



2016 SOCIAL SERVICES CONFERENCE

Our Purpose

Our purpose is to meet the needs of those in a behavioral health crisis with welcoming, hopeful and recovery-oriented values.

Care received early in a crisis helps individuals to achieve stability, prevent future hospitalizations and develop the vision and hope of recovery.

History

- The Idaho Department of Health & Welfare requested funding for behavioral health crisis centers in the 2014 legislative session.
- The Idaho Legislature funded one crisis center.(Idaho Falls)
- There is now a crisis center in North Idaho and two more coming next year (Boise and Twin Falls)

Appropriate Use of Services

2014 Data Reduce Inappropriate Use of Officer Time or Incarceration

- 790 Suicide Threats
- 445 Psychiatric Responses

Update - 2016 Q1 numbers

- 49 Suicide Threats
- 71 Psychiatric Responses

These numbers are from Bonneville County only.

Details

- Person must be at least 18 years of age.
- Open 24 hours a day, 7 days per week, 365 days a year.
- 23:59 hour time limit. Many will not need the full time.
- Open to any person who presents and feels that they are in a behavioral health crisis.
- 20 beds, but not everyone will need to stay in a bed, and some will be leaving as some are entering. Not a housing program.
- Cost = Free

Staffing

- ❖ Crisis Center Coordinator Brenda Price
- ❖ Security (Bonneville County Sheriff's Office) 24/7 coverage
- ❖ RNs 24/7 coverage
- ❖ Behavioral Health Technicians 24/7 coverage
- ❖ Social Workers/Case Managers 7 AM – 9 PM

Services

- Brief Nursing Assessment
- Strengths-Based Assessment
- Case Management
 - Which Services Would Help
 - Which Services Are Available
 - Skill Building
- Referral to Community Services

How to Access the Crisis Center

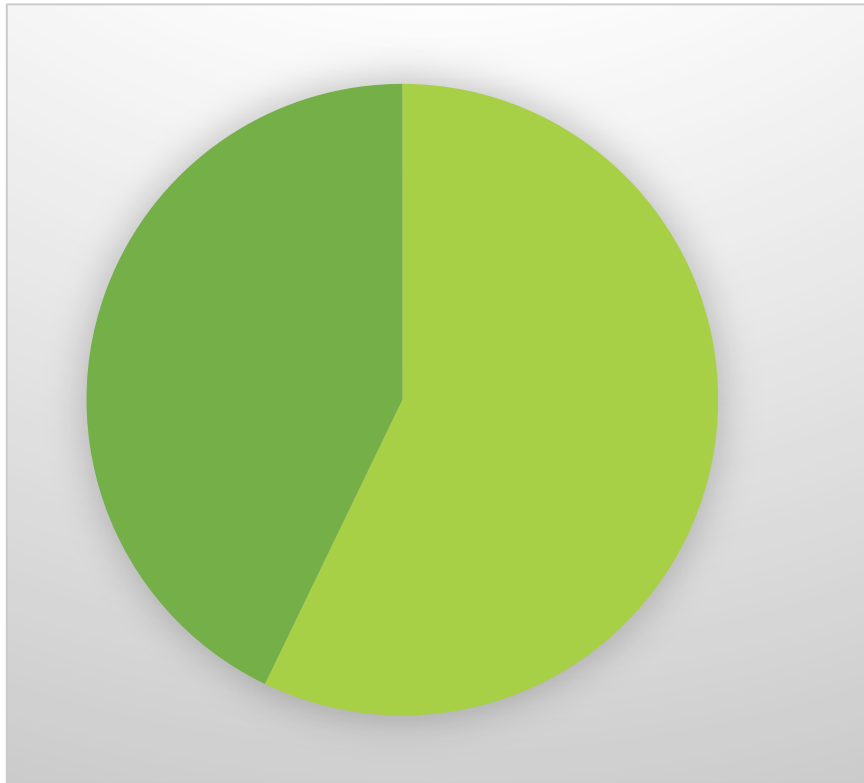
- Self-Referral with or without the assistance of family or friends (Just walk in!)
- Hospital Emergency Departments
- Social Service Agencies
- First Responders
 - Sheriff's Office
 - Police Departments
 - Emergency Medical Responders
 - Fire Departments

Who Is Appropriate?

- ❖ Adult person
- ❖ Voluntary – we cannot take holds
- ❖ Intoxicated or sober – must be able to walk and talk
- ❖ Potentially dangerous to self/others – currently non violent
- ❖ Is requesting help for mental health or substance abuse problems
- ❖ The person understands that no medications will be prescribed or administered unless they bring their own prescription with them
- ❖ The person must have urgent medical needs cleared first

Client Demographics

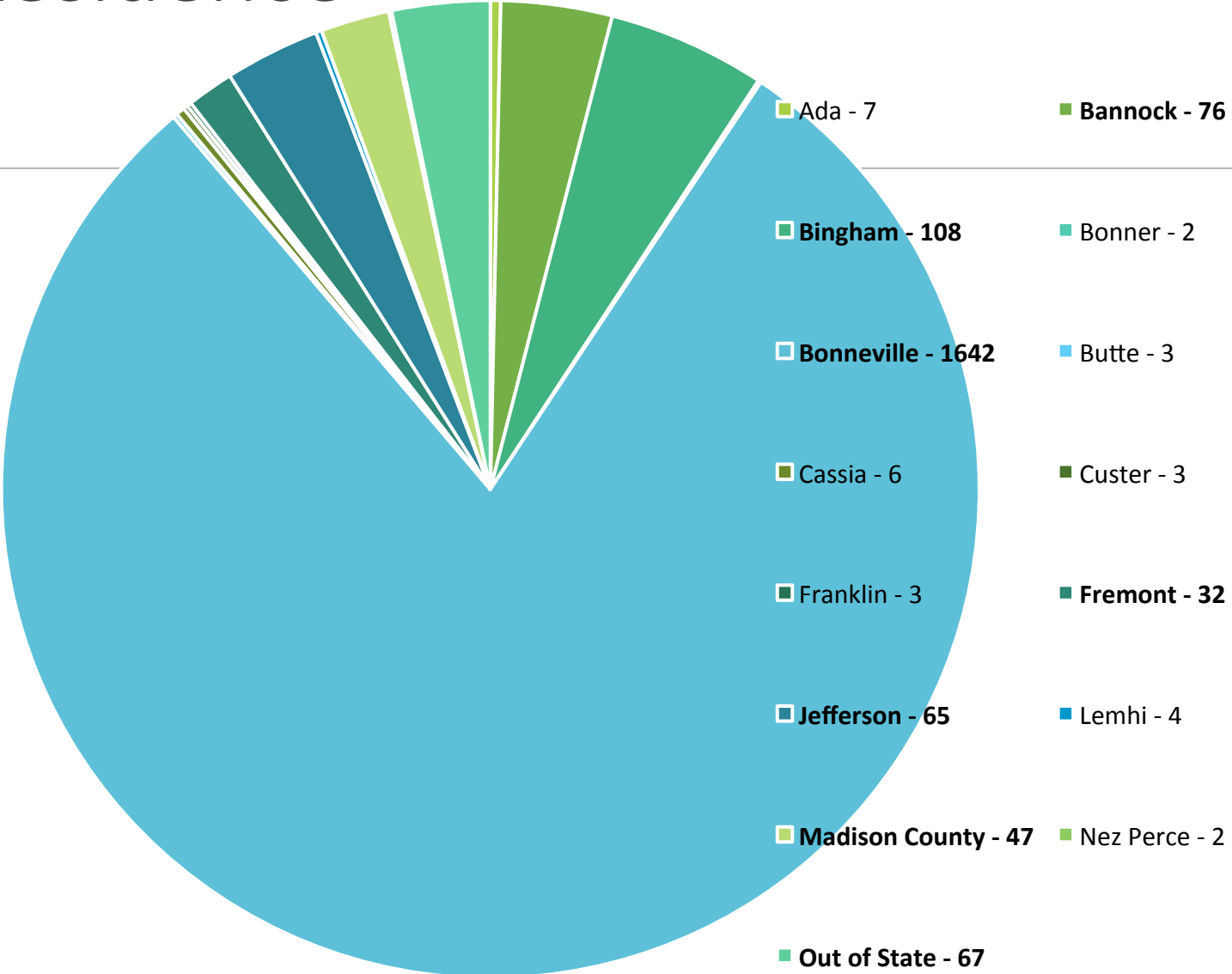
Gender Statistics



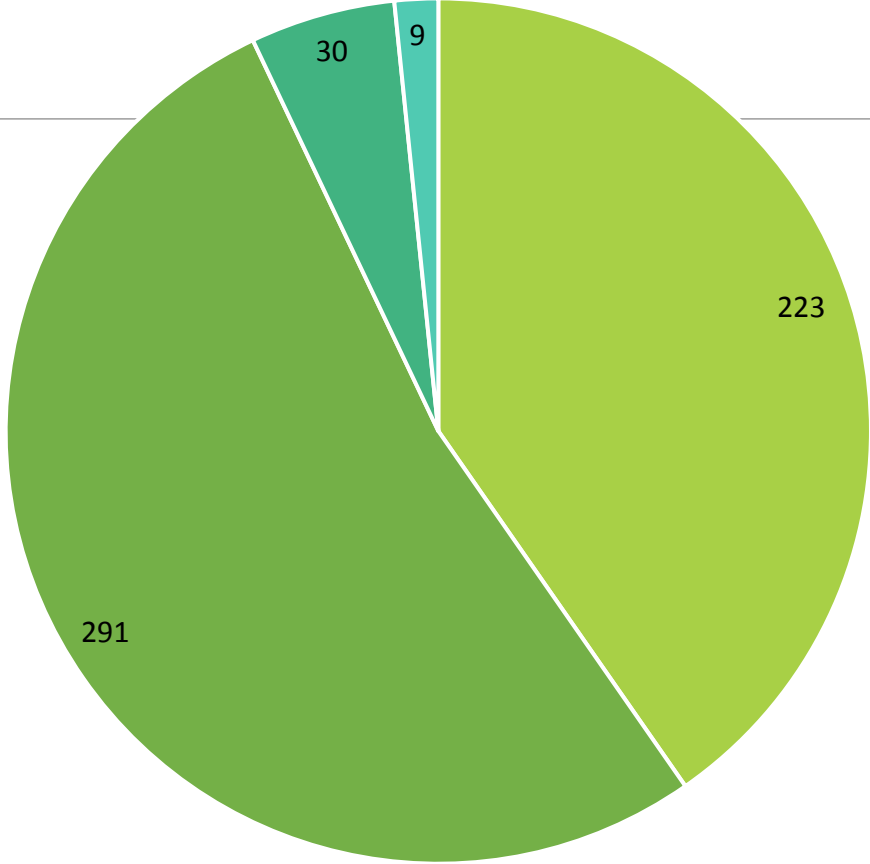
203 Veterans Served To Date

Homeless or At Risk of Homelessness = 985

Place of Residence

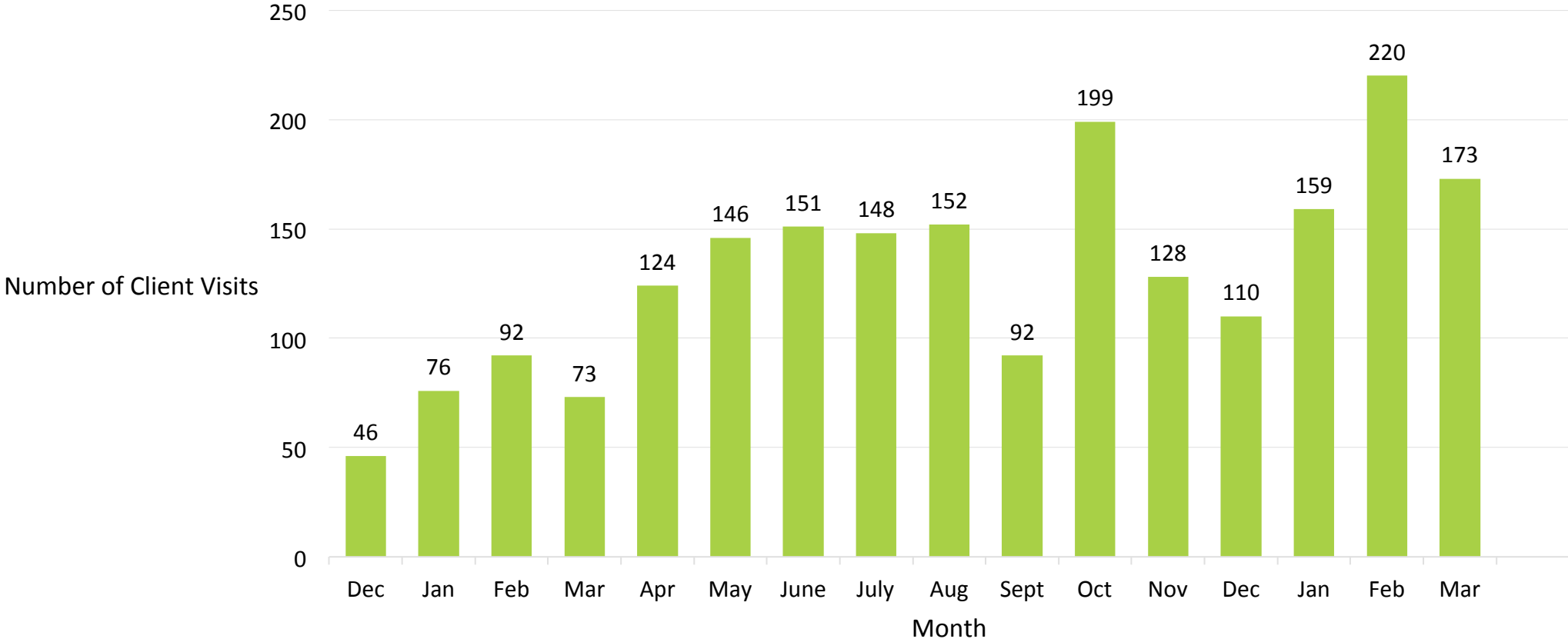


Behavioral Health Conditions



■ Co-Occuring ■ Mental Health only ■ Substance Abuse only

Number of Client Visits



First Year of Operation

\$281,124 Hosp. ER Savings

228 referrals from hospitals × \$1,223 (average ER visit cost) = \$281,124 Estimated Savings.

\$483,000 Inpatient Hosp. Savings

138 diverted inpatient hospitalization = (138 admissions X avg. 5 days) X \$700 daily rate = \$483,000

2016 Q1 Numbers

Jan 2016 – Mar 2016

- 553 Episodes of Care
- 285 Clients
- Average 6+ clients per day
- Average LOS= 14 hrs 51 min

Questions?
