

ANDERSON-OCONEE-PICKENS
CRISIS STABILIZATION PROGRAM

OVERVIEW

The Crisis Stabilization Unit (CSU) is to be a crisis program operated by Anderson-Oconee-Pickens Mental Health Center (AOPMHC) in conjunction with our local hospitals, law enforcement, alcohol and drug agencies, and local government. It will be available to residents of Anderson, Oconee or Pickens counties as an alternative to inpatient psychiatric treatment. Clients are screened for voluntary admission by AOPMHC clinical and medical staff and may be referred 24 hours a day, seven days a week, from any AOPMHC clinic, local hospital Emergency Department, or law enforcement in the three county area. Daily intensive programming is to be provided by AOPMHC staff and overnight accommodations will be provided through contracted local shelter beds.

- Rapid response treatment center created to appropriately divert adults in psychiatric distress from emergency departments and inpatient hospitals by assessing and providing intensive treatment and short term residential option
- Open 24 hours a day, 7 days a week
- Admission and treatment is provided on a voluntary basis
- Persons admitted can stay up to 3 days (can be extended not to exceed 14 days)
- Treatment focuses on current crisis and subsequent safety plans
- Initially six beds with expansion up to 10 depending on community needs
- Accepts all who meet clinical criteria, regardless of ability to pay
- Shelter accepts residents of all three counties. Tentative location: Salvation Army in Anderson.

THE TARGETED POPULATION

- 18 years of age and older
- In some form of psychiatric distress
- Thoughts of suicide, but not posing an imminent danger to themselves (not committable)
- Not posing an imminent risk of harm to others (not committable)
- Psychotic symptoms
- Manic, Depressed, Anxious, etc.

INCLUSION CRITERIA

- Those who are not violent, combative
- Those who are medically stable
- Those who are voluntary
- Those who can and will participate in the rigorous treatment modality

STAFFING

(a minimum of 2 staff per shift)

- Manager
- 2 RNs preferred - an RN is on 1st / 2nd shift and on weekends
- 6 Master's prepared clinicians
- 1 psychiatrist consultant at AOPMHC 2 hours a day, 5 days a week – always a psychiatrist on-call
- 1 administrative assistant

→ Qmo at least to get staffed

TREATMENT AVAILABLE

- Clinical programming 8:30 to 5 weekdays and weekends
- Assessment and Identification of treatment needs
- Treatment Planning
- Group therapy
- Individual therapy
- Medication
- Physician services
- Linkage to other needed services - both inside and outside of the mental health center
- Involves community support in treatment – families, other providers, churches, etc.

TYPICAL REFERRAL SOURCES

- Mental Health Center staff
- Emergency Department staff
- Inpatient Facility staff
- Law Enforcement personnel
- Detention Center personnel
- Families
- Persons in distress
- Private providers

VALUE TO COMMUNITY

- Frees up hospital beds for those who really need them
- Frees up Emergency Departments for those who really need them
- Focused treatment modality for those in psychiatric distress – right treatment at the right time in the least restrictive environment
- Less costly than inpatient facility
- Fills in the gap between Psychiatric Inpatient treatment and Mental Health Center/Emergency Department

CHALLENGES

- Location. Having a programming location closer to the shelter in Anderson vs. centrally located to the three hospitals (Clemson, Pendleton) and 20 miles from the shelter.
- Alcohol and Drug Treatment/Social detox.
- Transportation to Unit: Oconee and Pickens County Sheriff's Departments have expressed willingness to transport persons to the Crisis Unit.
- Funding and access: How to divide funding by proportional use and ensure that each hospital maintains access to their beds.