Public Behavioral Health
Emergency Services
Quarter 2 State Fiscal Year 2016
October – December 2015

Human Services Committee
March 8-9, 2016

RESTORING HEALTH, HOME, AND COMMUNITY

Rosalie Etherington, PhD
NDSH Superintendent
HSC Director
Emergency Services Continuum

The capacity to prevent, respond, de-escalate, and follow-up from crises across a continuum

Rapid Assessment/Triage
Crisis Line
Mobile Crisis Services
Crisis Residential/Respite Services
Emergency Room Collaboration
Regional Intervention Services (RIS)

**Public Health Service Act** Section 1913(c)(1) requires a community mental health center to provide 24-hour crisis services and screening for potential admissions to state mental health facility

**NDAC 75-05-03-02 Emergency Services**
Telephonic or face-to-face 24-hour-a-day crisis service provided directly or through contract

**NDAC 75-05-03-08 Regional Intervention Services**
The regional intervention services must refer to appropriate community service in lieu of state hospital admission
24-hour Crisis Line

Immediate telephonic support for the resolution of behavior health crisis

Q2SFY 2016

1400 crisis calls
Crisis Services

Immediate, short-term help to individuals experiencing crisis

Q2SFY 2016

10,981 documented crisis/emergency services
Mobile Crisis Services

Behavioral health emergency response of prompt and effective support to resolve crisis and defer hospitalization

Q2SFY16

105 interventions

Average 113 minutes each

103 crisis resolutions, 2 hospitalizations
Crisis Stabilization

**Crisis Residential Unit (CRU)** is a residential service providing emergency treatment as an alternative to hospitalization.

**Respite/Safe Bed Services** is a residential service providing a safe ‘bed’ for individuals in crisis that don’t require admission to a treatment facility.

**Q2SFY2016**

**1918** served in crisis residential or respite care.
Hospital Diversion

Bypassing NDSH admission through the use of local community services

Q2SFY16

116 clients served through contracted hospitals

593 clients served in contracted detoxification
NDCC 25-03.1-04 Screening and admission of an individual to NDSH must be performed by the regional Human Service Center and, if appropriate, treat locally. This "gatekeeper" function insures that, where possible, services are provided in the least restrictive, community-based environment
NDCC 25-03.1-20 A person may be committed for involuntary treatment of mental illness only if a district court finds the individual is a “person requiring treatment”

– Person Requiring Treatment means

• A person who is mentally ill or chemically dependent
• And if not treated there exists a serious risk of harm
State Hospital

Q2SFY16

330 hospital admissions

219 petitions for court ordered treatment

27 petitions for court ordered medication

antisocial conduct as a result of antisocial personality or conduct as a result of intellectual disability do not qualify as mental illness
Thank You