



# New Hampshire Rapid Response Access Point

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January 27, 2022

# Long-Tenured Specialty Behavioral Health Organization

**35 years**

of behavioral health  
experience

**44 million**

covered lives across  
the country

**25 years**

developing crisis  
system of care  
models

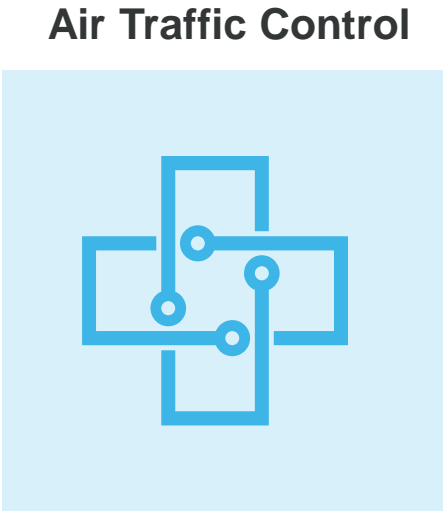


- Leading behavioral health company that ensures access to high quality care and improves health outcomes for everyone we serve
- Long history of providing program oversight and consultation to Medicaid/governmental agencies
- Expertise developing and implementing customized crisis response systems for states and counties across the country
- Deep understanding of unique challenges and opportunities to advance crisis systems of care due to the behavioral health impacts of the COVID-19 pandemic and implementation of 988
- Skilled at helping communities evaluate their own crisis systems and offering innovative crisis solutions grounded in clinical expertise and informed by community-specific needs
- Proven outcomes engaging diverse stakeholder groups in purposeful, action-oriented collaboratives

# Beacon's Crisis Capabilities



Crisis Contact Center



Crisis Consulting

Stakeholder Engagement



Financing



System Oversight and Contracting



Facilitating Crisis Data Sharing

## Idaho Crisis Consulting

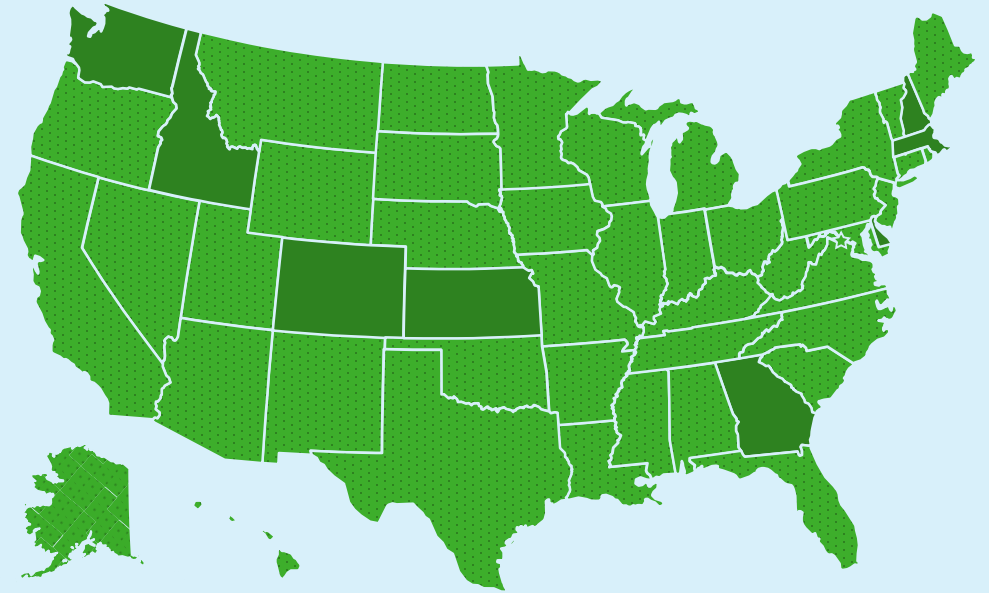
2019

- Assessed Idaho's current behavioral health crisis system and provided recommendations to help build a statewide system
- Identified region-specific practices, including needs, gaps, opportunities, and national best practices

## Delaware Crisis Consulting

2022

- In contract negotiations with the State to assist in designing their new Behavioral Health Crisis Contact Center
- Will include a broad range of stakeholder engagement, workplan development, and program design and training based on national best practices



## Massachusetts Emergency Services Program

Since 1996

- Manage the Emergency Services Program (ESP), including crisis assessment, intervention, and stabilization services
- Offer a web-based search tool for behavioral health providers, emergency departments and other stakeholders to identify available capacity including inpatient beds and urgent walk-ins

## Georgia

Since 2015

- Manage crisis hotline, dispatch mobile crisis teams, capture and track critical information, refer to needed care and track crisis services, including bed availability, statewide
- Conduct quality reviews for crisis stabilization units

# Beacon's crisis footprint

## Washington State

Since 2016

- Administer crisis ASO services in eight counties for all individuals regardless of insurance coverage through a braided funding mechanism
- Contract with and oversee mobile crisis teams/designated crisis responders and a 24/7 hotline service

## Colorado

Since 2019

- Serve as Crisis ASO in three regions (32 Counties) ensuring appropriate resource distribution, coverage, and compliance with state crisis services directives
- Responsible for managing contracts for mobile crisis services, walk-in centers, crisis stabilization units and crisis respite

## Kansas

Effective 2021

- Statewide hotline for youth, including mobile crisis dispatch
- Contract management of mobile crisis teams and administration of braided funding

## New Hampshire

Effective 2022

- Statewide hotline for all ages, including mobile crisis dispatch
- Air traffic control using a closed loop referral system to access and track services
- Training of mobile crisis teams
- Spearheading community collaboratives in 10 regions

**Our call centers answer  
more than 3 million calls  
each year nationwide.**

# Beacon Program Outcomes



## Crisis outcomes - GA

- Upwards of 75% of calls by individuals are resolved telephonically
- Only 2% of triaged calls result in emergency interventions
- Only 5-7% of dispatches involve law enforcement
- Approximately 80% of mobile crisis dispatches are resolved in the home without higher levels of intervention



## Crisis outcomes- WA

24/7

Immediate access to a crisis clinician via phone



78%

of issues resolved over the phone

Resources can include immediate dispatch of mobile crisis, referral to a designated crisis responder for an assessment of involuntary treatment, referral to a local provider, or care coordination by Beacon staff

## Mobile Crisis Outcomes



Diverted from ED/higher levels of care



Get follow up within 7 days

4% Recidivism

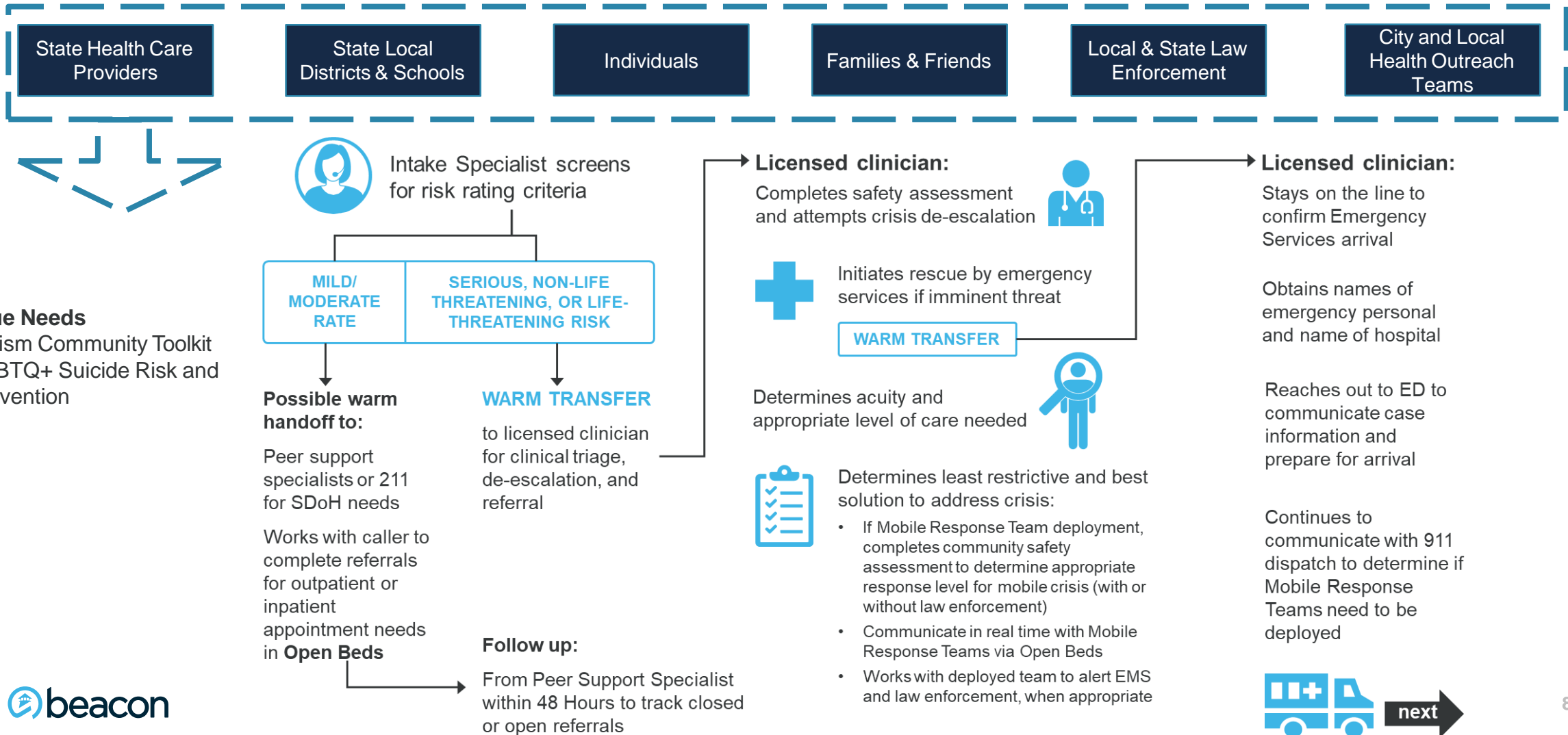
# New Hampshire Rapid Response

- 24/7 Crisis line serving calls, text, and chat
- Linkage to local community-based resources
- Dispatch of mobile Rapid Response teams for those who need more direct and urgent intervention
- Closed-loop referral system in development for appointments with CMHCs





# Beacon Access Point Air Traffic Control Enabled By Open Beds Technology

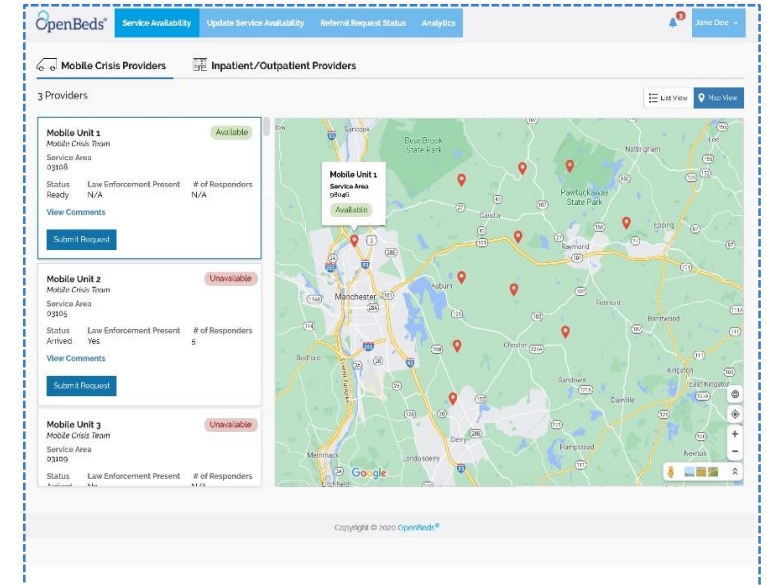
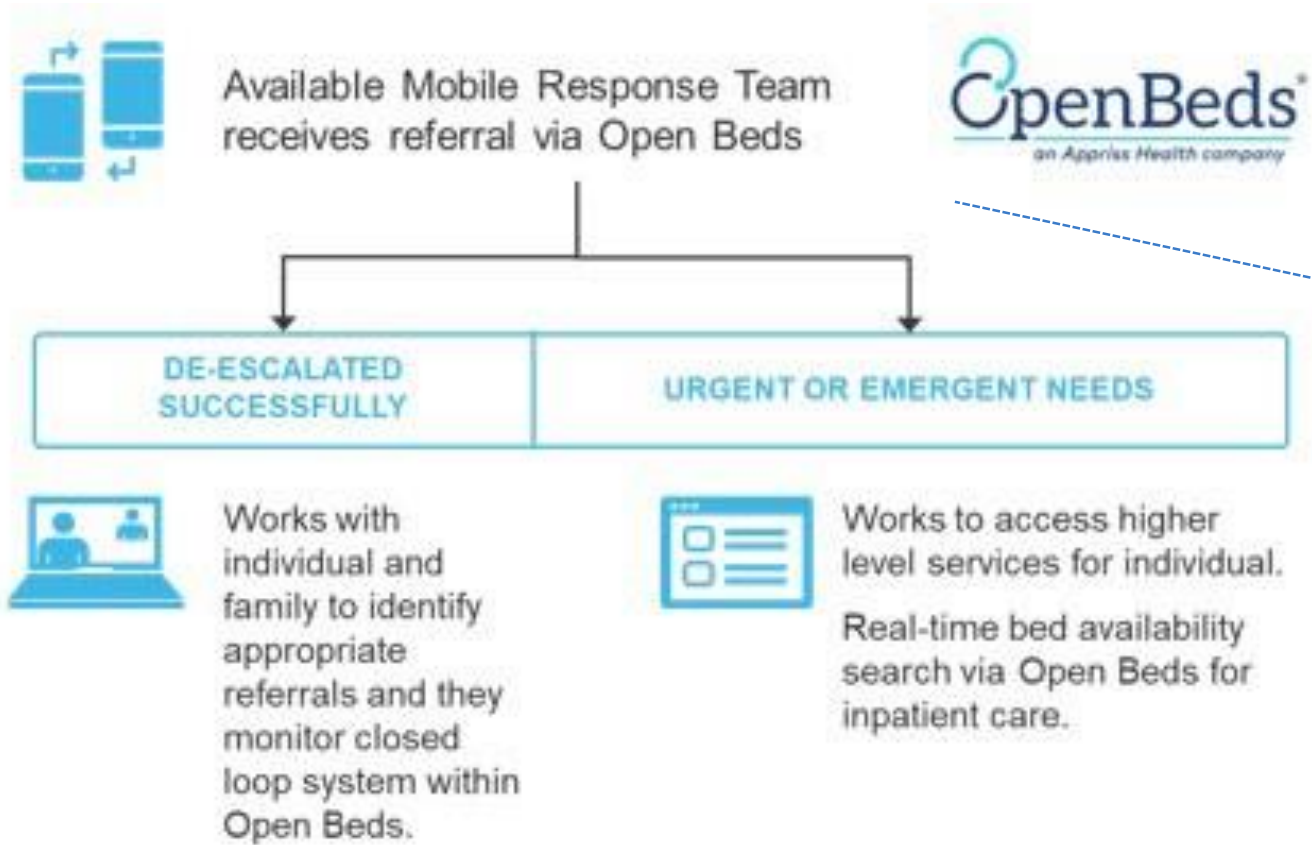


## Unique Needs

- Autism Community Toolkit
- LGBTQ+ Suicide Risk and Prevention



# Beacon Access Point Air Traffic Control Enabled By OpenBeds Technology



# New Hampshire RRAP Dispatch Criteria

Risk Rating	Risk Level	Criteria	NH RRAP Intervention
1	<b>Routine – Mild/Moderate Risk</b>	<ul style="list-style-type: none"> <li>When the identified person in crisis demonstrates some distress, but the precipitants of the distress and associated stressors can be easily identified and/or</li> <li>When the identified person in crisis manifests an adequate to good pre-morbid level of functioning with continuing adequate social/family supports and resources and/or</li> <li>When the identified person in crisis demonstrates mild impairment in judgment, functioning and/or impulse control and/or</li> <li>When a identified person in crisis's request can be addressed safely within 10 business days it is considered to be a Risk Rating 1 – Moderate/Mild Risk (Routine).</li> </ul>	<ul style="list-style-type: none"> <li>Referral to a scheduled Outpatient Appointment within 10 days of contact</li> <li>Follow up contact within 48 hours for individuals who meet criteria established by Beacon and DHHS</li> <li>Individualized planning, including development of a safety plan</li> <li>Or additional referrals as requested or indicated by identified person</li> </ul>
2	<b>Urgent – Serious Risk</b>	<ul style="list-style-type: none"> <li>The identified person in crisis is distressed and multiple risk factors are present, but there is no current potential danger of harm to self or others, and/or</li> <li>The identified person in crisis indicates plan and ideation to harm self or others, but no apparent means or intent are present, and protective factors are sufficient to not warrant a higher risk rating and/ or</li> <li>The identified person in crisis indicates intoxication or mild withdrawal symptoms and/or</li> <li>The identified person in crisis indicates an urgent clinical need to be seen and not one of convenience (such as preferred day or time) only.</li> </ul>	<ul style="list-style-type: none"> <li>Referral to Same Day/Next Day Outpatient Appointment</li> <li>CMHCS or Doorways</li> <li>If appointment is not available, Mobile crisis dispatch – level based on safety questionnaire and other clinical criteria</li> <li>Potential referral for detoxification services</li> </ul>
3	<b>Emergent – Non-life threatening Emergency</b>	<ul style="list-style-type: none"> <li>Potential danger to self or others exists as indicated by ideation with plan and means, but no intent or</li> <li>The identified person in crisis is labile or unstable and demonstrates significant impairment in judgment, impulse control and/or functioning, or</li> <li>There exist severe medical complications concurrent with or as a consequence of psychiatric or substance abuse illness and its treatment, or</li> <li>The identified person in crisis indicates moderate to significant withdrawal symptoms.</li> </ul>	<ul style="list-style-type: none"> <li>Mobile crisis dispatch – level based on safety questionnaire and other clinical criteria</li> <li>Potential referral for detoxification services</li> </ul>
4	<b>Emergent – Life-Threatening Emergency</b>	<ul style="list-style-type: none"> <li>Failure to obtain immediate care would place the identified person in crisis's life, another's life, or property in jeopardy, or cause serious impairment of bodily functions, or</li> <li>The identified person in crisis/identified person in crisis indicates that failure to obtain immediate care would place the identified person in crisis's life, another's life, or property in jeopardy, or cause serious impairment of bodily functions.</li> </ul> <p>**NHRRAP Levels 2-4 may include interventions at all preceding levels as clinically indicated by the access point and/or mobile crisis providers.</p>	<ul style="list-style-type: none"> <li>Mobile crisis dispatch – level based on safety questionnaire and other clinical criteria</li> <li>Medical Emergency 911</li> <li>SI/HI immediate threat 911</li> <li>Active Substance Withdrawal- 911 or referral to emergency department</li> </ul>

# New Hampshire RRAP Dispatch Levels\*\*\*

Level	MCRS Involvement	Criteria
1	<b>Secure location</b> (Hospital, Jail, Law Enforcement On Scene and Staying)	These cases are in a safe location so a clinician may respond alone.
2	<b>Mobile Crisis Team Alone</b> (No law enforcement)	“Urgent” cases in which the absence of clinical intervention suggests the advancement to greater risk or other cases where children or adolescents are being referred to LOC.
3	<b>Mobile Crisis Team Leads</b> (Law enforcement in the background or following behind and on the scene)  <i>* Mobile crisis would notify law enforcement of dispatch and coordinate</i>	The identified person in crisis reports any of one of the following: <ul style="list-style-type: none"> <li>• History of aggression</li> <li>• Recent acts of aggression</li> <li>• Self-injury</li> </ul> <p>The level indicates situations where team enters into the environment first and law enforcement is immediately available if needed.</p>
4	<b>Emergency Services/ Law Enforcement Leads</b> (Mobile Crisis Team accompanying or following behind. Team must head police instructions and respond as the scene is deemed safe for entry.)  <i>* Mobile crisis would notify law enforcement of dispatch and coordinate</i>	The level indicates situations that are too dangerous to deploy without the environment first being secured by law enforcement. It is also key in these situations to have a response within the shortest time possible.  Beacon initiates rescue protocol and does not dispatch the Mobile Crisis Team as sole responder if identified person in crisis is in imminent danger to self and/or others as evidenced by any of the following: <ul style="list-style-type: none"> <li>• “Likely” or “very likely” intent for suicide attempt (more that desire/ideations and capability alone)</li> <li>• “Likely” or “very likely” intent for homicide attempt</li> <li>• Threat to staff</li> <li>• Possession of weapon</li> </ul>

\*\*\* Mobile Crisis Teams can always up the dispatch level but cannot reduce the level of dispatch from the RRAP



Questions?