

Greater Baltimore 988 Helpline: Behavioral Health Crisis Response Triage Matrix

PHONE SUPPORT	MOBILE RESPONSE (NON-LAW ENFORCEMENT)	CO-RESPONSE (INCLUDES FIRST RESPONDERS)	EMERGENCY SERVICES
CALLER CAN BENEFIT FROM PHONE SUPPORT AND/OR REFERRALS TO CARE	ON-SCENE SUPPORT MAY PROVIDE A MORE FAVORABLE RESOLUTION	HIGH UNCERTAINTY OR RISK REQUIRE SUPPORT FROM SPECIALIZED RESPONSE	URGENT RESPONSE REQUIRED
<p>Effective, Safe Engagement By Phone</p> <p>The person in crisis is...</p> <ul style="list-style-type: none"> Expressing themselves clearly; Engaging in conversation; or Experiencing suicidal or homicidal thoughts, but is participating in safety planning. <p>Caller is Seeking Resources</p> <p>A caller may want support but not be in the midst of a crisis.</p> <p>Supportive Engagement While Other Responses Are On Their Way</p> <p>Phone counseling may continue to be supportive while another response is being sent.</p>	<p>Acute Distress or Impairment</p> <p>The person in crisis is experiencing...</p> <ul style="list-style-type: none"> Acute psychological distress; Suicidal or homicidal thoughts but no immediate intent or means to harm self or others (no recent aggressive acts towards others); Potential means/weapons are secured (e.g. consumer has no access to firearms) or agrees to meet in a location away from the weapons Perceptions of reality that are inconsistent with most individuals; Signs of inability to care for self; or Minor self-harm that is not recent, no significant bleeding or does not require emergency medical attention. <p style="text-align: center;">OR</p> <p>In-Person Engagement Will Be More Supportive</p> <p>The person in crisis is more likely to have an effective connection in person, possibly because...</p> <ul style="list-style-type: none"> The situation is too complex to resolve by phone due to interpersonal or situational factors; Caller cannot focus on the phone conversation due to being distracted internally or by external factors; A supportive person is nearby and could be helpfully involved in the conversation; or A clinician examining the environment could result in a more holistic assessment and care plan. <p style="text-align: center;">OR</p> <p>Immediately Useful Assistance Can Be Offered</p> <p>The person in crisis could meaningfully benefit from...</p> <ul style="list-style-type: none"> Voluntary transport to service at another location; or In-person navigation of the local mental health or social service system will reduce overwhelm. <p style="text-align: center;">OR</p> <p>Caller Request</p> <p>The caller requests to be seen in-person (unless they are known by counselors to request this inappropriately).</p>	<p>Concerning Risk To Responders</p> <p>The person in crisis consents to on-scene support but is...</p> <ul style="list-style-type: none"> Person not visible to 2nd/3rd party caller; unknown whether they have a weapon; Known to act violently (e.g. recent history of intimate partner violence). <p>Serious Risk to Self or Others</p> <p>Someone on scene...</p> <ul style="list-style-type: none"> Is threatening people on scene and not responding to attempts at deescalation; Has intent and plan to seriously harm self or others, but does not immediately have the means; or Does not consent to non-law enforcement mobile response Demonstrates erratic behavior indicating high risk requiring evaluation. <p>Other Joint Responses</p> <p>An incident involving...</p> <ul style="list-style-type: none"> Co-occurring medical concern or possible medical basis for behavioral health symptoms and person consents (EMS); or Issues of other subject-matter expertise, such as condemned property, animal cruelty, abuse or neglect, etc. 	<p>Immediate Intent, Plan, And Means To Harm Self Or Others</p> <p>Request law enforcement if a person on scene is...</p> <ul style="list-style-type: none"> Unwilling to secure firearm/means; Known to have access to a dangerous weapon In the process of seriously harming themselves or another person or already has; or Has immediate intent, a plan, and means to harm themselves or another person. <p>Medical Emergency</p> <p>Request EMS if anyone is...</p> <ul style="list-style-type: none"> Experiencing a medical emergency; Has seriously injured themselves or another; Intoxicated and unresponsive; or Experiencing an overdose. <p>Mobile May Sometimes Join</p> <p>Send a mobile response team if requested, or if it is known the emergency also requires behavioral health support for someone on scene.</p>
ACTION	ACTION	ACTION	ACTION
Provide talk support . Refer to resources and/or create a safety plan. Divert to appropriate service as needed.	Seek consent to send a mobile team for callers over 12 years of age (parent/guardian consent needed for under 12) . If a 2nd party (knows the consumer and their history) or 3rd party (doesn't know the consumer) is the caller, attempt to seek consent on the phone. The mobile team may seek consent from the person in crisis on scene if necessary. If the caller does not consent and there is no urgency, continue phone-based talk support.	Seek consent from ages 12 and up (parent/guardian consent needed for under 12) . If risk is beyond consent, inform the caller the situation requires BH joint response with LE, EMS, or other unit (unless risk would be severely heightened by telling them). Consult the regional directory for LE co-responders. If LE co-response is unavailable, call 911 and dispatch civilian mobile.	Inform the caller that, due to the risk level described, 911 LE or EMS emergency services must be activated (unless risk would be severely heightened by telling them). After initial response, contact 911 to understand disposition and evaluate if additional behavioral health support is needed.