

NEXT MEETING: JULY 29, 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
April 29, 2009

Attendees:	Stephen T. Baron, Director, DMH Charlie Baumgardner, PIW Barbara Bazron, DMH Lisa Bullock, DMH Carol Desjeunes, PIW Christine Elwell, Homeless Outreach, DMH Bob Glennon, SOME Chet Gray, DBID Bernard Hardeman, FEMS Cynthia Holloway, CPEP, DMH Yvonne Keyes, DMH Dr. Robert Keisling, Pathways to Housing Mary Ann Luby, Washington Legal Clinic for the Homeless Jack Neville, ChAMPS Rick Parr, Program Analyst, DMH Inspector Mike Reese, MPD Dr. Steven Steury, DMH, Chief Clinical Officer Anne Sturtz, Deputy Director, DMH Luis Vasquez, DMH Jonathan Ward, DBID LaToya Wesley, Research Analyst, CJCC
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Introduction & Welcome

The meeting was opened by Anne Sturtz, Deputy Director, Department of Mental Health (DMH), who welcomed group members. All participants introduced themselves.

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

CPEP

Cynthia reported that the renovated CPEP is divided into an emergency side and an extended observation side. She also stated that CPEP is sufficiently staffed to provide a full range of

services Steve Steury added that the Comprehensive Psychiatric Emergency Program (CPEP) may be represented as three separate entities—Psychiatric Emergency Services (PES), Mobile Crisis (MCS), and Extended Observation Beds (EOB).

PES includes the traditional services operated by CPEP, including urgent care services. Urgent care services may involve evaluation of patients referred from CSOSA, Job Corps or Detox, as well as the provision of medications.

Cynthia reported that CPEP began tracking patients referred to the EOB in mid-January. Patients receiving services in the EOB receive a more intensive intervention, which may include participating in group therapy. Patients discharged from the EOB may be sent to a crisis bed or discharged to the community. Peer specialists from the MCS, sometimes work with EOB patients or PES patients, as needed.

Next, Cynthia reviewed the CPEP data report. She noted that each mental health provider agency receives a monthly report that identifies the consumers enrolled that visited CPEP. Cynthia addressed homeless outreach as a consequence of a question from the workgroup. She stated that the DMH Homeless Outreach Team receives a list of consumers that visited CPEP, who self-identify as homeless. She further stated that client data is collected describing clients as self care, home, or homeless and agreed to break-out the data to show whether consumers discharged to self-care are also homeless.

In response to a question about recidivism, Cynthia noted that recidivism is tracked and that high users may be referred to either the MCS or the Homeless Outreach Team for follow up.

Another question was asked about whether the MPD had discretion to divert offenders to CPEP or the MCS, if mental health issues are suspected. Inspector Reese mentioned that DMH and MPD began training the first class of Crisis Intervention Officers (CIO's) on April 27, 2009. The CIO training is in addition to the 16 hours of training about mental health issues that is provided to all new police officers.

Mobile Crisis Team

Luis Vasquez, the Director of Mobile Crisis Services reported that the first official day of service was on November 1, 2008. Luis reported that two full-time psychiatrists and two full-time peer counselors have been added to the MCS staff, and that 17 of 19 staff positions have been filled. Luis indicated that the teams attempt to be multilingual by ensuring that a team member is available that speaks Spanish or French. Most calls to the MCS occur between 2:00 PM and 7:00 PM. Calls come from consumers, families and providers. The MCS also work with community hospitals who believe that an individual needs to be involuntarily detained (FD-12). Some referrals to the MCS are then referred out in order to achieve a more suitable or least restrictive environment for a particular client. He stated that such referrals may go to a crisis bed (Jordan House or Crossing Place), APRA or a community hospital. He emphasized that some clients are involuntarily detained (through an FD 12), but that detention is used as a last resort.

Staffing is scheduled to address identified need. Currently, the Psychiatrists work from 10 am to 7 pm, which appears to be the peak period for calls. The addiction counselors are scheduled to work evenings and weekends, when MCS sees the most people.

The Mobile Crisis Team is also working on the Focused Improvement Area (FIA) initiative and with MPD during the “All Hands on Deck” weekends. They have responded to completed homicides, suicides and fires to provide support and counseling. MCS is also providing support through the DC CSA transition, including linkages of SURE consumers with new CSAs.

Luis reported that the past quarter’s outreach effort included participation by the MCS and ChAMPS in 13 roll calls with MPD, with roll-calls for other shifts planned throughout the rest of the year. MCS staff has also done outreach with 12 Latino organizations. Other outreach efforts include 34 police agencies, the Mayor’s Office on Community Service, and the Amtrak police.

Luis stated that training has become an important component of services offered. He related that the MCS team is developing a training module to use at nursing homes and other residential facilities regarding crisis prevention and de-escalation.

Luis reported that the Mobile Crisis teams always attempt to take clients to their first intake appointment to ensure a “warm” linkage. These appointments are almost always within 7 days of discharge

Referring agents or clients may call the Mobile Crisis Team directly, or through the Access Helpline. The Access Helpline is staffed 24 hours per day, while the mobile crisis line is not.

Finally, Luis reported that the peer counselors have begun to collect consumer satisfaction data, through surveys. He will report on the initial results at the next meeting.

Urgent Care Clinic at the Superior Court

Next, Dr. Steury invited Charlie Baumgardner and Carol Desjeunes of Psychiatric Institute of Washington (PIW) to update the workgroup on the progress of the Court Urgent Care Clinic (CUCC). They reported that the CUCC is staffed by 4 personnel.—an administrative assistant, two social workers and a psychiatrist. The psychiatrist normally is available 4 hours per day usually in the evening. The CUCC is open 40 hours per week, 8 hours per day, and 5 days per week. The CUCC is located at Superior Court next to the Traffic Court. The Superior Court judges make quality of life referrals for assessment and case management. The CUCC may follow-up with a client for up to 90 days (there may be exceptions).

Since its opening in late June through March 2009, the CUCC has served 257 clients. In April, the normally 30 clients per month increased to 80 or more for April. Since its opening, the referrals accounted for 174 unique clients with 633 units of service provided. Referrals included 55 from Traffic Court, 116 from pretrial, 32 from Criminal Court, and 19 from the detention portion referred by DMH.

Crisis Intervention Officers Class (CIO)

Steve Baron reported that the first Crisis Intervention Officer (CIO) training class for the MPD began on April 27, 2009. Twenty-one officers are participating in the CIO training. Graduation is scheduled for Friday, May 1, 2009. Dr. Van Buren and the DMH Training Institute staff worked closely with the MPD to develop and implement the training. The next class is

scheduled for July 2009, with another class planned for September 2009. Steve and Chief Lanier would like to have quarterly CIO training. Steve agreed to provide a copy of the CIO curriculum to the workgroup and to schedule a presentation about the CIO training during the next workgroup meeting.

Meeting Schedule

The next meeting was scheduled for July 29, 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.
2. Circulate copy of CIO curriculum to workgroup for review.
3. Circulate data from PIW about CUCC to workgroup for review.

THE NEXT MEETING HAS BEEN SCHEDULED FOR MAY 29, 2009, FROM 10:30 AM TO 12:30 PM AT THE 4TH FLOOR TRAINING ROOM, 64 NEW YORK AVE. NE, WASHINGTON, DC 20002.