



## **Yellowstone County COMMUNITY CRISIS CENTER**

**Joan Daly, Deaconess Billings Clinic**

**Bob Ross, South Central Montana Regional Mental  
Health Center**

**Mike Foster, St. Vincent Healthcare**

**Barbara Schneeman, Yellowstone City-County  
Health Department**



## **Co-Occurring Disorders**

- ❖ At least one substance abuse disorder, plus at least one major mental disorder
- ❖ About 50% of those with mental disorders are also affected by substance abuse
- ❖ Approximately 25,000 Montanans suffer from co-occurring disorders
- ❖ Co-occurrence is associated with many negative outcomes
  - Higher rates of relapse, hospitalization, violence, incarceration, homelessness, and serious infections such as HIV and hepatitis.
- ❖ Current service delivery systems for mental health and substance abuse are parallel but separate, making them ineffective



## Community Crisis Center Overview

- ❖ Single point of access for people with mental illness and co-occurring mental illness/substance abuse disorders
- ❖ “No wrong door” philosophy
- ❖ Reduction of excessive use of costly, less effective resources (ERs and inpatient psychiatric center)
- ❖ Located at 704 North 30<sup>th</sup> Street (in the medical corridor)
- ❖ 24 hours per day, 7 days per week, 365 days per year
- ❖ Anticipate serving those already seeking care in the community
- ❖ Sponsoring organizations received 2005 MHA Innovation Award for crisis center concept



## CCC Tipping Point

- ❖ Mental Health/Substance Abuse issues discussed in the community for a number of years
- ❖ The Alliance
  - Community Health Access Partnership (H-CAP HRSA grant)
  - YCCHD
  - SVH
  - DBC
- ❖ Willingness to admit that we weren't doing an adequate job of serving those in need of assistance
- ❖ November 2004 - MAKE IT HAPPEN



## **Sponsoring Organizations**

*St. Vincent Healthcare*

*Deaconess Billings Clinic*

*Yellowstone City-County Health  
Department*

*South Central Montana Regional  
Mental Health Center*



## **DBC & SVH At the Table**

- ❖ Leadership and dedicated resources
- ❖ Community connections
- ❖ Experience in caring for those with mental health/substance abuse issues
- ❖ Over \$500,000 (each) annually in uncompensated emergency room costs
- ❖ Over \$3 million in uncompensated care at DBC psychiatric center
- ❖ Over-crowding at DBC psychiatric center



## YCCHD & MHC At the Table

- ❖ Leadership and dedicated resources
- ❖ Community connections
- ❖ Experience in caring for those with mental health/substance abuse issues
- ❖ YCCHD informal survey reveals 70-75% of Deering Community Health Center patients have some active mental health issue
- ❖ MHC case management services
- ❖ Drop-in services at the HUB
- ❖ Referral resource for treatment services



## Community Agency Outreach

Alternatives Inc.	Rescue Mission
Family Services Inc.	Rimrock Foundation
First Responders:	St. Vincent Behavioral Health
Billings Fire Department	St. Vincent de Paul
Yellowstone Co. Sheriff's Dept.	Tumbleweed Runaway Program, Inc.
Billings Police Dept	United Way of Billings
American Medical Response	YWCA
HUB	Yellowstone Boys & Girls Ranch
Human Resource Development	Yellowstone County Family Drug Treatment Center
Counsel	Youth Court
Kids Management Authority	
Indian Health Service	
Montana State University-Billings	
Montana Department of Health-Addictive & Mental Disorders	



## **Organizational Structure**

- ❖ Four partners: MHC, SVH, DBC, YCCHD
- ❖ Non-profit limited liability company (LLC)
  - MT LLC has been organized
  - ~6 months to obtain 501(c)(3) status
- ❖ Governance by Board of Managers
  - 2 appointed by DBC and 2 by SVH
  - 1 appointed by MHC and 1 by YCCHD



## **Stakeholder Advisory Council**

- ❖ Community providers
- ❖ Community resources
- ❖ Local government
- ❖ First responders (police, sheriff, fire, & EMS)
- ❖ Consumer/community representation



## **Location** **704 North 30<sup>th</sup> Street**

- ❖ 4,200 SF
- ❖ Renovation being donated (~\$250,000)
- ❖ Equipment to be donated by partners
- ❖ Easily accessible
- ❖ Close to ERs but far enough to create an outpatient setting
- ❖ 24 hour security
- ❖ Phase I – November/December 2005
- ❖ Phase II – late Spring, early Summer 2006



## **CCC Phase I**

- ❖ Outpatient facility
- ❖ Full-time director assigned
- ❖ Sponsoring organizations rotate staff through 24/7
- ❖ Triage – Assessment – Referral



## Phase I Considerations

- ❖ Protocol development with 1<sup>st</sup> responders
- ❖ Protocol development with ER & Psych physicians with CCC Medical Director
- ❖ Security
- ❖ Staff training
- ❖ Neighborhood perception of project
  - Press conference & neighborhood outreach
  - Minimal opposition



## Legal Considerations

- ❖ Montana Code Annotated
  - 53-21-102. Definitions (HB 255--include co-occurring)
  - 53-21-129 Emergency situation--petition--detention
  - 53-21-201 Mental Health Center Licensure -- current standards
  - 53-21-204 Mental health corporations



## CCC Phase II

- ❖ Outpatient facility
- ❖ Full-time director assigned
- ❖ Sponsoring organizations rotate staff through 24/7
- ❖ Triage – Assessment – Referral
- ❖ Ability to hold patient in a secure facility up to 24 hours for assessment



## Administrative Rule Considerations

- ❖ 37.88.901 Mental Health Center Services, Definitions “crisis intervention services”
- ❖ 37.106.1906 Mental Health Center: Services and Licensure
- ❖ 37.106.1946, Crisis Stabilization Program
- ❖ Currently no provision for a secured facility



## CCC Operational Leadership

- ❖ Director
  - Fulltime
  - Licensed mental health professional
  - Responsible for oversight of clinical activities and daily operations
  - Clinical and financial data gathering / analysis / reporting
  - Staff orientation / training
  - Development of policies, procedures, and systems of care
  - Liaison to community groups, providers, agencies, etc.
- ❖ Medical Director



## Financial Overview

- ❖ **Cost** ~\$1.2 million for first year
- ❖ **Funding** sources
  - H-CAP grant (\$987,000 in first year – apply for \$700,000 second year funding)
  - Other grants being sought
  - Bill for services when possible (50% have no coverage)
  - Partners will pick up cost of services not paid by other resources
- ❖ **Staff** assigned by sponsoring agencies
- ❖ **Security** law enforcement or private security force
- ❖ Community providers and resources on-site or available as needed



## Pathways Database

- ❖ Pathways Database: web-based data collection tool funded by HRSA H-CAP grant for the Community Health Access Partnership (CHAP) project
- ❖ Identify “frequent flyers” to better tailor care needs, decisions, and resource utilization
- ❖ Trend care provided, gaps in services, resources utilized, electronic referrals, repository for “211” call system, and provide data for grant support and analysis
- ❖ Increase positive clinical outcomes through development of crisis plans accessible to all service providers – community plan of care



## What the CCC Is

- ❖ Integrated system for access to care for treating co-occurring disorders in the adult population
  - Triage, Assessment and Referral
  - Tangible outstanding community leadership
- ❖ A safe and secured facility staffed with professionals, meeting the needs of individuals in crisis – 24/7/365
- ❖ Fills a gap in the mental health/chemical dependency healthcare delivery system
- ❖ Service availability for the uninsured and underinsured individuals



## What the CCC Is Not

- ❖ Inpatient facility
- ❖ Detox center
- ❖ For-profit organization
  
- ❖ The CCC exists to fill a gap



## Public Policy Considerations

- ❖ Need public policy to address the uninsured population and the uninsured population with mental illness disorders
- ❖ Demonstration project funding for innovative community initiatives to address co-occurring disorders
- ❖ On-going funding for successful projects (state-local partnership)



## **Expected Community Outcomes**

- ❖ Decreased utilization of acute level of care and emergency department for “outpatient crisis mental health care”
- ❖ Decreased suicide rate in Yellowstone County
- ❖ Increase effective use of county and state tax dollars to meet increasing needs of co-occurring population
- ❖ Data collection to increase knowledge and measure prevalence of mental health and substance abuse issues
- ❖ Increase community responsibility for usage of shrinking and limited resources
- ❖ Decreased healthcare spending for co-occurring population



## **Expected Community Outcomes**

- ❖ “No wrong door” access
- ❖ Reliable diversion of MI from local jail facilities
- ❖ Data collection to aid in future service planning
- ❖ Increased community linkages
- ❖ Telehealth opportunities to meet regional aspect of need and resource utilization
- ❖ Coordination with Kids Management Authority to assist children who may enter CCC or children of parents in crisis



## For More Information

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