

'Quantum leap' for mental health with new walk-in center

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Montrose Police Chief Blaine Hall recounted the “absolutely hellacious night” his patrol officers had March 26.

That night, the police juggled three simultaneous responses involving subjects experiencing mental health problems and substance intoxication. In one instance, dispatchers talked a person threatening self-harm into dropping his knife before officers arrived; he was taken to the hospital emergency room.

Now, however, there is another option for those experiencing a mental health crisis. On March 29, after a two-year process, The Center for Mental Health opened its 11-bed crisis stabilization unit and walk-in clinic at 300 N. Cascade Ave.

“This is really a quantum leap for better care,” Dr. Thomas Canfield, Montrose County coroner, said. Canfield is particularly concerned with suicides, which occur at a high rate on the Western Slope.

“We’ve had trouble getting suicidal (people) therapy and this can provide that. ... It will be a great improvement,” he said.

Hall said the facility will help people like the knife-wielding subject from March 26.

“He would have been a great candidate to go to the center to help release some of the burden toward the hospital,” the chief said.

As its name implies the walk-in crisis center serves both walk-in clients and patients needing up to five days of bed-care, as well as offers detox services. People do not need to be brought in by law enforcement or other first responders to access the services.

The emergency stabilization unit serves Montrose, Delta, San Miguel, Hinsdale, Gunnison and Ouray counties. It all came about through the collaboration of multiple entities and partners, including Region 10, which moved out of the Cascade Avenue address and into property The Center had initially purchased to make into a crisis unit.

The approximately \$3 million crisis unit project is supported by 24 founding donors and other funding. “It’s been a huge community collaboration from Day 1,” Shelly Spalding, Center for Mental Health CEO, said.

The crisis walk-in center won’t fill every gap in psychiatric services in the area, but it does meet some of the need and is expected to relieve some of the pressure on emergency rooms, which previously were among the few options for those in a mental health crisis.

Spalding said that as The Center for Mental Health’s board of directors gathered for a meeting a few days before the clinic opened, a man walked in seeking help.

"If we had any questions about whether this was needed, clearly it is," she said.

Pressure valve

Chief Clinical Officer Amanda Jones walked police officers and other first responders through the new facility's observation room, where people who likely do not need bed-care are assessed.

It is possible for people of any age to access this kind of walk-in care and those 15 and older can sign themselves in.

Clients who are deemed in need of bed care, which the crisis center can provide for up to five days, must be 12 or older. Those younger than 12 will be referred for hospital-level care. The center tries to connect with juveniles' families, and when a guardian cannot be reached, it coordinates with Health and Human Services.

"We want adolescents and kids to be able to come here and to know that they can access us," Jones said.

The crisis stabilization unit is secure from the rest of the facility and includes a separate entrance for law enforcement members to bring in people in crisis, without them having to be taken through the walk-in setting.

The unit is set up so that adolescents and adult clients can be kept separate, as required under certification rules.

Beds and furniture lacks sharp corners and are affixed to the floor or walls. In the bathrooms, fixtures like door handles are not weight-bearing and the shower head comes straight out of the wall. Beneath the grab bars, metal plating prevents bedding or clothing from being threaded through. It all creates a "ligature-free fixture" environment.

Two different pods to allow adults and adolescents to be separated. At no point are these two groups allowed to intermingle on the unit.

"This level of care is considered hospital-alternative," Jones said. "... we're able to serve people here, quickly engage them in mental health treatment. If this is their community in our six-county region, The Center for Mental Health might be a major player in their treatment, so we're able to rapidly do that from the beginning, versus them going to treatment at Mindsprings (Grand Junction or Glenwood Springs) or another location and we're catching up after."

The Center for Mental Health continues existing services, such as its mobile crisis team, which deploys 24/7 to provide onsite mental health assessments in emergencies. Its co-responder service, in which trained therapist respond to calls with officers, also continues, as do crisis respite services that provide up to two weeks of home-based services to clients, and emergency peer transport services.

The mobile crisis team and some of these other services will now be housed at the crisis center.

"That team really now joins this team, because we have expanded our 24-hour care. Additionally, we will continue with our peer transportation team that is going to continue to help transport people who might be at a hospital setting or other setting, here to the unit," Jones said.

"... It just offers us so many more opportunities, having 24-hour clinic care that we haven't had."

The new facility allows for what Robin Slater calls a “continuum of services.”

“Now that the crisis walk-in center is here, it offers a three- to five-day stay for individuals who are needing support, but not necessarily a full psychiatric hospitalization,” said Slater, The Center for Mental Health’s director of acute services.

“Now we go from the highest level of care (psychiatric hospitalization) to what we call a crisis stabilization unit for those individuals who can be stabilized within three to five days. Then they get to transfer to our outpatient services,” she said.

“Instead of this outpatient to psychiatric (care), now we have that in-between service to really expand service delivery.”

Slater said about 130 face-to-face assessments are conducted in emergency services each month, most occurring in emergency rooms — even though the client isn’t sick enough to be treated in such a setting, ER has often been the only option.

“Those (patients) definitely do not need medical attention. They are just experiencing either a substance abuse crisis or a behavioral health crisis. Now being able to offer 24/7 access to a walk-in clinic, we’re able to do those assessments in a safe, secure environment, designed for individuals with mental health issues, versus going to the hospital,” Slater said.

Montrose Fire Protection District Chief Tad Rowan welcomes the option.

“I think it fills a gap that is present in our community, particularly the emergency medical side,” he said.

“Once the protocols and procedures come into place, I can see this definitely taking significant loads off EMS (emergency medical services) agencies, as well as our emergency department. It’s something that our community truly needs.”

The crisis unit could also take pressure off of street officers, Delta Police Chief Lucas Fedler said. As is the case at Montrose law enforcement agencies, Delta officers routinely encounter people experiencing mental health issues, but the officers are not licensed counselors.

“That’s a huge concern. We’re not trained to deal with mental health issues. It’s taking away from our officers being on the street to handle other matters,” Fedler said.

“Having a facility like this is going to help free up our officers to do what they need to do.”

Montrose County Sheriff Gene Lillard also hailed the crisis unit opening.

“I think it’s outstanding. The MCSO will help them in any way we can, as far as security and transport, in conjunction with the Montrose Police Department,” he said. “We deal with a lot of mental health issues around the county.”

‘Incredible’

The need for more mental health services is substantial on the Western Slope. Without enough long-term care facilities, or crisis centers like the one The Center for Mental Health just opened, there was even a time when sheriffs were holding people in jail — on basis of mental health only, not suspected criminal

conduct.

Fred McKee, former Delta County sheriff, remembers those days. They are part of what compelled him to become involved in developing solutions.

McKee served on a governor's task force and through that, helped secure more money for services on the Western Slope. Some of the money was diverted into the project that helped fund the center.

"That's something we were very proud to accomplish," McKee said.

Spalding also reflected on the endeavor to establish more crisis services.

"October 2016 was when we came together as law enforcement, hospitals, human services and primary care practitioners and said 'What do we need in our six-county region?' Everybody said this is what we need," she said.

"To think that two years later, we actually have it, is incredible."

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