

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



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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

State Hospital admissions

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

State Hospital

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

Thank You