

## ECHO Idaho: Behavioral Health in Primary Care

### Community Resources for Mental Health Crises

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John Reusser, LCSW—Director, Idaho Suicide  
Prevention Hotline

The speaker has no significant financial conflicts of interest to disclose.

# Learning Objectives

- Increase awareness of resources for mental health crisis care
- Understand the Hotline's role in mental health crisis care
- How we create the future - an integrated system of care

# Our current system's challenges

- Last in the nation for mental health funding
- High rates of uninsured (though Medicaid expansion is coming soon!)
- Logistics - lack of service co-location/transportation/housing
- Fragmentation - silos/EHR's payor sources
- Bootstrap culture/stigma/\$ and access all influence help seeking behavior

# Bright spots - what we've got

- 7 crisis centers statewide stood up in past few years!
- Statewide Suicide Prevention Hotline
- PET Team - CIT trained officers/ Crisis Intervention Team Collaborative
- Recovery Care Team at IDHW region follows state hospital discharges for 30 days

# Least restrictive care is best

- Assess safety and resources - internal/external, insurance, transportation/support system, capacity to participate in own care
- Crisis Centers, Allumbaugh House, walk-in hours/next day appointments at clinics, i.e. Terry Reilly, Omega, Lost River Wellness: sliding scale/free/student intern counselors
- ER/welfare check are the LAST options!

# The role of ISPH in crisis care

- Free; 24/7; widely available, highly trained and supervised.
- Emotional support, de-escalation, safety assessment and planning, follow-up contacts.
- Partnerships with ER's, crisis centers, jail, LE, MCU, behavioral health units.
- Support for care transitions

# The future

- Crisis centers as “Air Traffic Controllers” at center of system - shared EHR with current crisis plans available
- Real-time tracking of crisis respite and inpatient psychiatric capacity (‘bed boards’)
- Centralized dispatch of mobile crisis teams
- Support for care transitions - Zero Suicide and Sequential Intercept Mapping

# Key Points

- We have unique challenges - geography, resources, culture, silos
- Social determinants of health drive access to and quality of care
- Our crisis care system has improved and continues to improve - more resources exist
- ISPH provides a unique set of services within our system. Integration and social determinants are the keys to success

# A Few Community Resources

- District 1 Crisis Center—associated with Kootenai Health Hospital in Coeur d’Alene
  - Clients come in for crises connected with mental health, substance abuse, and domestic violence
  - Will receive support from mental health staff, including:
    - Intake package
    - Questionnaire
    - Chance to talk
    - Come up with game plan/safety plan
  - Main number: 208-625-4884
- District 2 Rural Crisis Center Network
  - Crisis centers offer a safe environment where an individual in crisis can rest, evaluate their situation, develop a plan, and find hope and support
  - District 2 mini crisis centers:
    - Lewiston—open
    - Orofino and Moscow—opening soon
  - Brochure--<https://iecho.unm.edu/sites/uidaho/download.hns?i=281>
- National Alliance on Mental Illness—Treasure Valley (NAMI-TV)
  - Provides education, leadership, and advocacy for individuals with mental illness
  - Offers a comprehensive and concise directory of mental health services in Treasure Valley:  
<https://www.tvnami.org/directory.html>
- Advocates Against Family Violence (AAFV)/Hope’s Door--Caldwell
  - Provides programs and resources—including a women and children’s shelter—to victims of domestic violence: <https://www.aafvhope.org/>
  - Hope’s Door Shelter: 208-459-4779