

**NEXT MEETING: MAY 5, 2010, 10:30 AM TO 12:00PM**  
**CONFERENCE ROOM D, 4<sup>TH</sup> FLOOR, 64 NEW YORK AVE.**

**DISTRICT OF COLUMBIA  
DEPARTMENT OF MENTAL HEALTH**

**CRISIS EMERGENCY SERVICES PLANNING WORKGROUP  
IMPLEMENTATION UPDATE**

**MEETING MINUTES  
January 27, 2010**

<b>Attendees:</b>	Lisa Albury, ChAMPS Steve Baron, DMH Dr. Ray Brown, Homeless Services, DMH Ann Chauvin, SOME Denise Dunbar, DMH Mary Ann Luby, Washington Legal Clinic Cynthia Holloway, CPEP, DMH Dr. Robert Keisling, Pathways to Housing Crystal Pabrezis, MPDC Rick Parr, DMH Randall Raybon, DMH Effie Smith Michael Sterling, CAN Dr. Steven Steury, DMH Anne Sturtz, DMH Luis Vasquez, DMH LaToya Wesley, CJCC
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**Introduction & Welcome**

The meeting was opened by Steve Baron. He welcomed the group and each member introduced themselves. Without objection, the workgroup approved the minutes from the October 28, 2009 meeting.

**Crisis Hotline Update & Crisis Beds Utilization**

Steve briefly explained the purpose of the meeting and then introduced Randy Raybon from the Access Helpline/Care Coordination Unit of DMH. Randy reported that DMH has been fully certified to participate in the National Suicide Prevention Lifeline, and is in provisional status by the American Association of Suicidology (AAS). Full certification from AAS is expected this summer. To date, the Access Help Line has received 10 calls through the Suicide Prevention Lifeline.

Next, Randy reviewed the FY2009 statistics for the Access Help Line. In FY 2009, the Access Help Line received 37,923 calls. 35,105 follow-up calls were made by staff. The majority of the calls were non-crisis but were mental health related. Total calls averaged 3160 per month or 729 calls per week. The Access Help Line recorded 68 deployments of Adult Mobile Crisis, 4 deployments for Homeless Outreach, and 364 deployments of ChAMPS. Randy noted that the public may contact the Adult Mobile Crisis services, the Homeless Outreach team and ChAMPS directly for services, so the deployments through the Access Help Line do not represent total deployments of any of those programs.

Then, Randy reviewed Crisis Bed Utilization data for FY 2009. DMH contracts with Jordan House and Crossing Place to provide a total of 15 crisis beds. One member asked whether DMH could report data regarding service denials because beds are full. Randy agreed to track and report on data about service denials because there were no open crisis beds. Jordan House had 189 crisis bed admissions in FY2009, while Crossing Place had 205. The average length of stay at Jordan House was 11.0 days, while at Crossing Place the average was 8.9 days.

The group then discussed the sources of admission and the legal status of clients admitted to crisis beds. Randy noted that most admissions were from the CSAs and CPEP, with a small number from Hospitals. DMH tracks involuntary psychiatric admissions to Saint Elizabeths, Providence, United Medical Center and PIW. DMH also tracks involuntary admissions from community emergency rooms, inpatient psychiatric units and medical/surgical units.

### **Children's Mobile Crisis Services**

Steve introduced Lisa Albury of Catholic Charities, who reported on Children's Mobile Crisis Services or ChAMPS. Lisa stated that during the first quarter of FY 2010, ChAMPS had received 241 calls; deployed on 168 occasions; and had served 123 unduplicated clients. The average response time is 31 minutes. 62 of the children seen the first quarter of FY 2010 were involved with CFSA.

### **CPEP**

Cynthia Holloway, the Director of CPEP, reported that the Detox Unit on the DC General Hospital grounds has closed and all services transferred to PIW. Next, Cynthia presented a summary of statistics for the first quarter.

### **Mobile Crisis Team**

Luis Vasquez, the Director of CPEP's Mobile Crisis Services, stated he is presenting a new statistical summary. Luis reported Mobile Crisis served 493 unduplicated consumers during the first quarter of FY 2010. He also reported that his team had 586 face to face service responses with consumers. Of this number, 270 were consumers in their private residence, 33 in other private residence, 61 from shelters, 128 were the consequence of a CPEP discharge, 38 were at a community hospital, 16 at a CSA, 14 were from the streets, and 26 from other sources.

### **Meeting Schedule**

Members were to be contacted regarding the next meeting date. There being no further business the meeting was adjourned.

### **Action Items and Next Steps.**

1. Circulate minutes to workgroup for review.
2. Circulate involuntary admission statistics to workgroup.

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