Behavioral Health Strategies

Mental Health, Substance Use, and Law Enforcement Woven Together to Form a Strong Safety Net – A Case Study in Community Engagement and the Subsequent Development of Creative Workforce Opportunities

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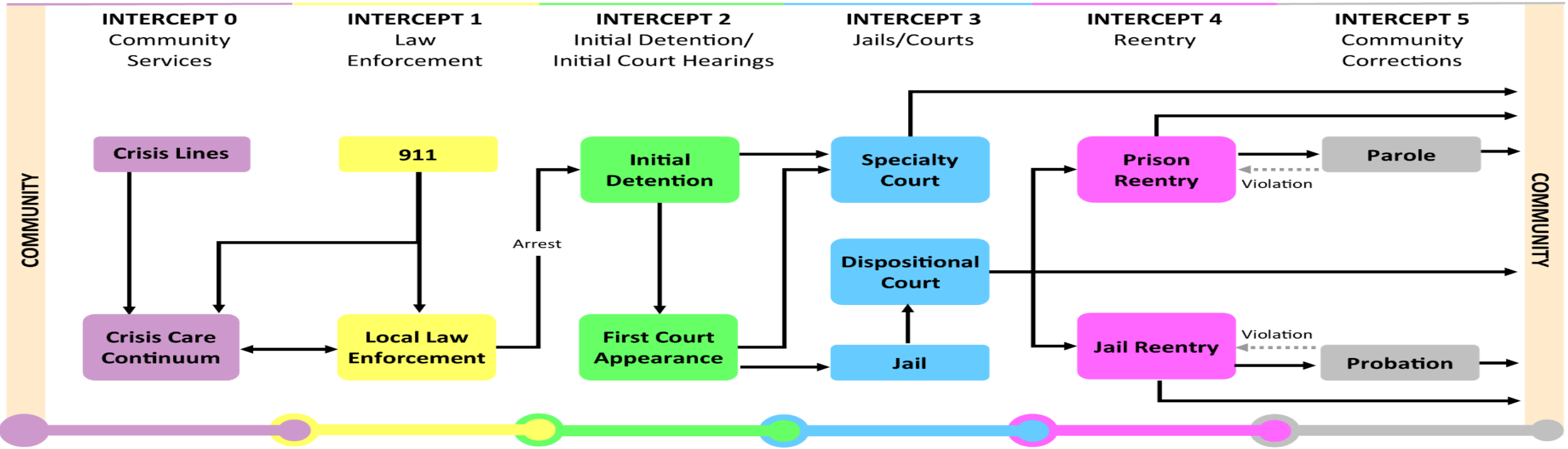
SYSTEM INTERCEPT MAP



- CC/CDMHC/NAMI CIT Training with Mental Health for Law Enforcement
- CDMHC ACT-like
- CDMHC Crisis Negotiation training
- The FARMACY
- CDMHC Homeless Outreach team
- CDMHC access
- CDMHC 24/7 Mobile Crisis
- CDMHC school-based
- EMS/MHC tele-health project
- CDMHC CPSSs
- MH Task Force

- Sobering Center
- TCSC
- CDMHC Clinicians embedded in the 4 law enforcement agencies
- CDMHC embedded with all crisis negotiation teams
- FRST
- Adm. Deman

- PTI
- ADSAP
- Dept. of Juvenile Justice
- CDMHC Embedded in DJJ
- CDMCH Civil outpatient commitments

- PIER (Persons Incarcerated Entering Recovery)
- Juvenile Drug Court
- Adult Drug Court
- CDMHC Staff embedded in ACDC
- Mental Health Court

- CDMHC fast access to care from SCDC

- SMART
- Youthful Offender Alternative School
- CDMHC/PPP liaison, future embedding

Built on a Strong Foundation

1987
Mobile Crisis

Administrative Demand Law

1990s
Mental health staff in detention center

Charleston Center staff in detention center

Opioid Treatment Program

Charleston Center as part of County Government

1994 Clinicians embedded in K-12

1997 Juvenile Drug Court

1998 Adult Drug Court

Mental Health Task Force

1999 Crisis Stabilization Center ver. 1

2003
Mental Health Court

2014 Clinicians embedded in law enforcement

2015 CJCC established and Safety & Justice Challenge

2016 CJCC joined Data-Driven Justice Initiative

2017
Farmacy

EMS Telehealth

Tri-County Crisis Stabilization Center with Triage Service ver. 2.0

2018
MAT in jail

MOBILE CRISIS (1987- PRESENT)

- 24/7 Emergency Response Team
- Any Where, Any Time, Anyone
- Emergency Department Diversion
- Jail Diversion
- Inpatient diversion
- Information Sharing – Administrative Demand

ADMINISTRATIVE DEMAND LAW FORM

South Carolina Code of Laws

Title 44 - Health
CHAPTER 22.
RIGHTS OF MENTAL HEALTH PATIENTS

SECTION 44-22-100. Confidentiality of records; exceptions; violations and penalties.

(A) Certificates, applications, records, and reports made for the purpose of this chapter or Chapter 9, Chapter 11, Chapter 13, Article 1 of Chapter 15, Chapter 17, Chapter 23, Chapter 24, Chapter 25, Chapter 27, or Chapter 52 of this title and directly or indirectly identifying a mentally ill or alcohol and drug abuse patient or former patient or individual whose commitment has been sought, must be kept confidential and may not be disclosed unless:

(1) the individual identified or his guardian consents;

(2) a court affirms that disclosure is necessary for the conduct of proceedings before it and that failure to make the disclosure is contrary to the public interest;

(3) disclosure is required for research conducted or authorized by the department or the Department of Alcohol and Other Drug Abuse Services and with the consent of the patient;

(4) **disclosure** is necessary to cooperate with law enforcement, health, welfare, and other state or federal agencies or when furthering the welfare of the patient or his family; or

(5) disclosure is necessary to carry out the provisions of this chapter or Chapter 9, Chapter 11, Chapter 13, Article 1 of Chapter 15, Chapter 17, Chapter 23, Chapter 24, Chapter 25, Chapter 27, or Chapter 52 of this title.

(B) Nothing in this section:

(1) precludes disclosure, upon proper inquiry, of information as to a patient's current medical condition to members of his family, or the Governor's constituent office; or

(2) requires the release of records of which disclosure is prohibited or regulated by federal law.

(C) A person who violates this section is guilty of a misdemeanor and, upon conviction, must be fined not more than five hundred dollars or imprisoned not more than one year, or both.

- Date: _____
-
- To: Charleston Dorchester Mental Health Center
- 4100 Charlie Hall Blvd
- Charleston, 29414
-
- Pursuant to South Carolina Code Section 44-22-100 (A)(4) the
-
- (Name of Law enforcement Agency)_____ is
- demanding immediate access to all or otherwise specified records on the following individual:
-
- Name:_____ Records Requested: _____
-
- Date of Birth: _____ _____
-
- Location: _____ _____
-
- This request is in reference to Investigation Case Number: _____
-
- If these records are not obtained at the time of this request, please call _____ when the demanded records are available for inspection or the said records have been copied. Arrangements will be made at that time to obtain them. If there are no records located within your agency or facility on the above individual, please notify the requesting agent of such.
-
- This Department is aware to the Patient Privacy Protections as afforded by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The *Standards for Privacy of Individually Identifiable Health Information* as developed by the Department of Health and Human Services (HHS) permit disclosure of the requested records to this Department. See attached Federal Regulation 45 CFR 164.512(f) (1). Other reference material is provided for your understanding.
-
- Thank you for your cooperation in this matter,
-
- Sincerely,
-
-
- (Signature) _____
-
- (Print Name) _____
-
- (Title) _____

MENTAL HEALTH STAFF IN THE DETENTION CENTER (EARLY 1990s – PRESENT)

- Continuity
- Forced Medication Protocols
- Liaison to Outpatient Care Upon Release

SUBSTANCE USE DISORDER STAFF IN THE DETENTION CENTER

- Designated Treatment Units
- Managing Boundaries
- Incentives Work
- Case Management
- After Release Follow-up

JAIL MAT

- Research Shows Highest Rate Of Return To Use And Overdose Deaths At Time Of Jail Release
- Forced Withdrawal
- Continuity Of Care
- Support By NCCHC
- We Are Doing This!

CRISIS STABILIZATION CENTER (1999 – 2009…..AND 2017– PRESENT)

- Admissions – 6/05/17 to date, 803
- Hospital Diversion – 6/05/17 to date, 778
- ED Diversion – 6/05/17 to date, 308
- Jail Diversion – 6/05/17 to date, 14
- LE Triage Services – 6/05/17 to date,101
- Community Supported – Hospitals, Mental Health, A&D, Sheriff's Office, Safety + Justice Challenge, Etc.

SOBERING SERVICES (2018 – PRESENT)

- Law Enforcement Diversion (Public Intox.)
- ED Diversion
- Assist Crisis, Sobering,

  And Other In-house Programs
- SBIRT
- Data Collection For Sustainability

MENTAL HEALTH COURT (2003 – PRESENT)

- Post Booking Jail Diversion
- Violent Offender Access Excluded per Statute
- The “Must Have” Partners
- Strong Outcomes

ADULT AND JUVENILE DRUG COURT

- Post Booking Jail Diversion
- Non-violent offenses
- Great option
- MAT expansion

HIGHWAY TO HOPE

- Reaching Rural Communities with FQHC and Free Clinic Partners
- Going To Those In Need; Not Expecting Them To Come To A Clinic
- Serving The Unsheltered

CLINICIAN EMBEDDED IN LAW ENFORCEMENT AGENCIES (2014 – PRESENT)

- Created For One Reason……Used For Others….
- Special Kind Of Staff
- Shared Funding
- Challenges Due To Association
- Benefits Of Association

FIRST RESPONDER SUPPORT TEAM (FRST) (2007– PRESENT)

- Result Of A Tragedy
- Developing Trust – Months/Years To Create; 5 Seconds To Destroy!
- Discrete Location
- Understanding The Culture
- First Responders, Docs, and Meds

LAW ENFORCEMENT AND CLINICIANS WHO TRAIN TOGETHER SERVE TOGETHER

- CIT Training (MH, NAMI, CC)
- Crisis Negotiation Training
- Mental Health First Aid
- CISM
- Charleston Center/CDMHC
- Training Consortium

EMS/MOBILE CRISIS TELEHEALTH PROJECT (MAY 2017 – PRESENT)

- Total calls – 1133
- ED Diversion – 632
- Hospital Diversions – 546
- Emergently Committed – 108

THE FARMACY – "TAKIN' IT TO THE STREETS!"

- Law Enforcement
- EMS
- CDMHC
- Charleston Center
- Roper St. Francis
- MUSC
- Accesshealth
- Franklin C. Fetter FQHC
- Food Bank

CREATIVE COMMUNITY ENGAGEMENT PROGRAMMING LEADS TO UNIQUE WORKFORCE OPPORTUNITIES

- Peer Support
- Care Coordination
- Prevention Specialists
- Community EMS
- Community Policing
- Street Medicine Nursing
- Use of Mid-Level Providers
- Flexible Educational Levels
- Telehealth

QUESTIONS

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