South Carolina’s Systems of Care and the Expansion of our Crisis Continuum and 988

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A Look at Our State

- In 2020, 868 South Carolinians died by suicide
  - Every 22 minutes a South Carolinian is treated for Suicidal Ideation in the Emergency Department
- For people between the ages of 10-24 and 25-34 it is the 3rd leading cause of death
  - People between 15-19 have the highest rates of suicidal ideations and attempts in the Emergency Department
- EMS Self Harm Call Volume
  - Increased by 74% (2020-2022)
  - Increased by 12% (2021-2022)

Impact

- For each suicide death, **135** people are exposed
  - For 2020, this was **6.2 million people**
- For those who are exposed to a suicide death, **6** people experience a *major* life disruption
  - There are **over 275,000** loss survivors a year
- There is a suicide every **11.5 minutes**
  - There are more than **6** new loss survivors every 11.5 minutes as well

There is Hope

- People are reaching out!
- 22,383 call to Lifeline from Jan-August 2022.
- SCDMH Mobile Crisis:
  - In FY ‘22 23,280 total calls with over 7,000 being crisis calls.
- 2,340 have participated in the Interactive Screening Program
  - Hope.ConnectsYou.org

988 Crisis Care Continuum

- Allows individuals experiencing a mental health crisis to be supported by those trained in mental health.
- More than a number you call. Involves an entire system of care from:
  - Someone to answer the phone;
  - Someone to respond;
  - A safe place for the person to go.

Be the lifeline.
988 Funding in South Carolina

- SAMHSA 988 Cooperative Agreement Grant
  - Awarded on April 15th
    - Awarded $1,390,817 over two years
      - To enhance workforce and improve instate response
      - To increase state infrastructure to meet the needs of those in a mental health/suicide crisis
  - Funding will be provided to both SC Lifeline call centers
  - Amount Awarded was based on the total Lifeline call volume in each state
  - It did not include data from other crisis point lines that would be anticipated to be routed through 988 after implementation, such as 911, Mobile Crisis, or other state crisis lines
  - 1.3 million was given to the SCDMH 988 Call center as one time funds from the State Legislature
Crisis Continuum: Who Do You Call?

- **1-800-273-TALK** National Suicide Hotline \(\rightarrow\) **988 Suicide & Crisis Lifeline**
- **988 Call Centers in South Carolina**
  - Mental Health America of Greenville County is the primary call center answering calls for the whole state.
  - SCDMH is developing a second call center located in Charleston, SC expected to be running in 2023.
- There are national backup call centers that will answer calls not able to be answered in SC.
When would you Call 988?

- A person who is experiencing a suicidal crisis.
  - These make up 27% of the total calls.
- Any emotional distress which includes, but is not limited to:
  - Substance Use
  - Relationships
  - Domestic Violence
  - Abuse
  - Mental Health and Mental Illness concerns
- Someone who is worried about a loved one who is experiencing a Mental Health Crisis.
What to Expect When from 988 When You Call, Text, or Chat

- When you call you will hear a prompt to:
  - Press 2 if you speak Spanish
  - Press 1 if you are a Veteran
  - Press 3 for LGBTQ+ under the age of 25

- Calls will then be routed to the closest call center to the area code of the caller.

- The person answering the call, text, or chat will:
  - Listen
  - Assess for homicide & suicide
  - Collaborate on ways to cope or navigate emotions and/or situation
  - Connect to resources: mobile crisis and other community resources
  - Collaborate on a safety plan
  - Offer Follow-Up services
Crisis Continuum: Where Do You Go?
Crisis Stabilization Units (CSU)

- Wide range of short term services short of psychiatric hospitalization; may identify additional treatment needs.
- Provides a “warm” handoff to follow-up care (outpatient MHC, peer support services, or more intensive services such as hospitalization).
- Designed to divert people to short-term psychiatric services, freeing up inpatient and Emergency Room beds to those who need them.
- SCDMH has a CSU located in Charleston, SC.
  - There are plans to add 7 additional CSUs across SC modeled after the Charleston, SC location.
- Not everyone in a MH crisis will need a CSU. Some people can be stabilized at a Crisis Receiving Unit (CRU), which will be located at each CSU.
  - CRUs operate with the same staff but on a lower level of care model.
Crisis Continuum: Who Responds? Mobile Crisis

- Mobile Crisis is program created through a contract with South Carolina Department of Mental Health (SCDMH) and South Carolina Department of Health and Human Services (SCDHHHS).
- 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
  - Available statewide since mid-2019.
- 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

- 18 Mobile Crisis Teams across the State
  - One for each MHC; Dorchester County has an additional team during business hours.
  - One Deaf Services Team.
- Internal DMH Call Center to answer hotline
- Co-respond with Law Enforcement in teams of two.
  - Minimum one Masters clinician, second responder may be BA or a peer.
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, and appropriateness)

- 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...
- 988 MAY transfer to Mobile Crisis, but not always. IF caller wants a team to respond, calling Mobile Crisis directly would be best.

MOBILE CRISIS HOTLINE:
(833) 364-2274
Call Received By:

- **911**
  - MC: Caller consents to local resources; dispatch co-response with LE
  - 911: Threat level escalates from *imminent to **active.

- **Mobile Crisis- MC (833-364-2274)**
  - 988: No mobile needed; Mild to moderate distress present after safety plan. (Only until back up call center is up and running).
  - 911: Known **active threat present

- **988**
  - MC: With consent, agrees to speak with clinician in person; Unable to de-escalate/safety plan; "Rescue" needed.
  - 911: Known **active threat present

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*Imminent Threat: Threat to self/others probable in 24 hours if no intervention

**Active Threat: Threat to self/others is occurring now; actively attempting to harm self/others OR already acted on threats

***Rescue: Further assessment
Mobile Crisis Expansion
SAMHSA Cooperative Agreement for Innovative Community Crisis Response

- Four-year Grant (September 2022-September 2026)
  - Awarded $3 Million ($750,000 per grant year)
- Funding provided to hire and train:
  - 12 Peer Support Staff
  - 8 PTE (2 per Center)
  - 4 FTE (1 per Center)
  - Peer Support Training
  - Provide iPads to 1-2 LE agencies in each of the 10 counties
- Counties Participating:
  - Aiken, Anderson, Chesterfield, and all of Beckman Mental Health Center catchment area