

# Tri-County Crisis Stabilization Center (TCSC)

Charleston Dorchester Mental Health Center

Reopened June 2017

# An ED, Hospital, Jail Diversion Program

Appropriate level of care at the appropriate time by the appropriate staff;  
therefore:

- Clinically appropriate emergency department (ED) diversion
- Clinically appropriate inpatient hospital diversion
- Legally appropriate jail diversion and triage option for law enforcement
- Clinically and legally appropriate shortened length of stay (LOS) in ED, inpatient bed, jail
- Option for stepdown/transfer from inpatient hospital or transfer from Sobering Center (soon to be opened next door)

# Hours, services, staff:

- ▶ Open 24/7 every day of the year
- ▶ Housed in the Charleston Center building to help also link patients to treatment to Substance Use Disorders, when needed
- ▶ Adjacent to the Sobering Center (soon to be open)
- ▶ Staffed with Master's prepared clinicians, Bachelor's level clinicians, Registered Nurses, and Psychiatrists (to include PRN staff)
- ▶ Patients are supported with group therapy, individual therapy, mental health assessments, psychiatric medical assessment, medications (If needed), and nursing services.
- ▶ 24/7 Sheriff's Deputy on site

- CDMHC reopened TCSC on June 5, 2017. Startup budget - approximately \$1,406,000.00. Recurring budget - approx. 1.2 mil.
- 24/7, 10 bed unit housed in Charleston Center (DAODAS)... critical location.
- Licensed as CRCF by SCDHEC - not a locked unit.
- Criteria - 18+, voluntary, medically stable, in psychiatric distress, not violent, not intoxicated, able to participate in rigorous treatment regime.
- The function - ED diversion, hospital diversion, jail diversion, triage service for law enforcement
- Staffing - minimum of 5 on day shift, 2 on evening and 2 on night shift. RN on every shift. No less than BS/BA staff. Psychiatrist on site 3 hours 7 days a week and on call 24/7. 16 staff total + PRN staff. Crisis intervention, de-escalation, and assessment training critical.

# Financial Partners/Stakeholders at reopening:

- ▶ CDMHC (\$300,000)
- ▶ SCDMH (\$258,000)
- ▶ Roper St. Francis Hospital System (\$250,000)
- ▶ MUSC (\$250,000)
- ▶ Charleston County Sheriff's Office (\$218,000)
- ▶ Charleston Criminal Justice Coordinating Council (CJCC) (\$90,000)
- ▶ Charleston Center (\$30,000)
- ▶ Berkeley Mental Health Center (\$18,000)

# Current Changes to TCSC Hospital Funding – Per Diem

500/day up to 4 days, then further approval in 2 day increments from referring hospital up to 14 days

## Pros:

- ▶ More likely to get hospitals on board, b/c the risk is on SCDMH
- ▶ No financial risk for hospitals (pay as you play)
- ▶ Better access to community
- ▶ Increased access/usage should increase the average daily census
- ▶ Transparency with stakeholders: quarterly financial and data reviews

## Cons:

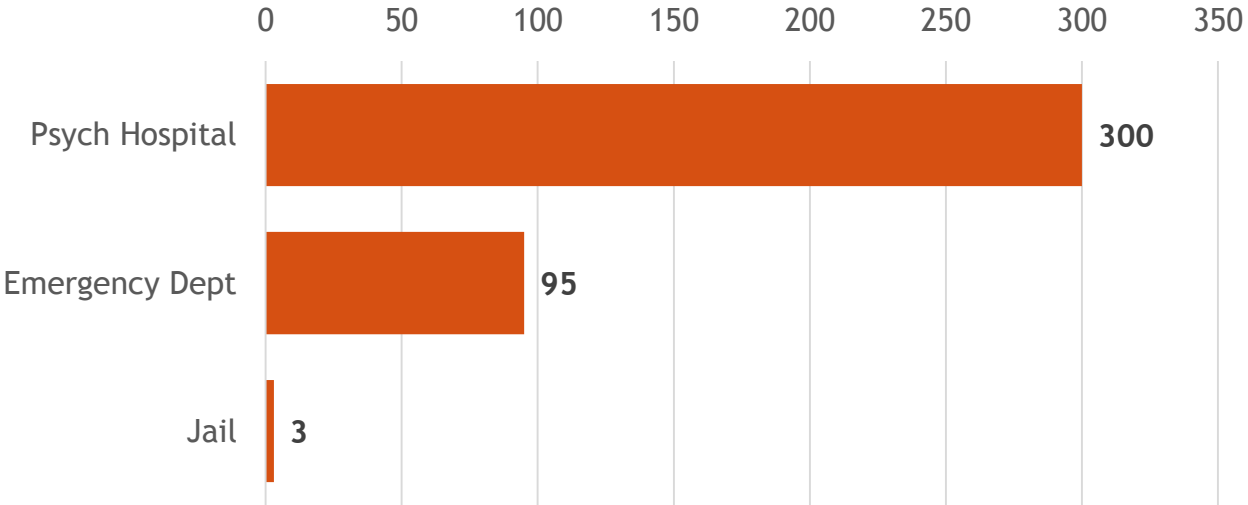
- ▶ For SCDMH, this is a big risk with no guaranteed funding to the unit. (CDMHC only changed to this after hx of usage to streamline costs per hospital).
- ▶ To open a CSU, per diem funding would not work to create an initial opening budget. The risk needs to be on the community as it is a community issue.

# TCSC Advisory Board

- ▶ Financial Partners/Stakeholders are also advisory members
- ▶ Advisory board meets bi-monthly after Mental Health Taskforce Meetings
- ▶ Outcomes/outputs provided to advisory board regularly
- ▶ Data to include financials to partners with the per diem change
- ▶ Advisory board troubleshoots ED/DMH issues with program, solutions made
- ▶ Relationships assist in keeping things going smoothly

# Data for FY19

## Tri-County Crisis Stabilization Center (TCSC) Diversions

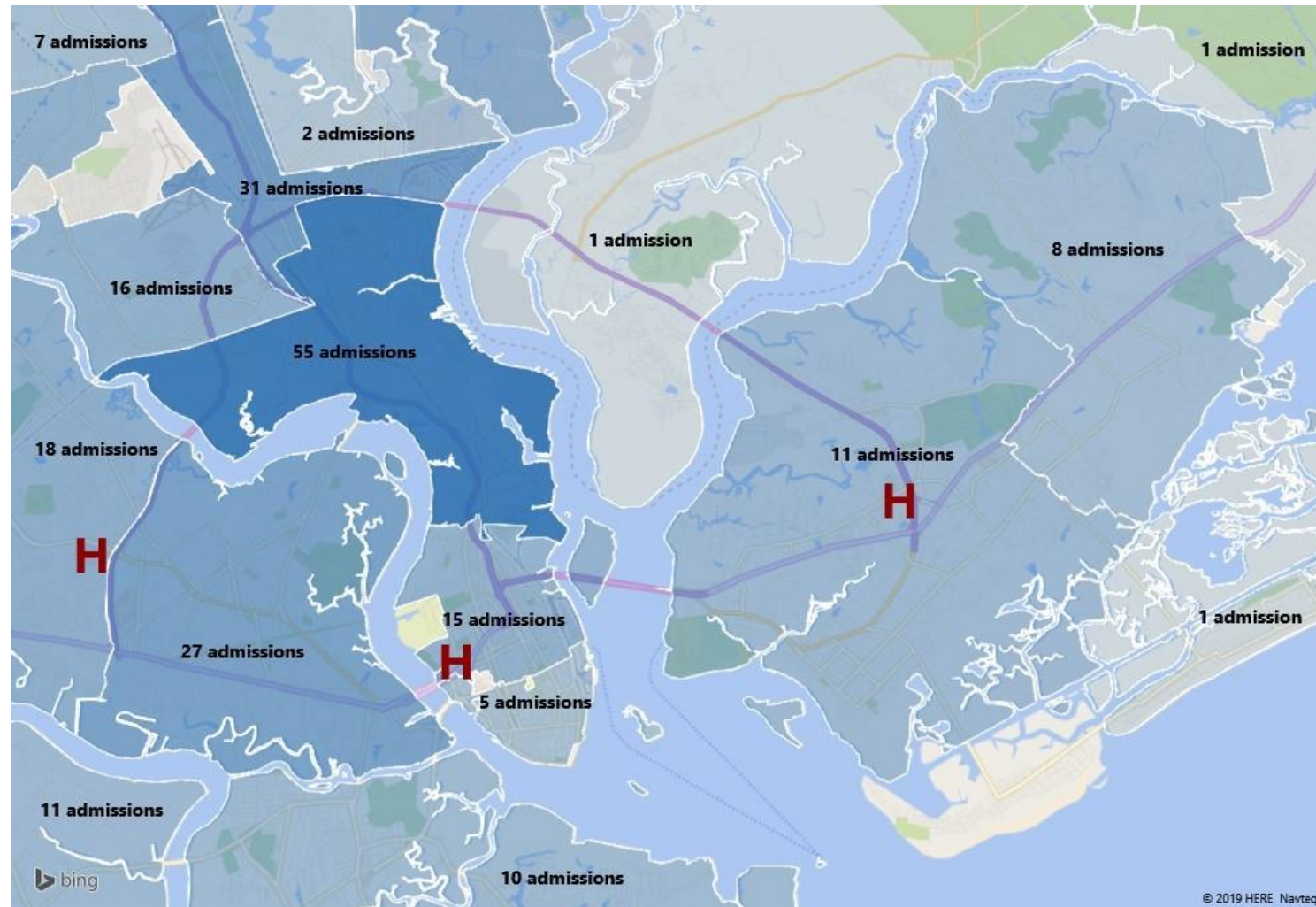




# Stakeholder Report -



# Tracking admission by zipcode (CY 18)



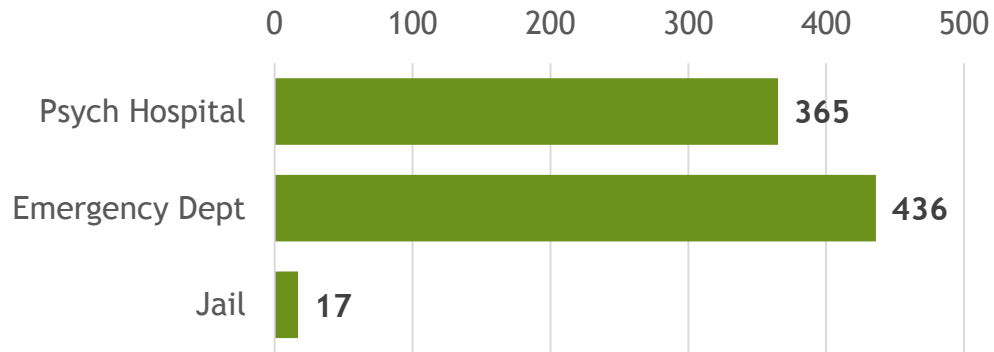
# Lessons Learned

- One size does not fit all!
- The entire community has to own and fund the project!
- CSUs are not a silver bullet, but one piece of the solution to a complex problem!
- Questions?



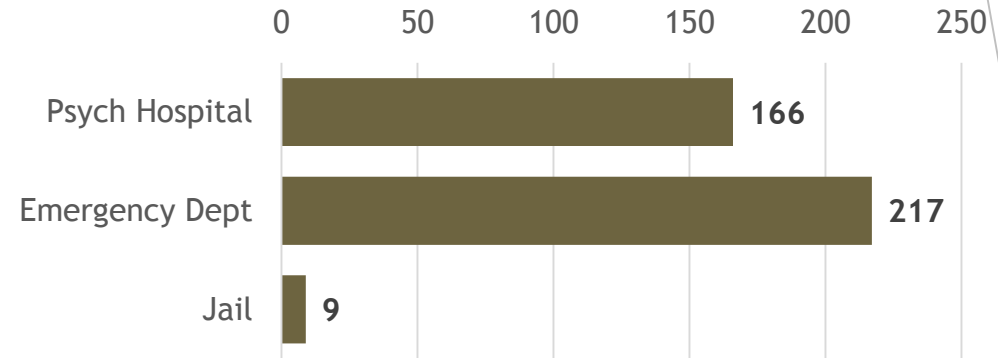
# Charleston Dorchester Mental Health Center (CDMHC) ED, Hospital, & Jail Diversions 7/1/18 – 2/15/19

## Assessment/Mobile Crisis Diversions



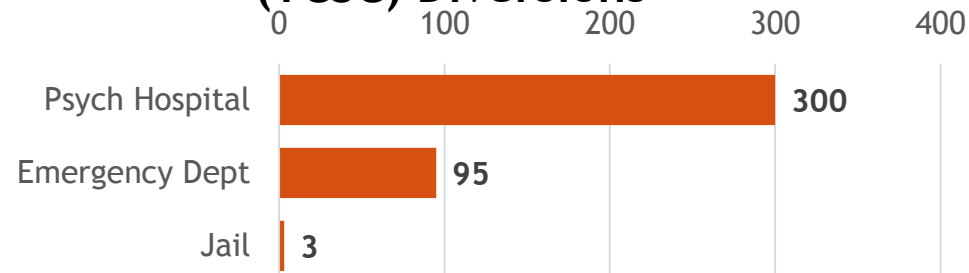
24/7/365 psychiatric assessment team, triage, and referral service. This team responds to calls from the community and from law enforcement (LE). When called by LE, night or day, rain or shine, mobile crisis team members will go anywhere in the community, except emergency departments, to provide triage, assessments, and referrals. Since 7/1/18 A/MC has responded to 1115 calls, walk ins, or LE drop offs.

## EMS Telehealth Diversions



EMS supervisors and Mobile Crisis clinicians connect via video to complete psychiatric assessments for patients identified by EMS as psychiatric in nature. Ambulance returns to service when EMS supervisors arrive on scene to take over. 58% of calls are diverted from an ED and/or hospital.

## Tri-County Crisis Stabilization Center (TCSC) Diversions



An ED, hospital, and jail diversion program. 10 bed, voluntary adult unit for people in psychiatric crisis that don't need the level of care of an inpatient hospital. This unit also acts as a triage service for law enforcement and a drop off alternative. Average length of stay is 4 days.

## Tri-County Crisis Stabilization Center (TCSC) Diversions

