



All In: Community Support for Mental Health Crises (Through the Lens of Access to Care and Wraparound/Support Services)

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Objectives

- ❖ Specify how South Carolina is responding to crisis.
- ❖ Explain the SCDMH Mobile Crisis Program.
- ❖ Identify your place on our team.

How is the SCDMH Responding to Crises in South Carolina?

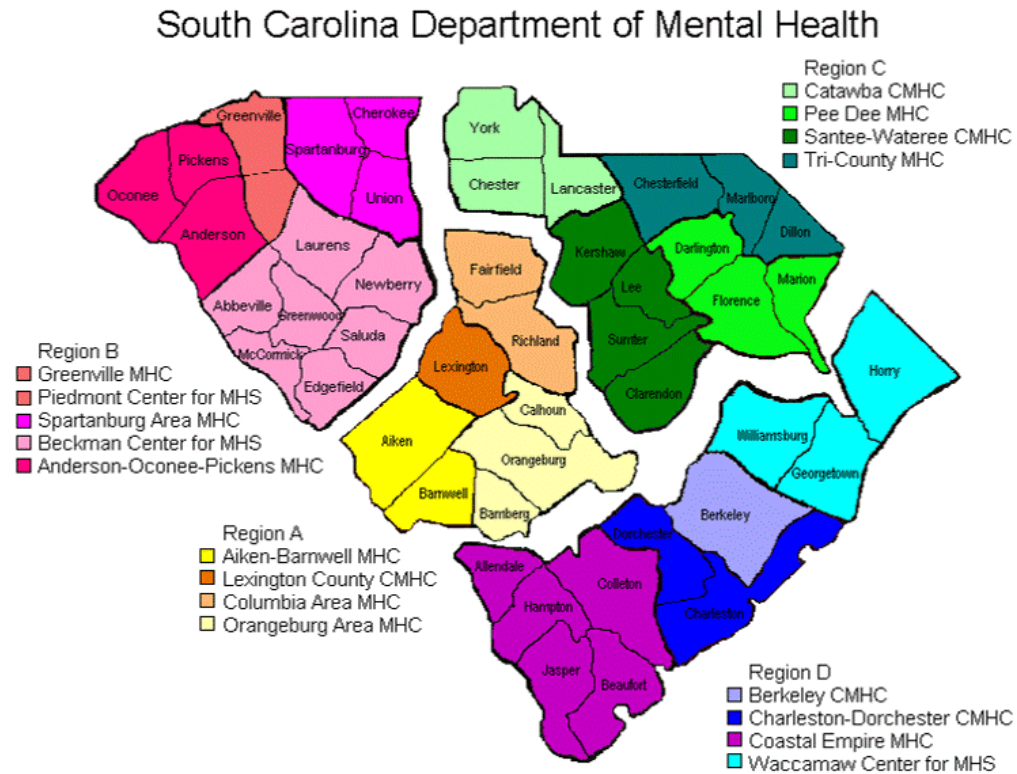
- ❖ Walk-In Screenings and Intake at CMHCs
- ❖ MOUs with Hospitals and Jails to provide screenings
- ❖ Crisis Stabilization Units and Peer Living Rooms
- ❖ Division of Inpatient Services- Bryan Psychiatric, Patrick B. Harris, Forensics
- ❖ School Based Mental Health Counselors
- ❖ Development of Statewide Mobile Crisis Program

What is Mobile Crisis?

- ❖ A program created through a contract with South Carolina Department of Mental Health (SCDMH) and South Carolina Department of Health and Human Services (SCDHHS)
- ❖ Purpose: To enhance the crisis services array to include statewide community crisis on-site emergency psychiatric screening and assessment
 - ❖ Provide services 24/7/365 within 60 minutes of contact with the mobile crisis team to meet the mental health needs of residents of SC
- ❖ Goals: To provide access and link clients to appropriate levels of care, reduce hospitalizations, and reduce ED visits
 - ❖ Build partnerships with local law enforcement, hospitals, judges, community providers, and other mental health providers.

SCDMH Regional Map

- ❖ 17 Mobile Crisis Teams across the State
- ❖ Internal DMH Call Center to answer hotline
- ❖ Respond in teams of two, with Law Enforcement



Mobile Crisis Functions

- ❖ **Call Center Triage** -Needs of callers are assessed and offered appropriate intervention and resources
- ❖ **Mobile Response** - Team responds on site to further assess and address patient's psychiatric needs in their natural environments
- ❖ **Probate Screenings** - Help community members navigate the Probate Court commitment process; mobile crisis teams work with local Probate Judges to obtain detention orders if necessary
- ❖ **Community Liaison** - Assist with coordinating care for patients throughout the community in order to improve treatment outcomes and continuity of care; Outreach in the community about services

How are Mobile Crisis services provided?

- ❖ Clinical screenings for adults and children:
 - ❖ In person at the location of the crisis
 - ❖ In person at a CMHC clinic
 - ❖ Via Telephone Assessment
 - ❖ Via Telehealth Assessment (service varies by location)
- ❖ Referrals to connect individuals with the most appropriate level of care in the least restrictive environment, for example:
 - ❖ Development of a safety plan with family for person to follow up with provider in the morning
 - ❖ Facilitate direct transfer to inpatient hospital if necessary, diverting the Emergency Department
 - ❖ Emergency Department as a last resort when no bed is available or medical clearance is needed

How is Mobile Crisis Contacted?

- ❖ ANYONE CAN MAKE THE CALL- Self-referral, Law Enforcement, Family, Friend, Community Provider...

MOBILE CRISIS HOTLINE:

(833) 364-2274

Each Mobile Crisis team is governed by the following principles:

- ❖ Access to services and supports is timely.
- ❖ Services are provided in the least restrictive manner
- ❖ Adequate time is spent with the individual in crisis.
- ❖ Plans are strength-based.
- ❖ Emergency interventions consider the context of the individual's overall plan of services.
- ❖ Individuals in a self-defined crisis are not turned away.
- ❖ Crisis services are provided by individuals with appropriate competence to evaluate and effectively intervene with the problems being presented.
- ❖ Interveners have a comprehensive understanding of the crisis.
- ❖ Helping the individual to regain a sense of control is a priority.
- ❖ Services are congruent with the culture, gender, race, age, sexual orientation, health literacy and communication needs of the individual.

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When to Call Mobile Crisis

Crisis Intervention Telephone Services

- ❖ Looking for resources in the area for self, friend, family member, etc.
- ❖ Recent stressors contributing to a change in mood, behavior, etc. and need someone to talk to- not threatening to harm self/other or reporting decompensation/psychosis
- ❖ EDs reaching out for medication information on a patient or seeking an appointment for continuity of care/discharge planning
- ❖ Family or friends seeking information about the appropriate actions to take to get their loved one help and how to navigate the mental health system
- ❖ Individuals calling themselves or with a patient who wants treatment and agrees to come to their local CMHC

Crisis On-Site Intervention Services

- ❖ Mobile Response is indicated if the patient would have to access a higher level of care should mobile crisis clinicians not intervene.
- ❖ First responder/Law Enforcement requesting clinician's assistance with a patient
- ❖ Family/Friend reporting patient is threatening to harm themselves or someone else or are presenting psychotic and decompensating
- ❖ Patient calls in stating they are unable to stay safe and need help

Mobile Crisis by the Numbers

- ❖ Over 62,000 Calls to the Hotline in 2020, 24.5% of those were Crisis Calls
 - ❖ Until October 2020, third party call center was used
- ❖ 24,397 Calls in 2021, 33% were Crisis Calls
- ❖ On Site Responses:
 - ❖ 2018: 271
 - ❖ 2019: 1,109
 - ❖ 2020: 2,397
 - ❖ 2021: approx. 2,000
- ❖ In 2021, 1,816 Diversions
- ❖ Average response time: 27 minutes

Capabilities/Limitations of Mobile Crisis

Capabilities

- ❖ Can provide crisis assessment and referral to resources
- ❖ Can facilitate both voluntary & involuntary admissions to hospitals 24/7
- ❖ Will respond to scenes when requested by police, EMS, or Fire

Limitations

- ❖ Cannot transport individuals
- ❖ Cannot respond to scenes as quickly as law enforcement /Fire/EMS
- ❖ Cannot safely assess severely intoxicated, or drug and alcohol concerns

Welcome to our Team!

- ❖ SCDMH is one provider, but it takes a team to serve all of South Carolina... that's where you come in 😊
- ❖ Mobile Crisis clinicians will make referrals as necessary, including follow up to their current providers- which may include PCPs.
- ❖ Here's your role on our team:
 - ❖ You can refer to us for emergencies by sharing our hotline number.
 - ❖ You can screen all patients, every time! Identify the symptoms before they escalate to a crisis.
 - ❖ Safety planning does not require a MHP- any caring person can do this.
 - ❖ Warm hand offs to your local CMHC
 - ❖ Train ALL staff, not just clinical/medical- ASIST, Mental Health First Aid

Questions?

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South Carolina
Department of Mental Health

DMH

Office of Emergency Services
Mobile Crisis

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