SCDMH COMMUNITY CRISIS RESPONSE AND INTERVENTION: WHEN YOU CARE ENOUGH TO SEND THE VERY BEST

PRESENTATION PREPARED FOR THE PALMETTO COORDINATED SYSTEM OF CARE CONFERENCE SEPTEMBER 16, 2016

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SUMMARY OF CURRENT DMH SYSTEM

17 Centers, 43 clinics
SCHOOL-BASED SERVICES

SCDMH has school-based services in over 500 schools in nearly every county of the state.
CO-LOCATION

SCCMH has staff co-located at over 140 non-DMH facilities.

- DJJ
- DSS
- Primary Care
- Hospitals
- Jails
2015 Harvard Ash Center Bright Idea Award—Harvard University

Telepsych is also used Center-to-Center and Clinic-to-Clinic
PORTALS OF ACCESS

SCDMH has over 700 sites for citizens to access services
ACCESS TO SERVICES

SCDMH has made access to services a priority
Agency wide, the current average number of days between referral and first available appointment is

2 Days

Many Centers have same day access available for referrals
DMH FY16 CHILDREN SERVICE DATA

As of 6/30/16, DMH was serving 30,536 clients between the ages of 1-18

Most prevalent diagnoses:
- AD/HD 14,648 (48%)
- Mood Disorders 4,877 (16%)
- Anxiety Disorders 4,512 (15%)
- Adjustment Disorders 4,292 (14%)
DMH FY16 CHILDREN SERVICE DATA

372,692 services delivered
- Individual Therapy (44%)
- Mental Health Assessment (14%)
- Family Therapy (11%)
- Psychiatric Services (10%)
- Group Therapy (3%)

2,595 children received Crisis Intervention—1.4% of services delivered
# C&A IN-PATIENT DATA

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<th>2015</th>
<th>2016</th>
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<td>15-17</td>
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<td>Totals</td>
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CURRENT DMH CRISIS SERVICES

Center-based services
- Emergencies are given priority at all Centers during working hours
- Mental Health Professionals are on call after working hours statewide
- Embedded staff at many hospitals

Deaf Services provides after hours on-call
Telepsych services in many hospital EDs
Mobile Crisis Response in Charleston-Dorchester
## CHARLESTON-DORCHESTER FY16 DATA

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<th>Sept</th>
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<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
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<td>30</td>
<td>22</td>
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LESSONS LEARNED FROM NEW JERSEY MEETING

Families define crisis

One statewide phone number is needed

SC has one system with many strengths
- Telepsych
- School-based
- State agencies that deliver services
- Existing co-located services

New Jersey’s is similar to “mobile access”—with DMH’s 700+ portals of access, mobile access is not needed

New Jersey has a separate program for “true” crisis, which is more similar to what DMH is starting with
PROPOSED CCRI MODEL

A Statewide model with regional teams offers
- Consistency across the state
- Response times in under 60 minutes
- Ensures county lines do not interfere with service delivery

Office of CCRI will fall under the Division of Community Mental Health Services
- One Director
- Regionals supervisors
- 40 MHPs
PROPOSED CCRI MODEL

Works closely with DMH Centers
- Centers will bolster their ability to respond on-site to mental health crises during working hours
- Office of CCRI will share information about individuals served with Centers to ensure continuity of care

Collaboration with other members of the system of care
- Trainings offered to first responders
- Education about crisis response, inclusion, and exclusion
- Consultation to other agencies available
- Regularly occurring stakeholders’ meetings

Goals for program
- Diversion from hospital
- Diversion from jail
- Increased referrals for services
- Prevention of future mental health crises