

**JOURNAL OF CITY COMMISSION WORK SESSION**  
**March 2, 2021**

City Commission Work Session  
Civic Center Gibson Room 212

Mayor Kelly presiding

**CALL TO ORDER: 5:30 PM**

Due to the COVID-19 health concerns, the format of the City Commission Work Session was held in a virtual video-conferencing environment.

**ROLL CALL/STAFF INTRODUCTIONS:** City Commission members participated electronically via Zoom Webinar: Bob Kelly, Tracy Houck, Mary Sheehy Moe, Owen Robinson and Rick Tryon. City Staff participating electronically were: Deputy City Manager Chuck Anderson and City Attorney Sara Sexe. City Manager Greg Doyon, Fire Chief Jeremy Jones, Municipal Court Judge Steve Bolstad and Police Captain John Schaffer were present in the Gibson Room, and Deputy City Clerk Darcy Dea was present in the Commission Chambers.

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 as follows:

- 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.
- 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.
- Provide public comments in writing. Submit comments via mail addressed to City Clerk's Office, PO Box 5021, Great Falls, MT 59403 or by email to: [commission@greatfallsmt.net](mailto:commission@greatfallsmt.net) by 12:00 PM the day of the meeting.
- The agenda packet material is available on the City's website: <https://greatfallsmt.net/meetings>. The Public may view and listen to the meeting on cable channel 190, or online at <https://greatfallsmt.net/livestream>.

**PUBLIC COMMENT**

None.

1. **ALLUVION HEALTH – CRISIS INTERVENTION PROGRAM**

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City Manager Greg Doyon explained that the Comprehensive Community Wide Crisis Intervention Program (CIP) is timely.

Alluvion Health Chief Executive Officer (CEO) Trista Besich introduced Chief Clinical Officer Dusti Zimmer, Chief Strategic Officer Casey Schreiner, Chief Financial Officer Pat Woodall and Chief Development Officer Tanya Houston.

CEO Besich reviewed and discussed the attached PowerPoint presentation which included crisis intervention project charter, current resources, history of crisis diversion, crisis intervention program, strategic overview, development of charter, project charter, scope of charter project, workgroups, proposed scope of services, impact of jail diversion, impact of crisis response, mobile response team, mental health court, data and analytics, timeline and the strengths of this project.

Commissioner Houck received clarification that there is no state statute that requires the City to have a Crisis Intervention Program (CIP). She commented, however, that the community needs a CIP.

Commissioner Robinson received clarification that the CIP combines the best components of existing programs along with other successful statewide programs.

Commissioner Tryon commented that he sees tremendous potential and benefit with regard to the program. He inquired about similar programs in other states, as well as a commitment from taxpayers.

Commissioner Moe expressed concern with regard to the complexity of the project adding to the responsibilities that Alluvion already has.

Commissioners Moe, Robinson and Tryon expressed concern with regard to the CIP duplicating services already provided by the City.

CEO Besich explained that Alluvion coordinated with other providers to ensure that jail diversion services are not duplicated. The intent is not to compete with other agencies, it is to create a better referral network, as well as a better care coordination system to support communication between all of the agencies involved. The scope of services that the CIP primarily revolves around is jail diversion, a mobile response team and formalizing Mental Health Court. The full scope of the CIP for year one is estimated to be approximately \$580,000. She explained that Alluvion acquired funding from other sources and is in the process of applying for county matching funds; however, taxpayer dollars may be needed. She requested that the City Commission participate as a Key Stakeholder in the project charter and work towards formalization of the CIP.

Mayor Kelly inquired about a letter sent from Alluvion Health to the Center for Mental Health stating that Alluvion would no longer be able to provide daytime call coverage for the Crisis Response Team (CRT).

CEO Besich responded that Alluvion provides 50 percent coverage for the Center for Mental Health's CRT and would not be able to continue to staff the CRT for both Alluvion and the Center for Mental Health. She explained that she would not exclude the Center for Mental Health's CRT from participating in the program; however, the Center for Mental Health has withdrawn its interest in the program.

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Alluvion Chief Clinical Officer Dusti Zimmer commented that CIP training provides an opportunity to utilize skills. She added that the capacity the City and County have taken with regard to its passion for mental health treatment and public safety is humbling.

Mayor Kelly reported that recently in Helena, County Health Officers were under attack by elected officials who claim to have more knowledge about public health than Health Officers. He commented that public health decisions and policies should be made by qualified health professionals, not elected officials.

Police Captain John Schaffer commented that the Police Department has seen significant results and improved outcomes with regard to working with the CRT. He expressed support with regard to the proposed CIP as well as the existing partnerships.

Municipal Court Judge Steve Bolstad commented that the proposed CIP could be a model for what is needed in this country. He added that there is a need for the CRT to deal with certain issues, rather than tying up law enforcement. Judge Bolstad explained that the Mental Health Court situation in the Eighth Judicial District is nebulous and the proposed plan would consolidate it.

Appearing telephonically via Zoom was **Sheriff Jesse Slaughter**, Cascade County Sheriff's Department, commenting that 93 percent of mental health services are being utilized by the City with 100 percent of them ending up in the Cascade County jail. He added that the Jail Diversion program is critical for the City, as well as Cascade County, and he urged the Commission to support the CIP.

Appearing telephonically via Zoom was **Chief Executive Officer Sydney Blair**, Center for Mental Health, explaining that the Center for Mental Health was awarded a \$4 million Certified Community Behavioral Health Clinic Expansion grant that could be utilized for funding. Ms. Blair clarified that the Center for Mental Health's CRT is interested in partnering with Alluvion Health.

**DISCUSSION OF POTENTIAL UPCOMING WORK SESSION TOPICS**

It was the consensus of the Commission that City Manager Doyon send a letter to the Office of the Governor with regard to the City's status inquiry about the Proposed Madison Food Park Slaughterhouse Proposal.

Commissioner Moe requested that the Neighborhood Councils receive a copy of the letter as well.

Manager Doyon reported that Crime Task Force will be a topic for the March 16<sup>th</sup> work session as well as a Neighborhood Council #6 update.

**ADJOURN**

There being no further discussion, Mayor Kelly adjourned the informal work session of March 2, 2021 at 6:50 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 60% 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



## 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



## 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

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/commitals
- 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 Case Coordinators 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



## 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

