



## Barren River Area Crisis Services Transformation Committee



### **“The Power of the Committee is the Committee”**

I have said these words opening each meeting over the last many months. The Community Based Leadership Team, focused on transforming our mental health crisis services and substance abuse in our region, has developed over many months into an amazing group of local, state, and federal leaders alongside many stakeholders and our mental health services team at LifeSkills, Inc. This group originated from a conversation between myself, Judge Buchanon, and Mayor Alcott to proactively address the growing mental health, substance abuse, and homelessness in our community.

We all agreed, as our region is experiencing exponential growth, the need to transform how we handle our citizens in crisis was of utmost importance. The Mayor instructed me to form an exploratory committee that has blossomed into a working group of 20 plus elected officials, mental health professionals, law enforcement, jail personnel, healthcare professionals, and judicial representation. All these individuals share the same goal and vision, *to transform how we address our citizens experiencing a mental health crisis to allow for the best possible potential outcomes.*

Our approach has been somewhat modeled after a facility in Nashville, TN that most of our committee have visited and toured. With the model we have designed, a person in crisis can receive immediate treatment while in most cases bypassing the criminal and judicial systems as well as our hospital emergency rooms. Allowing someone to receive immediate treatment in a mental health/substance abuse facility puts them with professionals who are trained to provide these services and allow our jail and our law enforcement officers to focus on what they are trained to do. All of this can refocus the resources spent on our jails, law enforcement and our judicial system to target the person in crisis, allowing for a greater chance of a positive outcome and a more productive citizen.

We as a committee feel that this regional model will free up space in our jails and courthouses, decrease our law enforcement involvement with mental health issues and allow for proven and successful targeted interventions by behavioral health professionals. Further, when implemented we feel that this strategy can and will become the standard for our Commonwealth.

Thank You,

Sue Parrigin, PhD.  
Bowling Green City Commission/Mayor Pro Tem



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### Executive Summary

The Commonwealth of Kentucky has had a crisis services continuum in place for decades. The care system currently includes crisis/suicide hotlines, outpatient-based, inpatient-based services and mobile teams. Over the last few years however, several factors have led to an increased demand for mental health and substance use disorder services across the country. Locally we have experienced these same increases in both occurrences and in acuity. As a result, our current system is challenged and needs innovation to meet the needs of our growing community. This group of stakeholders are examining the investments needed for the crisis system in southcentral Kentucky so that we may increase access to care, provide stronger support to first responders, improve outcomes for individuals experiencing a behavioral health crisis and be good stewards of our community resources.

These challenges are not unique to our communities, however. Emergency departments, law enforcement agencies and behavioral health systems are overwhelmed and accordingly, people in need are not always able to access treatment in the most effective, efficient and therapeutic environment. Each individual component of our current system is doing what it can for these individuals experiencing a crisis, but the absence of a single point of entry and overall coordination makes it difficult to utilize our community resources and expertise to its fullest.

With that said, this region has recognized the need for an improved crisis system and created this committee with a track record of collaboration, forward-thinking and problem solving acumen. Kentucky has much of the foundation needed for an advanced, best-in-class, crisis services system. What we lack is a front-door, single point of access to our crisis services. Creating a facility like this would allow law enforcement, EMS and others to have a reliable location to take individuals experiencing a crisis. It would help ensure those with high acuity needs are able to access appropriate treatment and help reduce the overcrowding of our jails, emergency departments and reduce referrals to our state psychiatric hospitals.

*Note: In this document, the term “Behavioral Health” will include both Mental Health and Substance Use Disorders and services.*

### Crisis Services Solution for South Central Kentucky



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### **First Responders**

Often times the first responder to a behavioral health emergency are law enforcement personnel, which can create a risky environment for the individual in crisis and the responding officer. It is estimated that nearly 20% of the officer-involved shooting fatalities nationally are behavioral health related.<sup>1</sup> Locally, many law enforcement agencies have partnered with their Community Mental Health Center (CMHC) to establish Crisis Intervention Teams (CIT) and engage in Mental Health First Aid training to provide officers with tools and resources to de-escalate the person in crisis and help connect them to treatment instead of arrests. Once arrested, many individuals may not receive the clinical treatment needed, are incarcerated longer and at a higher cost. After release, it can also be difficult to secure housing and employment due to their criminal record.

Our local law enforcement community has embraced many best practices in behavioral health crisis services. We have many regional police departments participating in the Crisis Intervention Teams training and certification. These groups meet regularly to troubleshoot problems and foster collaboration across agencies and communities. Specifically, the Bowling Green Police Department has every officer complete the CIT training and is one of the largest police departments in Kentucky to do so.

Recently, the Warren County Sheriff's Office partnered with LifeSkills, Inc. to create a co-response unit. This pilot program was one of seven grants awarded in the Commonwealth and will pair behavioral health professionals with law enforcement personnel to respond to events as appropriate.

### **Behavioral Health Crisis System**

LifeSkills, Inc. is the Community Mental Health Center (CMHC) for the ten-county Barren River Area Development District (BRADD). As the region's CMHC, LifeSkills provides a variety of crisis services described here. Crisis evaluations are available 24/7 to individuals who walk into the LifeSkills crisis facilities. Mobile crisis services are provided for people at local hospitals or other public locations believed to be safe and secure. Presently, these evaluations are most often conducted via telehealth in our post-COVID environment. Prior to the pandemic, staff would travel across the region to the designated locations. LifeSkills plans to increase the capacity of its mobile crisis services to include dispatching to individual homes and other community locations.

These evaluators also complete 202A involuntary hospitalization assessments, which occur significantly more often in the BRADD region. LifeSkills and the Warren County Sheriff's Office have also established a co-response program utilizing clinicians to provide crisis intervention support and follow up services. Also part of the current crisis services continuum is an eight-bed crisis stabilization unit for adults and a ten-bed crisis stabilization unit for youth. This level

of care is utilized for stabilization when the individual's symptoms are not critical enough for hospitalization. In addition to these services, LifeSkills also has an Assertive Community



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Treatment Team (ACT) that focuses on intensive community-based services for individuals who are at a high risk for hospitalization and/or readmission.

### Our Solution

#### A Single Point of Entry Facility

Short-term, facility-based crisis services are a critical component to a best-in-class crisis services system needed to provide comprehensive care for those in need. A crisis continuum operates best with a 'front door' facility with the mission of accepting individuals in crisis from wherever they may come from, to provide a safe, secure environment for the crisis to be resolved while a person-centered, vigorous clinical evaluation and treatment plan are developed. This crisis facility would have the ability to quickly triage, assess and initiate treatment in a safe location. After the crisis is stabilized and treatment needs identified, the crisis facility would engage with treatment providers in the community to continue care for the individual. Throughout this process, the individual's needs, the community's resources and safety are coordinated to ensure the best possible outcomes.

This facility must:

1. Be the primary location for first responders, including law enforcement, to bring individuals in a behavioral health crisis
2. Have the capacity to handle the volume for the Barren River Area Development District
3. Be multi-faceted so that all levels of care are met in environments appropriate for the need of the individual
4. Have basic medical services available to reduce the need for transports to/from hospital emergency departments for medical clearance when required
5. Be secure and safe for everyone involved including staff, recipients of care and first responders
6. Handle acute mental health and substance use disorder needs at the point of crisis
7. Have reliable referral options to community-based hospitals and outpatient providers for ongoing services after the crisis is stabilized

Additional elements recommended:

- Recognize law enforcement and first responders as a 'preferred customer'
  - To encourage treatment vs. arrest, the crisis system should make it quick and easy for law enforcement to bring individuals to the facility
  - The crisis system should utilize the 'no wrong door' approach of never turning law enforcement officers away
  - Establish a drop off time of 60 minutes or less



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- Limit exclusionary criteria based on behavioral acuity, agitation, co-occurring substance use or legal status because these individuals receive the best care in a specialized crisis setting
- Thorough clinical assessment, rapid initiation of treatment and robust discharge planning in collaboration with community partners across the continuum
- Staff consisting of a multi-disciplinary team of medical providers, crisis therapists, nurses, behavioral health technicians and peer support specialists
- A specialized, intentional facility design that allows for continuous visualization to ensure safety and provides the opportunity for interpersonal interaction and team collaboration
- Time-limited 'bridging' services for patients who need care until they can be connected to regular community-based outpatient care
- Contain both locked and unlocked settings so those that are less acute, but at risk of deterioration, can be seen in an unlocked setting.

### Committee Recommendations

By July of 2025, construct a single point of entry facility that can serve as a 'front door' for an advanced crisis services system for the Barren River Area Development District. This catchment area would include Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson and Warren Counties.

The facility would have the capability to accept, hold, assess, treat and refer persons in crisis across the acuity continuum, including those experiencing substance use disorders. These services would be available to anyone, regardless of their ability to pay. This facility would also create a positive impact within the southcentral Kentucky region in the areas of law enforcement, jails, judiciary, and hospitals. If implemented, this model can provide an example replicable across the Commonwealth.

The project can be constructed on land already owned by LifeSkills, Inc. on Lovers Lane. LifeSkills, Inc. is the Barren River Area's licensed, quasi-governmental, Community Mental Health Center and is a 501(c)3 tax-exempt organization. The facility would be designed to be the regional receiver of all behavioral health crisis referrals from first responder agencies, area hospitals and other providers in the behavioral health delivery system. The service array will be multi-faceted, person-centered and designed to effectively treat anyone with a behavioral health or substance use crisis in the Barren River Area Development District.

These services will be strongly connected with the region's larger system of care, including acute care hospitals, psychiatric hospitals and other community providers so that once a crisis is stabilized, ongoing treatment in the best setting for the individual can be transitioned as seamlessly as possible. It will ensure evidence-based, high-quality treatment and outcomes coupled with increased safety for the individuals and our communities.



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### Description of Services

This new facility should include at a minimum:

1. 23-hour observation unit
  - a. Locked, secured, safe and designed for person-centered care delivery
  - b. Able to accept and treat anyone with a behavioral health crisis need
  - c. Flexible to handle the variability associated with crisis services
2. Dually licensed medical detoxification beds
  - a. Provide medical detox services
  - b. Including medication assisted treatments if needed
3. Walk-In, unlocked, voluntary component
  - a. Entry point for those with less acuity who are in crisis
  - b. Would allow access to crisis system without engaging law enforcement or hospital systems
  - c. Allow for stabilizing individuals until their community-based treatment can begin
4. Adult Crisis Stabilization Unit (ACSU)
  - a. Ability to treat some individuals for longer than 23 hours in a structured, inpatient-like environment
  - b. This would be an unlocked, voluntary crisis stabilization unit with a short-term average length of stay
5. Have at least two entrances
  - a. One entrance for the public and walk-in services
  - b. One entrance designed specifically for first responders
6. Include space for case managers
  - a. Service as connectors to community based services
  - b. Ensure a 'warm handoff' with individuals transitioning from crisis services to follow up care
  - c. Help with connection to Medicaid, housing, IDs, and other services as needed
7. Have medical clearance capabilities
  - a. Ability to provide basic lab work and other medical services needed if transportation to state psychiatric hospital is required
  - b. Partner with Federally Qualified Health Center (Fairview Health) as appropriate
8. Access to Pharmacy Services
  - a. Partner with pharmacy company to provide access to pharmacy services to walk-in clinic, observation beds, medical detox and crisis stabilization services



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9. Include crisis service options for individuals that may also have an intellectual/developmental disability
  
10. Contain short-term, residential treatment for substance use disorders
  - a. Include distinct, licensed treatment beds for men
  - b. Include distinct, licensed treatment beds for women
  - c. Allows for individuals to transition directly to treatment from crisis services
  - d. Coordination with step-down programs in the community upon completion of treatment

**Estimating Need**

Community Mental Health Center Volume

**1. Involuntary Hospitalization Assessment (202A) Volume**

The ten-county region LifeSkills supports has consistently been a high outlier for 202A petitions and evaluations as a percentage of total population. This region makes up approximately 6% of Kentucky’s total population, however approximately 17% of the total 202A petitions in the Commonwealth come from the BRADD region. Of those, roughly 80% of the 202A petitions originate in Warren County. This equates to a higher percentage of individuals from the BRADD region with a behavioral health or substance use crisis may have police interaction that results in the individual placed into law enforcement custody for an evaluation.

**202A Evaluations Per  
Area Development District**

<b>Fiscal Year</b>	<b>Pennyrile</b>	<b>Green River</b>	<b>Barren River</b>	<b>Lincoln Trail</b>	<b>KIPDA</b>	<b>Totals</b>
FY 2020	460	705	1,142	184	1,090	3,581
FY 2021	438	535	1,243	199	1,123	3,538
FY 2022	435	439	662	164	1,265	2,965
FY 2023	417	401	1,161	134	872	2,985
<b>Totals</b>	<b>1,750</b>	<b>2,080</b>	<b>4,208</b>	<b>681</b>	<b>4,350</b>	<b>13,069</b>

**2. Adult Crisis Stabilization Unit Census Data**

Currently LifeSkills operates an eight-bed adult crisis stabilization unit that provides short-term, voluntary, residential crisis services for individuals 18 or older. The census for this program varies throughout the year, but the average daily census for both Fiscal Year 2023 and Fiscal Year to Date for 2024 has remained approximately 4.5.

**3. Mobile Crisis Services Data**



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Through the first six months of Fiscal Year 2024, the mobile crisis services team was dispatched 272 times. Additionally, over the same time period there were 368 individuals who voluntarily accessed walk-in crisis services through the adult crisis stabilization unit. Together, this would average 3.5 crisis interventions by this team each day.

These are important data points to consider because our community’s crisis services system should support the capacity needed by the region, when it is needed. We should think of our crisis services system in the same way we think of how our police departments, fire departments and EMS teams are staffed and funded.

Western State Psychiatric Hospital Volume

Western State Hospital (WSH) is our state psychiatric hospital that serves the Purchase, Pennyriple, Green River and Barren River Area Development Districts. If individuals from these 34 counties are evaluated for an involuntary psychiatric hospitalization, this is the hospital they are transported to for treatment.

The facility is located in Hopkinsville and was constructed in 1854. It is one of four facilities operated by the Cabinet for Health & Family Services across the Commonwealth. The Community Mental Health Center for each Area Development District have strong, collaborative relationships with WSH and work closely to ensure appropriate referrals for admission and follow up care after discharge.

For the Barren River Area Development District, there were 643 admissions made in 2023 at Western State Hospital. Of those 643 admissions, 257 were for a standard 72-hour hold. Over the same period of time, there were a total of 1,389 admissions to WSH from all areas. The Barren River Area Development District accounts for approximately 46% of all admissions to the facility.

**Western State Hospital  
2023 Data - 72 Hour Hold Data**

2023 Total 72 Hour Holds - Region IV	257
2023 Estimated Bed Days for 72 Hour Holds	771
2023 Average Cost Per Day - WSH	\$ 994.34
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2023 Estimated Cost - 72 Hour Holds	\$ 766,636
Reduce Total 72 Hour Holds by: 10%	26
Estimated Reduction in WSH Bed Days	78
2023 Average Cost Per Day - WSH	\$ 994.34
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Estimated 72 Hour Hold Cost Reduction	\$ 77,600





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The average cost per day at Western State Hospital for Fiscal Year 2023 was \$994.34. For 2023 the total estimated cost for individuals admitted only for a 72-hour hold from the BRADD region was \$766,636.

**Bowling Green Police Department Volume**

The primary law enforcement agency to respond to behavioral health emergencies in most communities is typically the local city police department. For 2023, the Bowling Green Police Department made a total of 943 service call responses for Emergency Mental Health Detentions (EMD). For those service calls, the officers involved spent 3,556 hours of time for an average total involved time of 3 hours, 46 minutes per EMD response. While it varies from day to day, for 2023 the Bowling Green Police Department averaged 79 EMD calls and spent 296 man hours responding to those calls per month. Over the course of the year, the estimated cost for the time only is \$184,385 for the City of Bowling Green.

**Bowling Green Police Department  
2023 First Responder Volume**

2023 Total EMD Calls	943
Average Officer Time Per Call (H:MM)	3:46
<b>Total Estimated Time for EMD Calls</b>	<b>3556:07</b>
<b>Estimated Time for EMD Calls in FTEs</b>	<b>1.71</b>

Reduce Average Officer Time Per Call to 1 Hour	943:00
Difference in Total Time for EMD Calls	2613:07
Average Hourly Rate as of July 1, 2023	\$ 51.85
Estimated BCPD Time/Cost Reduction	\$ 135,490

Reduce Average Officer Time Per Call to 10 Min.	157:10
Difference in Total Time for EMD Calls	3398:53
Average Hourly Rate as of July 1, 2023	\$ 51.85
Estimated BCPD Time/Cost Reduction	\$ 176,232



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Warren County Sheriff Office Volume

While the first responders to most behavioral health crisis situations are the city police departments, once the 202A evaluation is complete LifeSkills, Inc. has contracted with the Warren County Sheriff’s Office to transport individuals certified for involuntary hospitalization to Western State Hospital in Hopkinsville. This is unique to the BRADD region, but has served the area well over the last several years.

For 2023 the Warren County Sheriff’s Office made 558 EMD transports to Western State Hospital. For those transportation calls, the deputies involved spent 2,704 hours of time for an average total involved time of 4 hours, 51 minutes per EMD transport. While it varies from day to day, for 2023 the Warren County Sheriff’s Office averaged 47 EMD transports and spent 225 man hours responding to those calls per month. Over the course of the year, the estimated cost for the time only is \$51,376 for Warren County.

In addition to the EMD transports, Warren County Sheriff Deputies also responded to other behavioral health related service calls that did not result in an EMD transport. For 2023, there were 304 hours spent on those service calls by the Warren County Sheriff’s Office.

**Warren County Sheriff's Office  
2023 First Responder Volume**

2023 Total EMD Transports		558
Average EMD Staff Time Per Transport (H:MM)		4:51
<b>Total Estimated Time for EMD Calls</b>		<b>2704:00</b>
<b>Estimated Time for EMD Transports in FTEs</b>		<b>1.30</b>
Average Hourly Rate as of July 1, 2023	\$	<b>19.00</b>
Average Deputy Time Per Transport (H:MM)		4:51
Estimated WCSO Time/Cost Per Transport	\$	92.00
Reduce Annual EMD Transports by 10%		56
Estimated WCSO Time/Cost Reduction	\$	5,152

Warren County Regional Jail Volume

Unfortunately, we acknowledge the largest behavioral health facilities in our state are our jails and prisons. Locally, the Warren County Regional Jail (WCRJ) had an average daily census of 638 with a monthly high of 731 and a monthly low of 620. Based on data from the WCRJ medical staff, it is estimated that almost 90% of the inmates have a past or present substance



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use disorder and/or a mental health disorder. By utilizing the service delivery system outlined in this proposal, we can provide clinical intervention at the point of the behavioral health crisis that can prevent unnecessary incarceration for some individuals. Using the data provided by the WCRJ, for every 1% decrease in the annual average daily census, the cost can be reduced by approximately \$111,500.

**Warren County Regional Jail  
2023 First Responder Volume**

2023 Total Census Days (Rounded)	232,800
Estimate of Behavioral Health Deferral %	1%
 Estimate of Census Days Deferred	 2,328
Estimate Cost Per Day - WCRJ	\$ 47.90
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<b>Estimated Cost Deferral (Rounded) per 1%</b>	<b>\$ 111,500</b>

**Projected Crisis Volume**

The tables below outline the most recent census data for the BRADD region and the census increases/decreases projected over the next 30 years. The overall population of the region is projected to increase from 312,062 in 2020 to 398,393 by 2050. For this proposal, we want to design a crisis services system that will be able to manage the current projected volume, but also grow with the community over the next few decades.

**Barren River Area Development District (BRADD)  
Population Growth Estimates**

County	Current	2030	2040	2050	% Change
Allen	20,588	21,496	21,905	22,029	7.00%
Barren	44,485	46,488	47,463	49,045	10.25%
Butler	12,371	12,254	11,906	11,554	-6.60%
Edmonson	12,126	11,956	11,003	10,498	-13.43%
Hart	19,288	20,179	20,909	21,817	13.11%
Logan	27,432	27,857	27,589	27,193	-0.87%
Metcalfe	10,286	10,193	9,916	9,564	-7.02%
Monroe	11,338	11,463	11,422	11,428	0.79%
Simpson	19,594	21,706	23,784	25,968	32.53%
Warren	134,554	156,715	181,295	209,297	55.55%
<b>Total</b>	<b>312,062</b>	<b>340,307</b>	<b>367,192</b>	<b>398,393</b>	<b>27.66%</b>

**Note:**

- Current population data via the 2020 U.S. Census Report
- Projected population growth based on study conducted by BRADD



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The projected crisis encounter data is based on study conducted by the National Council for Mental Wellbeing as referenced in their landmark report “Roadmap to the Ideal Crisis System” and the data and crisis experiences from the Connections Health Group. Following that methodology, the predicted crisis encounters for a community or region would be 500 presentations for service per month for every 250,000 people. Utilizing those ratios, the expected crisis encounters for the BRADD region would be approximately 21.3 per day. To account for the region’s projected population growth, we can further extrapolate the growth in crisis encounters to 24.5 by 2040 and 26.6 by 2050 (see next tables).

<b>BRADD County</b>	<b>2020 Census</b>
Allen	21,275
Barren	44,854
Butler	12,295
Edmonson	12,269
Hart	19,600
Logan	27,877
Metcalfe	10,370
Monroe	11,355
Simpson	19,949
Warren	139,843
<b>Total</b>	<b>319,687</b>

<b>Per National Council Crisis Study (Phoenix Model)</b>	
Catchment Area Population	250,000
Crisis Encounters Per Month	500
<b>1 Crisis Presentation Per:</b>	<b>500</b>

<b>Monthly Crisis Encounters Estimate Based on 2020 Census Data</b>	
BRADD Region Census	319,687
Crisis Encounters Per Month	639.4
Crisis Encounters Per Day	21.3
Crisis Encounters Per Shift	7.1



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<b>Crisis Encounters Estimate Based on Projected Population Growth</b>		
	<b>By 2040</b>	<b>By 2050</b>
BRADD Region Census	367,192	398,393
Crisis Encounters Per Month	734.4	796.8
Crisis Encounters Per Day	24.5	26.6
Crisis Encounters Per Shift	8.2	8.9
<b>Percent Increase from 2020 Census</b>	<b>14.9%</b>	<b>24.6%</b>

Over 40% of the region’s population reside in Warren County, with that proportion expected to increase to over 50% by 2050. With those demographics, Warren County would be the best location to house this crisis services system for the region.

### Measuring Success

There are varying standards nationally for measuring outcomes for crisis services systems, but Connections Health Solutions based in Phoenix, Arizona is considered the industry leader in this space. They have developed an outcomes measurement system for crisis services that have proven to be clinically meaningful and demonstrate value to payers and other stakeholders. Other communities that have developed crisis systems like this have adopted this set of outcomes and performance measurement and this new program should be designed to incorporate those parameters. Examples of the measurements include:

<b>Metric</b>	<b>Relevance &amp; Impact</b>
Urgent Care/Walk-In Door-to-Door Length of Stay	Individuals get their needs met quickly instead of going to an emergency department or allowing symptoms to worsen
23-Hour Observation Unit Door-to-Doctor Time	Treatment is started early, which results in higher likelihood of stabilization and less likelihood of assaults, injuries and use of restraints
23-Hour Observation Unit Community Disposition Rate	Most patients are able to be discharged to less restrictive and less costly community-based care instead of inpatient admission
Law Enforcement Drop Off Police Turnaround Time	If jail diversion is a goal, then police are a customer too and the crisis facility must be quicker and easier to access than jail
Patient Satisfaction Likelihood to Recommend	Services are designed such that most would recommend the facility to friends or family, even when brought by law enforcement
Return Visits within 72 Hours of Discharge from 23-Hour Observation Unit	People get their needs met and are connected to effective aftercare.



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Additionally we would recommend identifying metrics and performance measurements that are valuable to our city, county and state stakeholders. If they are not represented by the metrics developed by the Connections Health Solutions model, they would be added to the performance metrics utilized in this proposal.

### Estimated Costs

This committee has developed a cost estimate for the construction of the facility and a detailed cost analysis for the operation of the programs. The detailed cost projections are available separately. LifeSkills, Inc. has approximately six acres of property adjacent to their primary Community Mental Health Clinic location that could be used for this project. The land is in the Mount Victor healthcare development in Bowling Green. The current LifeSkills, Inc. facility offers a full complement of outpatient behavioral health services. The Mount Victor development currently has several key healthcare partners located nearby including Fairview Community Health (Federally Qualified Health Center), Rivendell (Intensive Outpatient Services), Department of Community Based Services, MedCenter Health Outpatient Clinic and the expansion location for Greenview Hospital, among others.

### Conclusion

The Commonwealth of Kentucky has the building blocks for a strong crisis services continuum of care and the communities represented in this proposal have a strong track record of collaboration and solving complex problems. While we have component parts of this ideal, best in class system, some of those facilities are outdated and unable to meet the needs of the growing community. What is needed is a new facility to serve as the 'front door' for the region's crisis services system. This new facility would consolidate the existing service components under a one roof and meet the needs of the key stakeholders identified in this proposal. Specifically, this new facility should:

- Accept individuals experiencing behavioral health crisis from first responders, hospital emergency departments and the community without diversions
- Provide thorough assessment, treatment and stabilization of the crisis in a safe, secure, recovery-oriented environment
- Be a point of access to care for persons who are not engaged in the behavioral health system
- Provide basic medical care that will allow admission of individuals with some medical conditions to reduce barriers to care and lessen the burden on local hospital emergency departments
- Provide medical clearance onsite for the crisis triage and evaluation procedures
- Execute collaborative agreements with other care providers in the system so that appropriate aftercare, whether inpatient or outpatient, is easily and reliably available



## Next Steps for Committee

### 1. Kentucky General Assembly

Share this proposal and analysis with members of the General Assembly with the specific ask of a line item budget request to help fund the project.

### 2. Staffing

The current staff and leadership at LifeSkills, Inc. are experienced, strong and will be an asset for this transformation. A detailed plan on how to recruit staff, manage, train and operate this new service offering is in development.

### 3. Licensure & Accreditation

Obtain Kentucky licensure for the medical detoxification beds proposed in the plan. Remaining licensure is already in place and included as part of the certification of LifeSkills, Inc. as a Community Mental Health Center with the Office of Inspector General. While not required, specific crisis services accreditation should be considered for best practices.

### 4. Building

The building plan, floor plan, equipment and outfitting will be modeled to ensure flexibility, safety and longevity. An independent design firm with this specific expertise should be secured to provide guidance.

### 5. Technology

The current Electronic Health Records system in place should be able to handle the complexity of the services proposed. Additional research will need to be conducted on the best way to connect and share data with the community partners and hospitals. Security for the facility and surroundings will also need to be upgraded to maximize safety for all parties. This would include security cameras and building access technology.

### 6. Community Support

Continue to communicate and education the key stakeholders in the BRADD region on how this new crisis system will integrate with existing healthcare providers and community resources. Specific work to connect with other behavioral health providers and hospitals in the region will be helpful.

### 7. Cabinet for Health & Family Services

Continue to work alongside the Cabinet for Health & Family Services and their new plan for behavioral health crisis services in Kentucky. Seek continued feedback on the clinical model and financial feasibility with the leadership team from the Dept. of Behavioral Health and Developmental & Intellectual Disabilities.



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### **8. Medicaid Managed Care & Health Plans**

Communicate and educate the Medicaid Managed Care Organizations (MCOs) and major health plans on this model. Seek their input on the service continuum and aggressively negotiate reimbursement contracts with all major payers.

### **9. Housing**

Partner with housing authorities, homeless and housing coalitions and recovery oriented housing organizations across the BRADD region to maximize the opportunities to connect with stable housing.

### **10. Transportation**

Partner with local transportation companies, medical transportation carriers and public transportation authorities to reduce barriers for transportation for individuals in need of crisis services and support. Additionally, continue to collaborate with the Warren County Sheriff's Office for transportation for involuntary commitment services.

### **Summary**

This new crisis services facility will ensure that individuals experiencing a behavioral health crisis are quickly evaluated, stabilized and connected to ongoing treatment with the right provider in the least-restrictive setting that can safely and effectively meet their needs. This will improve the safety and experience of the individual in crisis, but also for the community, caregivers and first responders. Additionally, reductions in hospital emergency room boarding and inpatient psychiatric admissions will result in more efficient use of those limited resources, creating capacity for those who truly need the higher level of care. These outcomes result in both better clinical care and utilization of taxpayer dollars.





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### **City Officials:**

Todd Alcott, Mayor – City of Bowling Green  
Sue Parrigin, Bowling Green City Commissioner & Mayor Pro Tem  
Jeff Meisel, Bowling Green City Manager  
Hillary Hightower, Bowling Green City Attorney  
Michael Delaney, Chief of Police, Bowling Green Police Department  
Brian Harrell, Deputy Chief, Field Operations, Bowling Green Police Department

### **County Officials:**

Doug Gorman, Warren County Judge Executive  
Bryan Downing, Warren County Deputy Judge Executive  
Brett Hightower, Warren County Sheriff  
Stephen Harmon, Warren County Jailer

### **State Elected Officials:**

Representative Kevin Jackson, House District 20  
Representative Robert Duvall, House District 17

### **Judicial System Officials:**

Kim Geoghegan, Judge – District Court, 8<sup>th</sup> Judicial District, Division 1  
J. B. Hines, Judge – Circuit Court, 8<sup>th</sup> Judicial District, Division 5

### **Healthcare & Industry Members:**

Amanda Havard, President, Oria Health  
Melanie Watts, Director of Community Engagement, LifeSkills, Inc.  
Karen Garrity, Executive Vice-President Behavioral Health Services, LifeSkills, Inc.  
Eric Hagan, Vice President – Rural Hospitals, MedCenter Health  
Eric Sexton, Executive Director, Barren River Area Development District  
Matt Hunt, Executive Director, Barren River District Health Department  
Joe Dan Beavers, President/CEO, LifeSkills, Inc.

## References & Acknowledgements



## Barren River Area Crisis Services Transformation Committee



The value in this proposal is that it has proven to be successful in other communities across the country. In researching solutions for these challenges, this committee was fortunate to have access to other organizations and communities that have successfully implemented this type of service continuum. We specifically want to recognize, acknowledge and thank these programs, communities and organizations for setting the standard for innovation in crisis services. Much of the path we are following for this proposal was forged by these organizations.

- Connections Health Solutions – Phoenix, Arizona
- Mental Health Cooperative – Nashville, Tennessee
- Franklin County Mental Health & Addiction Crisis Center – Columbus, Ohio
- National Council for Mental Wellbeing – Washington, D.C.
- Dept. for Behavioral Health, Developmental & Intellectual Disabilities – Frankfort, Kentucky

<sup>1</sup> [Police shootings database 2015-2024: Search by race, age, department - Washington Post](#) (as of 1/25/24)