**Crisis Center**

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| Treatment #1: Expand the functionality of crisis centers |

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| **TEAM LEADERSHIP** |
| **Project Sponsors** | Ross Edmunds, IDHW |
| **Team Chairs** | Brad Baker |
| **Team Reporter** | Gina Westcott |
| **PURPOSE** |
| The Crisis Centers Implementation Team is established to strengthen Idaho’s crisis response system. This project aims to enhance Idaho’s crisis center system by securing sustainable funding, expanding youth crisis services, improving coordination, and increasing public awareness. Key actions include developing a data-driven approach to demonstrate the return on investment (ROI) of adult crisis centers, advocating for continued funding, and facilitating discussions to expand youth crisis services based on regional needs.Additionally, the project will improve crisis center operations through regular statewide meetings and the standardization of best practices. Public awareness efforts will focus on clarifying services and collaborating with community partners to ensure appropriate referrals and utilization.By strengthening infrastructure, increasing accessibility, and fostering collaboration, this initiative seeks to improve Idaho’s crisis response system and ensure individuals receive timely, effective care.The guiding North Star for this project is to build a sustainable, coordinated, and accessible crisis care system that ensures every Idahoan in distress can quickly receive the right level of care, at the right time, in the right place. This vision is achieved by:* Increasing public awareness to promote appropriate crisis center utilization.
* Enhancing coordination and efficiency among crisis centers for seamless service delivery.
* Expanding youth crisis services to ensure statewide access.
* Securing long-term funding for adult crisis centers to maintain stable operations.

By aligning efforts with this overarching goal, Idaho’s crisis response system will be stronger, more effective, and capable of providing lifesaving support to those in need. |
| **ACTION ITEMS TO ACCOMPLISH** |
| **1.** | Increase Public Awareness and Understanding of Crisis Center Services |
| **2.** | Expand Crisis Centers for Youth Across Idaho |
| **3.** | Improve Crisis Center Utilization, Operations, and Coordination |
| **4.** | Ensures Sustainable Statewide Funding and Support for Adult Crisis Centers |

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| **PARAMETERS OR CONSTRAINTS** |
| **In Scope (Project Includes)****Public Awareness & Community Engagement*** Developing and implementing an outreach awareness initiative to clarify crisis center services and eligibility criteria.
* Partnering with law enforcement, hospitals, shelters, and schools to educate front-line personnel on crisis center services and referral processes.

**Crisis Center Coordination & Operational Efficiency*** Organizing regular statewide meetings for crisis center leaders and stakeholders to share best practices.
* Promoting standardization of SOPs and resource-sharing to improve coordination among crisis centers.

**Expansion of Youth Crisis Centers*** Facilitating discussions between Youth Crisis Centers and Youth Assessment Centers to clarify roles and explore collaboration.
* Conducting a statewide needs assessment to determine regional gaps and priority areas for youth crisis center expansion.

**Data Collection & Funding Advocacy*** Developing a standardized data collection framework to track ROI, service utilization, and diversions from higher levels of care.
* Establishing a sub-group to define KPIs, compile impact reports, and collect testimonials to support funding requests.
* Engaging policymakers and stakeholders through data-driven advocacy to secure sustainable funding for adult crisis centers.

**Out-of-Scope (Not Included in the Project)*** Direct Service Delivery or Crisis Center Operations
* Managing or overseeing day-to-day operations at individual crisis centers.
* Hiring, staffing, or directly running crisis center facilities.

**Legislative or Policy Changes*** Drafting or enacting new laws, policies, or regulations related to crisis centers.
* Implementing Medicaid or insurance reimbursement changes outside advocacy efforts.

**Infrastructure Development & Facility Construction*** Building or physically expanding crisis center locations.
* Managing capital expenditures for new or renovated crisis centers.

**Comprehensive Mental Health Reform*** Addressing broader mental health system reforms beyond crisis center coordination and utilization.
* Expanding behavioral health services outside the scope of crisis center operations.
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| **HIGH-LEVEL RISKS and MITIGATION STRATEGIES** |
| **Risk** | **Potential Impact** | **Mitigation Strategy** |
| Inconsistent Data Collection Across Agencies | Difficulty in demonstrating ROI and impact, leading to challenges in securing funding. | Develop a standardized data collection framework, train staff on data entry, and ensure consistent reporting across Medicaid, Magellan, ERs, and Crisis Centers. |
| Limited Funding Availability | Lack of resources may hinder crisis center operations, expansion, and awareness efforts. | Advocate for data-driven funding requests, engage policymakers early, explore alternative funding sources (grants, public-private partnerships). |
| Workforce Shortages and Staff Burnout | Reduced capacity for crisis center operations and coordination efforts. | Implement staff wellness initiatives, advocate for competitive compensation, and establish peer support networks to address burnout. |
| Regulatory and Policy Barriers | Challenges in co-locating Youth Crisis Centers and Youth Assessment Centers due to existing regulations. | Engage legal and policy experts to clarify co-location feasibility and advocate for regulatory adjustments if needed. |
| Public Misconceptions About Crisis Centers | Underutilization or misdirected referrals due to lack of awareness or misinformation. | Launch targeted awareness campaigns, collaborate with trusted community partners, and train front-line personnel to ensure proper referrals. |
| Resistance to Statewide Coordination Efforts | Some crisis centers may prefer regional autonomy, limiting best practice sharing and SOP alignment. | Foster inclusive stakeholder engagement, highlight mutual benefits of collaboration, and showcase successful coordination models. |
| Technology and Communication Barriers | Limited data-sharing capacity and communication gaps among crisis centers. | Identify technology solutions for data sharing, provide training, and ensure all crisis centers have access to essential communication tools. |
| Political or Legislative Shifts | Changes in leadership or priorities may impact policy support for crisis centers. | Maintain ongoing engagement with policymakers, build bipartisan support, and ensure funding advocacy aligns with evolving legislative agendas. |

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| **IMPLEMENTATION TEAM MEMBERS** |
| Ross Edmunds | Idaho Department of Health and Welfare, Division of Behavioral Health |
| Brad Baker  | Idaho Department of Health and Welfare, Division of Behavioral Health |
| Gina R. Westcott | Idaho Department of Health and Welfare, Division of Behavioral Health |
| Brian Knight  | Idaho Suicide/Crisis Hotline |
| Cas Waldron  | Southwest District Health |
| Christina Ward  | Idaho Department of Health and Welfare, Idaho Behavioral Health Plan |
| Darrell Keim  | Latah Recovery Center |
| Dawn Rae  | Ada County Paramedics |
| DeVere Hunt  | Badger, Inc. |
| Frank Knight  | ProActive Behavioral Health |
| James McClain | Behavioral Health Crisis Center Idaho Falls |
| Joyce Lyons | Rural Crisis Center Network |
| Kerry Green  | Northern Idaho Crisis Center |
| Krista Edge  | Idaho Department of Health and Welfare, Division of Behavioral Health |
| Lee Flinn | Idaho Crisis and Suicide Hotline |
| Lisa Bayes | Crisis Center of South Central Idaho |
| Matt Harden  | Magellan of Idaho  |
| Matt Wimmer  | Idaho Community Health Center Association |
| Monica Forbes | Recovery United |
| Myrna Daniels | South East Idaho Behavioral Crisis Center |
| **ADMINISTRATION** |
| **Meeting Cadence** | Frequency: Monthly* Duration: 1.0 hours
* Format: Virtual
* Facilitator: Initiative Owner or Designated Team Member
* Participants: Team Members Key Stakeholders (as needed) Representatives from State Agencies
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| **Communication**  | To ensure alignment, transparency, and accountability, communication regarding sub-team updates, progress on action items, and goal achievement will occur during the monthly Crisis Centers Implementation Team meetings.**Monthly Meeting Communication Plan:*** Sub-Team Updates: Each sub-team will provide a summary of their progress, key milestones, challenges, and any support needed.
* Action Item Review: Progress on assigned action items from previous meetings will be reported, with adjustments made as necessary.
* Issue Resolution & Strategic Adjustments: Any barriers or delays in implementation will be discussed, with solutions proposed to keep the project on track.
* Stakeholder Feedback: Input from members and external stakeholders will be incorporated to refine strategies and enhance collaboration.

Meeting documentation, including sub-team reports and decisions made, will be distributed after each meeting to ensure all members stay informed and accountable. |
| **Amendment Process** | To ensure that the Crisis Implementation Team Project Charter remains relevant and effective, an amendment process will be established. Amendments to the charter may be necessary due to changes in funding, policy direction, project scope, or operational needs.Amendments to the Implementation Team Charter may be proposed by any team member, stakeholder, or leadership representative. Proposals must be submitted in writing, detailing the proposed change, rationale, and potential impact. The leadership team will review the proposal, with a minimum **10-business-day discussion period** for feedback. Following the discussion, a **supermajority vote (67%)** is needed for approval, conducted via formal meeting or electronic ballot. Approved amendments will be documented, implemented within an agreed timeframe, and archived with version control. |
| **Dates Amended** |  |