

**Central Plains Center
Crisis Services Plan
FY 2010-2011**

Crisis redesign funds have been used in Central Plains Center service area to support an array of services as noted below. In addition, these funds may also be used to help defray transportation costs incurred by local law enforcement agencies related to behavioral health crises. This overall effort is oriented towards first improving existing services in CPC serviced area and then enhancing the mental health crisis response system by linking the many community organizations that play a role in mental health care and the state's larger public health care system.

Flow of Crisis Services:

At CPC, the crisis services program is directed by the Director of MH Authority Services. This director also oversees admissions, crisis hotline, jail diversion and quality management and utilization management programs. Because these programs are under one director, this allows CPC to ensure integration with state hospital utilization reduction, criminal justice system and emergency health care resources. Flow chart is located on the last page of the plan.

Components of CPC Crisis Services are as follows:

- **Crisis Hotline Services:** It was important to CPC stakeholders that CPC retained the Crisis Hotline locally, as much as possible. To meet this need, CPC obtained accreditation from the American Association of Suicidology, AAS in August 2008. Currently, CPC operates the crisis hotline during business hours, Monday-Friday, 8:00am to 5:00pm. We staff the hotline during the day with 4-5 QMHP-CS staff and at least one LPHA for consultation. Because of the size of our services, we utilize our MCOT for answering the crisis hotline as well. CPC currently contracts with Avail Solutions, Inc to operate the crisis hotline afterhours and on weekends. This decision was made in that the staffing standards for AAS were too demanding on our resources and it was a better utilization of Crisis Redesign money to contract with Avail Solutions, Inc. The CPC Crisis Hotline underwent a major overhaul as a result of pursuing AAS accreditation. We were required to develop a training curriculum for AAS that we decided to provide to all of our mental health staff, AMH and CMH staff included. We have also made it a requirement that our crisis workers obtain AAS Individual Certification as Crisis Workers prior to the delivery of any crisis service.
- **Mobile Crisis Outreach Teams:** We currently employ two full-time MCOT QMHP-CS team members and one full-time MCOT LPHA. In addition to these staff, we also utilize other QMHP-CS and LPHA staff to cover afterhours and weekend on-call rotations. All MCOT staff are required to obtain Individual Certification with AAS as Crisis Workers. In addition to responding to crisis needs, our MCOT staff also maintain very small caseloads of individuals who are authorized into SP 5 Transitional Services. MCOT staff provide support and engagement services to these individuals until they are linked to community resources or authorized into ongoing CPC services.
- **Crisis Respite Services:** We also operate two Crisis Respite locations with a total of four beds. One location is a house owned by the center and located across the street from our Crisis Program. This is a Crisis Respite facility used for individuals who are at no to low-risk of self harm, and/or people who have a need to receive respite services in order to avoid a hospitalization. The other location is at the local general hospital, Covenant Hospital Plainview. We are renting three rooms and use two as a short-term respite location. This location is also used when someone is waiting for law enforcement transportation to inpatient treatment so we can move someone from the emergency room after they are medically cleared.

- **Crisis Transportation:** Crisis related transportation may be provided to individuals receiving crisis services or Crisis Follow-up and Relapse Prevention services. As appropriate, transportation is provided in accordance with state laws and regulations by law enforcement personnel or, when medically necessary, by ambulance. MCOT and other Center staff coordinate these services with local law enforcement and area hospitals when necessary.
- **Crisis Flexible Funds:** CFF funds are utilized to provide non-clinical supports for the purpose of reducing crisis situations and enhance the individual's ability to remain in the home or community.

Source of Funds

Crisis Hotline services are funded by New Crisis Redesign and Local/County funds.

Mobile Crisis Outreach Team services are funded by a combination of New Crisis Redesign and Local/County funds.

Other Crisis Outpatient Services are funded by a combination of General Revenue, New Crisis Redesign, Rider 65 and Local/County funds.

Crisis Transportation services are funded by a combination of New Crisis and Local/County funds.

Crisis Flexible Funds are funded by a combination of General Revenue and New Crisis Funds.

Crisis Respite Services are funded by New Crisis Redesign and local match funds.

Crisis Inpatient Services are funded by the Center's SMHF allocation.

Provision of Medication services are funded by a combination of General Revenue, New Crisis and Rider 65 funds.

Special Population Services are funded by a combination of General Revenue, New Crisis, Rider 65 and Local/County funds.

Special Populations Services

During the initial screening and assessment, and thereafter, when a special need is identified or reported, all means possible are employed to accommodate the individual. CPC has assembled and maintains a list of area resources and specialized services available in the catchment area by service provider and/or agencies. Specialized services may be accessed by consumers via referral or, when appropriate, contract for these services by CPC. Local area resources are utilized whenever possible. CPC may fund needed specialized services, e.g., interpreters for the hearing impaired or persons speaking languages not known to Center staff, or may assist in meeting an individual's special need by referral, e.g., Veterans with military related PTSD may be referred to local peer-to-peer support services. Additionally, internal resources are utilized, e.g., a consumer whose primary language is Spanish may be assigned to a primary care provider who is fluent in Spanish.

Central Plains Center Crisis Services System Flow Chart FY 2010

