

Community Crisis Center



Presented by:

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Sponsoring Agencies

Billings Clinic

St. Vincent Healthcare

Riverstone Health

South Central Mental Health Center

Why Community Crisis Center?

- Montana and therefore Billings, in 2006, did not have an integrated system of crisis care for treating co-occurring disorders.
- To provide a safe and secured facility staffed with professionals to meet the needs of individuals in crisis.
- To fill the gap in the mental health/chemical dependency service system.
- Increase service availability for the uninsured and underinsured
- Provides Community Based Programs, as persons typically have better mental health/substance use outcomes when treated closer to home.
- Provides evidence based best practices in crisis care and a critical piece of SAMHSA's recommended crisis care continuum.
- Decrease utilization of acute levels of care. Provide care that is more cost effective and during the persons "time of most need".

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- Preserve inpatient psychiatric care capacity for those presenting with acute symptoms and risk factors.
- Decrease utilization of emergency departments for “outpatient crisis mental health care”.
- Decrease the **suicide rate** in Yellowstone County.
- Provide a cost effective and least restrictive system of care for the increasing needs of the co-occurring population, thus preserving County and State dollars.
- Collect data to increase knowledge and measure prevalence of mental health, alcohol and drug related issues.
- Divert persons to a “system of care” where they are offered assistance over incarceration.

Location

- Freestanding community building, hospital corridor/downtown area where it is easily accessible to those needing care
- 704 N. 30th Street, Billings. 5600 square feet, Approximately: \$6400 monthly lease
- Care offered 24/7/365 days: 18 beds for stabilization
- Requirements to open:
 - Renovation of building and utilities
 - Crisis stabilization licensing/Policies and Procedures
 - Equipment/communication requirements
 - Furniture
 - Labor and materials donated by local contractors.

Community Crisis Center recognizes with heartfelt thanks these contractors and sub contractors for their support and assistance with the CCC project:

Bailey Masonry
Big Sky Fire Protection, Inc.
Bike Shop
Billings Clinic
Billings Public Schools
Bloedorn Lumber
Cabinet Specialties
C & S Construction
CTA Architects Engineers
Custom Concrete
DACO
Ernie Dutton
Faith Chapel
Faith Evangelical
Ferguson Enterprises
Ferguson Fire & FAB
First National Pawn
Grand Lumber
Granite Door
Hardy Construction
Helping Hands Project
Home Depot

Johnson Controls, Inc.
JTL Group
Kanta Products
Larsen Decorators
Lowe's Home Improvement Warehouse
Med-Write
Montana Rescue Mission
Mountain Computer Solution
NOR PAC Sheet Metal
Reliable Automatic Sprinkler
Rimrock Drywall
Robinson Brick
Star Service
Stevens Brothers Mechanical
St. Vincent Healthcare
Thomae Lumber
3 G's Convenience Stores
Western Security Bank
Yellowstone Acoustics
Yellowstone Electric Cl.
Yellowstone Electric MT/WY Div.
Zentz Lumber
Ziggy's Building Materials
ZNG Glass

Direct and Indirect Services Provided by the CCC

- ❖ Integrated Psychosocial Evaluation/stabilization plans
- ❖ Chemical Dependency Services: Evaluations, Individual counseling, Outpatient and Intensive Outpatient Treatment, Dual Recovery Groups
- ❖ Crisis Stabilization up to 24 hours for 18 persons
- ❖ Illness Management and Recovery Groups
- ❖ Crisis Line and Referrals
- ❖ Case Management
- ❖ Life Skills
- ❖ CCC provides leadership and advocacy for marginalized persons through community coalitions such as the Continuum of Care, Substance Abuse Connect, Community Innovations
- ❖ Mental Health Lead on the local Crisis Intervention Team Training (CIT) for law enforcement/first responders for the last 15 years and CIT Montana Board Leadership.
- ❖ Involved in Community Linkages
- ❖ Collect data on our population for future planning of services
- ❖ Provides diversion of persons with mental health/substance use from hospitals and local jails
- ❖ Assists in decreasing inappropriate admissions to higher levels of care like Billings Clinic and State Hospital.

Information About Our Model

- ❖ Evidence Based: Minkoff and Kline's Co-Occurring Disorder Model
- ❖ All about “meeting people where they are” and being hopeful, welcoming and empathic
- ❖ Provides for a continuous comprehensive integrated system of care. Both mental health and substance use disorders are equally important
- ❖ Provides a “NO Wrong Door” access for individuals in need of co-occurring intervention
- ❖ At the CCC 64-72% of the clients that utilize our services have co-occurring disorders
- ❖ Model provides us hope as we treat chronic populations. Minkoff says: “Takes 3 to 5 years to see minimum change”.

UTILIZATION OF THE COMMUNITY CRISIS CENTER

FY 2020, 13,266 resolved client visits or an average of 1,105 client visits/month

Average time in stabilization is 12.3 hours per visit

In addition to the resolved visits, 400+ good Samaritan visits per month

Average of 1,600 referrals to the CCC by the hospitals per year. Some of the clients that used to present directly to the hospitals are now presenting at the CCC on their own

In 2020, around 1400 persons were transported or referred to the CCC by law enforcement

The majority of the referral sources to the CCC are as follows: self, emergency departments, law enforcement, emergency responders, City/County Health Department, private therapists and social service agencies.

64-72% have co-occurring disorders

9-10% Veterans

81% are homeless or at risk of becoming homeless

39% Native American: attributing to 50% of all visits

15% have no payment source

Average age 45 years old

FUNDING BREAKDOWN OF THE CCC

- ❖ Budget of \$1, 540,000
- ❖ Public Safety Mill Levy: 44% of funding
- ❖ County Matching Grant: 23% of funding
- ❖ Medicaid and private insurance: 16% of funding
- ❖ Billings Clinic and St. Vincent Health: 15%
- ❖ Private Donations: 2%
- ❖ The CCC also receives donations of supplies, products for the facility, non-perishable food, hygiene products, clothing, and hats, gloves and scarves for the clients

EMPLOYEE BREAKDOWN

- ❖ Program Director
- ❖ Supervisor for the MHWs and Counselors (.7 FTE)
- ❖ Clinical RN Supervisor
- ❖ Case Managers (2)
- ❖ Assistant (.5 FTE)
- ❖ LAC (2)
- ❖ 7 Counselors
- ❖ 8 RNs
- ❖ 11 Mental Health Workers: 4 full time, 1 part time, and 6 per diem
- ❖ Contracted Security 24/7
- ❖ Volunteers for data entry, cleaning, emotional support for the clients

Crisis Center's Challenges:

- ❖ Capacity: Need more than 18 beds and a building bigger than a capacity of 45
- ❖ Building/Waiting room too small
- ❖ Hospitals sometimes send us persons with more medical needs than mental health. Example=infectious conditions
- ❖ Hospitals want us to provide “step down medical care”
- ❖ Increased competition for crisis services funding from new programs
- ❖ RN and Counselor shortage makes it difficult for the CCC to recruit compassionate employees to work with our vulnerable population



QUESTIONS????