



RURAL CRISIS CENTER NETWORK (RCCN)  
PUBLIC HEALTH – IDAHO NORTH CENTRAL DISTRICT

July - October 2019

The Rural Crisis Center Network in District 2 provides crisis intervention services over a huge land mass area spanning east and west from the Montana state border to the Washington state border and north and south from Potlatch to Riggins. District 2 does not have a distinct concentrated population area but is distributed over 5 counties covering 13,337 square miles.

The following table outlines the demographic information for District 2:

County	Population	% of Idaho total population	Land Mass Square Miles	Population Center	City total population
Clearwater	8,758	.50	2457	Orofino	3035
Idaho	16,513	.94	8477	Grangeville	3153
Latah	40,134	2.29	1076	Moscow	25,766
Lewis	3,861	.22	479	Cottonwood	923
Nez Perce	40,408	2.3	848	Lewiston	33,565
<b>TOTAL</b>	<b>109,674</b>	<b>6.25</b>	<b>13337</b>		

To give this broader connotation, District 2 only accounts for 6.25% of Idaho's total population but covers 16% of Idaho's land mass. Developing a crisis center to meet the needs of citizens in remote locations required developing a model that conformed to the statutory requirements while responding to the rural nature of the area.

To meet the need in this rural environment, District 2 designed a dispersed model where crisis interventions can be accessed across the District through a network of providers in the larger communities. In essence, District 2 incorporates "mini" Crisis Centers in three location, at present; Moscow, Lewiston and Orofino with plans to include Grangeville within the next few months.

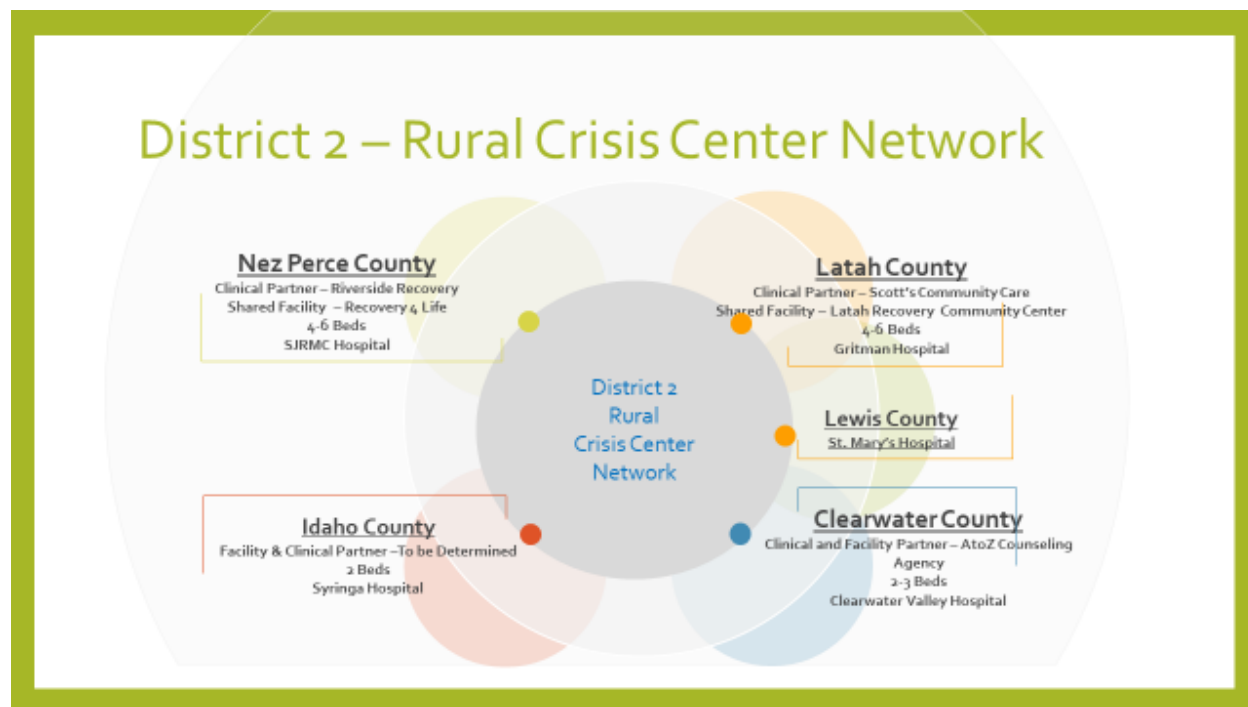
Services are available 24 hours per day 7 days per week, 365 days per year on an "as needed" basis. A District wide toll free number (877-897-9027) sets intervention services into motion. During business hours at our partner agencies, individuals can call the District wide number or walk into the center. After hours, just calling the number starts the process. The toll free number is manned 24 hours per day by a licensed master's level clinician who responds immediately to the need.

As this model developed, community partnerships and stakeholders were identified. Developmental meetings were held with community hospitals, medical clinics, psychiatric hospitals, behavioral health provider agencies and staff, law enforcement, city councils, fire departments, EMS services, prosecutors, county commissioners, ER personnel, Hospital administrators, and recovery center boards.

In addition to community meetings, partner agencies and crisis center staff, Public Health provided training in crisis intervention. This included courses in Mental Health First Aid, Peer Support Specialist

Training, WITS, MOAB, crisis intervention, crisis assessment, mental health status evaluation and risk assessment modules. The individuals providing crisis interventions across District 2 are trained as Crisis Intervention Specialists whose focus is on safety and meeting the need of the patient.

Below is a graphic illustrating the make-up of the Rural Crisis Center Network:



Opening the Crisis Centers and welcoming our first patients began in a stepwise manner in August 2019. Lewiston opened its doors on August 1, 2019 with Orofino following on September 1, 2019. The Moscow location, initially scheduled to open in July, experienced some structural set-backs but forged ahead with the help of professionals and volunteers and was able to open on November 1, 2019.

Demographics for the 1<sup>st</sup> quarter of operations in District are low in comparison to stand alone centers across the state. This is due in part to opening in a stepwise manner. However, our numbers are consistent with the historically low number of behavioral health crisis experienced in District 2. Our patients come to our services through a variety of means as outlined in the table below.

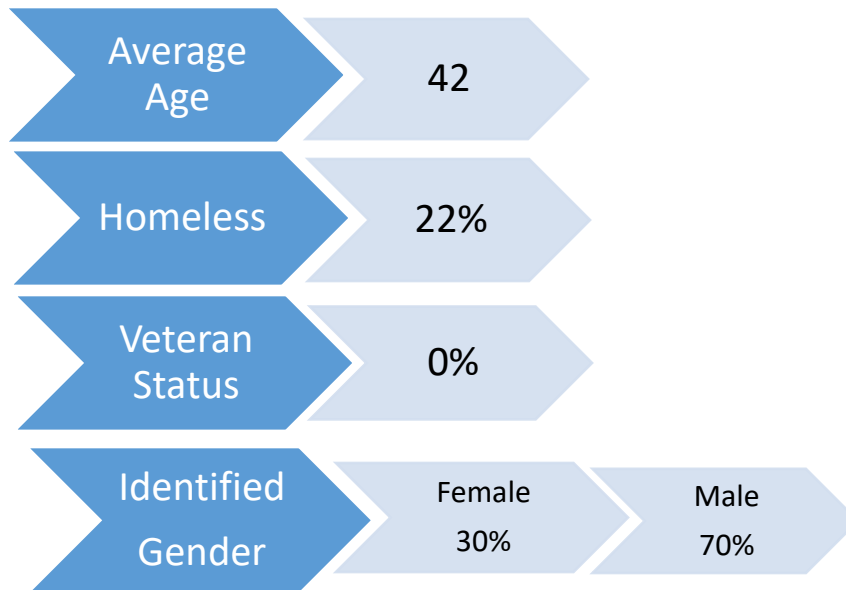
#### REFERRALS IN

Walk-Ins	Law Enforcement	Hospital	Other	Private Practitioner
56%	15%	11%	7%	11%
15	4	3	2	3

#### REFERRALS OUT

STREET	SUD Provider	HOME	NO REFERRAL	HOSPITAL	MH PROVIDER	OTHER	NONE
11%	26%	19%	4%	11%	7%	4%	19%
3	7	5	1	3	2	1	5

## DEMOGRAPHICS



Pictured is an overview, by percentage, of the basic demographics of the patient population seen across the crisis centers District 2 during the 1<sup>st</sup> quarter of operation. A total of 27 patients were seen in the centers.

These demographics do not reflect a cost benefit, at present, due to insufficient data.

Insurance	Race	County
<ul style="list-style-type: none"> <li>• 20 Uninsured 74%</li> <li>• 5 Medicaid 19%</li> <li>• 2 Medicare 7%</li> </ul>	<ul style="list-style-type: none"> <li>• Caucasian 78%</li> <li>• Other 11%</li> <li>• Native Alaskan 4%</li> <li>• African American 4%</li> <li>• Native Hawaiian 4%</li> </ul>	<ul style="list-style-type: none"> <li>• 5 - Clearwater 19%</li> <li>• 1 - Idaho 4%</li> <li>• 2 - Latah 7%</li> <li>• 15 - Nez Perce 56%</li> <li>• 3 - Out of State 11%</li> <li>• 1 - Unknown 4%</li> </ul>

While there is a lack of specific cost savings data at present, there is anecdotal humanistic data that far surpasses the invested cost of developing and maintaining a dispersed model.

**COMMUNITY:**

The District 2 communities have welcomed the crisis centers and support their daily activities with donations including food, clothing, volunteers and a genuine willingness to be involved.

**RELATIONSHIPS:**

This model has positively impacted relationships between behavioral health treatment providers and law-enforcement. Law enforcement consistently praise these efforts that allow them to return relatively quickly to the street allowing them to protect and serve. Building these types of relationships are often unmeasurable, however, they are priceless.

**PARTNERSHIPS:**

When a student is in crisis and the college counseling center is confident that the crisis center is the answer, good things happen. The student who was referred was able to connect with family, resolve issues leading to depressive symptoms, suicidal ideation, and substance use. In addition to reconnecting with family, the student made arrangements and appointments for ongoing counseling, medication management and peer support through the Recovery Center. Working together with the counselor on campus, the student did not harm themselves, and was able to return to classes without a costly and traumatic hospital visit.

**SUICIDE PREVENTION:**

One of the first patients at the Moscow locations was an 18 year old who left a suicide note on his high school instructors' desk. Law Enforcement intervened and transported the young adult to the Crisis Center where he was evaluated, develop and implement a safety plan, access housing and initiate appointments for both medication and counselor services. He was connected with a peer and been able to follow-up with care options.

**CONCLUSION:**

The Rural Crisis Center Network is in the process of establishing itself into the fabric of Behavioral Health Care throughout District 2. It is fast becoming a vital resource to law enforcement, EMS personnel, families, schools and the courts. We view ourselves as an alternative to higher costs of care including hospitalization and incarceration. Working closely with behavioral health providers and law enforcement, we will position ourselves as a partner in addressing some of the most complex mental health issues in our area.

Challenges abound including transportation, professional personnel, stigma, and funding. During 2020, District 2 will be working towards becoming credentialed through OPTUM to increase sustainability. As we work closely with our community partners and join in guiding and supporting systemic changes we have the opportunity to impact the quality of lives for all those living in District 2.