7/13/16: Charleston County Presentation on their Crisis Stabilization Unit
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Relevant Attachments:
- Ten Lessons Learned from Operating a Mobile Crisis Team from 1987
- Administrative Demand to CDMHC
- AMC description
- Assessment Mobile Crisis Monthly Report FY 15-16
- 2005-July Yearend Report
- LMHC 2016 Flyer

Key Takeaway: *Charleston County's Crisis stabilization Unit's key to success is based in the fact that access to the unit is fast and easy, the process to admit someone is faster than putting someone in jail, the unit is less costly than in-patient stay, and the unit is well-funded. Charleston is also implementing a Mobile Crisis Program.*

Charleston County is opening a Crisis Stabilization Unit and working across silos. There are four hospitals and 17 mental health centers across the state. South Carolina Dept. of Mental Health is a unified system of care. The Crisis Stabilization Unit began in 1999 when it received a Community Residential Care License. The unit quickly exhibited a high level of growth, growing from 6 to 10 beds within a year. After a brief lapse in services due to permit issues the unit will have:
- 24/7 Law enforcement/security on site provided by the Sherriff's office, which will allow police officers to come by and drop off individuals, as opposed to taking them to jail/the emergency room;
- A nurse on shift who will coordinate with alcohol and drug units in the state;
- Admittance for individuals who voluntarily agree to come in; and,
- A stakeholder advisory board for those who are contributing financially, including reps from the hospital, EMS, the court system, and other partners.

The Annual budget for the adult only facility is right around $1.1M with an initial startup cost of roughly $1.2M. One of the main goals of the unit is to determine if a person is in a crisis and how to address that crisis through linkages with critical services that meet the individual's needs. It has been a challenge in the past to find a balance between making the unit comfortable but not so comfortable that patients don't want to leave.

Key to success:
- Access to the unit has to be fast and easy
- The process to admit someone into the unit must be faster than putting someone in jail or else law enforcement won't be inclined to do it
- The unit is considerably less costly than in-patient stay, which is why hospitals are so likely to be on board
- A unit should be well funded so that they will be happy to take in new patients

It was noted that pitching the idea that hospitals reap significant financial benefits from providing support is a good means of getting hospitals on board - cost effective. Getting the sheriff's office on board was accomplished through the idea that it would reduce the population size in the detention centers, and that it would keep officers out of ERs waiting for individuals to be evaluated.

Charleston County is implementing a Mobile Crisis Program. Today it has a team of 7 clinicians who do intake, triage and response. The Mobile Crisis Unit is imbedded and operates with law enforcement when traveling to the scene. At the scene of the call, an evaluation is conducted and a decision is made as to whether the individual needs to be brought to the CSU, or admitted to a hospital. Additionally, the Mobile Crisis Unit has the ability to directly admit individuals to two local hospitals.

Charleston County went on to explain that from the law enforcement perspective the Mobile Crisis unit brings a lot of information. Further, HIPAA allows information to be given to law enforcement, and a lot of crises are diverted as a result. One of the other ways that the Mobile Crisis Unit serves to assist law enforcement is by assisting on the liability front, with officers having the cover of mental health assistance at the scene. This is accomplished by having a clinician embedded in the police department to respond alongside officers to domestic violence calls and work with the children of families who have been victims.

Charleston County also explained that a mental health task force was created, which includes law enforcement, the Dept. of Corrections, private providers, the school system, primary care providers, EMS, social service providers, and others, to meet continually every month. The group is made up of roughly 40 to 60 personnel, who work together to address the needs of the high-utilizer population. The idea to create the stabilization center came out of this community think-group.