

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

Jennifer Roberts  
Executive Director  
Charleston Dorchester Mental Health Center

# 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 3<sup>rd</sup> 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](https://www.hopeconnectsyou.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 15<sup>th</sup>
    - ▶ 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~~ → **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.

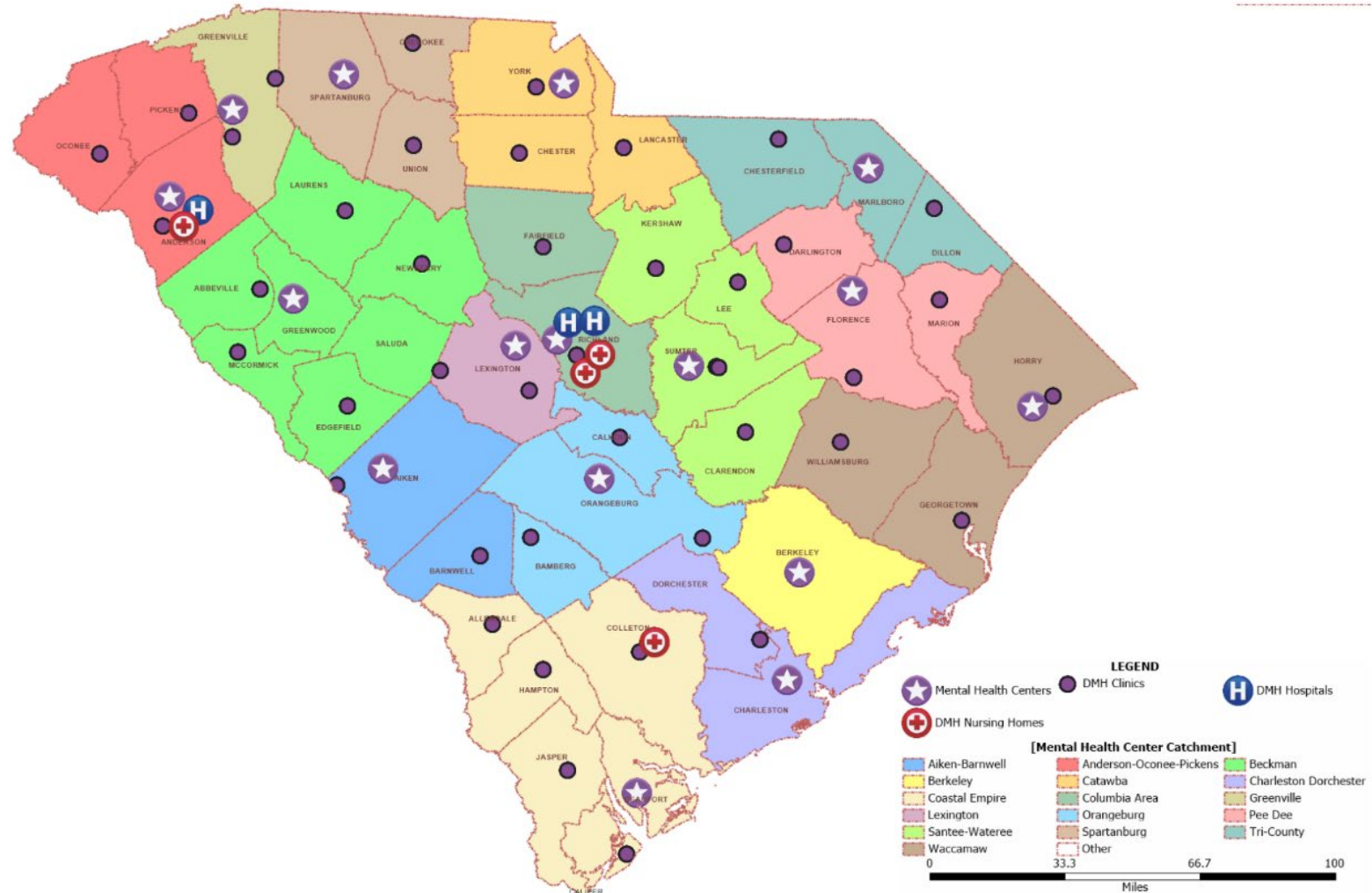
# Crisis Continuum: Who Responds?

## 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 (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
  - ❖ 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?

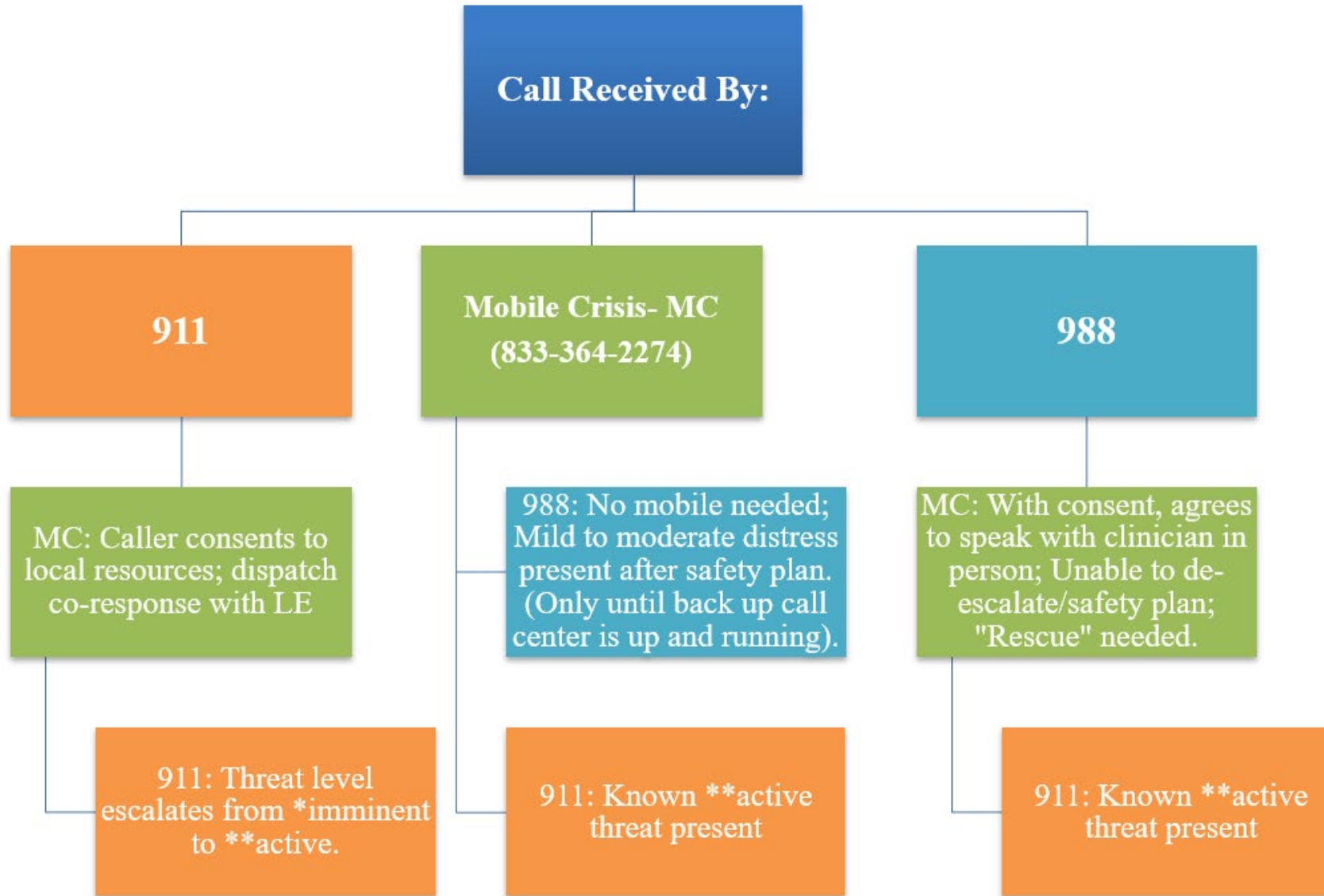
- ❖ **Clinical screenings for adults and children:**
  - ❖ In person at the location of the crisis
  - ❖ In person at a CMHC clinic
  - ❖ Via Telephone Assessment
  - ❖ Via Telehealth Assessment (service varies by location, and appropriateness)
- ❖ **Referrals to connect individuals with the most appropriate 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**



\*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



# Questions?

[Jennifer.Roberts@scdmh.org](mailto:Jennifer.Roberts@scdmh.org)

843-953-3457

Presentation Prepared by SCDMH Office of Suicide Prevention

Jessica Barnes/Stacey Rowell