SCBHC
South Carolina Behavioral Health Coalition

**Crisis Stabilization/Acute Care Management**
Meeting Date: December 7, 2017
Chair: Geoff Mason, SCDMH
Co-Chair: Bill Lindsey, SC NAMI

**Next Steps**

1. **Business Model –** Produce tool to measure resources in each community. No one size fits all plan; develop a template, grass roots approach to education of L. S. Pick 3 or 4 counties to start out.
2. **Array of Services –** Menu of programs ranked by cost; let counties decide their needs.
    - Lifeline use- 1st contact often
    - What happens after the referral

**Guiding Question: What are the gold services in each community?**

Refer to the 11.9 workgroup notes on "what do we have in our communities that address crisis stabilization and works well"

Standardize a template of these services and other consistent set of programs for behavioral health patients in the community

**Warm Hand-Off**

- Get stakeholders together
- Identify a point of contact that is available 24/7
- Cross collaboration Ex. DMH and DJJ
- Share information
- Open communication to improve continuity of care

**Uniformity of Processes**

- Improve communication and processes with DMH
- Evaluate Tele-psych process for evaluation and re-evaluation of patients. (? more resources for this program)
- Explore child and adolescence menu of services by age and diagnostic criteria
- Explore life line response to calls
    - a statewide plan
    - Assess level of training of individuals answering calls

**Crisis Intervention**

- Assess the % of life line calls, statewide goal of 80%
- Crisis intervention integration of services into the community
- No emergency line after midnight

3. **Continuity of Care**
    - Need for warm handoffs and feedback
    - Work to increase the data sharing between Emergency Departments and Mental Health Centers

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