



Public Health – Idaho North Central District  
 215 10<sup>th</sup> Street  
 Lewiston, ID 83501

Rural Crisis Center locations in District 2 operate across a 13,404 square mile area and provide services to a diverse population of 110,988. The approach used in the Crisis Center Network is based on the premise that an individual in crisis is best served and recovers more quickly when interventions are provided in familiar surroundings where natural supports and resources are available. To that end, Region 2 has developed a dispersed Crisis Center model.

**CENTRAL LOCATION MODEL vs. DISPERSED CRISIS CENTER MODEL**

<b>CENTRAL</b>	<b>DISPERSED</b>
One center	Population based centers
Full time professional staff 24/7	Professionally Staffed as needed
Stand alone	Community Partnerships/Stakeholders
Program	Process

While this comparison is general and not all inclusive, it does point to the basic differences in how Region 2 is meeting the behavioral health needs in our rural environment.

**POPULATION BASED CENTERS:**

Region 2 is rural and classified as frontier. It takes at least 4 hours, in some cases, to travel to the only Regional Psychiatric facility in the area. However, Region 2 does have five community hospitals located in the relatively larger communities. To access professional resources, the dispersed model has focused on Moscow, Lewiston, Orofino and Grangeville as good locations to support crisis intervention locations.

**PROFESSIONALLY STAFFED AS NEEDED:**

Public Health – Idaho North Central District (PH) holds the contract with Department of Health and Welfare (DHW) to provide Crisis Center Services. PH has subcontracted with community partners to provide Rural Crisis Center Network services in Moscow, Lewiston and Orofino. The contracted services include:

- 24 hours access to crisis services
- Crisis Stabilization
- Basic medical triage
- Evaluation and Risk Assessment
- Crisis Therapy
- Peer Support Services
- Safety Planning
- Case Management
- Linking to community supports and resources

These services are provided on an as-needed basis by behavioral health specialists and clinicians associated with the contracted agencies. Physical locations or “mini” crisis centers are established within the provider agencies location.

**COMMUNITY PARTNERSHIPS/STAKEHOLDERS**

This dispersed model is dependent on community partnerships, stakeholders and referrals. Building and sustaining a collaborative relationship with community members, law enforcement, hospitals, EMT, local police, service providers, colleges, courts and county officials is essential in the success of the dispersed model. Partnering and stakeholder relationships lead to community savings. Community savings include reduced law enforcement time and manpower, decreased legal involvement, choices for emergency room personnel, additional resources for schools and colleges and an overall cost savings for communities. Most importantly, partnerships and local access to behavioral health crisis services increases quality of care and recovery options for clients which avoids costly alternatives including hospitalization or incarceration.

**PROCESS**

Region 2 views the Crisis Center as a process rather than a program. Of course, there are programmatic issues that are addressed, but from the community perspective accessing and receiving services is a process that involves community effort. A program can be rigid, and rule driven. A process is adaptable, collaborative and flexible enough to meet individual needs. The dispersed model follows the rules but encourages adaptability, collaboration with partners and flexibility to meet the client need.

**COST**

Region 2 has mitigated costs of dispersing services by contracting with professionals in place who are already providing behavioral health services. Developing and initiating an on-call model where calls are directed to the correct provider was essential. Outlined below are the fixed and variable costs incurred in providing the dispersed model in Region 2.

The DHW contract appropriated approximately \$2.8m to Region 2 to be used over a four-year period beginning 11-01-2018 and ending 10-31-2022. An additional \$200,000 was awarded to be used for start-up costs.

<b>CENTER</b>	<b>MONTHLY FIXED COSTS</b>	<b>YEARLY TOTAL ALLOWABLE</b>
Lewiston	\$ 6,554.00	\$186,420.00
Moscow	14,343.00	206,210.00
Orofino	7,378.00	122,380.00
Administrative*		75,000.00
<b>TOTAL</b>		<b>\$590,010.00</b>

Administrative costs include the part time project manager, a part time client services tech, fiscal, administrative assistant and Medicaid billing support and all incidental costs.