

NEXT MEETING: OCTOBER 28, 2009, 10:30 AM TO 12:30PM
4TH FLOOR TRAINING ROOM, 64 NEW YORK AVE., NE

DISTRICT OF COLUMBIA
DEPARTMENT OF MENTAL HEALTH

CRISIS EMERGENCY SERVICES PLANNING WORKGROUP
IMPLEMENTATION UPDATE

MEETING MINUTES
July 29, 2009

Attendees:	Stephen T. Baron, Director, DMH Christine Elwell, Homeless Outreach, DMH John Foust, MPD Tedla Giorgis, DMH Cynthia Holloway, CPEP, DMH Phyllis Jones, DMH Dr. Robert Keisling, Pathways to Housing George Kucik, MPD Jack Neville, ChAMPS Crystal Pabrezis, MPD Rick Parr, Program Analyst, DMH Laura Reynolds, ChAMPS Jennie Simpson, Ida Mae Campbell Effie Smith, CAN Anne Sturtz, Deputy Director, DMH Aarti Subramanian, PIW Frances Tielman, CAN Erika Van Buren, DMH Luis Vasquez, DMH Toni Zollicofft, SOME
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Introduction & Welcome

The meeting was opened by Steve Baron, Director, Department of Mental Health, who welcomed group members. All participants introduced themselves. There were no objections to the minutes from April 29, 2009 meeting.

Steve briefly explained the purpose of the meeting and then introduced Cynthia Holloway, Director of CPEP.

CPEP

Cynthia reviewed the Comprehensive Psychiatric Emergency Program Monthly Summary Statistics for the Third Quarter. She emphasized the recent increase of consumers served, from an average of approximately 300 consumers per month in the second quarter to over 360 per

month in the third quarter. Cynthia stated that her staff is trying to analyze the cause of this increase in demand for services. She stated that among the possibilities being considered is to an increase in young consumers being converted to the adult programs, and the impact of the economy which may be causing the more recently uninsured to seek services. Cynthia reported that extended observation bed (EOB) clients may be discharged, referred to a crisis bed or referred for hospitalization. The average length of stay for EOB clients is 60 hours. Approximately 57% of consumers discharged from CPEP are returned to the community for self-care, and approximately 25% are referred for hospitalization. She stated that there has been a reduction of referrals to St. Elizabeths Hospital from CPEP, as clients are now more appropriately to facilities such as Providence Hospital or PIW. Cynthia also stated that a second general medical officer (GMO) has been added to the CPEP staff.

Mobile Crisis Team

Luis Vasquez, the Director of Mobile Crisis Services (MCS), reported on processes that his team follows to ensure that consumers keep their first appointment after discharge from MCS or CPEP. MCS tracks the status of current and former DCCSA consumers. The Integrated Care Team led by Jana Berhow does the follow-up. Phyllis Jones of DMH asked if DCCSA clientele data was distinguished between those clients that had been transitioned to another agency and those that were still with the DCCSA. Although this data is not specifically tracked by the MCS, it is available through the tracking system established for the DC CSA transition.

The MCS had 827 contacts for the third quarter. 306 were for a crisis response. 27% of the crisis response contacts or 83 were detained for involuntary services either at CPEP or a community hospital. 64 of the crisis response contacts or 21% were voluntarily admitted to a community hospital or to CPEP for psychiatric emergency services. Steve Baron added that the Psychiatric Residents Clinic at 35 K Street was open 5 days a week and would be a good referral source for clients in need of same-day or urgent services, particularly medication services, because of the onsite pharmacy. Some attendees expressed concern that ACCESS Helpline is referring consumers in need of same day or urgent services to CPEP rather than to the Resident's Clinic. Steve agreed to address this issue. Another person asked whether information about the length of the waiting time for intake from the providers was available from the Access Helpline. It would be valuable information to know the waiting period before referring a client. An example given was that sometimes there is a delay of days between when the clinical intake and the first appointment with a psychiatrist. Steve stated that this was an Access to Care issue that needed to be addressed. Luis noted that the MCS is responsible for follow up on patients referred from SURE who do not present for their first appointment. Finally, Luis reported that the MCS has begun to collect data about customer satisfaction. He provided the group with the results from the 3rd Quarter Consumer Satisfaction Survey.

ChAMPS

Next, Jack Neville presented his quarterly summary of the Children and Adolescents Mobile Psychiatric Service (ChAMPS). ChAMPS has seen an increase in utilization of the mobile response services. They have done some social marketing to CFSA and to social workers, as well as developing bus station posters about the program. He stated that one issue which needs to be addressed is handling crises with District foster children, living in Maryland or Virginia. Currently, ChAMPS does not employ staff licensed in these two jurisdictions, which can result in

s delays in service delivery especially if a client needs to be FD 12'd. ChAMPS is working to develop an MOU with Maryland crisis teams to address services for DC foster children living more than 1 hour away from the District. Steve Baron stated that this demonstrates the need for ChAMPS to employ licensed staff for both Maryland and Virginia.

Jack also reported that utilization of the crisis beds remains low. ChAMPS believes that this is partly due to the limitations of the crisis bed providers on the type of children that can be served. ChAMPS is exploring solutions with the DMH CYSD staff.

Crisis Intervention Officers Class (CIO)

Erika Van Buren of DMH and John Foust of the MPD gave an overview of mental health training provided to police officers.

Currently, there are three types of mental health training: training for cadets, annual in-service training and Crisis Intervention Officer (CIO) training.

Although DMH had historically provided some mental health training to recruits, the training was revised and the first training with the new curriculum took place in August 2008. All cadets receive 16 hours of mental health training. John Foust reported that in addition to the new recruit training, Chief Lanier recently mandated that all 4,000 officers will receive 4 hours of in-service training annually on mental health. Finally, MPD and DMH worked together to develop a 40 hour training program for Crisis Intervention Officers. MPD has set a goal of training and certifying 20% of the police force as CIOs. Two classes had been conducted for CIO's with a total of 39 officers graduating from the program. The next CIO training is scheduled for August 17 -21, 2009. DMH and MPD plan to conduct at least 6 more CIO training classes next year.

Meeting Schedule

The next meeting was set for October 28, 2009, at 10:30 AM at 4th Floor Training Room, at 64 New York Avenue, NE. There being no further business the meeting was adjourned.

Action Items and Next Steps

1. Circulate minutes to workgroup for review.

THE NEXT MEETING HAS BEEN SCHEDULED FOR OCTOBER 28, 2009, FROM 10:30 AM TO 12:30 PM AT THE 4TH FLOOR TRAINING ROOM, 64 NEW YORK AVE. NE, WASHINGTON, DC 20002.