

ANNUAL CONFERENCE & EXPOSITION

CLARK COUNTY,
NEVADA

July 12-15, 2019 ◆◆◆◆◆◆◆◆◆◆



@NACoTweets
#NACoAnn

Data-Driven Diversion Strategies for People Experiencing Behavioral Health Crises

Sunday, July 14, 10:30 AM – 11:45 AM

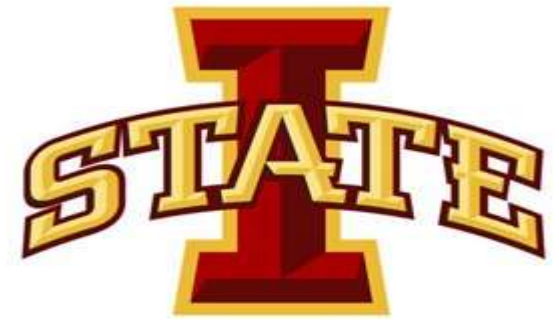
Central Iowa Community Services



CICS

Supporting Individuals. Strengthening Communities.

This is IOWA

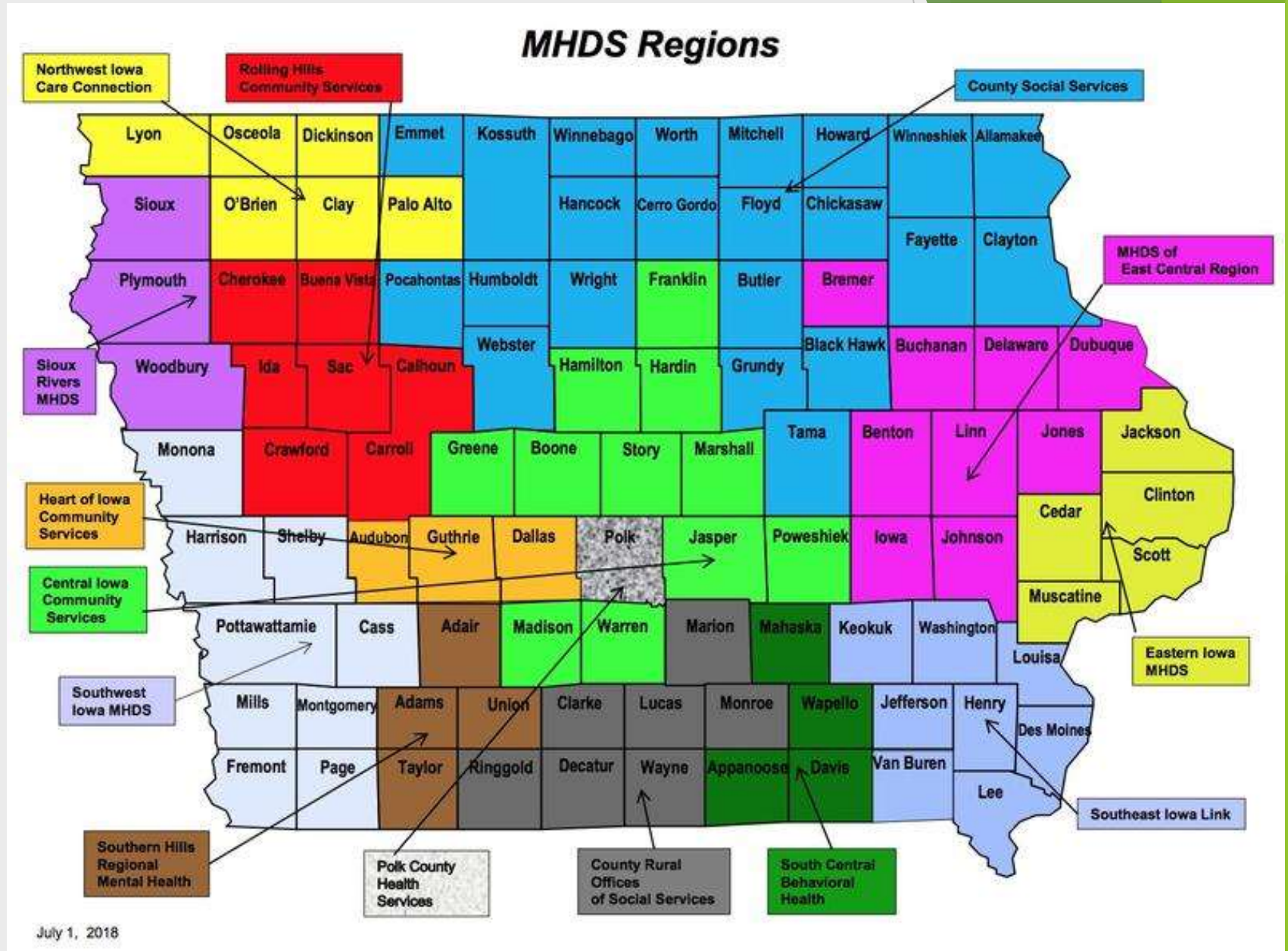


Topics to be Covered

- ▶ Who is CICS?
- ▶ What Services are Available
- ▶ Who Pays for Services
- ▶ How to Access Services
- ▶ Stepping up Initiative



- Effective 7/1/2014, all counties were required to “regionalize” under Iowa Code Chapter 28E and create mental health and disability service regions in compliance with Iowa Code 331.390.
- Non-Medicaid mental health and disability services funding is under the control of these Regions.
- Currently there 14 MHDS Regions in Iowa



Central Iowa Community Services (CICS)

An 11-county region that works to develop support for people with mental health concerns, developmental disabilities, or brain injuries.



CICS

Supporting Individuals. Strengthening Communities.

Three Levels of Services

- ▶ Crisis/Emergency
- ▶ Urgent
- ▶ Routine/Ongoing

Crisis/Emergency Services



- ▶ 24-Hour Crisis Line
- ▶ Mobile Crisis Response Outreach
- ▶ Crisis Intervention Training (CIT) for Law Enforcement
- ▶ Mental Health Commitment
- ▶ Inpatient Hospitalization
- ▶ 23-Hour Crisis Observation

Crisis/Emergency Services



Hope Wellness Crisis Center

The purpose of the HWC is to reduce the number of people who, during a mental health crisis, are involuntarily hospitalized or inappropriately incarcerated. The Hope Wellness Crisis Center began as a collaboration between the Heart of Iowa Community Services Region and Genesis Development Mental Health Services to create a more effective approach to mental crisis treatment and to reduce health care costs. Individuals typically stay at the Hope Wellness Crisis Center less than one week. During that time they are connected to a network of appropriate community resources to assist in their recovery.

Hope Wellness Crisis Center Services include:

- A safe, recovery-oriented environment
- Open 24 hours a day, 7 days a week
- Professional, short-term intervention
- Links to ongoing supports, services and community resources

Admission Criteria:

- 18 years or older
- Experiencing psychiatric symptoms
- Voluntary admission
- Not a danger to themselves or others



- ▶ Crisis Stabilization Units
 - ▶ Hope Wellness Center in Woodward
 - ▶ Community and Family Resources in Fort Dodge
 - ▶ Mary Greely Medical Center in Ames

Urgent Services



- ▶ Crisis Therapy Appointments
- ▶ Crisis Psychiatric Appointments/in county jails/hospital ER's
- ▶ Mental Health Treatment - Jails
- ▶ Jail Diversion Services/Jail Diversion Specialists
- ▶ Transitional Living Centers (TLCs)

Stepping Up Initiative

10 of the 11 counties in the Mental Health Region have signed the resolution.

- ▶ Jail Diversion Services - Specialist hired to facilitate services and supports for persons coming out of jail
- ▶ Integrated Telehealth Services - Jails schedule clients for a psychiatrist visit
- ▶ Currently exploring Mental Health Court for Counties
- ▶ Providing therapy/IPR Services in jails

Routine/Ongoing Services

Outpatient Services

- ▶ Mental Health Evaluations
- ▶ Therapy
- ▶ Medication Management

Recovery-Focused Services

- ▶ Intensive Psychiatric Rehabilitation (IPR)
- ▶ Peer Support Services
- ▶ Family Peer Support Services



Coordination Services

- ▶ Integrated Health Program Care Coordinators
- ▶ Medicaid Funded Care Management
- ▶ Regional Service Coordination



CICS

Supporting Individuals. Strengthening Communities.

Community Based Services

- ▶ Supported Community Living
- ▶ Employment Services
- ▶ Transportation
- ▶ Day Habilitation
- ▶ Drop-In Centers
- ▶ Respite
- ▶ Short-term Rental and Utility Assistance



Initiatives Currently Working on!

- ▶ Access Centers
- ▶ IRSH (Intensive Residential Service Home)
- ▶ Subacute

CICS Eligibility Criteria



- ▶ Diagnostic Criteria
 - ▶ Mental Illness
 - ▶ Intellectual Disability
 - ▶ Development Disability
 - ▶ Brain Injury (effective 7/1/17)
- ▶ Residency
 - ▶ Reside in 1 of the 11 CICS Member Counties
- ▶ Income
 - ▶ Under 150% Federal Poverty Level (FPL)
 - ▶ Sliding Fee Scale for 150% to 250% FPL
- ▶ Resources
 - ▶ Medicaid/SSI Resource Limit
 - ▶ \$2000 for an individual
 - ▶ \$3000 for a family
- ▶ Need for services determined through assessment (LOCUS, ICAP, SIS, MPAI)

Trainings Offered By CICS Region

Trauma 101 and Recovery

Cultural Competency

C3 De- Escalation

Adult Mental Health First Aid

Juvenile Mental Health First Aid

Compassion Fatigue



Providers

CICS maintains a network of service providers to meet the service needs of individuals we serve. The providers listed below are those providers that currently have a contract with CICS.

- ▶ Access, Inc.
- ▶ Arc of Story County
- ▶ Behavioral Health Options
- ▶ Berryhill Center
- ▶ Brian Vold, ARNP
- ▶ CIRSI, Inc.
- ▶ Capstone Behavioral Healthcare
- ▶ Center Associates
- ▶ Central Iowa Juvenile Detention Center
- ▶ Central Iowa Psychological Services
- ▶ Central Iowa Recovery (CIR)
- ▶ Christian Opportunity Center (COC)
- ▶ Crossroads Mental Health Center
- ▶ Diamond Life
- ▶ Eyerly-Ball Community Mental Health Center
- ▶ Foundation 2 Inc.
- ▶ Franklin County Service Center

- ▶ Friends Forever
- ▶ Friendship Ark, Inc.
- ▶ Friendship Club
- ▶ Genesis Development
- ▶ Goshorn Psych-Services PLLC
- ▶ HIRTA Transit
- ▶ Hansen Family Hospital
- ▶ House of Mercy
- ▶ Integrated Telehealth Partners
- ▶ Integrated Treatment Services LLC
- ▶ Jasper County Home Care
- ▶ Legal Aid Society of Story County
- ▶ Lutheran Services in Iowa (LSI)
- ▶ MIW, Inc.
- ▶ Madison County Public Transportation
- ▶ Mainstream Living
- ▶ Mary Greeley Medical Center

- ▶ Mason City Clinic
- ▶ Mid-Iowa Triumph Recovery Center, Inc.
- ▶ Midwest Counseling
- ▶ NAMI of Central Iowa
- ▶ NIVC Services
- ▶ Optimae Life Services
- ▶ Orchard Place Child Guidance
- ▶ Pam Caviness, LISW, ASW, Inc.
- ▶ Progress Industries
- ▶ Region Six/People Rides
- ▶ The Salvation Army
- ▶ Van Diest medical Center
- ▶ Youth & Shelter Services, Inc.

*** Additional providers may be added throughout the year as services are developed to respond to the needs of individuals with mental health or intellectual and other developmental disabilities.**



CICS

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CICS Quality Assurance Officer

Central Iowa Community Services





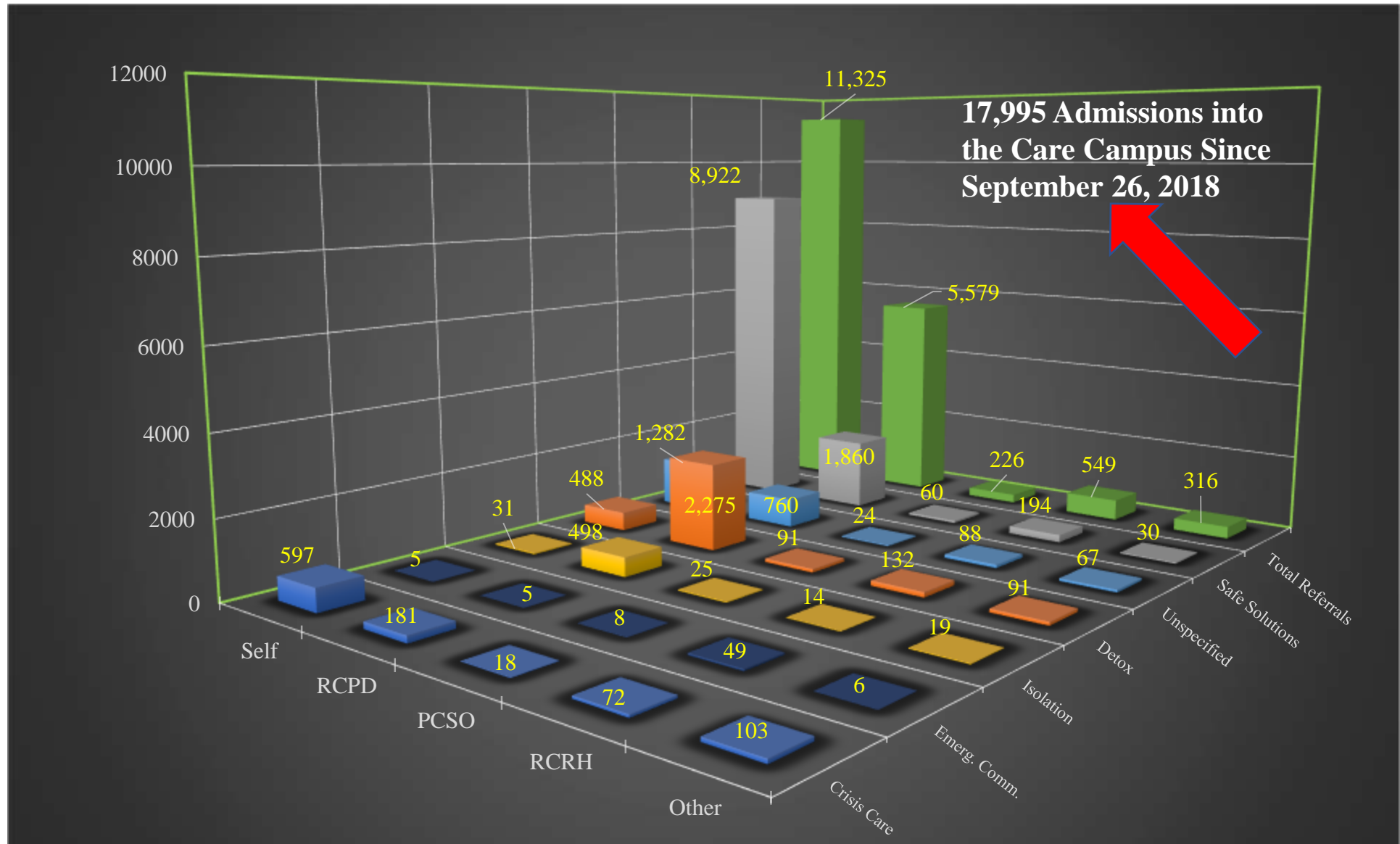
CARE

CAMPUS

Restoring Mind, Body & Spirit

Admissions to Care Campus Programs

September 26, 2018 to June 30, 2019



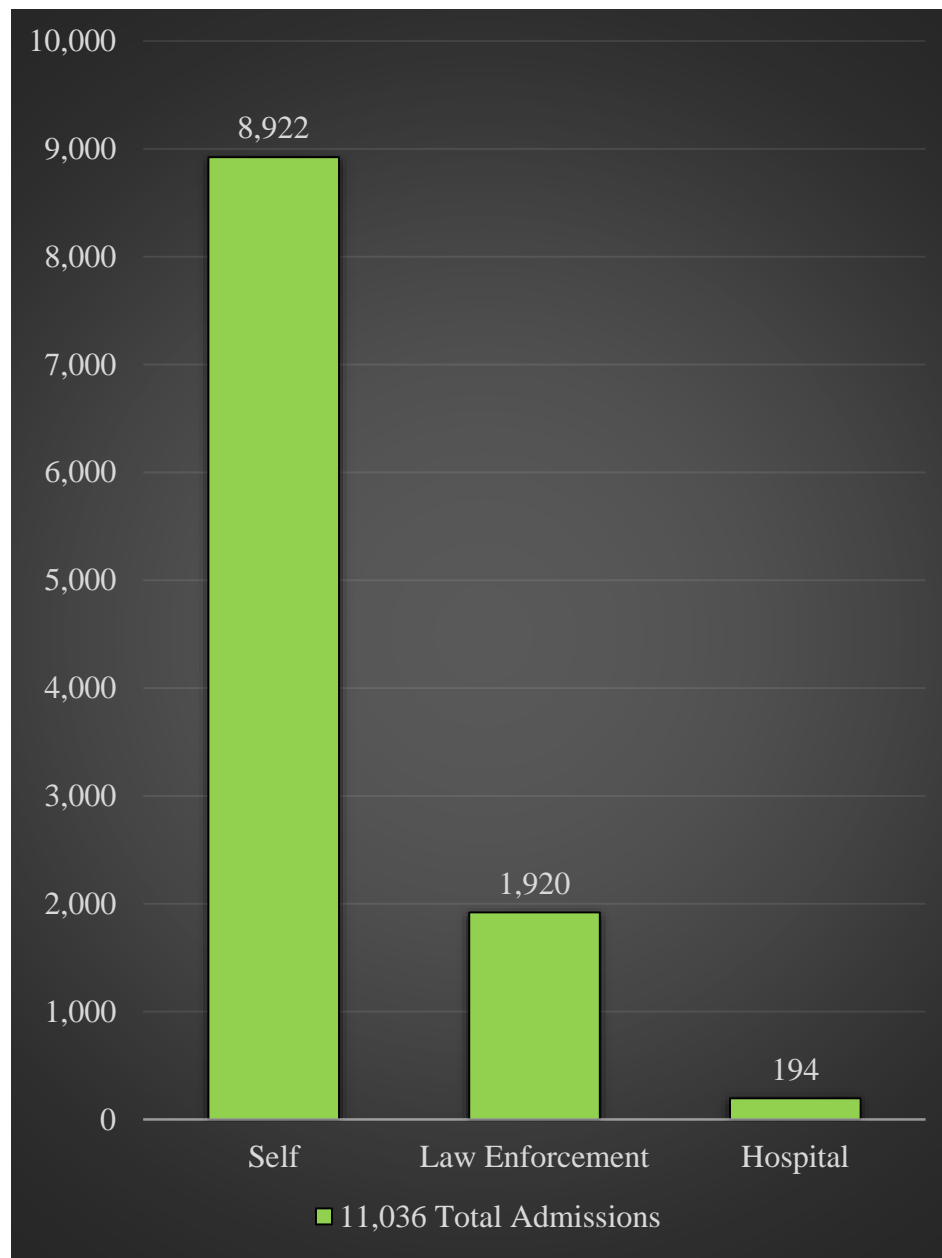
SAFE SOLUTIONS



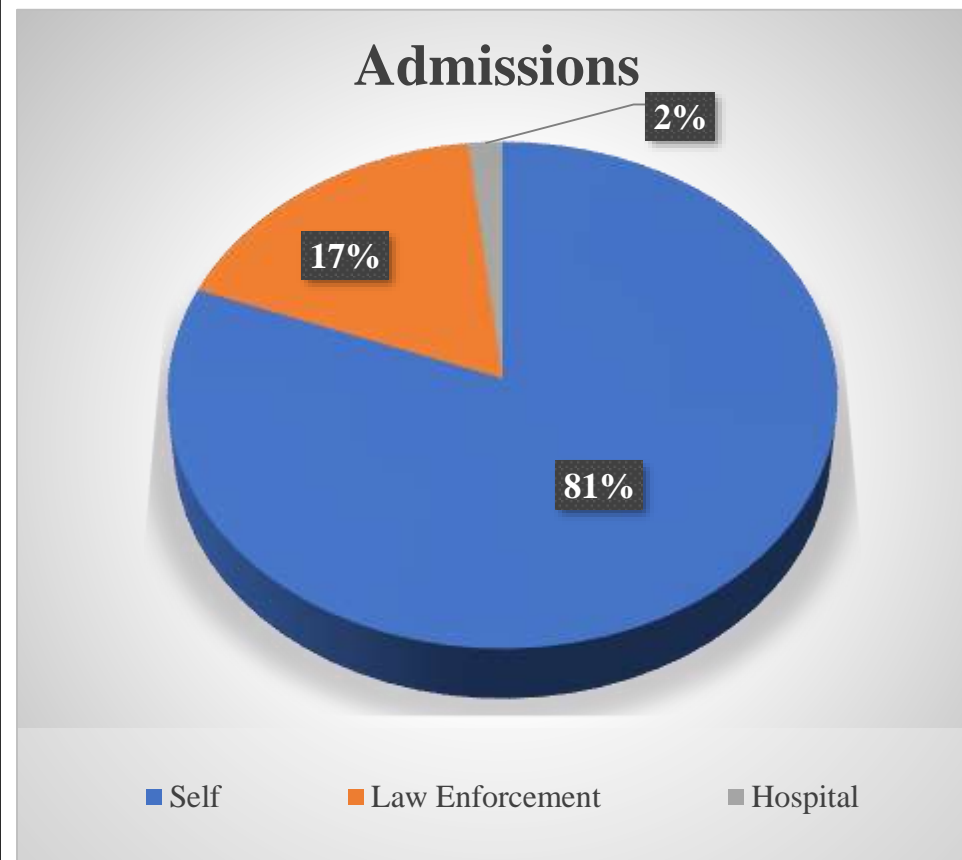
Photo of one of the male Safe Solutions areas

SAFE SOLUTIONS ADMISSION SOURCES

September 26, 2018 to June 30, 2019

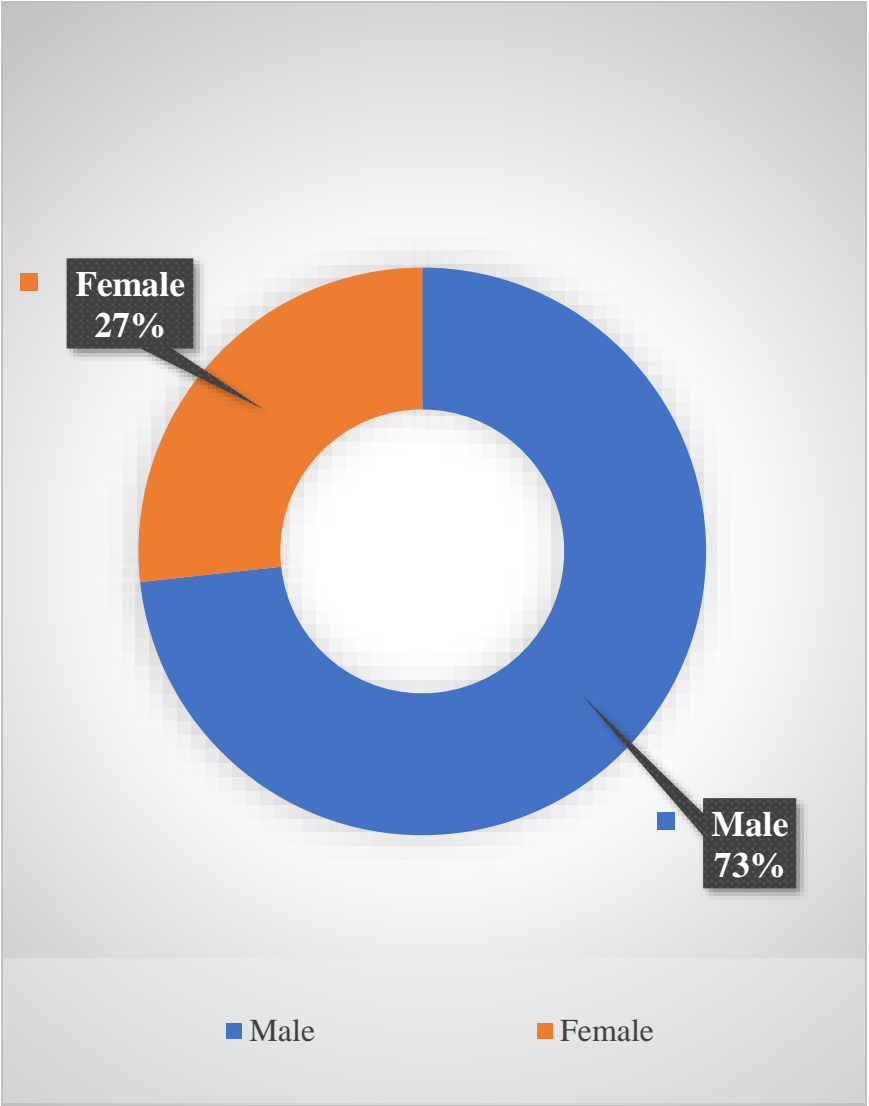
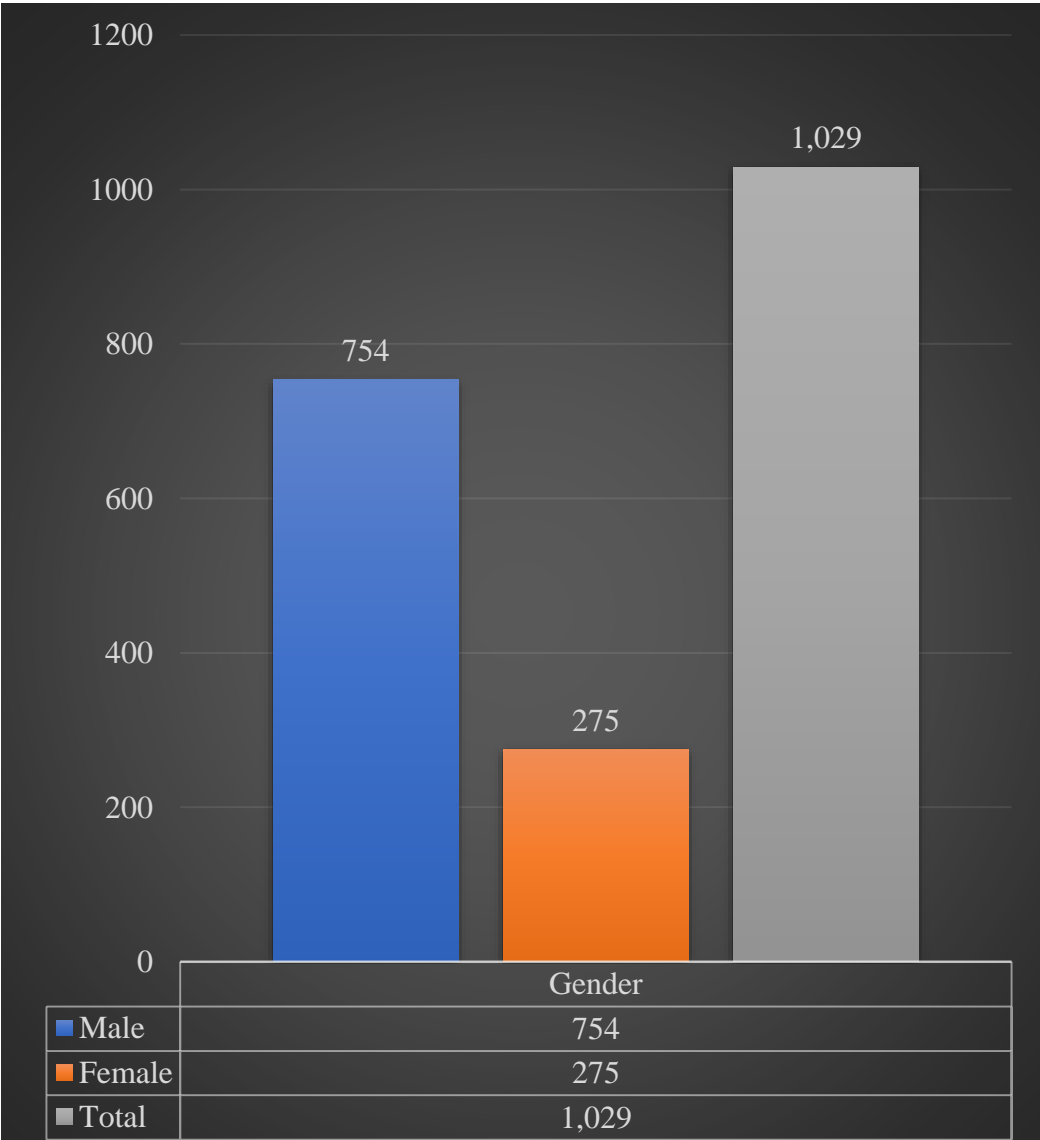


Admission Sources: Identifies how an individual accesses Safe Solutions: self admits, law enforcement referrals, or medical facility referrals.



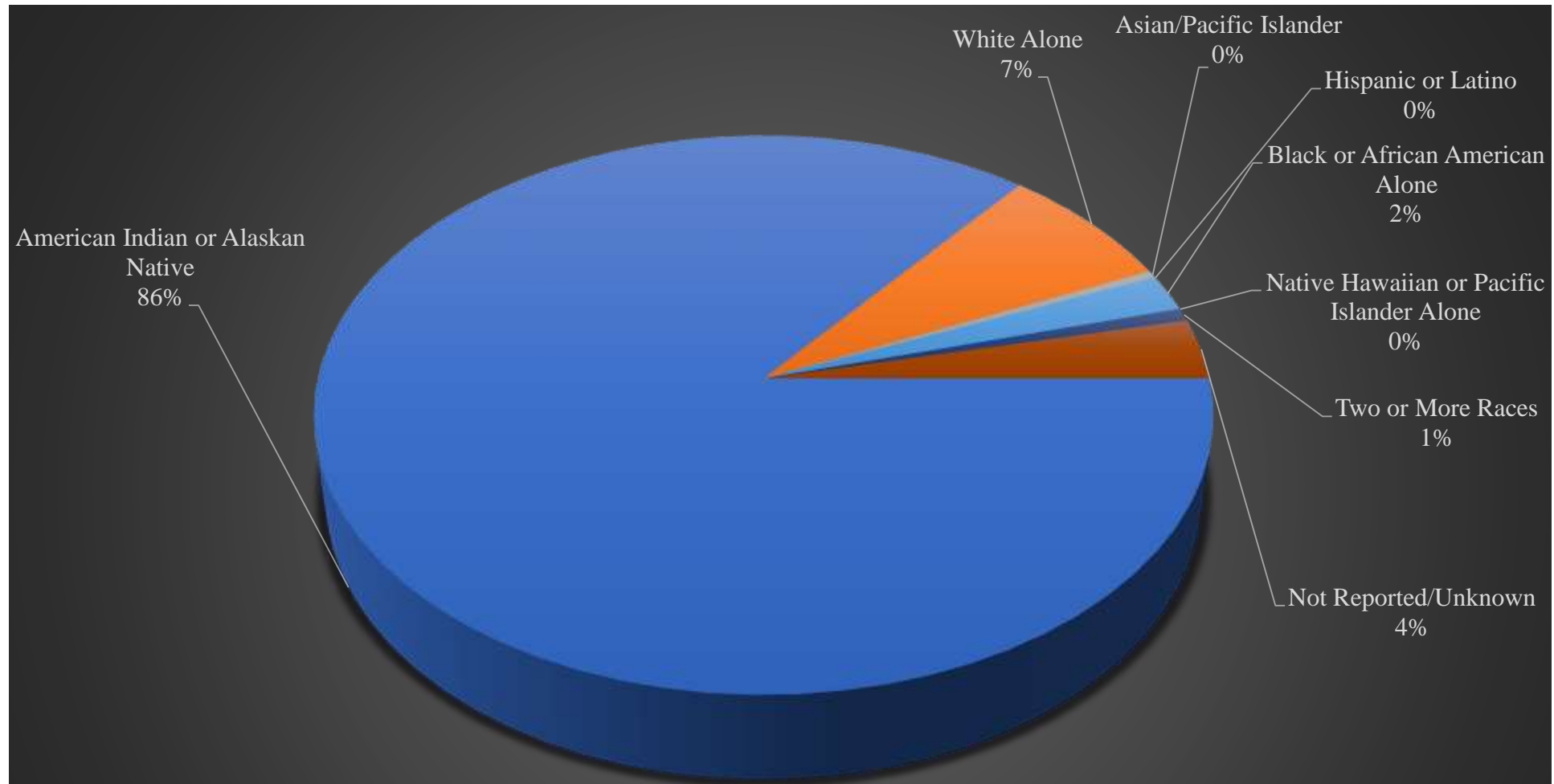
SAFE SOLUTIONS ADMISSIONS BY GENDER

September 26, 2018 to June 30, 2019



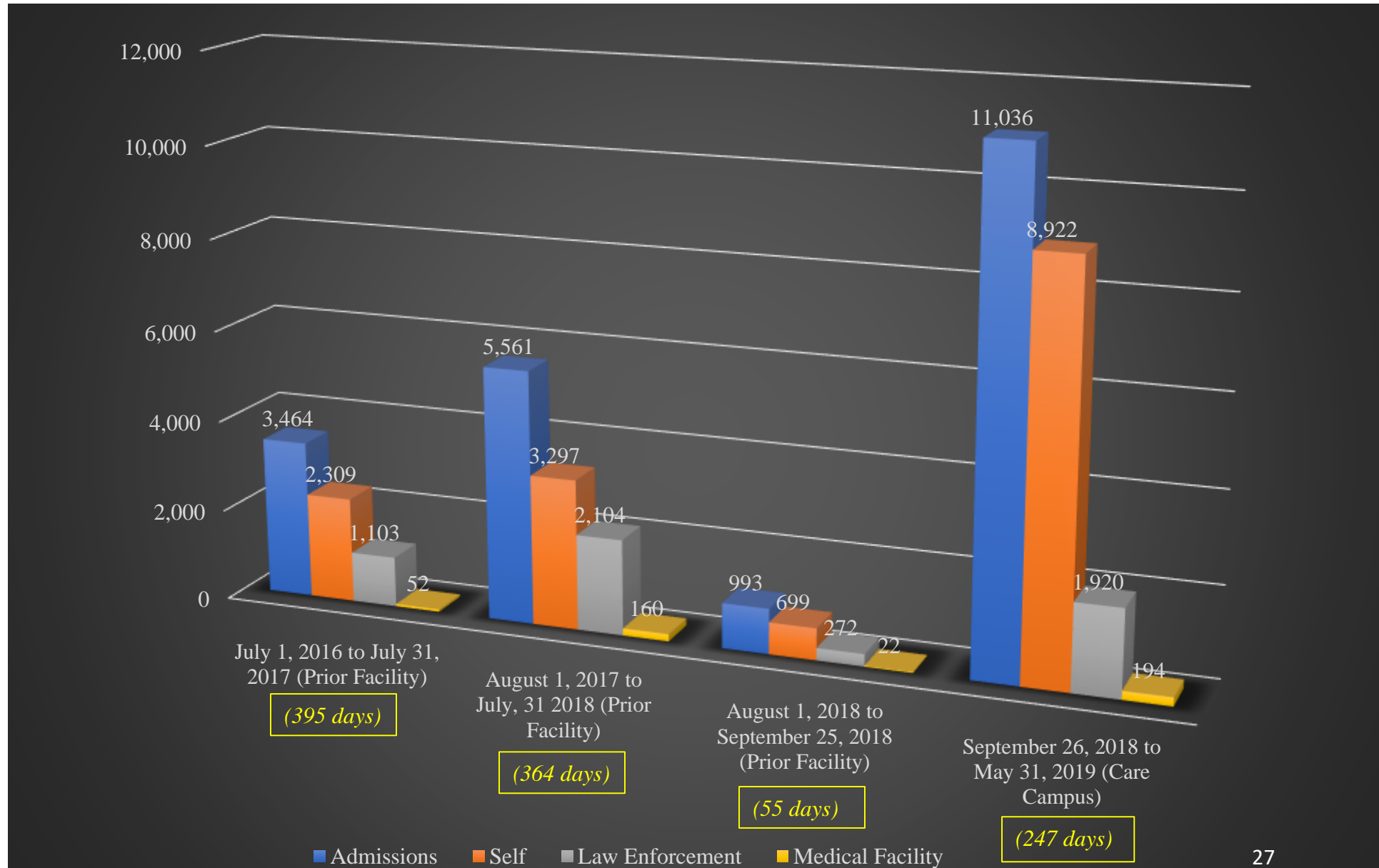
SAFE SOLUTIONS ADMISSIONS BY RACE/ORIGIN

October 22, 2018 to June 30, 2019



***Date Range is 10-22-18 to 3-31-19 due to the start date of a public safety software program and Safe Solutions application implementation.*

SAFE SOLUTIONS USE BY ADMISSION SOURCE PREVIOUS FACILITY AND CURRENT FACILITY





CARE CAMPUS

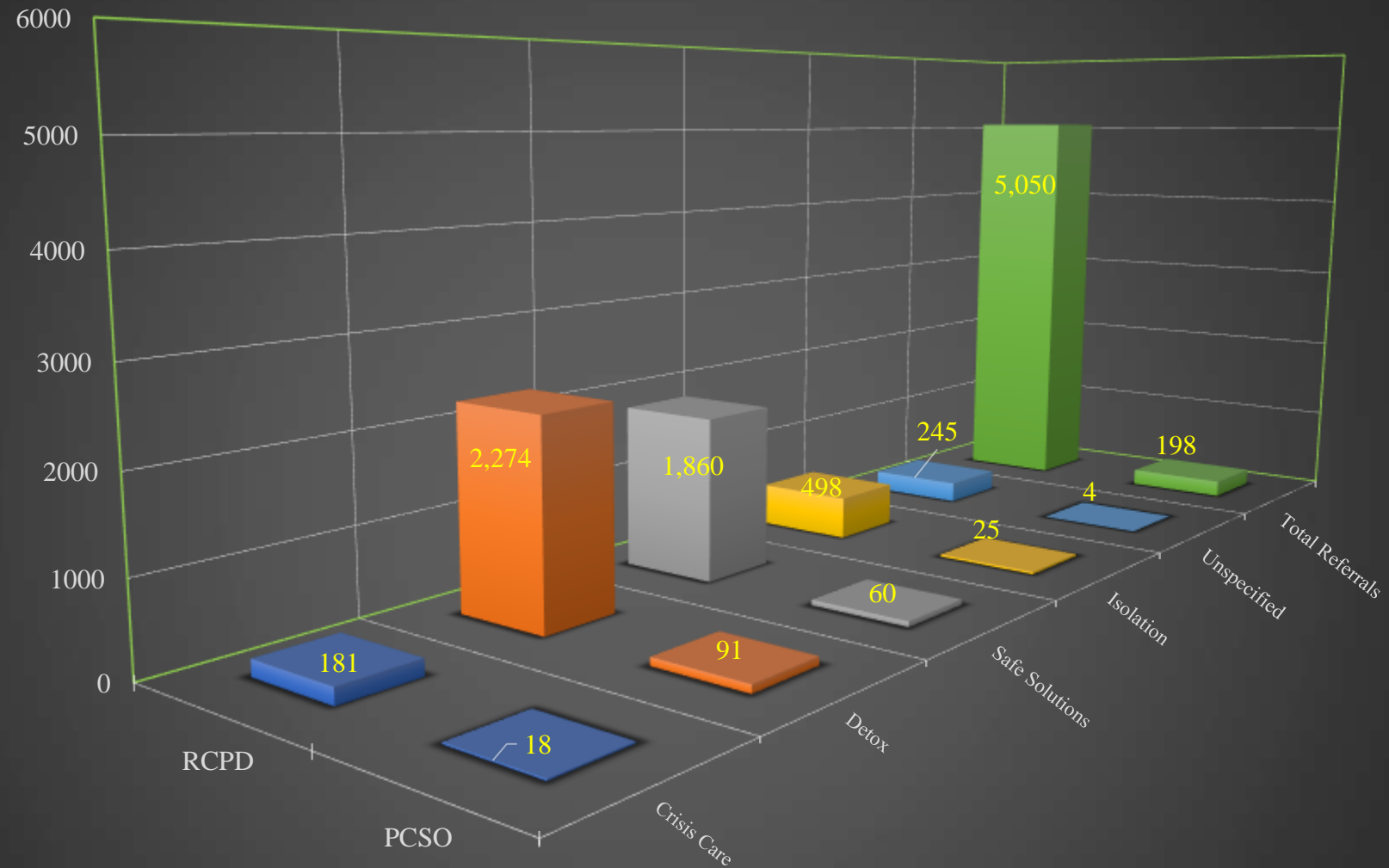
Restoring Mind, Body & Spirit



CARE CAMPUS PROGRAM UTILIZATION BY LAW ENFORCEMENT

Total Admissions via Referral by Law Enforcement to Care Campus Programs

October 22, 2018 to June 30, 2019



**Data collection began on
10-22-2018**

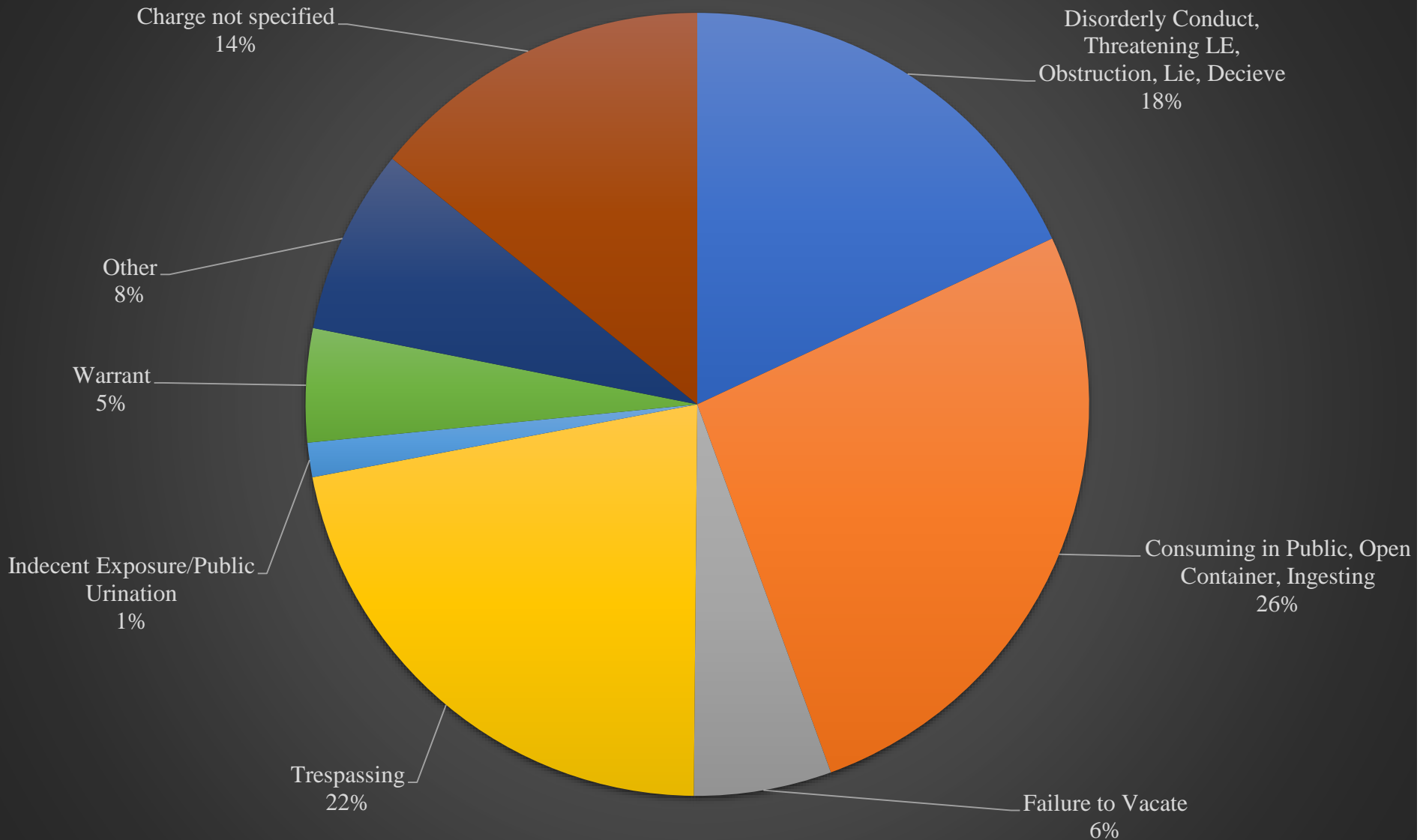
Alternative to Incarceration: October 22, 2018 to June 30, 2019



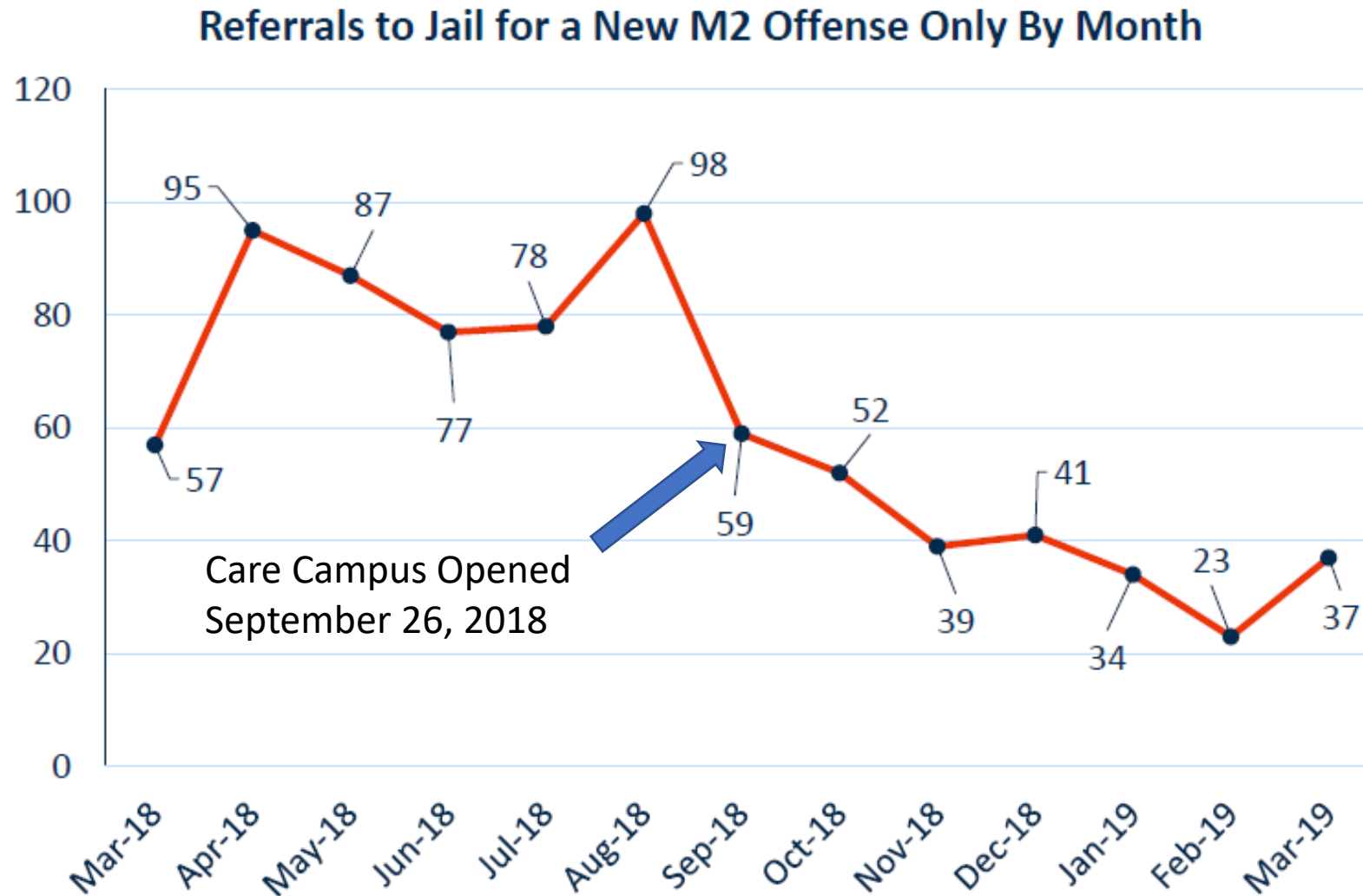
*890 Admissions Were Referred
to the Care Campus as an
Alternative to Incarceration*

Charges Diverted by Law Enforcement to Care Campus Programs

October 22, 2018 to June 30, 2019





Referrals to Pennington County Jail for a New Misdemeanor 2 Offense By Month





Law Enforcement Admissions to Care Campus Programs


Alternative to Incarceration: October 22, 2018 to June 30, 2019

 \$150.00 per detainment

 \$85.00 per day

 \$25.00 per misdemeanor file prosecuted

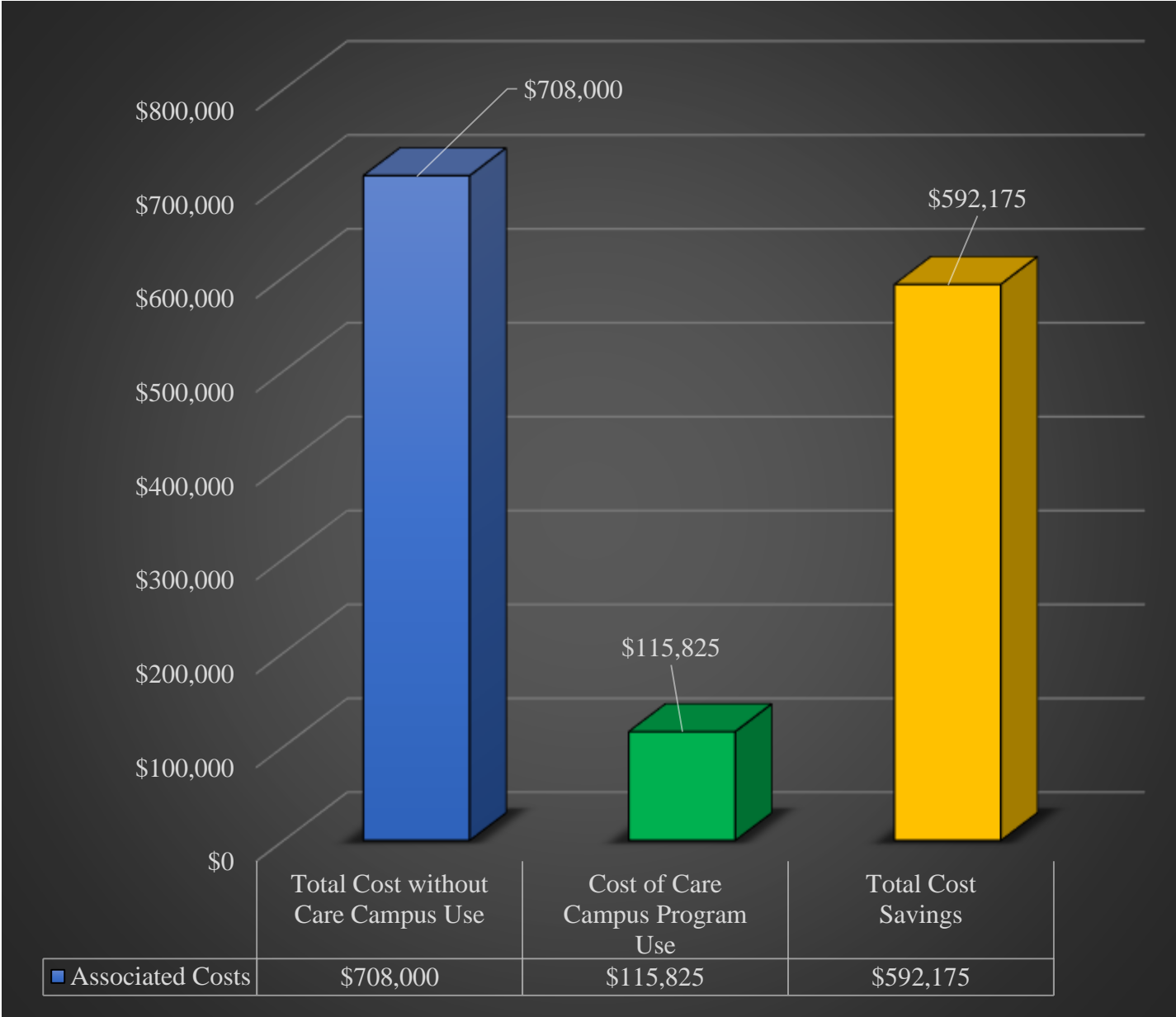
 \$450.00 per misdemeanor file defended

 \$86.50 Court expenses factored at present time

= \$796.50 per individual jail diversion x 890 admissions diverted to Care Campus Programs = \$708,000

➔ \$200.00 per day (24 hours): Detoxification Unit stay x 562 stays = \$112,400

➔ \$25.00 per Safe Solutions stay x 137 stays = \$3,425



Contact Information:

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Director – Pennington County
Pennington County Health and Human Services
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Data, Decisions, and Action

How Minnehaha County, SD Used Data to Inform Action

Minnehaha County, SD

- Mini-HA-HA
- People: 194k (MSA 250k)
- Land: 810 square miles
- Co-hosts largest City in SoDak – Sioux Falls



Follow Along or Click Around

<https://www.minnehahacounty.org/>

Click on the Community Triage Center Project

Commission Monthly Commentary
Click for more information

[Previous](#) [Next](#) [Play](#)

Important Links **Media Releases**

Career Opportunities
[Click for more information](#)

View/Pay Property Taxes
[Click for more information](#)

Got Warrants
[Click for more information](#)

Most Wanted List
[Click for more information](#)

Property Information System
[Click for more information](#)

Mortgage Foreclosures
[Click for more information](#)

Who's Behind Bars
[Click for more information](#)

Sheriff's Office Call Log
[Click for more information](#)

Calendar
Today: Monday, June 24
Tuesday, June 25
9:00am Minnehaha County Commission Meeting
Tuesday, July 2
9:00am Minnehaha County Commission Meeting
Thursday, July 4
Independence Day
Tuesday, July 9
9:00am Minnehaha County Commission Meeting
Tuesday, July 16
9:00am Minnehaha County Commission Meeting
Tuesday, July 23
9:00am Minnehaha County Commission Meeting
Tuesday, July 30
[Google Calendar](#)

Quick Links

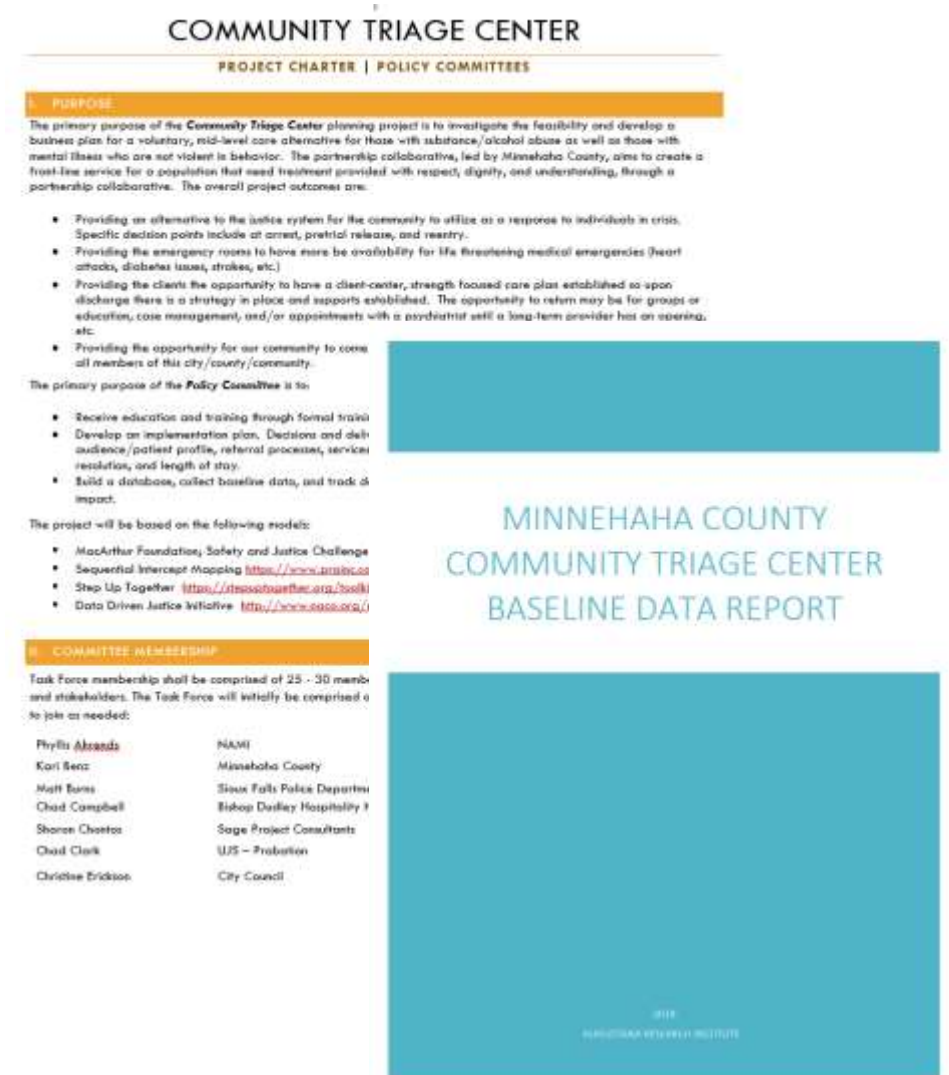
Criminal Justice Advisory Board	Community Triage Center Project	Homeless Advisory Board	Planning Commission
Voter Registration	Emergency Medical Services Study	GIS Mapping	Envision 2035
Minnehaha County Courts	Absentee Voting	Capture Minnehaha	2018 Assessed Values
Siouxland Museums	Metro Communications	App for County Board Vacancies	Travel Conditions
Lobbying Information	Siouxland Libraries	Americans with Disabilities Act	Petition Gatherers Policy

Data: Do not let perfection get in the way of progress

- Process: Leadership
 - Buy-In: Agreement (Committee Charter)
 - What do we want to answer THEN identify data points to gather
- Someone
 - One single point person to collect, analyze, and compose

Questions We Had:

- Do we need a community triage center?
- If so, what would the target pop be?
- What would the capacity need to be?
- What programming would it entail?
- How would it be funded?
- What could the impact be?



Decisions: Data Now What

- Answer the questions as a TEAM

Do we need a community triage center?

Yes- booking and ER data

If so, what would the target pop be?

Individuals presenting with a Mental Health and Substance Use Moderate Crisis- community services data, booking, and ER data

What would the capacity need to be?

3 separate estimates- based on ER and booking data

What services?

Detox, Psych Bridging, and Observation Unit (<24 hour)

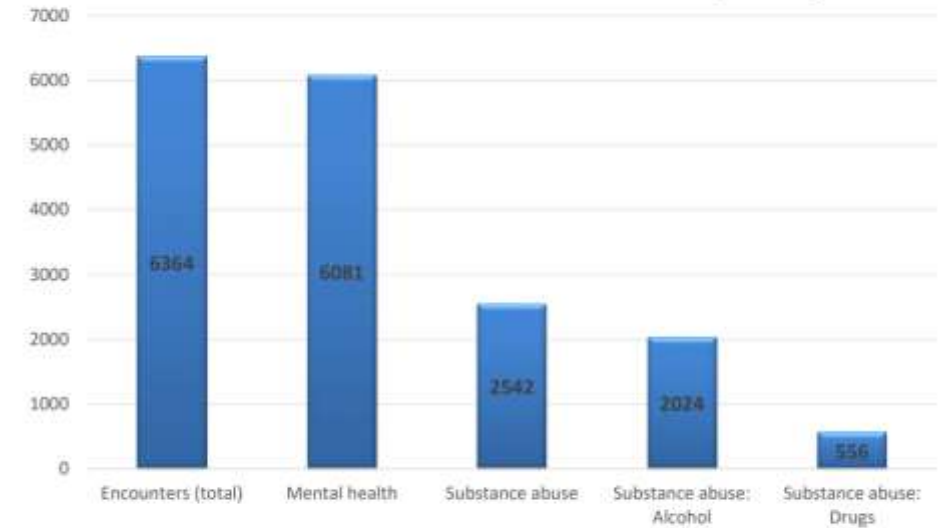
How would it be funded?

Partnerships

What could the impact be?

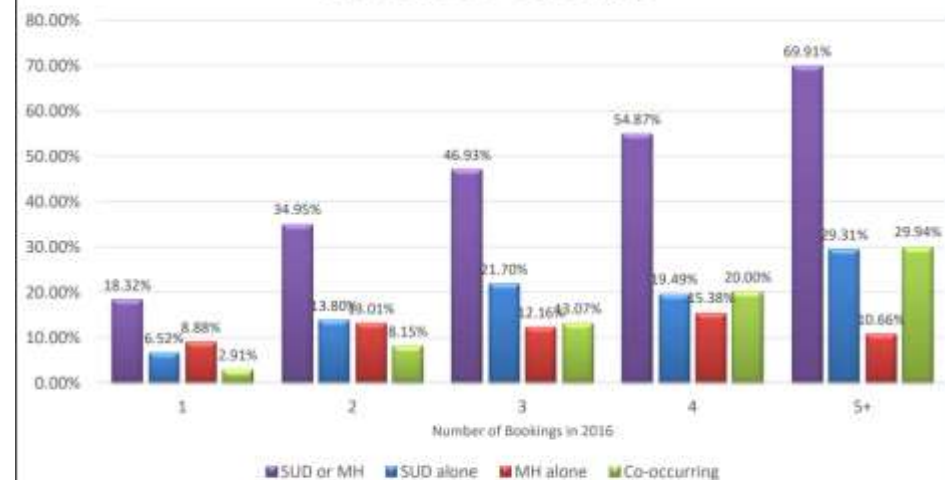
Arrests, bookings, cycles, service utilization

Behavioral Health ER Encounters (2016)



AUGUSTANA UNIVERSITY

Self-reported SUD and MH Disorders by Number of Bookings



AUGUSTANA UNIVERSITY

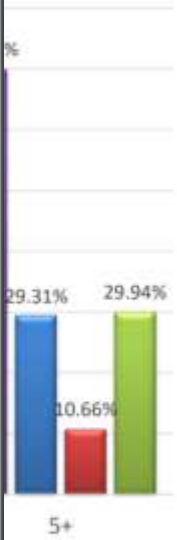
Compared to those who don't report problems, people who self-report behavioral health problems are:

- 2.14 times as likely to have multiple bookings
- 5.74 times as likely to have 5+ bookings

n=9,203

	Multiple (2+) bookings RR	RR 95% conf. interval
SUD or MH	2.14	2.03 to 2.25
SUD	1.87	1.77 to 1.97
MH	1.26	1.17 to 1.36
COOC	2.18	2.07 to 2.30

	5+ bookings RR	RR 95% conf. interval
SUD or MH	5.74	4.88 to 6.76
SUD	3.28	2.80 to 3.84
MH	1.04	0.82 to 1.33
COOC	5.43	4.68 to 6.31



Intercept 1: Summary

Organization	Instances (2016)
Calls for service	127,547 calls
Necessary action taken	79,114 calls
Arrests	15,145 calls
MCT calls	572 calls
Detox	241 clients
Sobering Center	2,621 bookings

How would it be funded?

Private

ER Behavioral Health Encounters

Average stay: 190 minutes (3.2 hours)
Total ER time: 832 days
2.28 beds per day

Total charges: \$40,037,269
Average charges per encounter: \$6,076

Public

5+ Bookings

70% self-reported behavioral health problems

- 446 people
- 62 jail days per person
- 27,710 bed days annually (76 per day)
- \$2,632,518 annually

Partnerships

Action: Here we go

- Leadership
 - Plan (ish) of Action
 - Conceptual Plan
 - Communication
 - Website, meetings with stakeholders
- Continue the Work
 - Commitment for Funding
 - Financial and Governance Structure

Community Triage Center

CONCEPTUAL PLAN



CTC Phases

The CTC project will be managed through the following phases with a go/no go decision between each phase.

Phase 1 | Research | February 2017 – March 2018

During Phase 1, members of the Policy Committee traveled to model Community Triage Centers in Bexar County (Texas), Las Vegas (Nevada), Miami (Florida), and Salt Lake City (Utah). Augustana University Research Institute analyzed behavioral health, emergency room, and law enforcement data to inform the range of client numbers and services the CTC can expect to see during the pilot and scaled up modes. The Policy Committee and Operation Committee members also participated in a Sequential Intercept Model mapping session that highlighted systemic recommendations for all key stakeholders. The work resulted in the data report, Minnehaha County Community Triage Center conceptual plan and a draft three year pro forma. In addition, the Criminal Justice and Mental Health Summit will be held March 28 – 29 at Augustana University.

Phase 2 | CTC Pilot Project Plan | March 2018 – 2019

The Policy Committee will address the following but not limited to:

- a) Governing Board
- b) Partnership MOUs and/or Interagency Agreements
- c) Funding
- d) Location (room for expansion, bus access, easily accessible, access to community partners, etc.)
- e) Operations (including chemical dependency assessments)
- f) Length of contract
- g) Data agreements with aggregate and non-aggregate data
- h) Mental health tools and administrative rules
- i) Referral process for IVC, EC, and PCs
- j) Security skill set considerations, CTC budget impact and impact to jail budget
- k) Role of mobile crisis team
- l) EMS/911 regulations recommendations
- m) Requirements to move to Scale Up
- n) Pilot CTC RFP
- o) Other issues as identified

Phase 3 | CTC Pilot Project | 2019

During Phase 3, the pilot project (Stage 1) will be implemented and evaluated. Note the proposed evaluation plan below. During the pilot project, questions regarding medical services required at the CTC will be addressed. At the end of Phase 3, the Committees will determine if the pilot project should be scaled up. If so, the project will proceed to Phase 4. Identify the funding and location to support the RFP.

MINNEHAHA COUNTY COMMUNITY TRIAGE CENTER CONCEPTUAL PLAN

PAGE 18 OF 44

What to do

- Find a leader champion
- Build a team (based on stakeholders)
- Find a “someone”
- PARTNERS
 - University
 - Private
 - Foundations
- What questions do we want to know?
 - Data
 - Decisions
 - Action

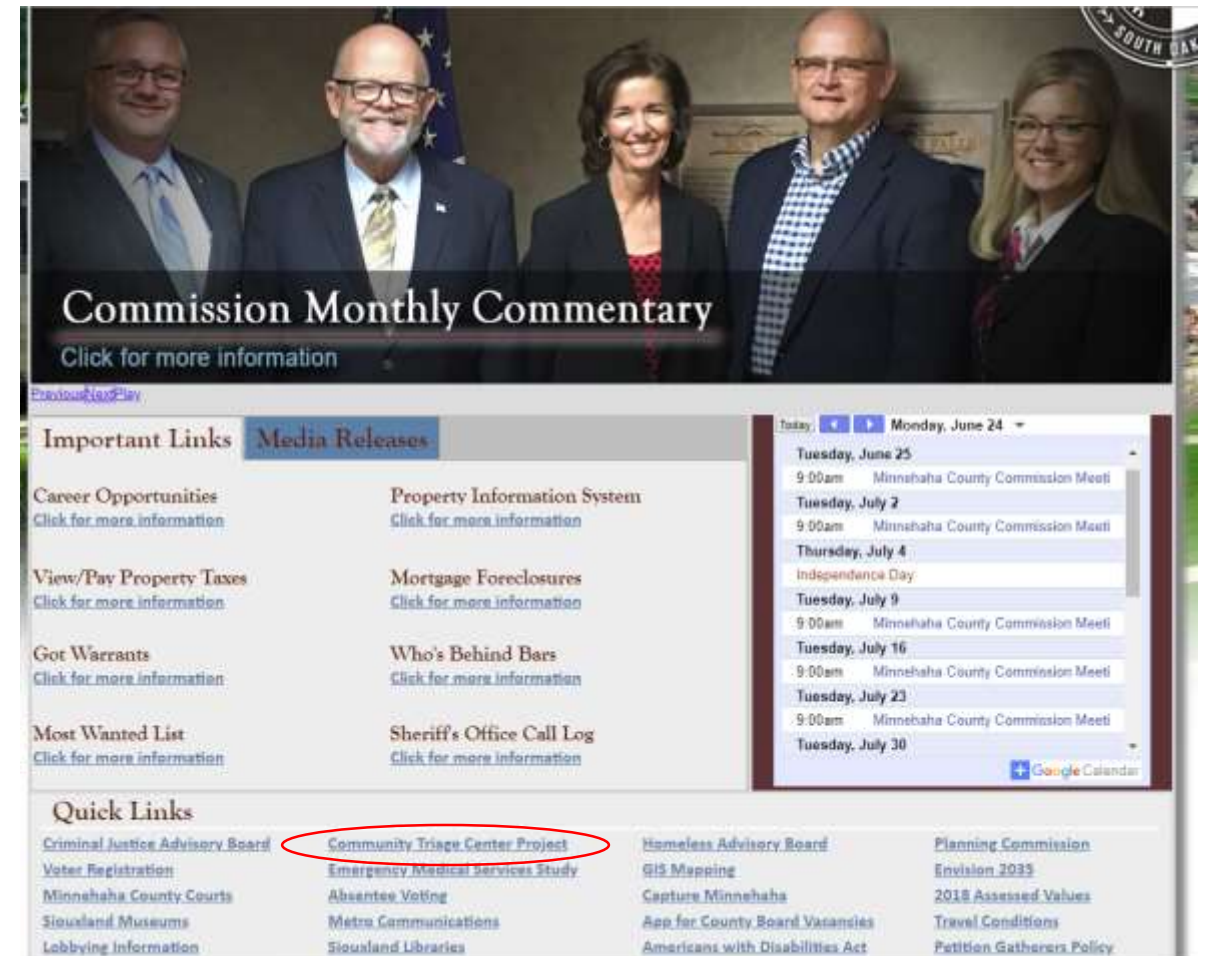
Contact Information and Reports

<https://www.minnehahacounty.org/>

Click on the Community Triage Center Project

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