



**Work Session Meeting Agenda**  
**2 Park Drive South, Great Falls, MT**  
**Virtual Meeting by Zoom**  
**March 02, 2021**  
**5:30 PM**

Due to the COVID-19 health concerns, the format of the City Commission meeting will be held in a virtual video-conferencing environment. City Commission members and City staff will attend the meeting via a remote location, using a virtual meeting method.

In order to honor the Right of Participation and the Right to Know (Article II, Sections 8 and 9 of the Montana Constitution), modifications have also been made for public participation. Public participation is welcome in the following ways:

- Attend the virtual meeting utilizing Zoom Webinar. Attendees must register in advance for the Commission Meeting: [https://us02web.zoom.us/webinar/register/WN\\_M\\_FHisGiQBWcZQhQCvXfqQ](https://us02web.zoom.us/webinar/register/WN_M_FHisGiQBWcZQhQCvXfqQ)
- After registering, you will receive a confirmation email containing information about joining the webinar by Zoom.
- Participate by phone. Attendees must register in advance for the Commission Meeting using the link above. After registering, you will receive a confirmation email containing information about joining the webinar by phone. If you do not have internet access you may contact the Great Falls Public Library prior to the meeting at 453-9706 and they can assist with registration. This would need to be done by 5:30 on the evening of the meeting. The Mayor will provide direction during the meeting on how to alert staff that you have comments for the agenda item.
- Attend in person. The City will be following the Cascade County Board of Health and the Public Health Officer Orders. Masks will be required and social distancing will be enforced. Public following these directives may view and participate in the meeting from the Gibson Room. Please refrain from attending in person if you are not feeling well.
- Provide public comments in writing. Comments may be sent via mail to City Clerk, PO Box 5021, Great Falls MT 59403 or by email to: [commission@greatfallsmt.net](mailto:commission@greatfallsmt.net). Include the agenda item or agenda item number in the subject line, and include the name of the commenter and either an address or whether the commenter is a city resident. Please ensure that comments arrive before 12:00 PM on Tuesday, March 2, 2021. Due to tracking and dissemination requirements, written communication must be received by that time in order to be shared with the City Commission and appropriate City staff for consideration during the agenda item; and, will be so noted in the official record of the meeting.

## **CALL TO ORDER**

## **PUBLIC COMMENT**

*(Public comment on agenda items or any matter that is within the jurisdiction of the City Commission. Please keep your remarks to a maximum of five (5) minutes. Speak into the microphone, and state your name and either your address or whether you are a city resident for the record.)*

## **WORK SESSION ITEMS**

1. Alluvion Health - Crisis Intervention Program - Trista Besich.

## **DISCUSSION POTENTIAL UPCOMING WORK SESSION TOPICS**

### **ADJOURNMENT**

*City Commission Work Sessions are televised on cable channel 190 and streamed live at <https://greatfallsmt.net>. Work Session meetings are re-aired on cable channel 190 the following Thursday morning at 10 a.m. and the following Tuesday evening at 5:30 p.m.*

### **UPCOMING MEETING SCHEDULE**

Work Session -- Tuesday March 16, 2021 5:30 p.m.

Commission Meeting -- Tuesday March 16, 2021 7:00 p.m.

# Crisis Intervention Project Charter

Trista Besich, CEO  
Alluvion Health

## Current Resources

- Crisis Response Team
  - Established 2017 by Center for Mental Health
  - 24/7 access to mental health professional to support law enforcement
  - Day time coverage provided by C4MH and Alluvion
  - Night/Weekend/Holiday coverage provided by contract staff
- Veteran's, Adult and Youth Treatment Court
- Informal Mental Health Court
- Provider based services
- Crisis Steering Committee
- Cascade County Mental Health Local Advisory Council

## History of Crisis Diversion

- Alluvion Health has participated in Crisis Response Team since July 2019
- Cover 50% of day-time coverage
  - 2<sup>nd</sup> and 4<sup>th</sup> weeks of the month and alternating 5<sup>th</sup> weeks
- In partnership with Sheriff Slaughter, Sidney Blair (C4MH) and several other community partners, developed proposal for jail diversion in Jan 2020
  - Project was funded by Montana Healthcare Foundation, County Matching Grant through State, State Mobile Crisis Grant, and direct and in-kind contributions from participating agencies
  - Project was scrapped after funding was awarded when key stakeholder withdrew
- Agencies continue to partner but no further development has occurred for a formal comprehensive crisis intervention program



## Project Charter for a comprehensive community Crisis Intervention Program

- In the past five years, strategic initiatives within Cascade County have included improved access to behavioral health services, plans for a diversion program to relieve an overburdened justice system, hopes for decreasing recidivism in our jail and successful implementation of rehabilitation, treatment and support programs that successfully support clients while diverting them from the far more costly and punitive criminal justice system.
- To be successful, a Crisis Intervention Program (CIP) must be multi-faceted and multi-tiered, comprehensive in its services and coordination, and effective in its ability to manage, monitor, report and follow-up, both to the clients it serves and the agencies that participate.
- The value in these programs is in measurable and sustainable outcomes that successfully divert individuals from the Criminal Justice system, decrease recidivism, successfully treat and reintegrate individuals back into the community and improve the health of the community in which they operate.

## Strategic Overview

## Development of Charter



# Project Charter

Identification and commitment from Key Stakeholders to form Stakeholder Board for formal design, development and implementation of Crisis Intervention Program

## • Specific project goals and objectives

- Collect and analyze data of current mental health and co-occurring crisis care in Great Falls and Cascade County
- Develop a plan for early intervention in mental health crises, improve mental health crisis care, and implement diversion programs and intervention services in Great Falls and Cascade County
- Advocate for improved methods of funding mental health prevention, crisis care, and diversion programs in Great Falls and Cascade County

## Scope of Charter Project

Develop and refine a plan for crisis intervention, improved crisis care and increased mental health care services, develop measurable outcomes, form groups/subcommittees to accomplish defined objectives and evaluate outcomes.

## Workgroup 1: Strategies, Services, Community Outreach and Collaboration

- The workgroup will develop a short-term and long-term plan for improved services and coordination for mental health prevention, early intervention, and crisis care in Great Falls based on current strategies and best practices in other communities. Draft Plan created by May 31<sup>st</sup>, 2021.
- 4 – 8 member committee (Committee meets 4 to 8 times to develop plan)
  - 1 - 2 Stakeholder Board members
  - 1 member of Frequent Utilizer group
  - 1 member Appointed Official from City or County Commission
  - 1 - 4 members designated by key stakeholder agencies



Research and advocate for funding to sustain improved prevention, early intervention, and crisis care.



Research possible funding options for short-term and long-term strategies



Request funding in the County Matching Grant



Work with key Stakeholders and other potential funders to re-structure funding streams  
September - December 2021



Develop a proposal to structure current funding as well as future funding to facilitate seamless access to MH services in Cascade County by November 1<sup>st</sup>, 2021



3 - 5 member committee (Committee meets 3 - 6 times to develop proposal and present to community partners, MHCF and MT DPHHS)

## Workgroup 2: Funding

## Workgroup 3:

### Data Collection and Data Sharing

- The workgroup will make recommendations for methods for collection of the following data and any additional data required as well as recommendations for data sharing. Preliminary data collected by December 31, 2021
  - Number of E.D. mental health visits, # of patients and outcomes
  - Number of mental health calls requiring law enforcement and outcomes
  - Number of 911 mental health/co-occurring crises calls
  - Number of case manager responses to crisis calls and outcomes
  - Number of office visits/referral follow-ups related to mental health crises
  - Wait time for access to care for mental health needs regardless of ability to pay
  - Also to include:
    - Duration
    - Agency requesting services
    - Initial mental health concern
    - Status of MHA or other assessment status
    - Status of pending of confirmation of diagnosis
    - Resource referrals
    - Agency referrals
    - Primary care provider
    - Care plan status
- 3 - 4 member committee: (Committee meets 2-6 times)
- Designees from key stakeholder organizations

## Proposed Scope of Services

Four key components  
identified by partners for  
a successful program

- Jail Diversion
- Mobile Response
- Mental Health Court
- Data and Analytics



## Impact of Jail Diversion

- Decriminalization of persons with mental illness
- Overrepresentation of people with mental illness in criminal justice system is addressed
- Reduced hospitalization
- Increased Public Safety
- Reduction of inappropriate incarceration of persons with mental illness
- Length of stay in jail is shortened in lieu of increased access to treatment
- Greater efficiency in the use of law enforcement
- Violence and victimization is reduced
- Costs incurred by taxpayers when a person with mental illness is arrested, incarcerated and/or hospitalized is addressed

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Located at the detention facility to divert when appropriate and facilitate re-entry upon release. Areas of focus:

- Program Director for Crisis Intervention Program management
- Intake screening
- Mental health assessments/commitments
- Coordination of psychiatric assessments
- Behavioral health services in support of on-site medical
- Coordination of medical, BH and other services at release
- Reintegration services
  - Job placement services
  - Parenting/behavioral management classes
  - Referrals to community agencies
  - Transportation assistance
  - Transitional housing assistance
  - Transitional medication stabilization
  - Clothing assistance

## Jail Diversion

## Impact of Crisis Response

- Reduce arrests of individuals with mental illness
- Increase likelihood that individuals will receive mental health services
- Increase access to and management of coordinated services and care/treatment plan compliance
- Give law enforcement more tools to do their jobs safely and effectively
- Decrease inappropriate utilization of law enforcement and 1<sup>st</sup> responder resources for non-emergent needs
- Increase access to crisis Intervention services without law enforcement intervention
- Produce cost savings

## Mobile Response Team

*Licensed Behavioral Health Professionals and Care Coordinator for response to law enforcement, EMS, or community agencies for:*

*Intervention for individuals experiencing mental health crisis*

*Support 1<sup>st</sup> Responders and divert mental health issues from justice system*

*Prevent Law Enforcement response when unnecessary*

*Decrease inappropriate use of 911, 1<sup>st</sup> responder and law enforcement resources for social needs*

*24/7 availability for response*



*Development of a comprehensive Mental Health Court program in collaboration with Great Falls Municipal Court, Licensed Behavioral Health Professional as Program Coordinator, City Attorney's Office, County Attorney's Office, GFPD's Mental Health Officer, CCSO's Mental Health Officer and Probation and Parole to:*

- *Increase public safety while addressing co-occurring substance use disorder or mental health issues for individuals entering the criminal justice system*
- *Evaluation and assessment of individual participants*
- *Develop and utilize comprehensive treatment plan to support offender's rehabilitation*
- *Ensure accountability of individual participants to treatment and treatment plan*

## Mental Health Court



*Valuable and comprehensive identified metrics for data collection at each point of care and entrance into Crisis Intervention Program.*



*Standardized methods of collection, analysis and reporting*



*Regular reporting to participating agencies and shared reporting to community agencies*



*Utilization of electronic methods for collection, housing and storage of data*



*Statistical analysis for long-term planning, viability, impact and outcomes*

## Data and Analytics

## Timeline

- Workgroups begin meeting in March 2021
- Develop proposed scope of program and implementation schedule funding by March 31<sup>st</sup>, 2021
- Make request in County Matching grant (RFP scheduled to be released in March)
- Formalize scope of program and implementation timeline by April 15<sup>th</sup>, 2021
- Develop short-term communications strategy by May 1<sup>st</sup>, 2021
- Request for data and data collection methods provided to groups by June 1<sup>st</sup>, 2021
- Steering committee agrees on operating principles and decision-making structure by June 30<sup>th</sup>, 2021
- Develop proposal for mid/long-term funding structures by November 1<sup>st</sup>, 2021
- Present funding proposals to Stakeholders and key partners November - December 2021
- Review data monthly and make recommendations

## The strengths of THIS project

Client Focused Model of Care  
 Integrated Team Approach  
 Comprehensive Network of Key Stakeholders  
 Community Care Based Model  
 Leverages Established Partnerships

## The “Ask”

As a key stakeholder and sponsor of the proposed crisis intervention project, I am asking Great Falls City Commission to participate as a Key Stakeholder in the project charter and work towards formalization of the project previously outlined. To work at a systematic level to increase alignment of mental health prevention and intervention strategies and develop and implement comprehensive diversion services so that mental health crisis and co-occurring disorders are diverted from law enforcement and judicial outcomes and general health and wellbeing are increased in our community.

Questions  
or  
Comments

