

COMMUNITY CRISIS CENTER

Presented by:

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Purpose of the Crisis Center

- * We listen to our communities needs
- * Provides community based programs as persons do better closer to home
- * Provides a system of care for persons with mental health and substance abuse in the most cost effective environment.
- * Cost savings to the state as Yellowstone County and several surrounding counties had 0 emergency detentions to Warm Springs in 2014
- * Commitments per capita to Warm Springs for Yellowstone County and surrounding counties are low
- * Montana and therefore Billings did not have an integrated system for access to care for treating co-occurring disorders
- * To fill the gap in the mental health/chemical dependency service system.
- * Increase service availability for uninsured and underinsured.
- * Preserve inpatient psychiatric care capacity for those presenting with acute symptoms.
- * Decrease utilization of emergency departments for “outpatient” crisis care.



What Services Are Provided? “No Wrong Door Philosophy”

- * Access to mental health services 24 hours a day, 7 days a week, and 365 days of the year to anyone who presents including the most vulnerable
- * Mental health and substance abuse assessments/stabilization plans
- * Crisis Stabilization services to include mental health assessment and RN medical screenings (Up to 24 hours of care)
- * Crisis Intervention Team Training (CIT) for law enforcement/first responders
- * Evidence based groups
- * Linkage to other providers
- * Case management
- * Data collection



How do we know the Crisis Center Works?

- * Per capita Yellowstone and surrounding counties have low Warm Springs admissions and many 0 emergency detentions
- * Favorable client satisfaction surveys with the lowest score averages of 4.6 of 5. Other questions had a higher average
- * A reduction in persons presenting to the emergency departments for mental health and substance abuse care
- * Client report: story



Data Required from the State

- * Number of 911 calls that are related to mental health emergencies for each of the 11 catchment counties
- * County of origin of the client
- * County of origin of the crisis event
- * Unduplicated clients per month and per county
- * Presentation (Was individual in ER, jail, law enforcement custody, etc...)
- * How many clients return to the community (identify all referrals)
- * Percentage of clients presenting with co-occurring disorders
- * Total number of individuals seen by Discharge Coordinator and identify the resources provided
- * Number of presentations for individuals if seen more than once and how many times each of these individuals presented for the month



Data Collected Versus Outcomes

- * The data required does not give a picture of outcomes of a vulnerable population and their needs
- * The number of visits per person in October 2015 ranged from 1 visit per month per client to 24 visits
- * We can measure that 24 visits to the CCC equals zero emergency detentions to Warm Springs
- * Vulnerable populations do not change overnight
- * As we foster relationships we see repeated visits and eventually change



Crisis Centers Are Cost Effective

- * In the 2014-2015 fiscal year, the CCC had 9,971 visits
- * The total cost per visit was \$144.00
- * The state paid \$31.49 per visit to the Crisis Center which is a better deal than Medicaid which costs the state 33% and the Federal government 67%
- * Despite that the CCC has limited capacity, we continue to serve more persons every year



Client Story

Without Crisis Services

- * Moved from out of state into Montana
- * Severe and persistent mental illness
- * Continuously getting into trouble with law enforcement
- * Excessive yelling, swearing and wearing unusual outfits that attract attention

With Crisis Services

- * Client was supported with hope and encouragement
- * CCC provided crisis services and linkage to resources.
- * Today client has housing
- * Client has a part time job
- * Client on medications to manage symptoms of mental illness



Invest in Montanans

- * Support evidence based models/practices because we know they work
- * Reward programs for low admission rates and 0 emergency detentions to MSH.
- * We need data that is measurable, standardized and consistent throughout all county grants
- * Supporting existing programs (that work) is responsible and shows an investment in Montana residents
- * Start up programs are important, but not guaranteed to be effective and are a risky investment

