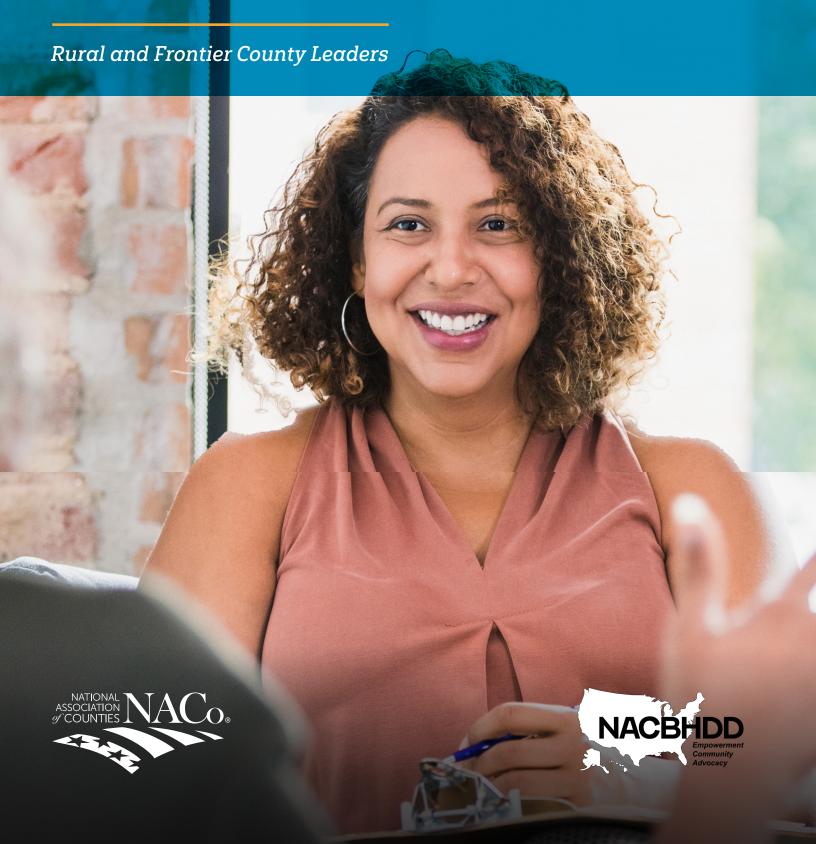
Messaging to Support

# A BEHAVIORAL HEALTH CONTINUUM OF CARE



Counties play a critical role in supporting community members living with behavioral health conditions or experiencing a behavioral health crisis. Annually, counties allocate \$100 billion to community health systems – including behavioral health – and provide services through 750 behavioral health authorities and community providers. This funding supports prevention, treatment and recovery services as well as the elements of a continuum of care – someone to contact, someone to respond and a safe place for help – when people are experiencing a behavioral health crisis. County leaders have been successful investing in and supporting a behavioral health continuum of care by communicating that the provision of necessary services improves community mental health, saves taxpayer money, allows law enforcement to focus efforts on public safety responsibilities, reduces the overuse and misuse of the criminal legal system and decreases the reliance on emergency rooms.

NACo and NACBHDD are collaborating on a series of messaging briefs that will provide examples of how local leaders are leveraging their unique roles to advance behavioral health care and effectively communicate the importance of these efforts. The briefs will provide members of these groups' insight into the work of peers. For community members, staff and advocates, they offer a framework for understanding and engaging with their own local leaders. The following stakeholders will be highlighted in this series:

- County elected officials
- Intellectual and developmental disability directors
- Rural and frontier county leaders
- Law enforcement
- · Behavioral health directors, and
- Judges.



# Rural and Frontier County Leaders

Rural and frontier county leaders oversee the administration of services in counties with populations of 50,000 or fewer people. While only approximately 15 percent of the nation's population lives in the 2,050 counties deemed 'non-metropolitan' or rural, these jurisdictions account for over 72 percent of the nation's total land area. These counties face a distinct set of challenges compared to their urban counterparts; less densely populated jurisdictions' resources must serve diverse populations spread out across large distances. Rural and frontier county leaders are finding innovative ways to provide services and adapt resources to their communities' unique needs by utilizing clinical crisis response teams, expanding certified community behavioral health clinics (CCBHCs) and leveraging law enforcement partnerships with supplemental training.

# **County Spotlights**



### **BENZIE COUNTY, MICH.** (POPULATION: 17,970)

To leverage existing resources across systems, Centra Wellness Network (CWN) – the publicly-funded community mental health service program in Benzie County² – partnered with the Michigan Health Endowment Fund to establish the Rural Crisis Cross-Training Model.³ Established in 2023, this pilot program diverts individuals with mental illness from the criminal justice system through cross-sector partnerships between rural behavioral health providers and law enforcement. In this approach, designated law enforcement personnel receive 40 hours of Crisis Intervention Training (CIT) as well as information on available services, treatment interventions and how to document behavioral health contacts into CWN's electronic health record. County 911 call center staff are also trained to recognize behavioral health-related calls and, if appropriate, to dispatch a CIT-trained officer. Once on the scene, the responding officer coordinates treatment with CWN's Crisis Team.

Benzie County partners with neighboring Manistee County to support CWN's operations. Both counties are represented on CWN's Board of Directors by two county commissioners from each jurisdiction.<sup>4</sup> As both counties are considered designated health provider shortage areas, this cross-system collaboration has been effective at connecting residents to care and addressing residents' needs.<sup>5</sup>

Joseph "Chip" Johnston Executive Director Centra Wellness Network<sup>6</sup> This arrangement is a win/win for a community to find a safe, responsive and compassionate approach. Since going 'live' in January 2023, it has provided dispatch to inpatient behavioral health treatment, an incredible response time of one-hour and has diverted numerous individuals from incarceration to treatment by CWN and/or others."



# **POLK COUNTY, MINN.** (POPULATION: 31,192)

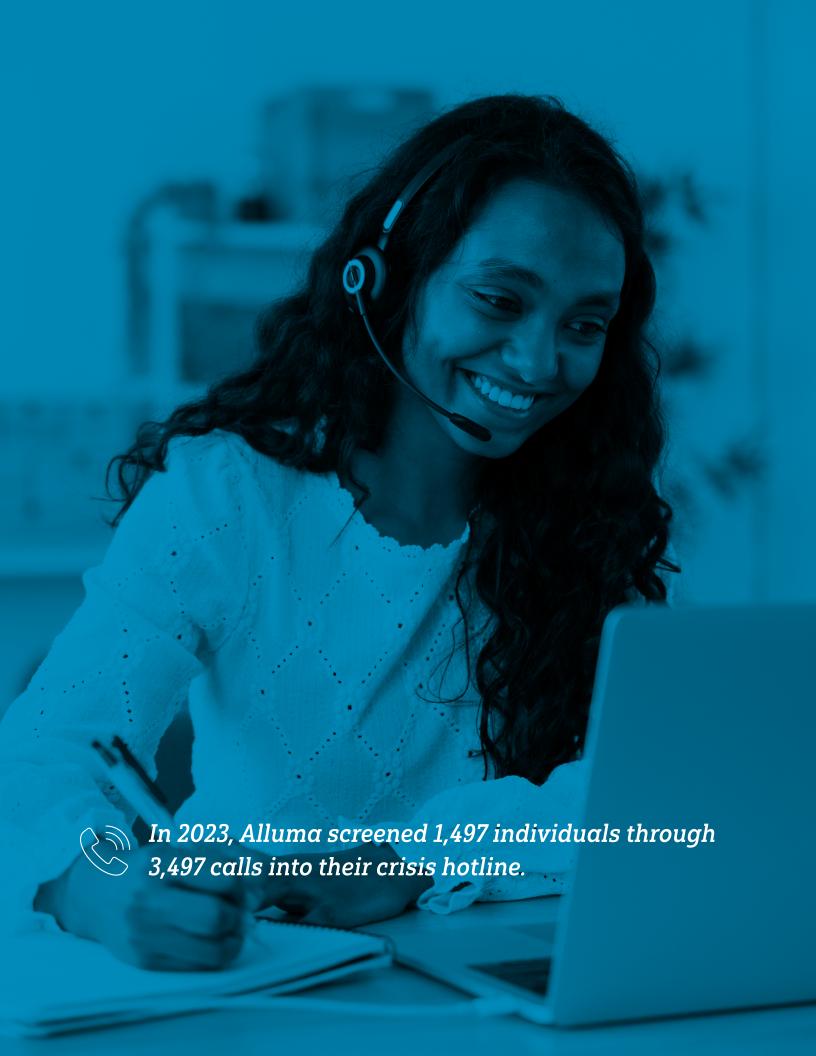
In northwestern Minnesota, Alluma – a nonprofit behavioral health care organization that serves as the primary mental health crisis response provider for Polk County – made the decision to pursue CCBHC certification to better serve its surrounding communities. The CCBHC model was designed to ensure access to community-based coordinated behavioral health care, serve anyone who requests care for mental health or substance use (regardless of their ability to pay) and provide nine core services including 24/7 crisis services. In addition to meeting the model's criteria, Alluma operates a 24/7 support and crisis helpline, a mobile crisis response team and a two-bed crisis stabilization unit where individuals can recover during a mental health crisis. 8

Originally a federal demonstration, CCBHCs like Alluma are now a Medical Assistance benefit in the state. Annually, Alluma serves upwards of 4,300 people across six different counties (Kittson, Mahnomen, Marshall, Norman, Polk and Red Lake) in northwestern Minnesota. The organization is also enrolled as a provider in the Minnesota Health Care Programs, which allows it to support individuals seeking care for substance use disorder through the state's Behavioral Health Fund.

In 2023, Alluma screened 1,497 individuals through 3,497 calls into their crisis hotline. Of those individuals who completed a screening, 335 (23 percent) people received assessment, intervention or stabilization services.<sup>10</sup>

Shauna Reitmeier, MSW, LICSW
Chief Executive Officer
Alluma, Inc.<sup>11</sup>

The CCBHC integrated model of care and crisis response services has been a game changer for the rural counties Alluma serves. We are excited to see the interest grow, to see more states and counties applying to be CCBHC states or receive SAMHSA grants so this model of care can be leveraged to provide a continuum of quality access to behavioral healthcare across the country."





### **SEVIER COUNTY, UTAH** (POPULATION: 21,522)

Central Utah Counseling Center (CUCC) – a local mental health authority in rural Utah<sup>12</sup> – established a mobile crisis outreach team (MCOT) in 2021 using state grant funding.<sup>13</sup> The MCOT unit is made up of either a peer support counselor or a therapist and a case manager that can be deployed in response to community members experiencing a mental health or substance use crisis. This unit can be mobilized through calls to the crisis line or by law enforcement directly. In 2023, the MCOT responded to 705 calls for services with a median time of under 20 minutes. Most of these calls (59 percent) did not include law enforcement involvement. CUCC estimates that if the MCOT did not exist, up to 96 percent of these responses would have resulted in hospitalization or jail detention.<sup>14</sup>

In partnership with five other central Utah counties, Sevier County established the CUCC in 2006 as an interlocal agency to provide behavioral health care to the community. This agreement supports the involved counties in efficiently delivering care and facilitating the most effective use of their taxing authorities to their mutual advantage. One such benefit to come out of this arrangement is the MCOT, which operates in all six counties.

Nathan Strait
Chief Executive Officer
Central Utah Counseling Center<sup>16</sup>

Through the Mobile Crisis Outreach Team (MCOT) we connect clients to appropriate services. MCOT has also given law enforcement a tool to utilize when responding to mental health emergencies in the community that they are not equipped or comfortable handling. One local sheriff has commented that this program is the 'best thing that we have ever done."



# Sources

- National Association of Counties, https://www.naco.org/sites/default/files/documents/AgRa 2020-2021 American County Platform 3.23.21.pdf.
- <sup>2</sup> Michigan has a decentralized public behavioral health system with services coordinated through local community mental health service programs, which are publicly funded and created by county government. For more information, visit https://www.naco.org/sites/default/files/documents/AgRa 2020-2021 American County Platform 3.23.21.pdf.
- <sup>3</sup> Michigan Health Endowment fund, https://mihealthfund.org/grant-tag/co-response-model.
- 4 Centra Wellness Network Board of Directors, https://www.centrawellness.org/userfiles/filemanager/5qi06gr4bcg8540xj1e0/.
- <sup>5</sup> Health Resources & Services Administration, https://data.hrsa.gov/tools/shortage-area/hpsa-find.
- <sup>6</sup> Joseph "Chip" Johnston, Email to author, March 5, 2024.
- <sup>7</sup> Substance Abuse and Mental Health Services Administration (SAMHSA), https://www.samhsa.gov/certified-community-behavioral-health-clinics.
- <sup>8</sup> Alluma Impact Report 2022, https://allumacares.org/about-alluma/.
- <sup>9</sup> Shauna Reitmeier, Alluma Letter of Support, https://www.lrl.mn.gov/archive/minutes/senate/2022/Finhhsreform/20220329/finhhsreform\_20220329\_SF4151-Letter-of-Support-Alluma.pdf.
- <sup>10</sup> Shauna Reitmeier, Interview with author, April 2, 2024.
- 1 Ibid.
- <sup>12</sup> Note: Utah counties provide services through local mental health and substance use authorities. For more information, visit https://www.uacnet.org/behavioralhealth.
- <sup>13</sup> Utah Association of Counties, Utah Behavioral Health Resources | Utah Association of Counties (uacnet.org).
- <sup>14</sup> Utah Department of Health & Human Services, https://sumh.utah.gov/data-portal-home/.
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- <sup>16</sup> Nathan Strait, Email to author, March 12, 2024.







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