NEXT MEETING: SEPTEMBER 8, 2010, 10:30 AM TO 12:00PM 4TH FLOOR TRAINING ROOM, 64 NEW YORK AVE.

DISTRICT OF COLUMBIA DEPARTMENT OF MENTAL HEALTH

CRISIS EMERGENCY SERVICES PLANNING WORKGROUP IMPLEMENTATION UPDATE

MEETING MINUTES May 5, 2010

Attendees:	Lisa Albury, ChAMPS
Attenuees:	
	Steve Baron, DMH
	Anthony Bouknight, FEMS
	Dr. Ray Brown, DMH
	Ann Chauvin, SOME
	Iris Darby, CAN
	Denise Dunbar, DMH
	Christine Elwell, DMH
	Bob Glennon, DMH
	Mary Ann Luby, Washington Legal Clinic for the Homeless
	Cynthia Holloway, CPEP, DMH
	Lisa Newman, Washington Legal Clinic for the Homeless
	Mytonia Newman, FEMS
	Crystal Pabrezis, MPDC
	Randall Raybon, DMH
	Anne Sturtz, DMH
	Luis Vasquez, DMH
	LaToya Wesley, CJCC
	David Williams, SOME

Introduction & Welcome

The meeting was opened by Steve Baron. He welcomed the group and each member introduced themselves. The workgroup approved the minutes from the January 27, 2010 meeting. The final version of the meeting minutes, along with the workgroup's report and recommendations are available on the DMH website (www.dmh.dc.gov).

Steve announced that training for the 8th class of Crisis Intervention Officers (CIO) begins on Monday, May 10, 2010. After this class graduates, approximately 175 officers will have completed the training. In addition to the CIO training, all MPD cadets receive mental health training. Each officer is required to participate in 3 hours of mental health training annually.

Mary Ann Luby expressed concern about the flow of homeless and mentally ill people into the jail for quality of life crimes. She asked about the discretion afforded to officers with regard

arrests of those who were clearly mentally ill. Sergeant Pabrezis noted that the degree of discretion afforded to officers depends on the circumstances.

Steve stated that Dr. Van Buren has been collecting data about outcomes from the CIO program. Dr. Van Buren will be invited to the next meeting to present data about the CIO program. Steve also noted that the Court Urgent Care Clinic, which is operated by PIW has seen an increase in utilization over the past few months. We will circulate data about CUCC usage as well.

LaToya Wesley suggested that perhaps further education for the business community about the various resources available to help with persons who are mentally ill (Homeless Outreach Program and Mobile Crisis) would help to address these issues.

Children's Mobile Crisis Services

Steve introduced Lisa Albury of Catholic Charities, who reported on Children's Mobile Crisis Services or ChAMPS. Lisa reported that ChAMPS is doing more telephone and face-to-face follow up. There has been a decrease in FD-12's over the last quarter. ChAMPS was able to use the internal crisis respite service during the second quarter for a 13 year old, who was able to return home after mediation.

Lisa noted that there appears to be an increase in CFSA calls in the second quarter, but this is due to improved data capture and reporting. Steve Baron asked if ChAMPS could report the referral source. Lisa stated that the referral source data is available although it is not reflected on the report circulated during the meeting.

A copy of the ChAMPS data report is attached as *Exhibit A*.

<u>CPEP</u>

Cynthia Holloway, the Director of CPEP presented a summary of statistics for the second quarter. A copy of the report is attached as *Exhibit B*. There has been a slight decrease in CPEP admissions. This may be due to the Mobile Crisis Service (MCS). However, CPEP still receives a number of out-of-state admissions. Most recently, a consumer from Florida, who was escorted to the airport by the MCS for return to his family. Overall admissions from CPEP to a psychiatric hospital have also decreased. More people are returning to the community after a CPEP admission. The MCS also provides support for warm handoffs to a CSA or other mental health provider as needed.

CPEP continues to handle some medical clearance through two General Medical Officers. There is also an addiction counselor on staff. The Extended Observation Bed (EOB) unit is available on a daily basis, although it is not always in use.

CPEP is engaged in several initiatives. The first, involves work with the CSA for CPEP high utilizers to develop better crisis plans for the consumer. The second initiative involves services to those with co-occurring alcohol or substance abuse disorders. CPEP is partnering with APRA. There are CPEP staff trained to assess and refer consumers to APRA for treatment. Third, CPEP is introducing trauma-informed care into its daily operations. Recently, CPEP reviewed the procedures used in the search room, to ensure that the search process does not further traumatize consumers brought to CPEP.

Finally, CPEP staff provide daily notification to CSAs about enrolled consumers at CPEP, so that the CSA can come to CPEP to help with discharge planning.

Dr. Brown asked about the low referrals from CPEP to the crisis beds. He also asked about the co-occurring competencies of the CPEP staff.

Cynthia noted that admission to a crisis bed is voluntary and that many times consumers want to go home upon discharge from CPEP, rather than to a crisis bed. With regard to co-occurring competent staff, there are CPEP staff trained to complete the APRA assessment and make links to substance abuse treatment services.

Mobile Crisis Team

Luis Vasquez, the Director of CPEP's Mobile Crisis Services (MCS) noted that there are 2 peer counselors working on the MCS. Both have been working on the DMH peer specialist program. Luis and another MCS staff person have been working on with the High Lethality Domestic Violence Team to provide support.

The MCS is also asked to assess hoarding cases, which has become a larger issue in the District. The MCS psychiatrist usually assists in those cases. The MCS staff also participate in the CIO training.

Next, Luis presented a summary of the MCS statistics for the second quarter of FY 2010. A copy of the report is attached and marked as *Exhibit C*. Luis noted that the MCS has seen 944 unduplicated consumers through March 31, 2010. He anticipates that MCS will see 2000 unduplicated consumers in FY 2010. The MCS will begin to look at high utilizers of MCS services. The next report will include referral source data and those cases that were referred to crisis beds.

Homeless Outreach Program

Bob Glennon, the new director of the Homeless Outreach Program (HOP) introduced himself to the group. Bob has been with DMH since late February 2010. First, Bob presented data for the second quarter of FY 2010. A copy of the report is attached as <u>*Exhibit D*</u>. Bob noted that the HOP is converting to a new database, so the data reporting is subject to further change as the conversion progresses.

Bob reported that the HOP is going to make some operational changes moving forward. All staff will be trained to conduct the HPRP assessments and also to do outreach. Staffing hours will change so that HOP staff are available in the early morning as well as into the evening hours, when need is greater. The HOP has hired a psychiatric nurse practitioner who starts work on Monday. She will be able to give physicals and prescribe medication. In addition, there is a new HOP staff member who is fluent in Spanish.

Mytonia Newman asked whether the FEMS Street Calls program could refer directly to crisis beds. The group confirmed that this was permissible. She also asked about re-establishing meetings with the HOP and the MCS to discuss high utilizers across both systems. Steve asked Bob and Luis to follow up with Mytonia.

Meeting Schedule

The members agreed to meet again on Wednesday, September 8, 2010. There being no further business the meeting was adjourned.

Action Items and Next Steps.

- 1. Circulate minutes to workgroup for review.
- 2. Circulate Court Urgent Care Clinic utilization data for review.
- 3. Circulate crisis bed utilization data for review.

THE NEXT MEETING HAS BEEN SCHEDULED FOR SEPTEMBER 8, 2010, FROM 10:30 AM TO 12:00 PM AT 64 NEW YORK AVENUE, NE., 4th floor training room.

Exhibit A

ChAMPS Monthly & Quarterly Report

ChAMPS Progress Report – Statistical Data

Service Statistics	Jan	Feb	March	<u>2nd</u>	YTD
Total Calls Non Deployable	29	29	56	114	*
Total Calls Deployable	48	42	64	154	*
Total Calls Received	77	71	120	268	509
Unduplicated Number of Children Served	31	34	43	108	230
Follow Up	-				
Total Number Successful F/U Face to Face	87	39	36	162	284
Total Number Successful F/U Phone	44	31	30	105	161
Disposition Statistics					
Total Cases Required FD-12	3	1	4	8	36
Cases Resulting in a Voluntary Emergency Eval	5	6	5	16	38
Total Cases Resulting in Hospitalization	7	7	7	21	51
Cases Resulting in Crisis Bed Placement	0	0	2	2	2
Total Crisis Bed Nights	0	0	5	5	5
Cases Resulting in Child Staying in Home (no placement disruption)	41	32	38	111	241
Cases Referred to/ Utilizing CSA Initial linkage Re-linked No Link Continuing to Use	24 8 1 5 10	*	*	*24	*154
System Involvement Statistics					
Number of Cases (calls) with CFSA Association	20	17	39	76	*138
Number of Cases with DYRS Association	1	3	0	4	*4
Number of Cases with Ct Social Services	1	1	5	7	*7
Number of Cases with Other Associations	0	0	0	0	0

*This report has been re-categorized to capture these numbers within last quarter

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*As we revamp data collection this data was not appropriately captured. Linkage is a standard part of all interventions however the breakdown has not been captured.

*CFSA association has expanded to now capture contractual agencies used by CFSA. DYRS and CT Services are typically not a high percentage of calls and calls initiating the service are not aware of the youth's status with these agencies

Exhibit B

Comprehensive Psychiatric Emergency Program (CPEP) Psychiatric ER and Mobile Crisis Services Summary Statistics Second Quarter FY10

Psychiatric ER Summary

Admission Type						
	2 nd Qu	ıarter	Year-to-Date			
Presentation	Number	nber Percent Nur		Percent		
Voluntary	421	44.5%	855	43.7%		
FD12 (Involuntary)	477	50.4%	1006	51.5%		
Voluntary Converted to FD12	4	0.4%	6	0.3%		
CMOP/CMIP	26	2.7%	54	2.8%		
Arrest	19	2.0%	34	1.7%		
TOTAL	947	100%	1955	100%		

Detailed Summary of Disposition Status						
	2 nd Qu	arter	Year-to	o-Date		
Туре	Number	Percent	Number	Percent		
SELF-CARE	539	56.9%	1156	59.1%		
PSYCH HOSPITALIZATION						
Involuntary (FD12, CMOP/CMIP, Arrest)	239	25.2%	490	25.1%		
Voluntary	62	6.6%	109	5.6%		
MEDICAL HOSPITALIZATIONS						
Involuntary (FD12, CMOP/CMIP, Arrest)	18	1.9%	29	1.5%		
Voluntary	10	1.1%	19	1%		
CRISIS BEDS	9	0.9%	20	1%		
HOMES/SUPPORTIVE HOUSING	9	0.9%	16	0.8%		
OTHER	61	6.4%	116	5.9%		
TOTAL	947	100%	1955	100%		

Extended Observation Bed Usage						
	2 nd Quarter Year-to-Da					
Legal Status of Consumers	Number	Percent	Number	Percent		
Involuntary (FD12, CMOP, CMIP, Arrest)	67	7.1%	186	9.5%		
Voluntary	38	4.0%	97	5.0%		
TOTAL	105	11.1%	283	14.5%		

CSA Status of Admitted Consumers							
	2 nd Quarter		Year-to-Date				
Status	Number	Percent	Number	Percent			
Linked to CSA	594	62.7%	1232	63%			
Not Linked to CSA	353	37.7	723	37%			
TOTAL	947	100%	1955	100%			

Exhibit C

Mobile Crisis Summary

Mobile Crisis Summary CONSUMERS SERVED			
CORSUMICKO SERVED	Number %	YTD	%
1. Total consumers served (unduplicated)*:	469 100.0%	944	100.0%
····~	Number %	YTD	%
2. Consumers served with two or more distinct episodes in one month (unduplicated):	7 1.5%	15	1.6%
	Number %	YTD	%
3. Consumers served with CPEP/PES admissions during previous fiscal year (unduplicated):	94 20.0%	193	20.4%
SERVICE ENROLEMENTS			
1. Total MCS service enrollments (duplicated):	Number %	YTD	%
1. Total MCS set vice em onments (dupicateu).	532 100.0%	1067	100.0%
2. CPEP and community hospital admissions (duplicated):	Number %	YTD	%
 Voluntarily admissions to CPEP/PES 	52 9.8%	115	10.8%
 Involuntary admissions to CPEP/PES 	64 12.0%	152	14.2%
 Voluntarily admissions directly to community hospital 	16 3.0%	29	2.7%
 Involuntary admissions directly to community hospital 	34 6.4%	63	5.9%
3. Mental health provider connections/re-connections (duplicated)**:	Number %	YTD	%
 Connections to new mental health provider 	67 12.6%	127	11.9%
 Re-connections to current mental health provider 	258 48.5%	457	42.8%
SERVICE RESPONSES			
Service Responses (duplicated):	Number %	YTD	%
 Telephone only responses (w/consumer)*** 	67 12.6%	140	10.9%
 Face-to-face responses (w/consumer) 	559 87.1%	1145	89.1%
FACE-to-FACE RESPONSES	L	1	
Initial place of service (duplicated):	Number %	YTD	%
Consumer's private residence	225 40.2%	495	43.2%
 Other's private residence 	18 3.2%	51	4.5%
 Shelter or other residential facility 	71 12.7%	129	11.3%
 CPEP (discharge) 	133 23.8%	262	22.9%
 Hospital 	25 4.5%	61	5.3%
• CSA	9 1.6%	25	2.2%
• Street	14 2.5%	28	2.4%
• Other	64 11.5%	94	8.2%
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* Number includes consumers whose service enrollments began in previous month and were continued in current month.

** Mental health service provider connections/re-connections include connections/re-connections that occurred in the current month for enrollments that were initiated in a previous month.

*** Telephone only contacts include interactions with consumers that were resolved by phone and did not require a face-to-face intervention, and follow-up communications conducted with consumers served in previous months.

Exhibit D

Homeless Outreach Program*

Unduplicated Consumers Served by Housing Status							
Housing		2 nd Quarter		Year-to-Date			
Status	Family Status	Number	Percent	Number	Percent		
	Single-Adult	108	74.5%	559	75.2%		
Homeless	Family-Adult	20	13.8%	69	9.3%		
	Family-Child	8	5.5%	33	4.4%		
	Single-Adult	7	4.8%	65	8.7%		
Not Homeless	Family-Adult	2	1.4%	14	1.9%		
	Family-Child	0	0	0	0		
Unknown	Single-Adult	0	0	3	0.4%		
	TOTAL	145	100%	743	100%		

	Number of Consumer/Provider Contacts by Engagement Type					
		2 nd Qua	arter	Year-to-Date		
	Engagement Type		Percent	Number	Percent	
s	Face to Face-Consumer	369.154	43.4%	1025	38.7%	
eles	Face to Face-Other (e.g., provider, family)	55 20	6.5%	156	5.9%	
Homeless	Phone-Consumer	35-28	4.9%	138	5.2%	
	Phone/Email-Other	126	40.8%	1095	41.4%	
ss	Face to Face-Consumer	10 X	0.6%	46	1.7%	
Not meles	Face to Face-Other (e.g., provider, family)	1 1	0.3%	9	0.3%	
Not Homeless	Phone-Consumer	88	0	34	34 1.3%	
	Phone/Email-Other	11	3.6%	141	5.3%	
Unk	Face to Face-Consumer	0	0	1	0.04%	
	Phone/Email-Other	0	0	2	0.08%	
	TOTAL	309	100%	2647	100%	

Services Provided All Consumers (Duplicated)					
	2 nd Quarter		Year-to	o-Date	
Services Provided	Number	Percent	Number	Percent	
Assessment	159	7 4.0%	159	5.2%	
Crisis Bed Placement	25	0.8%	6	0.2%	
CSA Link/Relink/Enroll/Intake	# 4	1 2.9%	64	2.1%	
Engagement	145	38.5%	1226	40.2%	
Medication Assistance	817	2.1%	24	0.8%	
Provider Consultation	429 142	37.7%	1358	44.6%	
Referrals to ACT	15	0.3%	8	0.3%	
Treatment Planning	6	1.6%	12	0.4%	
FD12 CPEP Admissions	14	0.3%	25	0.8%	
Voluntary CPEP Admissions	72	0.3%	2	0.07%	
Emergency Room Admissions	81	· 0	6	0.2%	
Other (e.g., screenings, referrals, transportation)	44	11.7%	157	5.2%	
TOTAL	377	100%	3047	100%	

^{*} The Homeless Outreach Program is in the process of correcting data prior to January 2010; therefore the Year-to-Date information may change in future reports.