Crisis Solution Coalition

Meeting #5-July 28, 2014

Meeting Notes

Welcome/Opening Remarks: Dave Richard

Introductions

Initiative Status Report-from the DHHS perspective: Crystal Farrow
See slides

Solutions in Progress: Discussion from all partners

1. Police Chief brought up the staffing burden placed on the PD involved in the Crisis Procedure
2. Coastal Care: Crisis Provider utilizes G4S transportation to cut down on the law enforcement transportation, Increased EMS participation with routing clients to the Crisis center instead of ED, Mobile Crisis Management will show up and alleviate the need for law enforcement presence. Education with community stakeholders to increase the awareness of community resources and procedures. Include guest speakers at their own consortium meetings.
3. UNC School of SW: Orange Co. Critical Time Intervention: pilot program targeted homeless individuals with mental illness and addictions. Partnered with law enforcement. Have been able to offer housing for some individuals as well as treatment.
4. Cardinal Innovations: Have walk in facility based crisis facilities. Have encouraged open access and 1 or 2 safety net resources for individuals who must do mh/sa and serve complicated/challenging individuals, significant psychiatric leadership. Provide CIT training and include magistrates, host regional crisis meetings, utilizing MH First Aid including veterans and the VA. Decreased ED visits. Since the acquisition of Mecklenburg: Urban Ministries developed a program called Moore Place, which has resulted in 80% decrease in Ed visits, arrests, jailed days, admitted days. Their model may be duplicated in other counties, targeting Orange Co. Challenge: number of bed days, but partnering with the Hospital Association to look at how they can structure the hospital setting to accommodate patients. Looked at some data pertaining to volume of 911 calls and perhaps doing some educational training in those areas. Challenging the issue of use of handcuff on crisis patients.
5. CMC 66 Bed inpatient in Davidson: Designed with Recovery principles, to include 4 peer support spec on site, 4 peer support spec. targeted for employment in the charlotte hospital, developed a referral Centralized Bed Placement Network to seek out available beds more quickly. Use of Telephonic communication with the PCP in the absence of Tele-psychiatry. Seclusion and Restraint days decreased with the use of Trauma Informed Care practices with staff.
6. Center for Safer Schools: Early Intervention: training modules created for teachers to identify children who may need MH support. Resource officers are being trained with a new module.

Legislation to amend the school amendment statute on bullying and cyber bullying ie informing parents on the school policy and prevention on bullying and cyber bullying.

7. Monarch: BH urgent care sites accept anyone on walk in basis. Holding program in Guilford: they have safety officers employed in lieu of law enforcement, EMT can do medical clearance to eliminate medical clearance in the ED. Monarch staff embedded at Cone Hospital who does outpatient linkage with appts, VR, DSS, medication resources. Can only follow up with Medicaid clients at this time. Training with Group Home staff to utilize Mobile Crisis instead of ED. Use of TeleMed . Able to use Oasis database to locate a provider who is available in real time.
8. Mission Health System: Partnering with Smoky Mtn MCO. Utilizing embedded staff member in the ED to assist with assessment. Collecting data on high users. Utilizing different disciplines to incorporate the whole person care. Looking at a model (facility) that would target the highest users and focus on treatment or housing. Utilizing relationship between law enforcement and other stakeholders to look for solutions in the community. Developed a HOT team to focus on the homeless ED high users.
9. Smoky Mountain Center: Collaboration between crisis continuums. All 23 counties are participating. Have developed resources between community partnerships. First time users will experience a set appt, a mini crisis plan, access center number, and access to same day access center. Challenge: need for increase inpatient beds. MH First Aid is being implemented. Have WRAP facilitators pushing the WRAP plan.
10. Strategic Behavioral Health: 12 additional beds will be open in Garner to serve child and adolescent population.
11. Easter Seals: Trauma Informed Care has been used in staff training. MH First Aid is being used. Successful integrated medical care with PCP and the MH/IDD continuum. NC START program has reduced LOS, and defer placement in the ED.
12. DD Consortium: including IDD supports within the crisis support providers has been instrumental
13. Freedom House: partnerships with care coordinators at the hospital to assist with discharge planning. Using warm transfers to identified community providers to reduce risk of patients falling through the cracks.

Networking Break

Review and test our priorities, next steps

1. CMC indicated that uniform paperwork and uniform process has been helpful in speeding up the transfer process between hospitals. Suggest looking at uniform process across the state
2. Use of G4S transport has been a huge asset and alleviated a burden from law enforcement
3. The uninsured have been a big barrier, the need for more mobile crisis responders
4. Vidant is collecting data on patients appearing in the ED: watch list
5. Weekends: some facilities do not take admissions on the weekends
6. Some hospitals have not adapted to the new culture of the patients being served and beds are going empty instead of serving the crisis population
7. Access to Academia for research

8. A systematic bed board for NC would be helpful. Admissions at state facilities not occurring on the weekends is problematic. Changing the code for EMS (?) being able to take to alternate destination. Some type of accountability/reporting when a time limit in the ED has been reached.
9. No resources for TBI crisis
10. Supports for trained staff for IDD individual in crisis
11. Payor Source drives bed availability
12. Stop psychiatric boarding
13. Services for the deaf and hard of hearing are minimal and funding has been cut

Possible new topics

Adolescent Crisis Intervention
Med clearance and Labs – reducing these as barriers/delays to admissions

Wrap Up – Next meeting is scheduled for 9/15