

BH



P2 / GRAND OPENING

After months of planning, the doors to the Crisis Center opened December 12th.



P3 / DATA

Individuals served and savings projections are now available.



P4 / HEAR FROM THE COMMUNITY

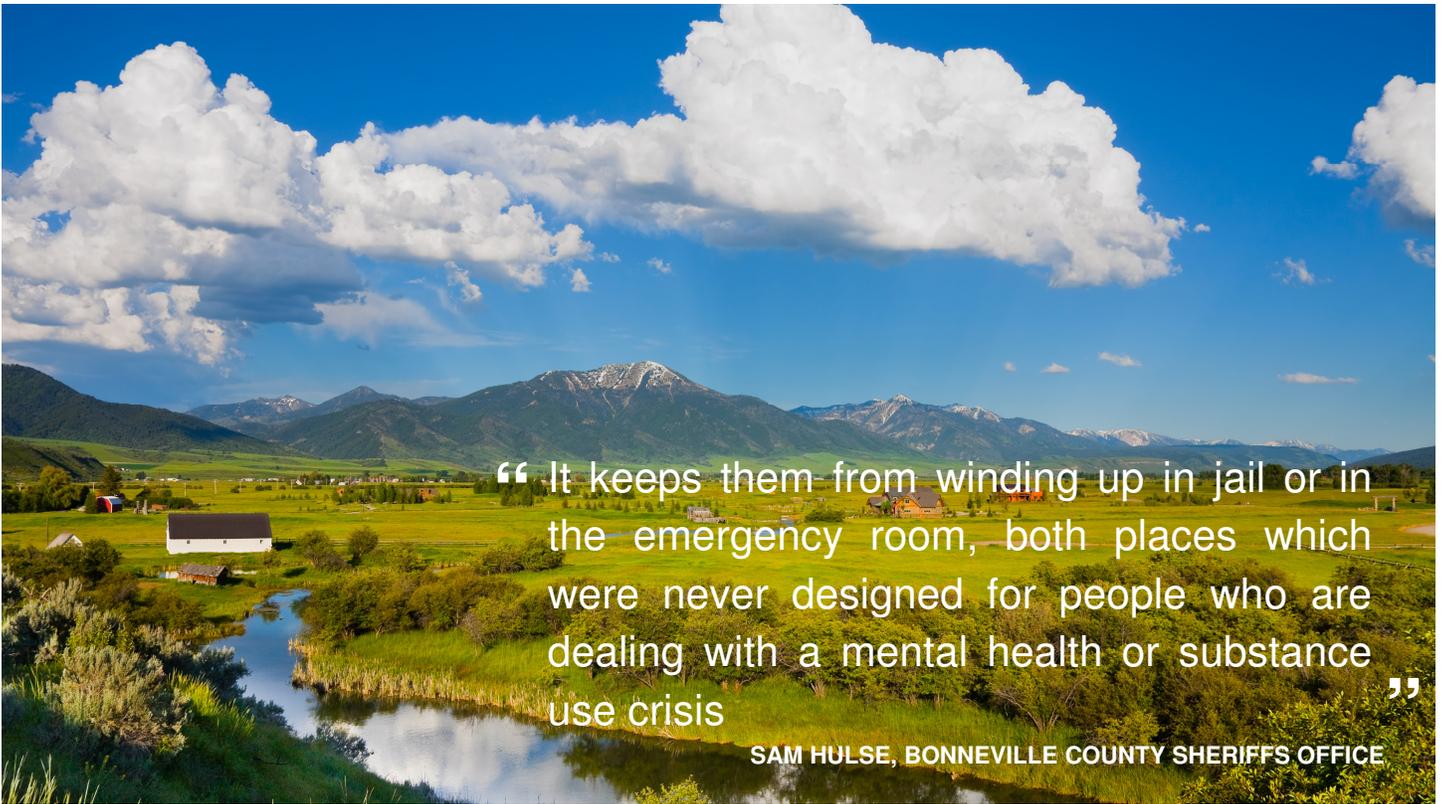
There are already success stories coming out of the Eastern Idaho community.

CrisisCenter

UPDATE

2015

February



“ It keeps them from winding up in jail or in the emergency room, both places which were never designed for people who are dealing with a mental health or substance use crisis ”

SAM HULSE, BONNEVILLE COUNTY SHERIFFS OFFICE

Behavioral Health Crisis Centers are designed to be short-term community resources that fill the gap for individuals experiencing a crisis that may otherwise end up in jail or the emergency room. These crisis centers serve as a link to the existing behavioral health services available in the community, which oftentimes may be beyond reach or access when a person is in crisis.



The design is based largely on an operations model developed in Billings, Montana. Governor Otter requested funding to initiate an Idaho-based model last fiscal year. With the support of the Legislature, funding for one center was appropriated. Also approved was a new statute and administrative rule related to crisis centers.

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BH Crisis



>> CONT. FROM PAGE ONE

Eastern Idaho was selected as the location for the initial site based on several factors: community readiness, draft project proposal, community involvement, and legislative support.

The Department of Health and Welfare contracted with Bonneville County for establishment and operation of the first Behavioral Health Crisis Center in Idaho Falls. The contract reimburses up to \$200,000 for start-up costs, using one-time federal funds allocated to the department. Additionally, \$1.5 million supports the center's day-to-day operations and overhead costs.

The Behavioral Health Crisis Center of East Idaho opened December 12th, 2014 and quickly saw its first client. Governor Otter attended the ceremony and helped cut the ribbon officially opening the center. "Idaho Falls was ready to pick up the efforts to make this first crisis center not only a reality, but an exceptional reality that met all of our expectations," he said.



Photos: (Left to Right) Early construction phase. Framing and interior spaces beginning to take shape. Building exterior and entrance. Grand opening ribbon cutting ceremony with Gov. Otter.

“ The goal of the crisis center is to help people with a behavioral crisis to come in and get an assessment, and find help in the community to work through that brief crisis with commu- ”



BRENDA PRICE

CRISIS CENTER OF EAST IDAHO COORDINATOR



Community Involvement



ADVISORY BOARD PARTICIPANTS

Daniel Clark, Bonneville County Prosecutor ■ Sam Hulse, Captain Bonneville County Sheriff's Office ■ Mark Bair, Bingham County Commissioner ■ Steve Hunt, Idaho Falls Police Department ■ Lisa Koller, Peer Specialist ■ Dr. Jeff Keller, Badger Medical ■ Dr. Jeff Stieglitz, EIRMC Physician ■ Crista Henderson, Bonneville County Social Services Director ■ Dr. Paul Roberts, BYU-Idaho Professor ■ Rex Thornley, Wood Pilot Project

IN-KIND START-UP RESOURCES

Donations and in-kind labor have supported the establishment and start-up of the crisis center. Businesses and citizens have donated over \$5k in furniture and decor, startup medical supplies, and hundreds of professional service hours. Additionally, the county has purchased the building the crisis center occupies, which also supports the long-term operation in the community.

IN-KIND ONGOING RESOURCES

Fiscal agents, IT infrastructure/support, legal services, accounting, lawn care and the building have all been donated, equating to an annual savings of \$75k. There are a variety of small grant applications under way to assist in the ongoing funding. Additionally, the center will be eligible next year for United Way funds, allowing residents to designate the crisis center as the recipient of their tax deductible donation..

DATA SOURCE:
 Division of Behavioral Health electronic health records (WITS) for services delivered between December 12, 2014 — February 12, 2015.



Crisis Services:

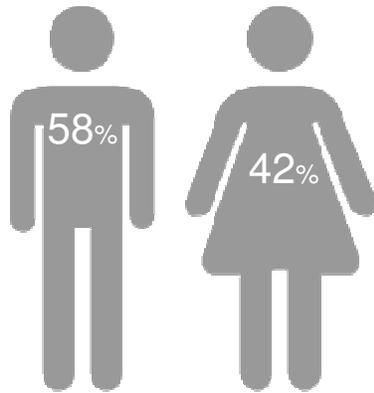
Who has been served so far?

Extracted data was synthesized by the Division of Behavioral Health Policy Unit into the format presented.

AVERAGE LENGTH OF STAY

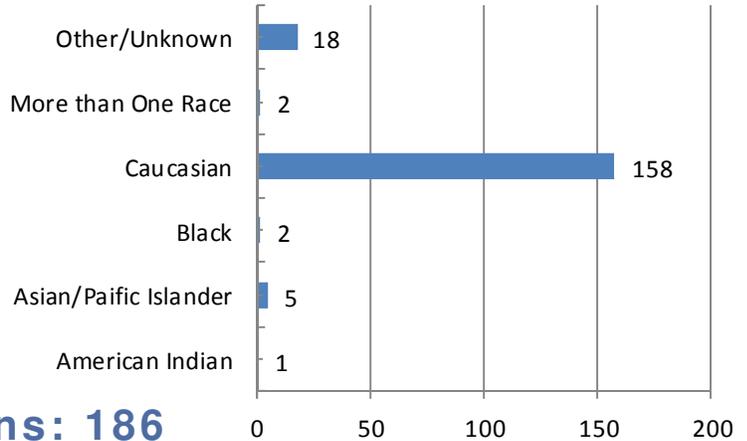
9H
43M

Gender:

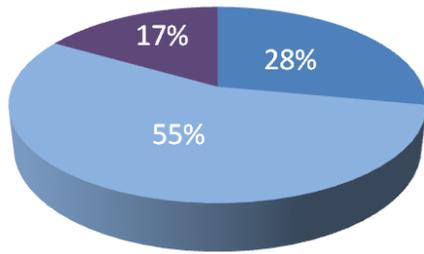


Total* Admissions: 186

Race:



Referral Source



Law Enforcement	52
Community/Self	103
Hospital	31
Total	186

Referral & Disposition

Post Assessment

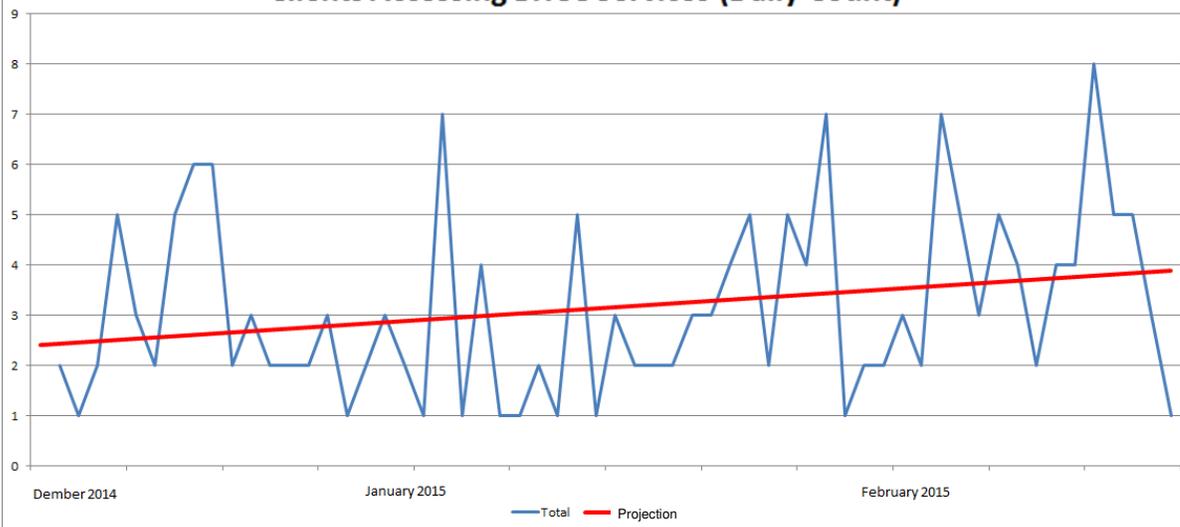
	Admitted to Crisis Center	138	74%
	Jail/Custody	2	1%
	Hospital	9	5%
	Client Refused	5	3%
	Other	32	17%

Outcomes & Savings (2 MONTHS)



E.R. Savings est. based on an avg. visit cost of \$1,233
 Law Enforcement hours est. based on 4.5 hr per client
 Community Linkages reflect referrals and discharge disposition

Clients Accessing BHCC Services (Daily Count)



USE IS INCREASING

The number of unique individuals accessing the crisis center has steadily been increasing.

Data collected between December 12 and February 12 (2 months of operation) illustrates the average daily count.

It is fully expected that this trend will continue as the center establishes relationships with more community members and partners.

*One individual declined to report gender



How it's affecting citizens

FACILITATING BETTER OUTCOMES

OUT OF AREA INDIVIDUALS

One day a woman was driving by the crisis center and stopped in to get information for her family. She told her mother about the services offered there, and the mother drove her adult daughter from Burley (Region 5) to the crisis center. The daughter was able to stay with us that night and talk to a case manager about what was going on in her life. The mother and sister came back the next day and were able to work on a family plan with her to help her move forward to recovery.

GROWING LOCAL PARTNERS

Madison Memorial Hospital in Rexburg has been a great partner for the crisis center. It is not equipped to hold people who need behavioral health services, so hospital staff are very pleased to be able to send people to the crisis center and know they will receive appropriate care.

The center has been able to help students who are attending BYU-I connect with appropriate services. Previously, the hospital had made a number of safety agreements with roommates agreeing to take shifts to keep an eye on students who were depressed. That was beyond the comfort levels of the roommates and was not getting the depressed students any meaningful help to work through their problems.

The crisis center was able to connect a client brought in by law enforcement with VA services. He had suffered with schizophrenia for many years and had been off his medications for over a month. At the time he was convinced that the medications were poisoning him and he was hearing voices from electronics. He had moved out of his apartment and into a hotel to get away from the voices, but he was still hearing them. The hotel called law enforcement who then took him to the Crisis Center.

He was able to stay and was connected with services. The center staff reports that he contacted them several weeks later and said he wanted to stop in "while healthy so that we can see who he really is." He was very grateful that he had a safe place to go to while he was going through his crisis. We are too.



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