

Bob Dixon
Presiding Commissioner

Harold Bengsch
1st District Commissioner

John C. Russell
2nd District Commissioner



Shane Schoeller
Clerk of the Commission

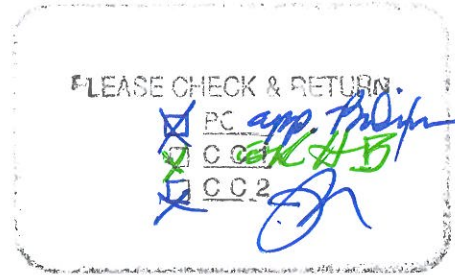
Christopher J. Coulter, AICP
County Administrator

Megan Applegate
Executive Assistant

COUNTY COMMISSION
Greene County, Missouri
(417) 868-4112

Greene County Commission
Commission Briefing Minutes

Friday, November 01, 2019
09:00 AM
Historic Courthouse
Room 212
940 N Boonville



Attendees: Bob Dixon, Harold Bengsch, John Russell, Chris Coulter, Megan Applegate, Melissa Denney, Larry Woods, Rick Artman, Crystal Richards, Sheriff Jim Arnott, Jeff Bassham, Jr. Webb, Zim Schwartz, Clay Goddard, Katie Towns, Shawn Sando, Carmen Park-Bradshaw and Jason Wert.

Informational Items

E-911 Director Zim Schwartz updated Commission that the 911 office is currently working on their CLEA accreditation and estimates that they are about 12% out from completion. At the end of 2019 or beginning of January 2020 911 will have a mock assessment.

OEM Director Larry Woods stated that over 10,000 people have been through the OEM doors so far in 2019. The new deputy director will start November 18th. Woods stated that recently OEM hosted 40 Chinese delegates. Woods is working with the City of Battlefield to help resolve a siren issue.

(EX1) Health Department Director Clay Goddard updated numbers on the Hepatitis A outbreak. 50 confirmed cases in Greene County YTD. Over 1700 vaccines have been administered. Goddard gave a number update on the recent overdoses in Springfield, 50 overdoses have been confirmed and approximately 4-6 deaths have occurred. Carmen Park-Bradshaw introduced herself as the Chief Administrative Officer/Chief of Staff for Burrell, she introduced her colleague Shawn Sando Executive VP of programs. Sando explained that Burrell is interested in creating a Rapid Access Treatment Center, Sando provided each commissioner with a proposal and explained and highlighted the purpose of a center, background information, research and overview of other like centers in the U.S. Sando explained that the center would cost approximately \$3.5 million yearly and would ask that Greene County pay \$1.5 million per year to help provide the core infrastructure necessary to allow Burrell to meet the initial need and over time, increase the capacity.

Items for Consideration and Action by the Commission

(EX2) Disaster Debris Removal Services, Purchasing Office Melissa Denney presented the contract for disaster debris removal services to the Commission. Commissioner Harold Bengsch moved to approve the contract for disaster debris removal with company Crowder Gulf. Commissioner John Russell seconded the motion and it passed unanimously. Yes: Dixon, Bengsch and Russell. Nay: none Abstain: none Absent: none.

(EX3) MoDOT/Greene County/BNSF RR Agreement Rick Artman presented the Commission with the Agreement. Commissioner John Russell moved to approve the MoDOT, Greene County and BNSF RR Agreement. Commissioner Harold Bengsch seconded the motion and it passed unanimously. Yes: Dixon, Bengsch and Russell. Nay: none Abstain: none Absent: none.

Other:

Discussion Item: Sale of Greene County Surplus Property. Purchasing Director Melissa Denney explained that currently there is a policy in place that prohibits individuals in a particular department being able to buy at auction or place bids on items that come from their respective department. Denney explained that at time it is very hard to track and validate this. Denney also explained that the city of Springfield bars all employees from being able to buy anything regardless of department worked in. Commission request that Denney reach out to the city and find out more information as to why they chose this particular avenue and to bring back some additional options to the Commission to get a formal updated policy on the books.

Discussion Item: Tobacco 21 Clay Goddard gave Commission an update on how the policy is being handled in the City of Springfield. Goddard explained that the 1st 6 months they focus on education to the public and to retail establishments. After the first year they work on compliance of the new ordinance. Discussion of other cities and counties considering doing the same thing ensued.

Sheriff Jim Arnott informed Commission that one October 31st his deputies visited 853 sex offenders to make sure they were in compliance of the laws, they found 42 individuals were not compliant and they were unable to visit 7 offenders. Current jail population is 913 inmates with 156 housed out of county.

With no other business the meeting was adjourned.

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REVISED Commission Briefing Agenda

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Informational Items

E-911
OEM
Purchasing
Health Department

Items for Consideration and Action by the Commission

Disaster Debris Removal Services, Purchasing Office
MoDOT/Greene County/BNSF RR Agreement

Other:

Discussion Item: Sale of Greene County Surplus Property
Discussion Item: Tobacco 21

REVISED 10/30/2019@10:33 AM

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Rapid Access Treatment Center (RATC) Proposal

Burrell Behavioral Health

October 2019

PURPOSE

Burrell Behavioral Health seeks to build a sustainable framework for providing easy, immediate access and early intervention for behavioral health and substance-use crises via a *Rapid Access Treatment Center (RATC)* approach. This concept will give first responders immediate access to a 24/7 crisis-stabilization facility staffed by Burrell. Our end goals are to provide faster, more effective service to our community while reducing unnecessary incarcerations and hospitalizations, which will help maximize resources for both medical systems and taxpayer-funded entities.

BACKGROUND

Over time, behavioral health resources and services have dramatically shifted from institutional (psychiatric) care to community-based care, accompanied by a significant decline in available inpatient psychiatric beds in Missouri. An unfortunate consequence of this shift is a persistent gap in emergency behavioral health crisis services. This gap has created a community crisis throughout southwest Missouri, with hospital Emergency Departments (EDs), county and city jails, law enforcement officials, and other first responders struggling to meet the demand for fast and effective intervention. This follows trends observed on the state and national levels, and presents us with a unique opportunity to develop a sustainable model that could serve as a catalyst for other communities.

Emergency Departments have become the primary outlet for behavioral health and substance-use crises, but they are overburdened by the volume of need, inadequate staffing, limited staff specialization (i.e. psychiatry), and diminishing inpatient capacity. This leads to longer wait times for patients and first responders who are forced to await a disposition while EDs rightfully prioritize life-threatening medical conditions. This chain reaction of delay inevitably increases costs to healthcare and emergency response systems while limiting progress in addressing other basic community health and economic indicators. These issues are compounded in Greene County, where citizens from surrounding areas often seek services from Springfield's relatively larger continuum of medical and behavioral healthcare options.

Data from the 2019 Community Mental Health and Substance Abuse Needs Assessment, completed by the Springfield-Greene County Health Department in April, help quantify the need for rapid access to treatment. Suicide accounts for between 15% and 20% of deaths among people under age 30 (higher than state and national averages), while depression rates (36.7%) also are higher than the U.S. average. Perhaps not surprisingly, more than half (52.2%) of surveyed stakeholders identified crisis services among the most important local needs. More recently, public health officials and local EDs have reported 40-plus drug overdoses, with several deaths, in our community over just the last few weeks.

The need for improvements in our response to these crises is clear. Also clear is the fact that the current system of public institutions and emergency medicine shouldering the burden of this epidemic is not sustainable economically or for the health of our citizens.

We believe a Rapid Access Treatment Center (RATC) could help provide the solution.

Communities that have initiated RATCs are building a *more appropriate* routing system for behavioral health and substance use crises. The immediate and long-term benefits of these community resources are evident to health systems, taxpayer-funded intervention systems, and citizens alike.

RESEARCH & MARKET OVERVIEW

A growing number of communities throughout the United States are adopting Rapid Access Treatment Centers (RATCs). The most prominent such center in Missouri is operated in Jackson County by ReDiscover. A similar center is operated by Edgewater Health in Gary, Indiana. On Oct. 16, a coalition of Greene County stakeholders visited this center and met with state and national lawmakers, executives and staff from the center, and local community leaders to learn from their experience and to help determine the best funding models and program details. An additional trip is scheduled to a similar facility in Wichita, Kansas, a trip that should take place before the end of November. Having consulted with these and other RATCs, it is clear such a center provides the strongest means of providing safe, efficient and high-quality support to those on the front lines of Greene County's behavioral health and substance-use response – namely law enforcement, EDs, and jails.

Adults served at a RATC would be those identified as *not* requiring immediate medical stabilization or incarceration. Studies published by the Substance Abuse and Mental Health Services Administration (SAMHSA) show that 24-hour crisis stabilization centers may reduce unnecessary hospitalizations by nearly 50%, a substantial improvement for all Greene County behavioral health and substance use responders. **In terms of dollars and cents, a SAMHSA study found that the net return for behavioral health crisis stabilization services was approximately \$2.16 dollars for every dollar invested.**

While the benefits of operating a RATC are clear, substantial funding gaps exist. Having reviewed RATCs, as well as existing networks of care within Greene County, Burrell recommends a facility and staffing plan sufficient to provide immediate emergency care to more than 5,000 adults per year. The estimated operational cost of such a RATC for Greene County is \$3.5 million per year. This estimate covers the necessary clinical and support staff, as well as all infrastructure-related costs, to serve these 5,000 adults per year (many of which may visit more than once per year). This is why every RATC we have researched sustains itself through multiple sources of funding, several of which are shared investments between public and private partners. **Therefore, Burrell is requesting \$1.5 million per year to help provide the core infrastructure necessary to allow us to meet the initial need and, over time, increase our capacity.**

PROPOSAL SPECIFICS

An emergency behavioral healthcare alternative to the hospital Emergency Department (ED) for individuals whose presenting problem is primarily psychiatric and/or substance use (including opioid use) would require the following:

- A 23-hour assessment, observation, stabilization, and treatment service for adults with an acute psychiatric and/or substance use disorder;
- 24/7 staffing by a multidisciplinary team of psychiatrists, nurse practitioners, nurses, licensed mental health professionals, community support workers, peer support specialists, and support staff; and
- Care coordination and integration with public health officials and health system partners for appropriate follow-up care in the community.

The Rapid Access Treatment Center (RATC) would be located at Burrell's Park Center Detox Facility, located at 800 S. Park Avenue in Springfield. Park Center is currently a 40-bed facility that provides social-setting detoxification and residential treatment services for people with substance use disorders, including opioid use disorder. The building would require some minor physical plant improvements. The RATC would accept law enforcement referrals, walk-ins, or direct referrals from public health officials and health system partners 24 hours a day, 365 days a year. RATC staff would triage all adults in less than 30 minutes in order to determine whether they meet program criteria. It is important to note the RATC would *not* be a psychiatric inpatient facility; rather, it would *immediately* provide stabilizing care such as peer recovery, therapeutic support and psychotropic medication, while simultaneously serving as an improved and specialized *routing system* to connect individuals to their appropriate level of care. Meanwhile, Eligibility Specialists would assist the qualified uninsured in securing Medicaid coverage.

The staffing matrix becomes critical in ensuring high-quality delivery of care while remaining financially sustainable. The entire program will employ more than 40 full-time staff, including the oversight of a Medical Director and psychiatric nurse practitioners for every shift. In addition, nurses, mental health clinicians, mental health technicians, community support specialists, peer support specialists, security officers, evaluators, and other critical support service roles will be needed to provide a 24/7 rapid-access model. Therefore, estimated payroll expenses exceed \$3 million per year. One of the deterrents to developing a crisis stabilization center is the long-term financial viability; however, our proposal would overcome this obstacle if offered the opportunity for tax-funding assistance from county government for this important public-private partnership.

We would measure the success of the RATC with the following key performance indicators (KPIs):

- Prompt assessments for individuals experiencing psychiatric emergency (less than 30 minutes from presentation);
- Diversion from unnecessary hospitalizations;
- Reduction in non-urgent emergency department visits where behavioral health or social needs are the primary urgent diagnostic area;
- Rapid stabilization of psychiatric and psychosocial symptoms (less than 24 hours from presentation);
- Improved efficiency of law enforcement and emergency management services (EMS) personnel;
- Decreased incarcerations; and
- Continuous performance improvement through extensive tracking of outcomes and follow-up after RATC stabilization.

CONCLUSION

The importance of a Rapid Access Treatment Center (RATC) in Greene County cannot be overstated as a means to improving our community's health and safety. This is evidenced by results of the Springfield-Greene County Mental Health and Substance Abuse Needs Assessment, research of the benefits of RATCs, and other national data. A shared commitment to funding crisis stabilization services is essential to addressing our behavioral health needs.

There are already strong partnerships in place among Greene County stakeholders, including healthcare and behavioral healthcare agencies, substance use treatment facilities, schools, and city and county municipal services such as law enforcement entities and the health department. In an otherwise robust framework of support, the lack of a clearly defined and efficient pathway to care for behavioral health and substance use crises is an unacceptable barrier.

We should have a higher standard. We believe a RATC will fill this need and measurably improve the lives of countless individuals in southwest Missouri. For these reasons, it is our pleasure and privilege to propose the initiation of a RATC for Greene County, with your support.

We hope this information is helpful. If we can provide any additional clarification or data to support this very important decision, please do not hesitate to contact us.

Best Regards,

A handwritten signature in black ink, appearing to be 'C.J. Davis', with a stylized, cursive script.

C.J. Davis,
President & CEO
Burrell Behavioral Health