

Crisis Solutions Coalition 2-25-2014 Meeting Notes

Secretary Wos greeted participants and opened the meeting. Stressed the need to work together to create solutions. Announced the recent conclusion of the first Youth MH First Aid training – graduating 32 instructors on 2/21/2014.

Presentation by Bob Kurtz on the current status of the Crisis Intervention Team partnerships and related law enforcement/mental health initiatives. (See slides)

Presentations by Dona Lewandowski and Mark Botts from the UNC School of Government on the responsibilities of magistrates and the existing efforts to train and partner with magistrates around mental health issues – particularly related to the involuntary commitment process. (See slides)

Group discussion/comments related to law enforcement and magistrate presentations:

- Representative from Smoky Mountain Center offered to share copies of brochures and consumer handbooks developed for their ED partners, magistrates, and police.
- CIT must be done to fidelity to assure its proper success. It should not be the only option available for families; we need improved Mobile Crisis Teams. Also, CIT “is not just training” – requires more drop-off capacity in communities and partnerships.
- Not all officers make good CIT officers (just as all officers don’t make good SWAT officers). Improved basic training for all officers is good, but 40 hours of CIT training for all is not the model.
- Statewide data collection on CIT benefits has been difficult to achieve, however CIT has been well researched elsewhere, and the anecdotal reports here support success.
- Improvement needed between police and mobile crisis coordination. Also, don’t forget NC START as the mobile model for persons with I/DD & MH crises.
- Freedom House rep spoke about having CIT officers at both sites – police have become their partners.
- A related law enforcement issue – wait times in EDs and crisis centers to the 24 hour inpatient facilities are often extended due to delays in law enforcement arriving to transport the consumer. Another delay is caused by the need for an officer to physically deliver and serve the custody order to the ED.
 - Question: Can IVC custody paperwork be faxed from magistrate to exam site, rather than waiting for an officer to deliver and serve? Answer (Botts): New statute allows for this in 24 hour facilities (not every ED or exam site), SOG, AOC, and DHHS must develop training and protocols to put this in place. This will help delays in some but not all settings.
- Question: What is the efficacy of outpatient commitment in NC, especially on the SA side? How do you enforce treatment for SA, and is there a confidentiality issue is the police are called to enforce an SA commitment? The inquirer will follow-up directly with Mr. Botts.
- Outpatient Commitment is most often utilized after an inpatient commitment. North Carolina’s systems for the coordination of outpatient commitment and treatment have been impacted by many changes since reform began, and commitment is difficult to support.

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- When outpatient commitment used to be a more effective strategy, intensive case management was the primary factor.
- There needs to be a system of care in place to support the proper use of outpatient commitment as well as to prevent crises that would necessitate the use of commitment.
- Data around the success of CIT, magistrate training and all other efforts to reduce ED visits needs to be put into local context – for instance UNC Hospital in Chapel Hill attracts clients from all over the state.
- How can we influence the behavior/strategies of private insurers in the use of effective early crisis intervention – for example with young adults with emerging psychotic disorders?
- Work with the NC Dept of Insurance on MH parity.
- Consider adding language in the DHHS contract with LMEMCOs to mandate annual updates for law enforcement and magistrates on the available alternatives to IVCs.

Presentation by Dr. Marvin Swartz on Psychiatric Advanced Directives. (See slides)

Group/discussion comments related to psychiatric advanced directives presentation:

- The PAD is a great tool but there are some barriers to using them that we need to get past
 - It takes about 1 ½ - 2 hours to complete with assistance.
 - It requires 2 witness signatures and needs to be notarized
 - The forms can be filed electronically and easily retrieved on the NC Secretary of State website – a password is needed and there is a \$10.00 fee.
 - Clinicians and peer support specialists can both be trained to assist with the preparation but there is not an ongoing systematized training program for either.

Solutions in progress updates from DMH/DD/SAS

- MH First Aid (Sonya Brown is DMH contact)
 - Youth instructors graduated last week.
 - Contact your LMEMCO if you are interested in hosting either an adult or youth training
 - DMH is looking into available resources to support the costs of training (primarily participant workbooks)
- Performance Data workgroup (Patsy Coleman is DMH contact)
 - Met for the first time to dig into the measures used for the Crisis Solutions Initiative
 - Looking at the data sources, verification of accuracy, and related helpful measures
 - Representatives from DMH, DSOHF, NCHA, DMA, CCNC, NAMI, and provider agency
- CrisisSolutionsNC.org website (Crystal Farrow is DMH contact)
 - New website demo'ed
 - All participants are encouraged to offer suggestions and comments for improvement
 - Especially needed is a check of the accuracy of the information in the county contacts section.