



Initium is a public benefit corporation committed to using innovation to improve human health.



Behavioral Health Center Feasibility Study

December 14, 2023

LEADERSHIP



JAMES CORBETT, MDIV, JD
Principal



[linkedin.com/in/
james-corbett-22600839](https://www.linkedin.com/in/james-corbett-22600839)



ELISE PLAKKE
Executive Creative Director



[linkedin.com/in/
elise-plakke-4198495](https://www.linkedin.com/in/elise-plakke-4198495)



KATE BAILEY, MPH
Partner, Public Health Consultant



[linkedin.com/in/
katelaportebailey](https://www.linkedin.com/in/katelaportebailey)



IVONNE HERNANDEZ
Project Manager





Initium is a public benefit corporation committed to using innovation to improve human health.



Behavioral Health Expertise

Feasibility Studies

- New services and/or facilities for rural or urban

Community Health Assessment

- MAPP Process
- Community Health Improvement Plans
- PHAB Accreditation

BH Public Awareness Media Campaigns

- 988 Promotion
- Stigma Reduction Awareness

Strategic Planning

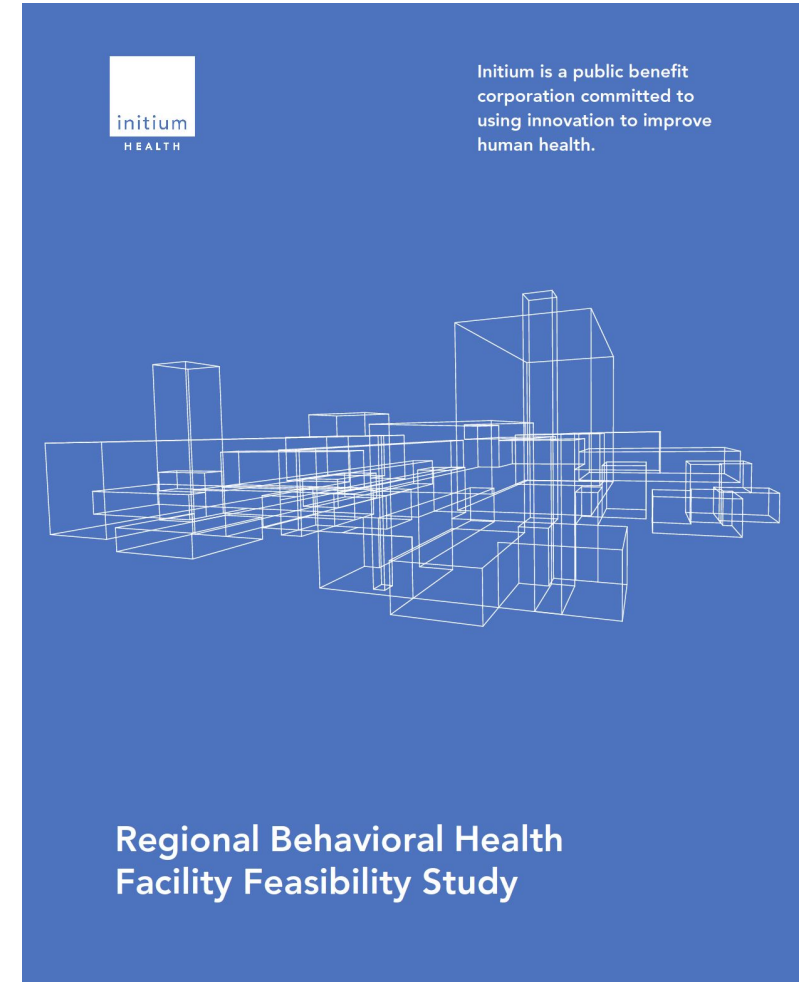
- Assessment & Roadmap Development
- Coalition Building

Community Engagement

- Broad Stakeholder Reach
- Diverse Populations

Opioid Settlement Dashboard

- Technology solution to enable smarter community investment in behavioral health



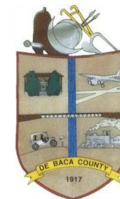
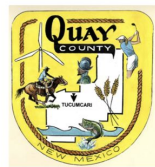
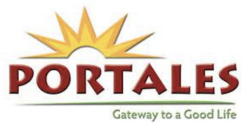


Eastern New Mexico Regional Behavioral Health Facility Feasibility Study


- 7 local governments
- 70+ interviews
- 50 attendees to community listening session
- HRSA grant \$2M / 4 years

Outcomes: Financial & Operational Assessment for a Regional Behavioral Health Facility including

- Inpatient psychiatric beds, a detoxification unit, and short-term residential treatment for SUD
- Crisis Triage Center offering 24/7 assessment and stabilization, withdrawal management & peer support



100% of the local governments passed resolutions committing opioid settlement dollars toward this facility

 is a non-profit recovery ecosystem dedicated to helping people live free of addiction.



“

OneFifteen Living gives people a safe place to live while they continue their journey of recovery.

Marti Taylor
PRESIDENT AND CEO

”





**A STRONGER YOU.
A STRONGER NEW HAMPSHIRE.**

We are currently engaged with the state of New Hampshire to create and deploy a holistic marketing strategy with effective messaging, slogans, and marketing imagery to support a public awareness campaign encouraging help-seeking for behavioral health and substance use challenges.

**Asking for help can be difficult.
Receiving help is getting easier.**

If you or someone you know is struggling emotionally, please reach out.

STRONG AS GRANITE

**A STRONGER YOU.
A STRONGER
NEW HAMPSHIRE.**

In need of mental health or substance use support? Call or text the 833-710-6477 NH Rapid Response or 988 Suicide & Crisis Lifeline. Confidential & no cost to you.

dhhs.nh.gov/strongasgranite

In New Hampshire we make connections, not judgments.
Reach out.

In need of mental health or substance use support? Call, text or share this card with a friend in need.

STRONG AS GRANITE

dhhs.nh.gov/strongasgranite

If you or someone you know is experiencing mental health or substance use challenges, New Hampshire offers the **confidential care** you need without judgment. Keep this card or share with a friend in need.

STRONG AS GRANITE

**A STRONGER YOU.
A STRONGER
NEW HAMPSHIRE.**

dhhs.nh.gov/strongasgranite

Call or text if you need mental health or substance use support.

833-710-6477
NH Rapid Response

988
Suicide & Crisis Lifeline

211
Your Local Doorway for Substance Use Resources

24/7. Confidential, no cost to you.

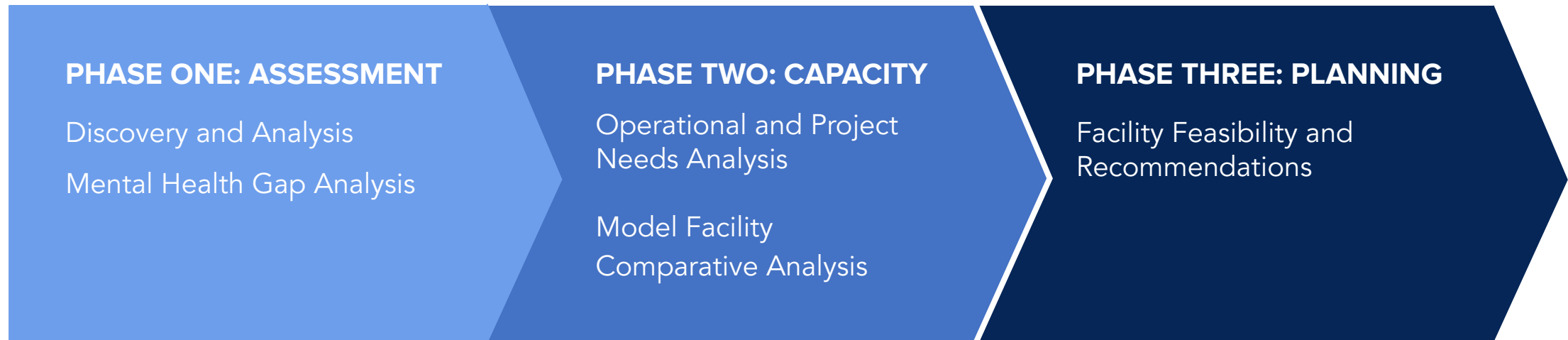


City of Santa Monica

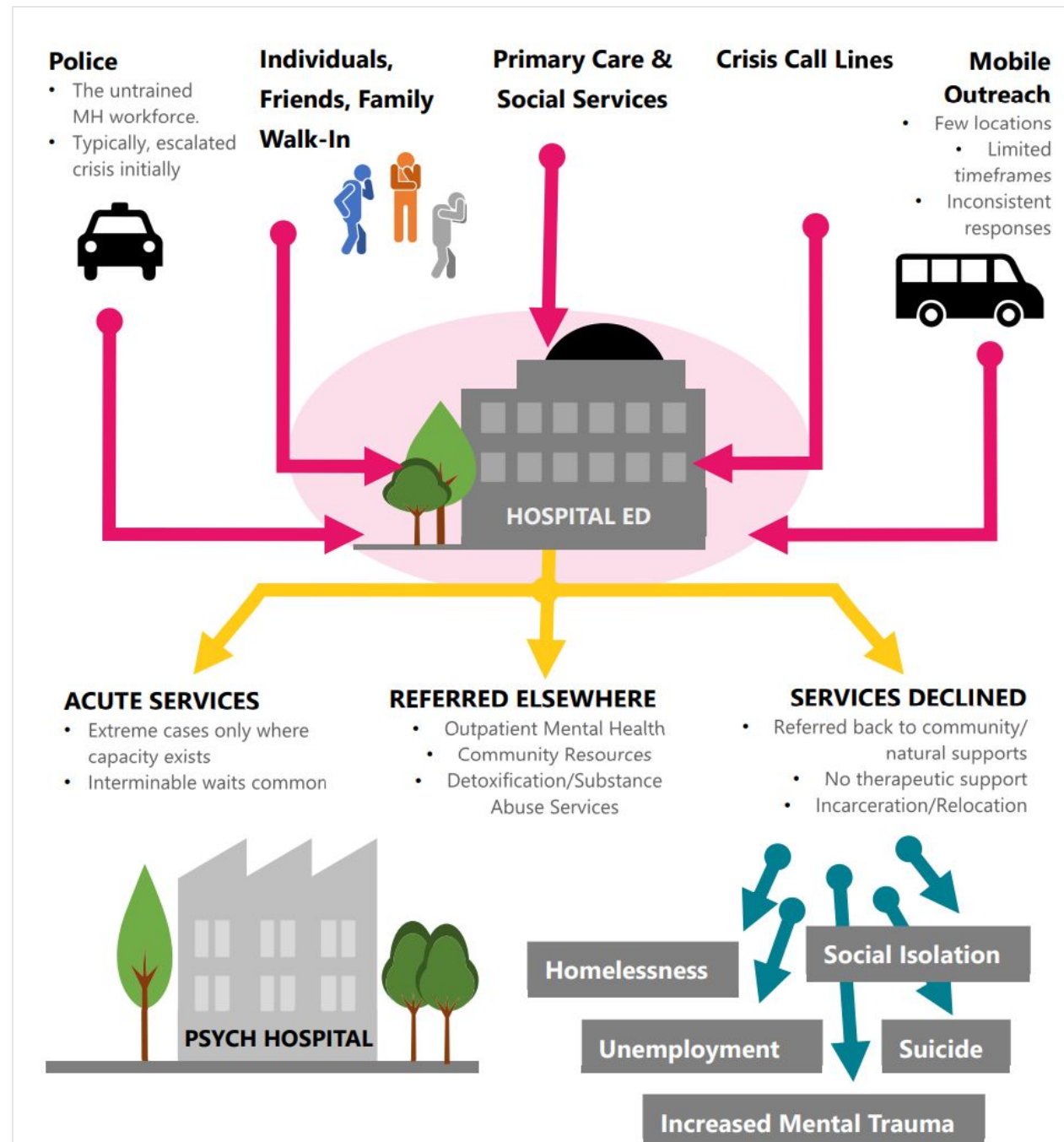
Initium Health is currently engaged with the City of Santa Monica to develop a community-informed behavioral health strategy. We deployed a robust community engagement campaign including a mix of media across social, digital and print to engage residents, hosted three “Future of Behavioral Health” public events, conducted a public survey, and interviewed 70+ key stakeholders.



Process / Timeline



Traditional Crisis Flow



Crisis Now - Ideal System



**Early Stages
of Crisis**



Call Centers



**Mobile Crisis
Teams**



**Crisis Stabilization/
Receiving Facilities**



**Post-Crisis
Support**

Crisis Care Continuum



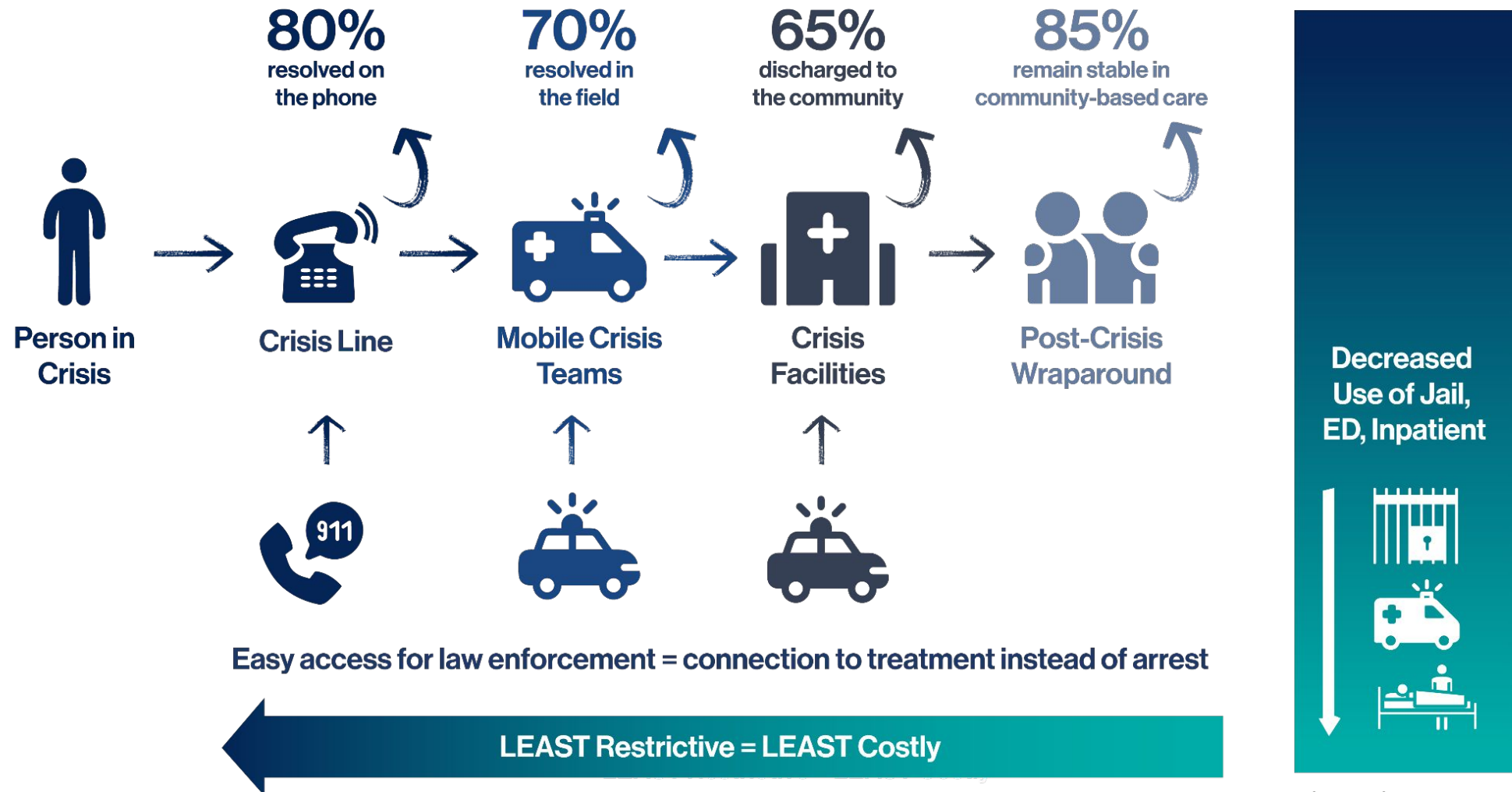
**988 is the preferred,
no-wrong-door place to
access crisis care**

**Mobile response
teams available 24/7**

**Crisis receiving and
stabilization facilities**

Illustration of an Effective Continuum

Crisis System: Alignment of services toward a common goal



Adapted from Balfour, et al. 2020.

Crisis Now - Ideal System

Projected costs of ED/IP system vs Crisis Now Model by Site of Service

Site	ED/IP	Crisis Now
■ Mobile Crisis Teams	\$0	\$5.5M
■ Crisis Receiving Chairs	\$0	\$30.4M
■ Short-term Crisis Beds	\$0	\$26.6M
■ Emergency Department	\$34.2M	\$4.8M
■ Acute Inpatient Beds	\$247.0M	\$71.0M
TOTAL	\$281M	\$138M

Crisis Now reduces costs through better allocation of resources, resolving more crises in the community without the need for emergency department or acute inpatient care.

Crisis Now Projections

Site	Current State	Crisis Now	Opportunity
Mobile Crisis Teams	3	20	17
Crisis Receiving Chairs*	20	82	62
Short-term Crisis Beds	35	69	34
Acute Inpatient	279	186	N/A

*Assumes NeuroBehavioral Hospital opening 20 chairs

Findings and Recommendations

Feasibility Assessment

Based on our assessment, the feasibility of transforming the crisis care continuum in Palm Beach County is dependent on four primary factors:

1. Raising awareness of crisis services and developing trust across diverse Palm Beach County communities
2. Developing effective partnerships to work collaboratively with existing systems and providers
3. Establishing the infrastructure needed to coordinate care across the continuum, including an accountable governance structure, robust technology, and real-time data sharing
4. Securing the resources required to develop new services and facilities

Findings and Recommendations

Section I: Crisis Continuum of Care

Someone to Call

Someone to Respond

Somewhere to Go

Section II: Crisis Care: Children and Youth

Someone to Call - Children and Youth

Someone to Respond - Children and Youth

Somewhere to Go - Children and Youth

Section III: Crisis Receiving Facility Considerations

Operational Recommendations

Design Recommendations

Regulatory Considerations

Funding Opportunities

Financial Projections

Workforce Strategies

Section IV: Outpatient Care and Rehabilitative Services

Outpatient Care Access

Rehabilitative Services: People, Place & Purpose

Section V: Essential Principles, Coordination and Accountability

National Guidelines: Essential Principles and Governance

Coordination and Accountability

Someone to Call

Regional Crisis Call Center

A man with a beard and short hair is shown in profile, talking on a mobile phone. He is wearing a dark t-shirt and a watch on his left wrist. The background is dark and out of focus.

- **Build upon current infrastructure to develop a regional crisis call center aligned with the National Guidelines.**
- Conduct a public marketing campaign to raise awareness of the 988 Lifeline and its purpose.
- Expand the call center workforce to meet staffing needs and include clinical supervision.
- Invest in technology that allows the regional crisis call center to improve service delivery and accessibility, and enhance the interactions between callers, staff, MRTs, and providers.
- Develop partnerships with 911 Public Safety Answering Points (PSAPs) to divert behavioral health crisis calls from 911 to 988.
- Advocate for increased funding for the 988 Lifeline in Florida.



Someone to Respond Mobile Crisis Teams

- Increase the number of mobile response teams in Palm Beach County in alignment with national standards.
- Align MRT composition, training, and operations with the National Guidelines.
- Collaborate with law enforcement to enhance the effectiveness of mobile crisis teams for timely and coordinated responses, and to reduce unnecessary law enforcement involvement.



Somewhere to Go Crisis Receiving and Stabilization Facilities

- **Develop a crisis receiving and stabilization facility to increase the number of crisis receiving chairs and short-term crisis beds and provide services for children, youth, and adults.**
- Services to include 23-hour observation, addiction receiving services, and short-term crisis stabilization.
- Gain further insight into the functionality of the recent addition of 20 crisis observation chairs into the continuum of crisis care in Palm Beach County
- Enhance access to facility-based crisis care in Palm Beach County through collaboration.

Crisis Care: Children & Youth

Ensure the development of the crisis continuum aligns with the National Guidelines for Child and Youth Behavioral Health Crisis Care, including:

Crisis Call Center	<ul style="list-style-type: none">▪ Staff crisis call centers with an interdisciplinary team of child and adolescent behavioral health clinicians, family and youth peers, and other trained team members.▪ Utilize real-time regional bed registry technologies that integrate information about which facilities have openings for youth. (Recognize, however, that most users will not need inpatient services.)
Mobile Crisis Teams	<ul style="list-style-type: none">▪ Incorporate youth and family peers within the response team.▪ Have access to a licensed and/or credentialed clinician in a supervisory role who has expertise and experience using evidence-based assessment tools with youth populations.
Crisis Receiving and Stabilization Facilities	<ul style="list-style-type: none">▪ Provide spaces that are calming and welcoming and that offer developmentally suitable supports for youth and families.▪ Offer developmentally appropriate services to address mental health and substance use crisis issues impacting youth.▪ Screen for risk of self-harm, suicide, and risk for violence using tools that are designed or appropriate for youth.

Crisis Care: Children & Youth

- Partner with The School District to enhance crisis response in schools and integration between school and community based behavioral health care.
- Collaborate with juvenile justice systems, pediatric providers, homeless shelters, and transitional housing programs to raise awareness of crisis services and coordinate post-crisis wraparound services.



Behavioral Health Facility

Crisis Receiving and Stabilization Facility

24/7 Central Receiving Center

23-Hour Observation Unit

Crisis Stabilization Unit & Addiction
Receiving Facility

Services for Children, Youth & Adults



North Coastal Crisis Stabilization Unit in Oceanside, CA

Architecture of Recovery

- Ample use of natural light and views of outside green space.
- Acoustic abatement to reduce noise levels.
- Therapeutic milieu with open spaces and seating areas that facilitate interaction.
- Familiar and non-institutional-looking materials with calming colors, varied textures and soothing artwork.
- Design features to assist clients' orientation, such as direct and obvious travel paths, key locations for clocks and calendars, and avoidance of glare.
- Adequate separation and sound insulation to prevent confidential conversations from traveling beyond consulting offices.

Group for the Advancement of Psychiatry. (2021). *Roadmap to the Ideal Crisis System*. National Council for Mental Wellbeing.

A.L. Dannenberg et al. (2011). *Making Healthy Places: Designing and Building for Health, Well-being, and Sustainability*. DOI 10.5822/978-1-61091-036-1_7.

Connections Health Solutions

Tucson, Arizona

Connections Health Solutions is a nationally-recognized leader in crisis care. Its flagship Crisis Response Center includes a walk-in behavioral health urgent care, a 23-hour emergency psychiatric unit, a crisis stabilization unit, and an outpatient treatment and support program.

Mobile crisis teams are also headquartered in this facility.



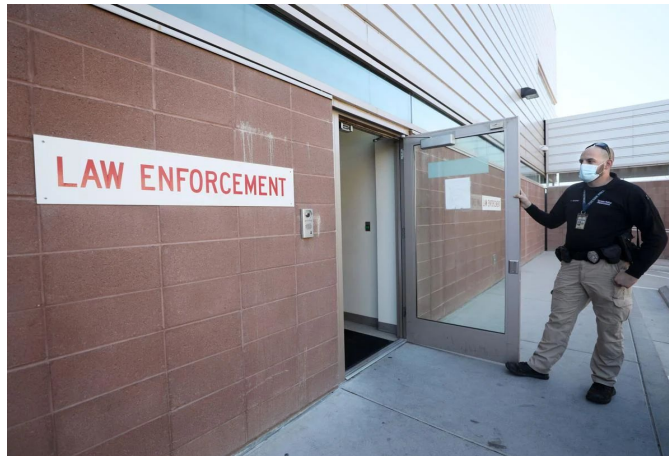
Large, glass windows allow for natural light to come in

Landscaped exterior and easy access to parking lot

Connections Health Solutions

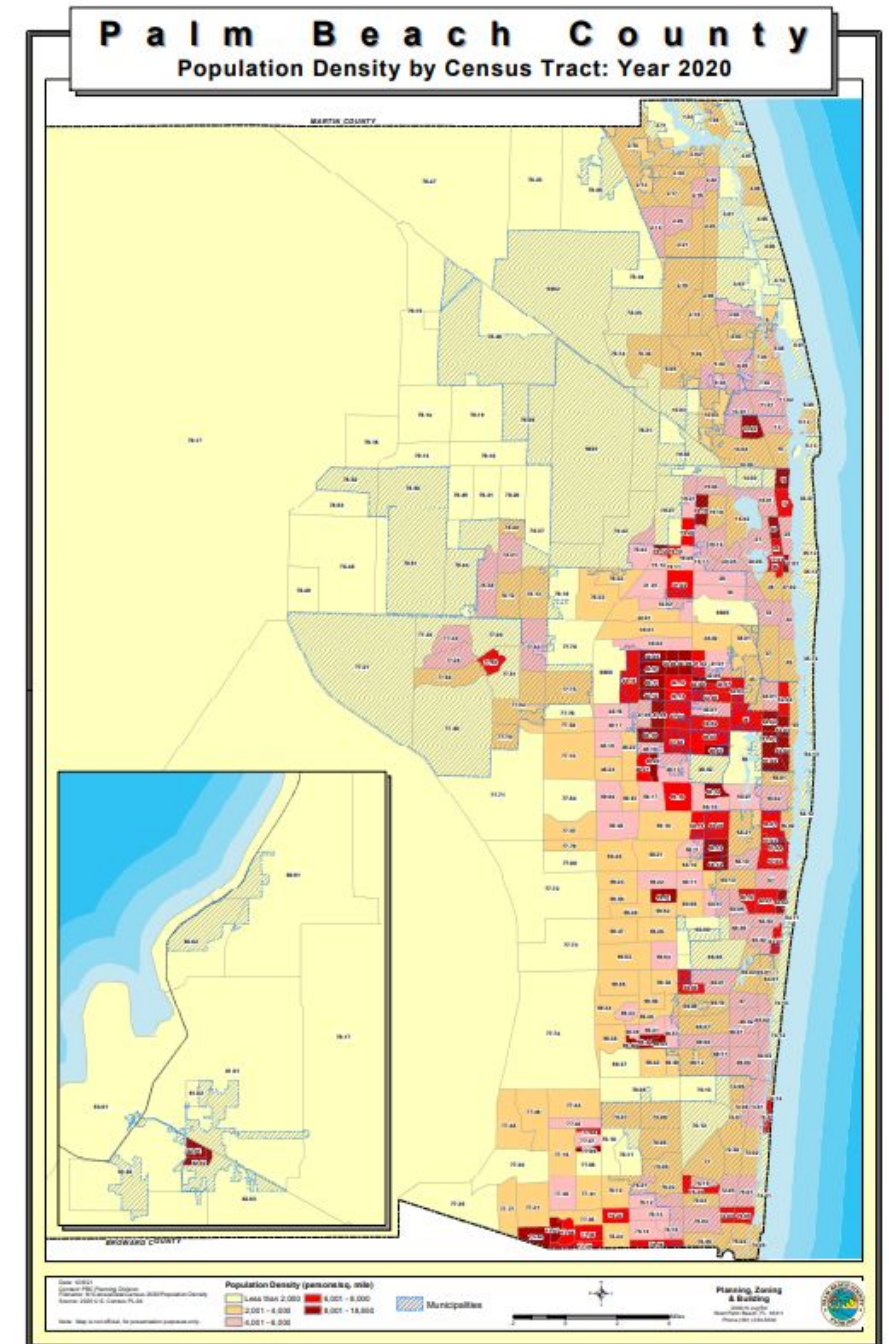
Main entrance is bright and open

Separate law enforcement entrance offers secure area and seamless process for officers



Site Recommendations

- Proximate to high population density and various modes of transportation
 - Commute duration should not exceed half an hour from any point within the urban catchment area.
 - Consider two facilities to cover Palm Beach County. The challenges of operationalizing two facilities simultaneously may require one facility to be established prior to the other.



Site Recommendations

Accessible by law enforcement

Separate entrance with ample space for a gated area for drop-offs.

Proximity to hospitals

Not located on hospital campus but close enough to receive ED transfers.

Zoning

Typically zoned as a hospital.



Funding, Financial Projections and Workforce

Funding Opportunities

Department of Children and Families: State legislature investment in behavioral health resulted in \$31M in additional DCF funds from the existing \$19.8M for central receiving facilities in 2023-2024.

State appropriations: Explore both capital and operating requests. For example, in FY 2022-2023, LifeStream Central Receiving Facility in Citrus County received \$1.5M to support operations of a 20-bed Baker Act receiving facility.

Payer Contracting: Per the National Guidelines, crisis services should be available to all, regardless of funding source.

Certified Community Behavioral Health Clinic model: The Centers for Medicare and Medicaid Services (CMS) recognizes CCBHCs as a new provider type in Medicaid. This model provides enhanced payments for services rendered to Medicaid beneficiaries.

CCBHCs Provide Nine Core Services Directly or Through Formal Partnerships

Crisis Services



Outpatient Mental Health & Substance Use Services



Screening, Diagnosis & Risk Assessment



Person- & Family-Centered Treatment Planning



Psychiatric Rehabilitation Services



Community-Based Mental Health Care for Veterans



Outpatient Primary Care Screening & Monitoring



Peer, Family Support & Counselor Services



Targeted Case Management



CCBHC Benefits

Access to a value-based payment model: Clinics that qualify as a CCBHC receive enhanced value-based Medicaid payments that allow flexibility in how they provide services. Payments may also be linked to quality goals and patient outcomes.

Enhanced payments for crisis services: CCBHCs receive Medicaid cost-related payment rates. CCBHCs complete a cost report including both current costs and anticipated future costs associated becoming a CCBHC. These rates are paid each time a daily or monthly encounter occurs, regardless of the number or intensity of services provided, incentivizing CCBHCs to provide efficient care.

Formal method for coordinating psychiatric rehabilitation services addressing People, Place and Purpose. CCBHCs must provide, or coordinate with DCOs to provide psychiatric rehabilitation services.

Flexibility in where services are delivered and ability to coordinate care across sites: homes, schools, courts and justice-related facilities, hospitals and EDs, community service organizations, etc.

CCBHC Impact

CCBHCs are on average, serving more than 900 more people per clinic than prior to CCBHC implementation, representing a 23% increase in patient volume.*

Among 249 clinics nationwide there was an average of 27 new staff hired per clinic, as a result of becoming a CCBHC.

Since gaining CCBHC status, about half of CCBHCs (49%) have added crisis response services or partnerships, an indication of the expansion of access to crisis care under this model.

*Across 450 CCBHCs active as of August 2022. Source: 2022 CCBHC Impact Report, National Council for Mental Wellbeing

Financial Projections

Base Model:

Total Chairs = 62

Total Children/Youth Chairs = 16

Total Adult Chairs = 46

Total CSU/ARF beds = 34

Total Children/Youth beds = 10

Total Adult beds = 24



Financial Projections

Capital costs projected to be \$19M-\$24M under low / mid / high scenarios

Facility Metrics				
Total Square Footage	43,370		Total Capital Cost (Scenario 1)	\$19,332,910.00
Square Footage Adjustment	5%		Construction Cost	\$17,348,100.00
<i>Cell M5 provides a sq. ft. adjustment calculator to assess costs relative to increase facility size</i>			FF&E	\$902,580.00
			Total Capital Cost (Scenario 2)	\$20,287,055.50
			Construction Cost	\$18,215,505.00
Total Staff Count	74		FF&E	\$902,580.00
Direct Patient Care FTEs	48		Total Capital Cost (Scenario 3)	\$24,103,637.50
Medical Administration	12		Construction Cost	\$21,685,125.00
Non-clinical Administration	14		FF&E	\$902,580.00
<i>Cell M8 - M11 provides a based staffing breakout per number operating CSU beds and Observation Chairs. Staffing costs are adjust per bed/chair utilization.</i>			Ancillary Buildout	
			Pharmacy	\$150,000.00
			Lab	\$100,000.00

Financial Projections

Assuming construction costs are provided through an appropriation or other mechanism (not financing), the facility breaks even in Year 2

P&L					
	Year 1	Year 2	Year 3	Year 4	Year 5
Patient Service Revenues	5,078,235	7,322,815	9,159,059	9,988,424	10,859,965
Salaries & Wages	3,249,239	4,390,950	5,281,079	5,718,735	6,119,684
Benefits & Other Staffing Costs	974,772	1,317,285	1,584,324	1,715,620	1,835,905
Variable Expenses	1,056,003	1,427,059	1,716,351	1,858,589	1,988,897
Net Revenue	(201,778)	187,521	577,305	695,480	915,478

Assumes ramp up from 50% to 95% occupancy Y1-Y5; 70% Medicaid / 30% Uncompensated Care

Category					Estimated Patient Encounters				
Crisis 23 hr Observation Unit					Obs Unit - Visits				
	Adults	Child & Adolescents			Year 1	Year 2	Year 3	Year 4	Year 5
Chairs	46	16			14053	19674	23889	25295	26700
Total Chairs	62								
Payer Mix	Managed	70%	Uncompensated	30%	CSU - Admissions				
Payer Rates	Medicaid	\$ 147.55	Care		Year 1	Year 2	Year 3	Year 4	Year 5
Crisis Stabilization Unit (colocated Addiction Receiving Facility)					2482	3475	4219	4468	4716
	Adults	Child & Adolescents							
Beds	24	10			Utilization %				
Total Beds	34				50%	70%	85%	90%	95%
Payer Mix	Managed	70%	Uncompensated	30%					
Payer Rates	Medicaid	\$ 835.00	Care	0					

Facility		Year 1	Year 2	Year 3	Year 4	Year 5	5-yr Avg
Obs Unit	Adults	10403	14564	17684	18725	19765	16228
	Child & Adolescents	3650	5110	6205	6570	6935	5694
	Total	14053	19674	23889	25295	26700	21922
CSU	Adults	1752	2453	2978	3154	3329	2733
	Child & Adolescents	730	1022	1241	1314	1387	1139
	Total	2482	3475	4219	4468	4716	3872
	Utilization	50%	70%	85%	90%	95%	

Facility Metrics			
Total Square Footage	43,370	Total Capital Cost (Scenario 1)	\$19,332,910
Square Footage Adjustment	5%	Construction Cost	\$17,348,100
<i>Cell M5 provides a sq. ft. adjustment calculator to assess costs relative to increase facility size</i>		FF&E	\$902,580
		Total Capital Cost (Scenario 2)	\$20,287,055
		Construction Cost	\$18,215,505
Total Staff Count	74	FF&E	\$902,5800
Direct Patient Care FTEs	48	Total Capital Cost (Scenario 3)	\$24,103,637
Medical Administration	12	Construction Cost	\$21,685,125
Non-clinical Administration	14	FF&E	\$902,580
<i>Cell M8 - M11 provides a based staffing breakout per number operating CSU beds and Observation Chairs. Staffing costs are adjust per bed/chair utilization.</i>		Ancillary Buildout	
		Pharmacy	\$150,000
		Lab	\$100,000

P&L					
	Year 1	Year 2	Year 3	Year 4	Year 5
Patient Service Revenues	5,078,235	7,322,815	9,159,059	9,988,424	10,859,965
Salaries & Wages	3,249,239	4,390,950	5,281,079	5,718,735	6,119,684
Benefits & Other Staffing Costs	974,772	1,317,285	1,584,324	1,715,620	1,835,905
Variable Expenses	1,056,003	1,427,059	1,716,351	1,858,589	1,988,897
Net Revenue	(201,778)	187,521	577,305	695,480	915,478

Workforce Strategies

Partner with Current Initiatives

DCF Grant: \$21M to 3 Managing Entities for recruitment and retention

- Social work, psychology, marriage and family therapy, mental health counseling, psychiatry, and certified peer specialists

Palm Health Foundation Scholarships

- Behavioral health scholarships to support individuals pursuing bachelor's and master's degrees in various fields related to mental health and counseling

BeWell PBC BH Technician Program / Medical Academy

- Paid internships and field placements for high school students participating in the Behavioral Health Technician (BHT) program

PBC School District - Choice Program

- Educates high school students about mental health and behavioral health careers & equips them with prerequisites before they enter college or university programs

Workforce Strategies

New Opportunities

Funding Opportunities: Health Resources and Services Administration, SAMHSA, DCF / SEFBHN

Partnerships with Educational Institutions: develop certificate programs to help the current workforce advance, for example:

- LPN - BH Certificate
- RN - ANCC certification in Psychiatric-Mental Health Nursing
- NP - Post-masters Certificate of Advanced Study

Competitive compensation, advancement opportunities, outreach for recruitment and diversity

Essential Principles

Essential Principles 1-3

Addressing Recovery Needs: In a recovery-oriented approach to crisis care, crises are viewed as challenges that may present opportunities for growth. When crises are managed in comfortable and familiar settings, people feel less alone and isolated with their intense feelings. This creates a sense of empowerment and belief in one's own recovery and ability to respond effectively to future crises.

Significant Role for Peers: Including peers—especially people who have experienced suicidality and suicide attempts and have learned from these experiences—can be a safe and effective program mechanism for assessing and reducing suicide risk for persons in crisis.

Trauma-Informed Care: Trauma-informed care is urgently important in crisis settings because of the links between trauma and crisis and the vulnerability of people in crisis; especially those with trauma histories.

Essential Principles 4-6

Zero Suicide / Suicide Safer Care: Two transformational commitments must be made by every crisis provider in the nation: (1) adoption of suicide prevention as a core responsibility, and (2) commitment to dramatic reductions in suicide among people under care.

Safety / Security for Staff and People in Crisis: Safety for both individuals served and staff is a foundational element for all crisis service settings.

Crisis Response Partnerships with Law Enforcement, Dispatch and Emergency Medical Services (EMS): With good mental health crisis care in place, the care team can collaborate with law enforcement in a fashion that will improve both public safety and mental health outcomes.

Essential Principles

Considerations for Implementation

- **Implementation of the essential principles of crisis care will require the Health Care District to embrace a multifaceted role as convener, partner, and influencer.**
- Addressing the primary care needs of individuals in crisis presents a promising avenue for the Health Care District to enhance collaboration and engagement with providers of behavioral health care.
- Strengthening partnerships with community-based providers and nonprofits will be crucial to developing the trust needed to serve Palm Beach County residents.

Data Transparency, Coordination, & Accountability

Data Transparency, Coordination and Accountability

Crisis System Community Coordination & Collaboration Continuum				
Level 1	Level 2	Level 3	Level 4	Level 5
Minimal	Basic	Basic	Close	Close
Agency Relationships	Shared MOU Protocols	Formal Partnerships	Data Sharing (Not 24/7 or Real-Time)	Air Traffic Control Connectivity

Level 5: Air Traffic Control Connectivity

- Always knowing where an individual in crisis is and verifying that the hand-off has occurred to the next service provider
- Accountability keeps people from 'falling through the cracks' due to a failure to make a connection to care that aligns with the unique needs of the individual

Data Transparency, Coordination and Accountability Considerations

The Health Care District is uniquely positioned to be a leader in crisis care transformation as a provider, funder, and sustainable entity.

Further investment in collaboration is required to achieve the necessary level of coordination:

- Establish a formal meeting structure, data sharing agreements, data collection and analysis, and quality improvement processes
- Develop a dashboard of performance metrics that include Key Performance Indicators (KPIs) aligned with National Guidelines to foster transparency and data-driven decision making

Performance Measures

	Someone to Call
	Crisis Call Center Services
Key Performance Indicators	<ul style="list-style-type: none">▪ Call volume▪ Average speed of answer▪ Average delay▪ Average length of call▪ Call abandonment rate▪ Percentage of calls resolved by phone▪ Number of mobile teams dispatched▪ Number of individuals connected to a crisis or hospital bed▪ Number of first responder-initiated calls connected to care

Performance Measures

	Someone to Respond
	Mobile Crisis Services
Key Performance Indicators	<ul style="list-style-type: none">▪ Number served per 8-hour shift▪ Average response time▪ Percentage of calls responded to within 1 - 2 hours▪ Longest response time▪ Percentage of mobile crisis responses resolved in the community

National Guidelines for Behavioral Health Crisis Care

Performance Measures

	Someone to Go
	Crisis Receiving and Stabilization Services
Key Performance Indicators	<ul style="list-style-type: none">▪ Number served (could be a measure of individuals served per chair daily)▪ Percentage of referrals accepted▪ Percentage of referrals from law enforcement (hospital and jail diversion)▪ Law enforcement drop-off time▪ Percentage of referrals from all first responders▪ Average length of stay▪ Percentage discharged to the community▪ Percentage of involuntary commitment referrals converted to voluntary▪ Percentage not referred to emergency department for medical care▪ Readmission rate▪ Percentage completing an outpatient follow-up visit after discharge▪ Total cost of care for crisis episode▪ Guest service satisfaction▪ Percentage of individuals reporting improvement in ability to manage future crisis

Outpatient Care & Rehabilitative Services

Outpatient Care

- Explore opportunities to expand outpatient behavioral health services across the county.
- Establish infrastructure to coordinate care across providers and funding streams.
- Enable crisis providers across the continuum to have access to schedule outpatient appointments.



Rehabilitative Services

People, Place & Purpose

- Develop a robust catalog of existing services and engage with providers to understand their requirements for admission, retention, and discharge. Identify opportunities to improve coordination and ensure individuals are connected with the right level of services.
- Provide central care coordination services to all individuals receiving crisis care, including ongoing case management to address the 3Ps: People, Place, and Purpose.
- Explore collaboration with existing systems to ensure crisis response staff across the continuum have access to a coordinated system for referrals, tracking, and follow up.
- Partner with organizations that are deeply connected to their communities to identify opportunities to fund programs that are responsive and effective in addressing the 3Ps.

Addressing Homelessness

- Explore the potential of developing street medicine teams providing behavioral health services to stave off behavioral health emergencies upstream.
- Collaborate to address the needs of people receiving behavioral health crisis services who lack housing.

In California, more than two-thirds of street medicine programs diagnose and treat mental health conditions and substance use disorder, with 60% providing medication-assisted therapy. The majority provide primary care services.



HOMELESS
AND
HUNGRY

Conclusion

Transforming Crisis Care in Palm Beach County

Successful implementation will require the **coordination and cooperation of all parties** involved in the delivery of behavioral health care in Palm Beach County.

The Health Care District can serve as a **convener to support accountability and data transparency and ensure sustainability.**

