

Behavioral Health Case Example

Recommendation 3

Hospital leaders should encourage and actively participate in 1) developing a community-wide and/or regional plan for persons with behavioral health disorders and 2) coordinating community agencies addressing behavioral health needs.

Recommendation 3a

Hospital leaders should work with community agencies and support services and with state and local governmental authorities to ensure that all patients are treated in the most appropriate setting so that the hospital's backstop role is appropriately limited.

Community Crisis Center Enhances Access to Behavioral Health Care Billings Clinic and St. Vincent Healthcare, Billings, MT

Summary

The Community Crisis Center (CCC) provides assessment, stabilization and referral services to adults in crisis who need access to integrated mental health, chemical dependency, and social services. The CCC, a licensed Montana Mental Health Center, provides a single point of access and a community system of outpatient care for Yellowstone County residents with mental illness and co-occurring mental illness and substance abuse disorders. Professional staff members screen, evaluate and refer clients to the most appropriate service within the community. The center does not duplicate services provided by other mental health centers or chemical dependency programs. Open 24-hours a day, 7-days a week, it is the first facility in the state to be licensed as a Mental Health Center with "Crisis Response" designation-ability. That is, clients may be observed at the center for up to 24-hours to ensure that an accurate assessment can be determined before any referrals are made.

Community and Hospitals

Located on the eastern edge of south central Montana, Yellowstone is the state's most populous county with 138,213 residents, according to 2006 estimates. Median household income is \$43,377 and 7.5 percent of the families live below the poverty level. The seasonally adjusted unemployment rate of 2.6 percent in Yellowstone County is considerably lower than the national average of 5 percent. The statewide suicide rate and the rate of illicit drug use and alcohol abuse are among the highest in the country. In addition, the state has one of the country's oldest populations as 1 in 8 residents is age 65 or over.

Billings Clinic, a Level II Trauma Center, is a 344-bed community-owned, not-for-profit health care organization, providing multi-specialty acute inpatient, ambulatory and long term health care, education, and research. It has the only private inpatient psychiatric unit (44 beds) in the area. The hospital emergency department has more than 31,000 visits per year. Its psychiatric assessment clinicians (PAC) are available 24-hours a day to evaluate ED patients as necessary. In 2006, psychiatric and substance abuse diagnoses combined were represented in 45 percent of all ED cases. PAC consultations were requested on 27 percent of those cases. Essentially, the other patients were adequately triaged and treated by the ED nurses and physicians. They probably were not presenting with lethal suicidal/homicidal issues but had other medical problems that needed treatment and in the process reported having a mental health diagnosis and/or had alcohol or illegal drugs on board when they presented to the ED. It was estimated that the number of patient requiring a PAC consultations in the ED would increase by 100 visits per year.

St. Vincent Healthcare is a member of the Sisters of Charity of Leavenworth Health Services Corporation. The 302-bed facility is a Level II Trauma Center and provides services in several specialties, but not psychiatric services. St Vincent had historically been referring patients with inpatient mental health needs to Billings Clinic for treatment.

Program Overview

The city of Billings is a major medical complex for the region, serving not only south central and eastern Montana but parts of northern Wyoming. In recent years, the emergency departments at Billings Clinic and St. Vincent Healthcare were being frequented by patients with mental illness and substance abuse problems and there were not enough beds or physicians to treat them. In addition, the county jail was overcrowded with individuals thought to be in need of behavioral health care services rather than incarceration.

Since St. Vincent Healthcare did not provide psychiatric services, the Billings Clinic's ED had become the default "high cost" point of entry for mental health services and other assistance. It was being used for crisis response, primary care, social services assistance, and for food and shelter. ED presentations by individuals with psychiatric and substance abuse were increasing. Additionally, professionals estimate that there are 25,000 adults (2.7 percent of the adults) in Montana with co-occurring diagnosis. These individuals with co-occurring disorders are complex and many things, including stigma, frequently deter them from seeking treatment other than via the ED. They also represent a disproportionate number of uninsured which further complicates access to services.

The reality is that this population is associated with increases in relapse, hospitalization, violence, incarceration, homelessness, and serious infections. They need continuous, integrated care to prevent their condition from further deterioration, and from their experiencing unneeded admissions to medical and/or psychiatric acute care facilities. Leaders in the Billings community realized that resources for this patient population were inadequate and/or existing resources were not being utilized appropriately.

For many years, an Alliance of health care leaders routinely met to address community health care issues and the growing demand from the under and uninsured. Alliance team members included CEO's and COO's as well as marketing and strategic planning people from Billings Clinic, St. Vincent Healthcare, and the Yellowstone City-County Health Department. When a Healthy Communities Survey determined that there was a serious, growing need for behavioral health care services coupled with a limited supply of appropriate resources, the Alliance invited the State's South Central Montana Region Mental Health Center to assist in addressing the problems involved in making behavioral health care services more accessible. The group evaluated the resources available, determined how to make them more accessible, and ultimately proposed establishing a Community Crisis Center. Following approximately 18 months of planning, organizing, and gaining approval the center opened in June 2006 providing service from 7:00 a.m. to 11 p.m. In January 2007, it began operating 24-hours a day, 7-days a week.

The CCC utilizes an evidence-based practice model that fosters a "no wrong door" philosophy. It has increased treatment and social services options available for the uninsured and underinsured community residents in need of behavioral health care. An individualized treatment plan is created for each patient and their progress is monitored by a CCC case manager. Local agencies and health care providers participating in the treatment plan can include inpatient care, medical detoxification, crisis stabilization, day treatment, and/or drop-in-services, as well as social services. To date, the center appears to be successful in reducing the number of unnecessary visits to the Billings Clinic ED and has also reduced the number of inappropriate inpatient admissions. Ultimately, it is hoped that the center will contribute to a decrease in the state's high suicide rate and divert some individuals from jail.

Billings Clinic, St. Vincent Healthcare, the South Central Mental Health Center, and the Yellowstone City-County Health Department are formal partners in the Community Crisis Center, a state licensed not-for-profit outpatient facility. It is governed by the Board of Managers, comprised of two representatives from each of the hospitals, and one representative from the other sponsoring agencies. The hospitals hold a 36 percent ownership of the CCC, and the South Central Regional Mental Health Center and Yellowstone City-County Health Department each own 16 percent of the CCC. There is also an Advisory Council made up of representatives of community providers, social service agencies, and city and county law enforcement officials. Informally the many community partners work collaboratively with the CCC to evolve and consult on services. Now that the board of managers is stepping back a bit there will be more room for the role and development of the Advisory Council.

Billings Clinic and St. Vincent Healthcare have made a significant financial commitment to the center by agreeing to share ongoing operating costs of the center; they also provide professional staff from their organizations. Licensed counselors and mental health workers are provided by Billings Clinic. St. Vincent provides registered nurses, the director, and administrative staff, and the Mental Health Center provides the case managers. The Yellowstone County-City Health Department provides the medical director and administrator. The Alliance has lobbied the state to pass legislation to support the goals of the center. For example, in 2006 Administrative Rules were adopted by the State of Montana in the Department of Health and Human Services to enable a 24/7 crisis facility to allow for up to 24 hours of care and observation of clients needing stabilization, assessment, and referral. In addition, the 2007 Montana Legislature approved funding regarding 72-hour presumptive eligibility that will qualify uninsured clients for payment for a maximum of 72 hours of crisis intervention services.

Program Impact

During its first year of operation, the center experienced 2,250 client presentations of which 799 were unduplicated. Although accurate numbers are not available, the Yellowstone County Detention Center census has decreased since the CCC opened. It is believed that center's intervention for mental health issues may have prevented some incarcerations. Clients present with a number of needs. In the order of frequency, needs include access to mental health services, food and shelter, medical care, and addiction treatment. Seventy-six percent of the clients are severely mentally ill. Seventy-eight percent have no source of payment. The average age of clients is 40.8, 69 percent are male, and 65 percent are homeless. The average length of stay at the center is 10.7 hours.

- The average number of monthly visits to the CCC increased from an average of 133 per month the last six months of 2006 to 256 visits a month during the first six months of 2007.
- During that time frame, Billings Clinic estimates that 1,125 ED presentations with specific ICD-9 codes were avoided because of referrals to the CCC. This translates to an approximate cost savings of \$210,000.
- Self referral has become the most common source of referral.
- It is anticipated that visits to the CCC will reach 3,000 during 2008.
- ED visits to Billings Clinic and St. Vincent have decreased, lessening the stress on those departments.
- Unnecessary inpatient admissions to Billings Clinic and the state hospital have been averted.

Program Funding

Initial funding came from a Healthy Communities Access Program Grant of \$987,000, a State Addictive and Mental Disorders Division Grant of \$139,000, and a Justice Grant of \$10,000. Billings Clinic and St. Vincent Healthcare have agreed to share the costs of operating the CCC, estimated to be approximately \$600,000 each annually (including staff salaries). It is anticipated that some of the cost will be covered through savings resulting from less frequent use of the ED and averting inpatient admissions of patients in crisis. There will now be additional revenue with the 72-hour presumptive eligibility program in place. Regardless, hospital leaders are committed to financially supporting the CCC because they believe that it is the right thing to do for the community.

Obstacles and Challenges

Continued funding poses a serious challenge. Billings Clinic and St. Vincent Healthcare have agreed to split operation costs equally. The center is seeking additional grants for education and increased

telemedicine funding. They are also looking to maximize payment from government programs and third party payers. Case managers work with clients to determine eligibility for medical assistance.

Success Factors

The success of this effort can be attributed to the high level of leadership involved in the Alliance from the start. The collaboration of state, county and city officials as well as that of the two hospitals demonstrated the commitment to and the need for effective behavioral health care services for the community. Their shared responsibility in planning was vital in providing the means with which to establish the CCC, and their continued participation on the Board of Managers attests to the value of integrated behavioral health services to the community.

Community education has been an important factor in spreading awareness of the CCC. There have been frequent articles in local newspapers about the program. In addition, staff members speak about CCC at various community organizations' meetings, and the center's Administrator speaks to state and government agencies, community leaders, and stakeholders across the state regarding the serious issues surrounding the provision of behavioral health care services and the resources that the center can provide.

Lessons Learned and Advice to Others

The creation of the Community Crisis Center could not have happened without the committed collaboration between all the major health care providers. Enlisting and maintaining their commitment in this endeavor was crucial. The development of a model of care that was unique to the needs of the Billings' area and that fit into the continuum of already provided services was also a vital element for success. Being innovative and visionary was also critical to the development of a viable evidenced-based service that provides quality care.

For others interested in being involved in similar programs, the CCC provides some helpful advice:

- All stakeholders need to sacrifice their hidden agendas and stay focused on the patient population they are attempting to impact.
- It is okay to take a risk so that the end product provides for the greater good of the community, and it is less painful to take a risk as a coalition than as individual organizations.
- Don't let fear of failure stop you from doing what you think might be the right thing.
- Once something is formed it will naturally need to change and evolve as you learn more about the needs of this co-occurring population.

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