Joint City-County Commission Meeting January 30, 2024

# AGENDA

Introductions

Goals and Objectives for Meeting

**Crisis Now** 

Project Overview----Coalition's Progress

Crisis Data/Impact of Services

(ROI Projections)

Program Goals/ Mobile Crisis Team/Funding

Questions/Discussion

## Introductions Roundtable introductions of coalition members

#### Law Enforcement

- Wayne Hard (LPD Police Chief)
- Dan Lashinski (LPD)
- Brad Bichler (Sheriff)
- Tad Dykstra (Sergeant, Sheriff Department)
- Jay O'Neill (Captain, Detention Center)
- Kendra Lassiter (County Attorney)
- Katelyn Lavender (Victim/Witness Coordinator
- Health Care
- Lander Cooney (CEO Community Health Partners)
- Stacy Kohler (CNO, Livingston HealthCare)
- Shannan Piccolo (Director of Health Department)
- Joe Sexton (Livingston HealthCare-Crisis Coalition Coordinator)
- Ashley Wagner (Rural Health Clinic Director, Livingston HealthCare)
- Greg Dekker (Director of Emergency Services, Livingston HealthCare)
- > Janella Johnson (LCSW, L'esprit)

#### Fire Department/EMS/Emergencies Services

Josh Chabalowski, (CoL Fire Chief) Briana Caron (Community RN)

Greg Coleman (Disaster and Emergency Services Director)

#### Peer Specialist

Jeanette Tecca, (Peer Support Specialist, MCRT)

#### <u>Administrators</u>

Grant Gager (City Manager, CoL) Kristen Galbraith (Park County, Grants Director)

#### Community Organizations

Hannah Wologo (LiveWell 49)

Amy Titgemeier (Behavioral Health Local Advisory Council)

Julie Anderson (LCSW, Livingston Food resource Center)

Kelly Miller (Program Director, The Phoenix)

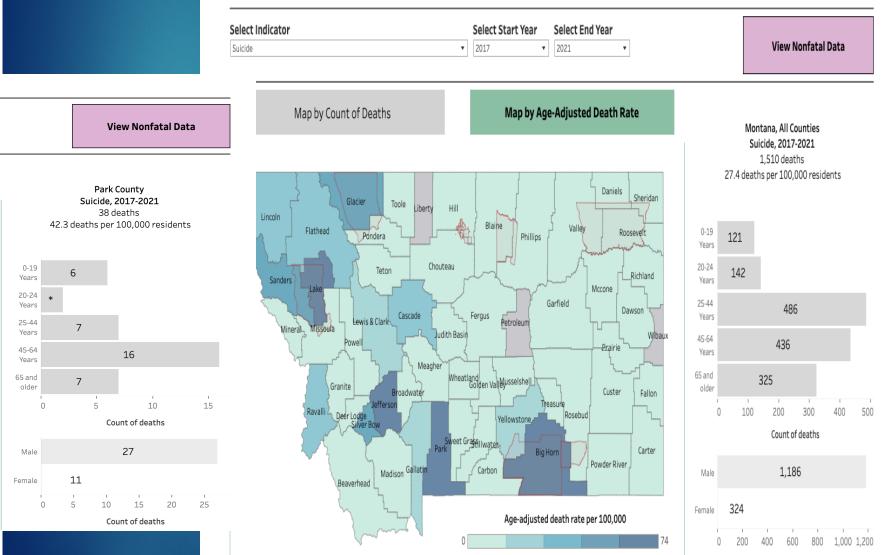
Rebecca Ruhd (Program Advocate, Aspen)

Todd Wester (Director of Community Partnerships & School-Based Mental Health. Livingston Public Schools. )

#### • FUNDERS

- DPHHS/BHDD (Crisis Diversion Grants)
- Montana Healthcare Foundation (Peer Support & Data Collection)
- Montana Public Health Institute (Facilitation and Technical Assistance)

## **Overarching Rea**son Were Here Today



<sup>. . . . .</sup> 

### Fatalities

#### Deaths by Category by Month, January - September 2023

Month	Total number of deaths	Number of suicides	Number of poisonings	Number of accidental poisonings
Jan	10	1	0	0
Feb	11	0	0	0
Mar	10	0	0	0
Apr	16	1	0	0
May	11	1	0	0
Jun	9	1	0	0
Jul	6	0	0	0
Aug	12	0	0	0
Sep	3	0	0	0

Note: Data are from the Office of Vital Statistics. Numbers are subject to change due to latent data entry and updates.

# Goals and Objectives

Goal: Inform decision-makers on the history of the mission and work of the Park County Behavioral Health Crisis Response Coalition.

Present our recommendations on how together we can enhance crisis care and response to our community.

Objectives:

- 1. Overview and progress of Coalition's work
- 2. Programmatic priorities in Crisis Response Services for 2024-2027
- ROI data on MCRT
- Review cost of operating a MCRT based on the Medicaid Tier Model, including funding gaps that will require additional funding to sustain operations.

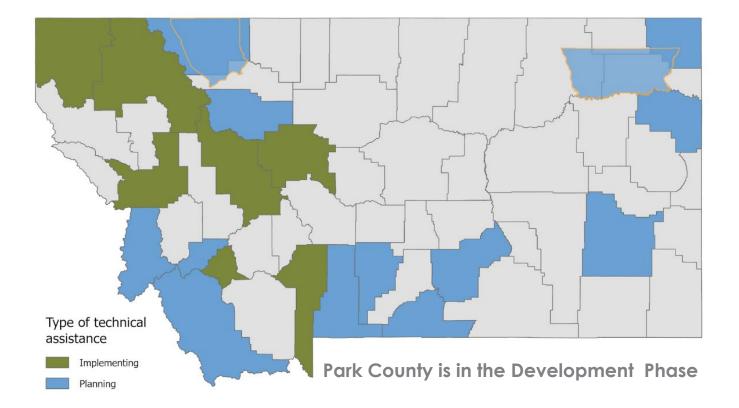
3. Consider the allocation of local financial resources needed to sustain a Mobile Crisis Response Team



# CRISIS NOW

Model is endorsed by Substance Abuse Mental Health Services Mobile Crisis Response Program Guide Administration (SAMHSA) National Guidelines for Behavioral Health Crisis Care Best Practice and the Montana DPHHS Mobile Response and Stabilization Services (MRSS) Policies for adults and youth

## **Crisis Now Across Montana**



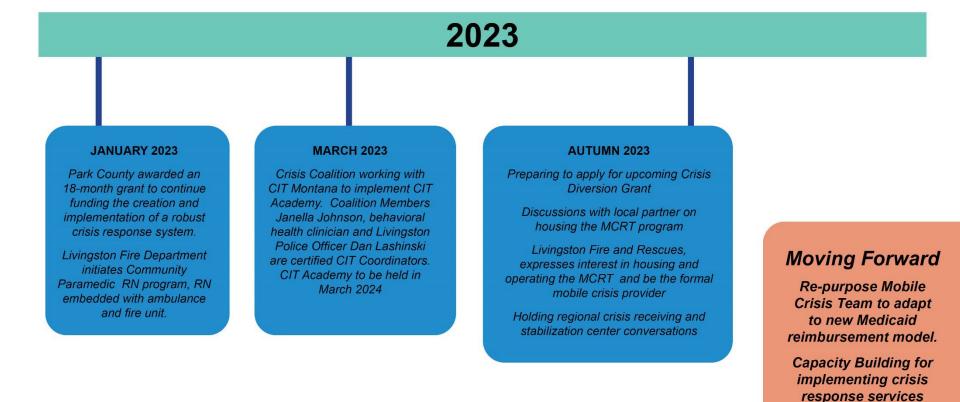
### Park County Behavioral Health and Crisis Response Coalition History

Timeline & Major Milestones

2017		2021	2022
DECEMBER 2017	MARCH 2021	JULY 2021	
First Park County SIM Mapping Process Completed Prioritized developing a drug treatment court	Park County SIM Update Establishing a Mobile Crisis Re- sponse system that fits the needs of Park County was a top priority in the SIMS update	<ul> <li>Park County is the recipient of the 2021 County Tribal Matching Grant to improve upon its behavioral health and crisis response system</li> <li>Park County Behavioral Health and Crisis Response Coalition was established.</li> <li>The partner engagement has been universally led by a community of organizations with a passion for their community who have been inspired and motivated to develop, build, and now implement community crisis response programming based on the Crisis Now Model.</li> <li>Ongoing active partners include Park County Health Department, Livingston HealthCare, law enforcement, Livingston Fire Department/ EMS, City of Livingston, Community Health Partners, Human Resource</li> </ul>	JUNE 2022 Montana Health Care Foundation funds the Behavioral Health Peer Support Specialist (BHPSS) to assist law enforcement and mental health agencies in supporting individuals with mental health crisis and to be part of the crisis response team. Coalition members create infrastructure to
		Development Center, Mental Health Advisory Council, L'esprit Behavioral Health Center, Livingston School District, LFRC, Aspen, The Phoenix and LiveWell49	incorporate BHPSS into Park County Sheriff's Office.

#### Park County Behavioral Health and Crisis Response Coalition History

Timeline & Major Milestones



## **COALITION'S PROGRESS**

SOMEONE TO CALL

Someone to respond

Somewhere to go Regional Crisis Call Center

Mobile Crisis Response

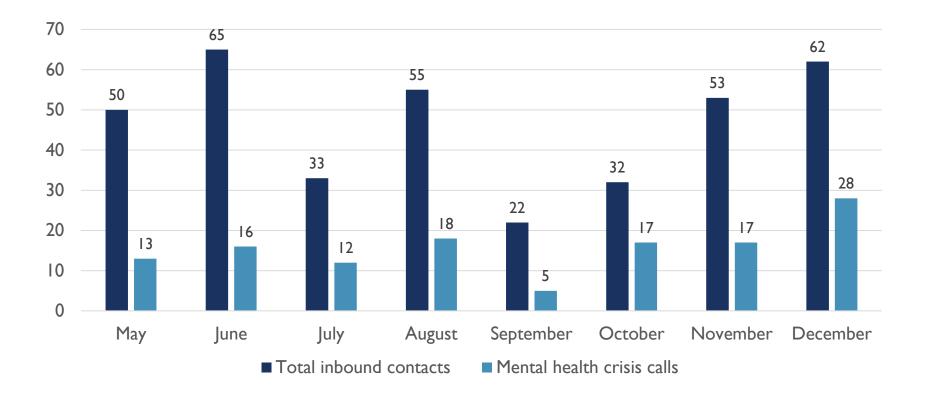
Crisis Receiving and Stabilization Facilities

## Someone to call 988: Montana's Suicide Prevention and Mental Health Crisis Lifeline

- The Help Center, our local 988/crisis line provider, gives real-time access to a live person every moment of every day for anyone who is in crisis, having suicidal thoughts, in emotional distress, or concerned about someone.
- In 2023 they answered a total of 512 calls. Approximately 35% of calls were related to a mental health concern. Generally, 988 can stabilize and de-escalate nearly 80% of those who call them. Using the caller's own strengths, support systems, the robust 211 and mental health database, and the Help Center's crisis follow-up services —their work reduces demand on other community services. For the other 20%, callers are referred to community and medical services. A very small percentage involve the need to call 911.

#### **CRISIS CALL RECEIVING**

#### PARK COUNTY BEHAVOIRAL HEALTH COALITION PROGESS REPORT: <u>Someone to Call</u> 988 CALL VOLUME MAY – DEC 2023



#### **CRISIS CALL RECEIVING**

#### PARK COUNTY BEHAVOIRAL HEALTH COALITION PROGESS REPORT: <u>Someone to Call</u> 988 DISPOSITION DATA OCT-DEC HERE IS WHAT WE SEE 83.33% OF MENTAL HEALTH CRISIS CALLS WERE RESOLVED IMMEDIATELY OVER THE PHONE 3.33% OF CALLERS WENT TO THE EMERGENCY ROOM, 4.33% RESULTED IN A CALL TO 911/LAW ENFORCEMENT, AND 9% HAD AN UNKNOWN DISPOSITION

		Number		Percentage				
					Fercentage	lage		
	October	November	December	October	November	December		
Resolved over the phone	14	16	20	82%	94%	74%		
						10/		
Went to Emergency Room	1	0	1	6%	0	4%		
Called 911/LE	1	0	2	6%	0	7%		
Unknown	1	1	4	6%	6%	15%		
Totals	17	17	27	100%	100%	100%		

## Someone to Respond

- Crisis System Funding
  - Awarded funds by the DPPS/BHDD Crisis Diversion Grants & Montana Healthcare Foundation
  - Crisis System Capacity
    - Crisis training
    - Crisis Intervention Team
    - Crisis System Foundation Coalition, Coalition Coordinator, Resource Mapping
    - Crisis Data
    - Crisis Services
  - Mobile Crisis Response Services
  - Community-based Services
  - Crisis Infrastructure

### PARK COUNTY BEHAVOIRAL HEALTH COALITION PROGESS REPORT: MAY I – OCTOBER 31, 2023

#### Peer support network had a total of 53 encounters with 20 unique individuals.

Month	May 23	June 23	July 23	Aug 23	Sept 23	Oct 23	Totals
Total responses	13	7	13	4	7	9	53
Unique individuals	7	5	5	I	2	6	20

Peer support network responded to 18 crisis calls for 15 unique individuals.

Month	May 23	June 23	July 23	Aug 23	Sept 23	Oct 23	Totals
Total responses	4	2	6	0	L	5	18
Unique individuals	4	2	4	0	I	4	15

Somewhere to go Crisis Receiving and Stabilization Facilities

- Holding monthly planning discussions with regional partners (Gallatin, SweetGrass, Madison, and Jefferson Counties) regarding Development of Regional Crisis Stabilization Receiving Center
- As a region, plans to apply for technical assistance and start-up funding for a regional crisis stabilization facility in Southwest Montana
  - Crisis Stabilization Program funded through Medicaid - short-term emergency treatment for crisis intervention and stabilization. It is a residential alternative to divert from Acute Inpatient Hospitalization. The service includes medically monitored residential services to provide psychiatric stabilization on a short-term basis.

### POTENTIAL IMPACT OF CRISIS SERVICES ANNUAL PROJECTION OF DIVERSIONS WITH FULL MOBILE TEAM

BASED ON EMS AND CURRENT PEER SUPPORT DATA, IT'S PROJECTED THAT A FULLY OPERATIONAL MOBILE TEAM WOULD RESPOND TO 17 – 30 CRISIS CALLS PER MONTH. 17/MONTH = **204**/YEAR 30/MONTH = **360**/YEAR

## ANNUAL PROJECTION OF DIVERSIONS WITH FULL MOBILE TEAM JAIL DIVERSIONS

If 17/month: Estimated jail diversions: **34** If 30/month: Estimated jail diversions: **68** Estimated jail diversions **34-68** 

## ANNUAL PROJECTION OF DIVERSIONS WITH FULL MOBILE TEAM ED DIVERSIONS

If 17/month: Estimated ED diversions: 22 If 30month: Estimated ED diversions: 40 Estimated ED diversions 22-40

### ANNUAL PROJECTION OF DIVERSIONS WITH FULL MOBILE TEAM

Estimated mobile crisis response volume: 204 – 360 calls per year.

If 17/month: Estimated cost savings: **\$52,188.62** 

(22 \* \$2,200) = \$48,400 + (34 \* 111.43/day) = \$3,788.62 = \$52,188.62

If 30/month: Estimated cost savings: \$95,577.24

(40 \* \$2,200) = \$88,000 + (68 \* 111.43/day) = \$7,7577.24 = \$95,577.24

(\$2,200/ED visit x # of avoided ED visits) + (\$111.43/day x # of avoided jail stays)

Estimated, projected cost savings: \$52,188.62 - \$95,577.24

### **CRISIS RESPONSE**

### INVOLUNTARY COMMITS

# 2 0 October November December

There were 18 involuntary commitments from January – September 2023

#### Involuntary Commits, October - December 2023

## FUNDING CRISIS PROGRAMMING

DPHHS Crisis Diversion 23-101-74112-0 Grant Budget Adjustment Ideas								
Budget Item Description	Costs	Tota	ıl					
4WD SUV or Smaller Truck (with all terrain tires)	1	\$ 65,000.00	\$	65,000.00				
Wrap for Vehicle	1	\$ 3,000.00	\$	3,000.00				
Mobile Radio System with Installation	1	\$ 7,000.00	\$	7,000.00				
Portable Radio System	1	\$ 5,000.00	\$	5,000.00				
Vehicle Supplies	1	\$ 1,500.00	\$	1,500.00				
Smarttop Laptop	1	\$ 4,500.00	\$	4,500.00				
Mount & Cradle in Vehicle (with installation)	1	\$ 2,000.00	\$	2,000.00				
Marketing/Branding	1	\$ 1,000.00	\$	1,000.00				
Jackets for CI Team	6	\$ 125.00	\$	750.00				
			\$	-				
Total for Budget Adjustments	\$ 3	89,750.00						

## **Funding Crisis Programming**

- Upcoming funding request will include 0.5 of technical assistance provider that has experience with and will support the program planning and training for a MCRT. Areas of consulting include:
  - Care Coordination details
  - How to grow your program early on so that first responders and others become aware of how to utilize the mobile teams particularly important for rural areas.
  - Dispatching procedures
  - Safety on scene
  - Response protocols
  - Community Support
  - Program Development

Potential of supplemental funding for operations may be offered through a onetime grant to existing and new MCRT providers through the Behavioral health System for Future Generations Commission.

Mobile Crisis Response Se	rvices			Model 1		Model II		Model III		Model IV	
Labor Cost				24/7 <b>Mobile Crisis Team Model</b> : 1 r health professional and one paraprofessional. One team mmem must respond on-site.	ber	24/7 Mobile Crisis Del individual responder. Professional is the so	Mental Health	10/7 <b>Mot</b>	vile Crisis Team Model	10/7 <b>Mob</b>	oile Crisis Team without Paraprofessional
			Hours		24		24	1	10		10
		a.	Hourly Wage		\$39.80		\$39.80		\$39.80		\$39.80
		b.	Annual Wage	\$8	2,785.66		\$82,785.66	-	\$82,785.66		\$82,785.66
ogram Manager (1 FTE)		с.	ERE (as Percent of Wages)		25.00%		25.00%		25.00%		25.00%
-8		d.	Hourly Compensation (Wages + ERE)		\$49.75		\$49.75		\$49.75		\$49.75
			FTE Assumption		1		1		+ ·····		1
		e.	Annual Compensation (Wages + ERE)	\$10	3,480.00		\$103,480.00	-	\$103,480.00		\$103,480.00
		C.	, and compensation (mages - Enz)	, in the second s	3, 100100		<i>\$</i> 100,100,000		\$100,000		¢100,100,000
		a.	On-Call Wage	\$8.33/Per Hour Compensation		\$8.33/Per Hour Comp	ensation	\$8 33/Pe	r Hour Compensation	\$8 33/Per	r Hour Compensation
inical Mental Health	Licensed					çologi el nour comp		<i>ç</i> 0.00/1 c		ço.ooj - ci	
rofessional	Clinical Social		Total Annual On Call Hours		8,556		8,556	5	3,446		3,446
51000101	sinnear social		Total On Call Cost	¢7 <sup>.</sup>	1,271.48		\$71,271.48		\$28,705.18		\$28,705.18
		b.	Hourly Response Wage	\$30/Per hour Compensation		\$30/Per hour Comper		-	our Compensation	\$30/Parh	nour Compensation
		<b>D</b> .		2507 ET Hour compensation		250 rei nour comper	Bation	250/Fell		JULEI	
			Total Respons Hours (Baed on 17 responses per month/204 annual cases per year each at 1 hour of								
			response time		204		204	4	204		204
			Total Response Cost	Ş	6,120.00		\$6,120.00		\$6,120.00		\$6,120.00
		с.	Total Annual Compensation	\$7	7,391.48		\$77,391.48		\$34,825.00		\$34,825.00
		a.	On-Call Wage	4.17/Per Hour Compensation				4.17/Per	Hour Compensation		
araprofessional, or ertified Behavioral lealth Peer Support pecialist	Behavioral Specialist/Tech nic ian		Total Annual On Call Hours Total On Call Cost	\$3:	8,556 5,678.52				3,432 \$14,311.44		
		b.	Hourly Response Rate	\$20/Per Hour Compensation				\$20/Per H	lour Compensation		
		6.	Total Respons Hours (Based on 17 responses per month/204 annual cases per year each at 1 hour of response time Total Response Cost Total Annual Compensation		204.00 4,080.00 \$39,759				204.00 \$4,080.00 \$18,391		
			rotarranda compensation	•	<i>\$65)755</i>			1	¢10,001		
re Coordination		a.	Hourly Wage		\$22		\$22		\$22		\$22
		b.	Annual Wage		\$22,880		\$22,880		\$22,880	İ	\$22,880
		c.	ERE (as Percent of Wages)		25%		25%		25%	1	25%
		d.	Hourly Compensation (Wages + ERE)		\$27.50		\$27.50		\$27.50		\$27.50
		•	FTE Assumption		0.50		0.50		0.50		0.50
		e.	Total Annual Compensation	- \$2	28,600.00		\$28,600.00		\$28,600.00		\$28,600.00
tal Labor Cost				\$24	9,230.48		\$209,471.48		\$185,296.00		\$166,907.07
Potential revenue for m	obile crisis respo	nse servic	es								
sponse				Description		Description		Descripti		Description	
				UNIT RATE		RATE TBD		Unit		Unit	Rate
				15 min \$113.18				15 min	75.18	15 min	47.72
tal Respone Revenue					\$92,355		\$92,355		61,346.88		61,346.88
re Coordination				Unit RATE		Unit RATE		Unit	RATE	Unit	RATE
				15 Min \$14.09		15 Min \$14.09		15 Min	\$14.09	15 Min	\$14.09
tal Care Coorination Rev	enue			\$2	2,874.36		\$2,874.36		\$2,874.36		\$2,874.36
otal MCRT Revenue				<u>c</u>	95,229.24		95,229.24	4	\$64,221.24		64,221.24
ariance					56,875.00		\$114,244.31		\$121,076.83		\$102,685.83

# **Questions/Discussion**