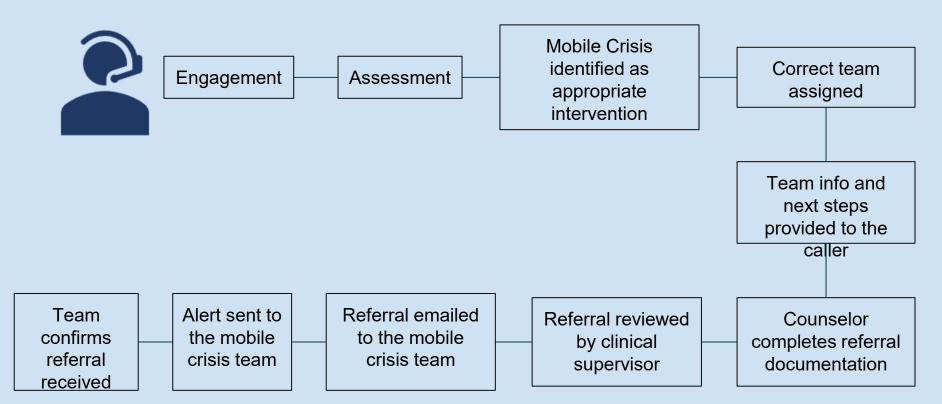


Role of MCT SPOA





MCT Referral Process





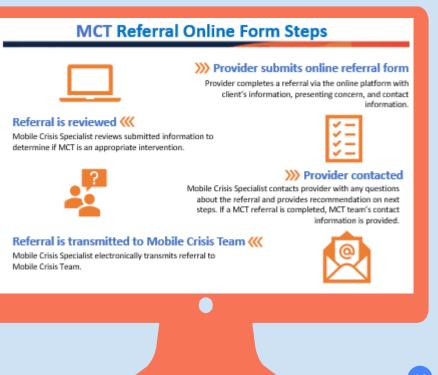
Streamlining the process to meet business needs/KPIs

Reduced capacity due to increased volume and stagnant funding

MCT Online Referral Portal

- In 2015, Average Handle Time(AHT) for inbound Mobile Crisis interactions was 68 minutes.
- An expedited online mobile crisis referral portal targeting providers and school personnel was launched to remove provider MCT referrals from the inbound line.
- Prior to submitting referral, Providers are asked 3 screening questions to determine if MCT is appropriate.
 - Is the client presenting with immediate danger to him/herself or others?
 - Is the client living on the street or his/her whereabouts are unknown?
 - Does the client have an ACT team or receives AOT services?

• 4,279 hrs saved on inbound line in 2022





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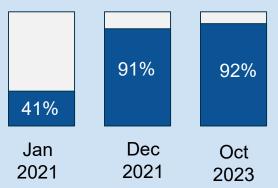
KPI - 90% of MCT referrals are transmitted within 20 minutes of contract completion.

Transmission Time Dashboard



- Reduced processing time of mobile crisis referrals
- Increased availability to support the incoming interactions
- Mobile Crisis Specialist offer real time support to counselors

Service Level





Consistent coverage to process online MCT referrals without impacting inbound capacity

Dedicated Mobile Crisis Staff

- Specialists who work exclusively on processing MCT online referrals, interfacing with mobile crisis teams, and assisting with any issues that occur
- Provide additional support to crisis counselors to help increase understanding of referral process, decrease transmission time, and increase availability on the lines
- Along with supervisors they review and approve referrals, allowing for shorter transmission time.





Mobile crisis teams with shared catchment areas led to unequal distribution of referrals and errors in selecting the correct team.

The MCT Tool

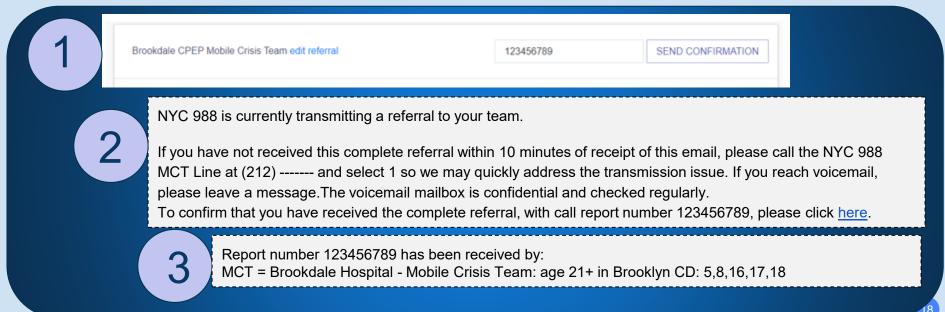
- Counselors use this tool to identify the correct Mobile Crisis Team.
- Rotates referrals between teams with shared catchment areas

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Inbound counselors were responsible for confirming the mobile crisis team received the referral by calling the team 10 minutes after the referral was faxed/emailed. Counselors remained unavailable to interactions until after they made the outbound call to the team.

The MCT Tool





How to build or strengthen the partnership between crisis center and Mobile crisis services





How to build or strengthen the partnership between crisis center and Mobile crisis services





Identify the benefits and challenges of a crisis line serving as the Single Point of Access for Mobile Crisis response referrals.



Benefits:

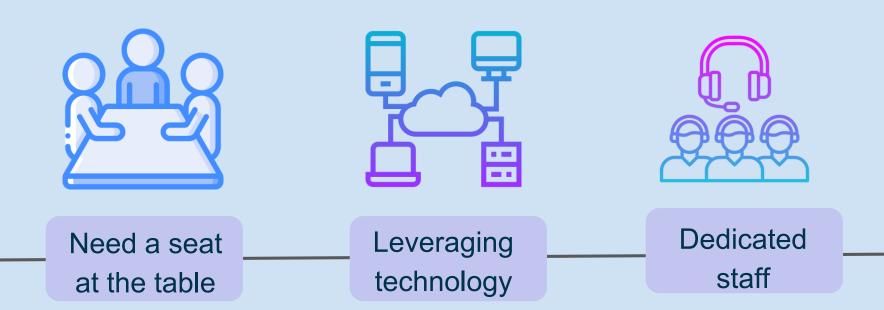
- Ensuring consistency in application of eligibility criteria for consumers
- The ability to divert to lower or high levels of care during the same interaction
- Option of follow up for non-provider mobile crisis referrals
- Equitable distribution across teams
- A bigger picture view of referrals across the system

Challenges:

- 24 independent teams
- Differing levels of comfort with higher risk situations
- Differing levels of access to technology
- Managing relationships with the teams and funders
- NYC Well doesn't have oversight of the teams to make changes that would streamline the process



Lessons Learned





Questions?

Comments?

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