

Crisis Committee Meeting
ALAMANCE/CASWELL/ROCKINGHAM LOCAL MANAGEMENT ENTITY

June 11, 2008

LME Staff Present: Alicia Graham, Dr. Cristina Mickiewicz, Victor Armstong, Suzanne Marens, Daniel Hahn and Carmen Morrow

Provider Staff Present: Debbie Duross, Psychotherapeutic Services; Gillian Eberle, Easter Seals; Felissa Ferrell, Rockingham Co. DSS; Gloria Doss, Morehead Hospital; John Owen, CFAC; and Jackie Butler, ADS.

AGENDA ITEM	DISCUSSION/CONCLUSION	ACTION/NEXT STEPS	RESPONSIBLE PERSON	STATUS
<i>Item number and name</i>	<i>Detailed reflection of discussion and any conclusions from discussions. Include pertinent data wherever possible.</i>	<i>Any decisions, recommendations and/or steps the committee takes.</i>		<i>Open or Closed</i>
Welcome	Ms. Alicia Graham welcomed all members. Introductions were made of Crisis Committee members.			Closed
May 14, 2008 Minutes reviewed	May 14, 2008 minutes were reviewed. One minor change to correct spelling of committee members name. Minutes approved.	Minutes Approved		Closed
Transportation Sub-Committee Report	<p>Victor Armstrong, LME Care Coordination Manager presented Transportation Sub-Committee report. Transportation is only for Crisis vs. routine appointments.</p> <p>Sub-Committee met on June 5, 2008 and the following was discussed:</p> <ul style="list-style-type: none"> ➤ Transportation vendors will present to sub-committee group before presentation is made to full Crisis Committee. CJ Medical Transportation is based in Guilford County. Most vendors charge on "flat" rate and use expedia.com to obtain mileage information. ➤ Mass Email regarding vendor drivers – email will go out to stakeholders, crisis committee and providers to see how much interest?? Email will go out next week. ➤ Need more committee members to be on subcommittee – If interested, please contact Carmen Morrow? <p>Ms. Felissa Ferrell added Rockingham Co. already has a transportation committee in place – would it be appropriate to ask one of the members to join the sub-committee for Rockingham County? Ms. Ferrell will contact the group and give the LME a contact name.</p>			Open

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	<p><u>Question: Is transportation to medical appointments an option?</u> <u>Answer: As of now, this group is only focusing on Crisis transportation.</u></p>			
<p>Establishment of CIT Sub-Committee</p>	<p>Helen Feroli, QI/PR Manager reported on CIT program. The following was presented:</p> <p>CIT (Crisis Intervention Team) is an innovative first responder model of police based crisis intervention with community, mental health, and advocacy partnerships. The CIT Model was first developed in Memphis and has spread throughout the country.</p> <p>CIT provides law enforcement-based crisis intervention training for assisting those individuals with a mental illness, and improves the safety of patrol officers, consumers, family members and citizens within the community.</p> <p>CIT Model reduces both stigma and the need for further involvement with the criminal justice system. CIT provides a forum for effective problem solving regarding the interaction between the criminal justice & mental health care system and creates the context for sustainable change.</p> <p><u>Basic Goals:</u></p> <ol style="list-style-type: none"> 1. Improve Officer & Consumer Safety 2. Redirect Individuals with Mental Illness from the Judicial System to the Mental Health Care System <p><u>CORE Elements:</u></p> <p><u>Ongoing Elements –</u></p> <ol style="list-style-type: none"> 1. Partnerships: Law Enforcement, Advocacy, Mental Health 2. Community Ownership: Planning, Implementation & Networking 3. Policies & Procedures: CIT Training, Law Enforcement & MH Emergency <p><u>Operational Elements –</u></p> <ol style="list-style-type: none"> 1. CIT: Officer, Dispatcher, Coordinator (MH, Law Enforcement, Advocacy) 2. Curriculum: CIT Training (Patrol Officer 40 hr. training & Dispatch Training) 3. Mental Health Receiving Facility: Emergency Services 			<p>Closed</p>

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	<p><u>Sustaining Elements –</u></p> <ol style="list-style-type: none"> 1. Evaluation & Research (Program Evaluation & Development Research) 2. In-Service Training (Extended & Advanced) 3. Recognition & Honors 4. Outreach: Developing CIT in Other Communities <p>John Owen added Mark Long, CFAC Member was instrumental in bringing Jail Diversion (CIT) approximately 3 years ago. The Memphis model is based on a 24/7 drop off program. North Carolina does not have a consistent "hand off" policy.</p> <p>Ms. Feroli reported as of January (21 officers) and May (10 officers). Ms. Feroli stated we are in the process of reformulating sub-committee group. Invitations have been forwarded to potential members. The reformulated CIT Sub-Committee's first meeting will be held: June 27, 2008 from 10am – 12pm at HSC Building on the 1st Floor. Committee members suggested the following:</p> <ul style="list-style-type: none"> ➤ Can you include CIT officers on the LME website? ➤ ID Cards for providers to give to consumers ➤ CIT will be featured in the next quarterly LME newsletter <p>If you are interested, please contact Helen at 513-4200 ext. 4127.</p> <p>Ms. Feroli thanked Psychotherapeutic Services for all of their hard work & acting skills in the past two CIT Trainings.</p> <p>The next CIT Training will be held the 1st week of August.</p>			

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TAC Report	<p>Mr. Victor Armstrong reported on the recent TAC conference. The LME presented on current Crisis plan – hospital bed days, “road show” and process with Morehead Hospital. We reported on the events that have occurred since the Crisis plan began last year. Mr. Armstrong stated the report was well received. He stated it was very interesting to hear what the other LMEs have accomplished also.</p> <p>Mr. Armstrong reported the LME is looking to partner with local hospitals/private providers/LMEs to collaborate.</p> <p><u>Project: 1st Commitment Waiver Pilot Program</u> – Pilot has been completed, but not enough (data) information was gathered. A new RFA has been complete and 5 LME’s will be chosen. ACR LME has applied for the pilot program and should receive word by the end of this week. As a part of the submission ACR LME will partner with ARMC (Alamance Regional Medical Center) and place a LCSW at ARMC between the hours of 3pm – 12pm in hopes to bring hospital bed days down.</p> <p>Presently meetings have been scheduled with two other local hospitals in the area to have more dialog and continue partnerships with local resources.</p> <p><u>2nd Goal – Hospital Data</u> – data would be very helpful. Felissa Ferrell presented report on “<i>EMS Response in Rockingham County</i>”. The data was as follows:</p> <table border="1" data-bbox="348 1019 1236 1412"> <thead> <tr> <th>EMS Response Type</th> <th>Calendar Year 2007</th> <th>Calendar YTD 2008*</th> </tr> </thead> <tbody> <tr> <td>Suicide Standbys (EMS is on standby when there is any threat of suicide)</td> <td>4</td> <td>0</td> </tr> <tr> <td>Overdose (Intentional & Non Intentional)</td> <td>216</td> <td>62</td> </tr> <tr> <td>Psychiatric/Abnormal suicide attempt</td> <td>131</td> <td>52</td> </tr> <tr> <td>Stabbing, including self inflicted</td> <td>50</td> <td>24</td> </tr> <tr> <td>Total EMS Calls</td> <td>401</td> <td>138</td> </tr> </tbody> </table> <p>*2008 numbers are reflective of Jan, Feb & March statistical data by EMS (1st Quarter).</p>	EMS Response Type	Calendar Year 2007	Calendar YTD 2008*	Suicide Standbys (EMS is on standby when there is any threat of suicide)	4	0	Overdose (Intentional & Non Intentional)	216	62	Psychiatric/Abnormal suicide attempt	131	52	Stabbing, including self inflicted	50	24	Total EMS Calls	401	138			Open
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	<p>Gloria Doss, RN at Morehead Hospital stated data could be pulled from information at ER. She will take information back to Ann Mills and see what information they can gather regarding diagnosis (Diagnostic Related Groups) this information drives billing.</p> <p><u>Question: Do we need to meet to discuss what data would be valuable for the committee?</u> <u>Answer: Meeting will occur first with hospitals to see what they need and will be presented at the next Crisis Committee meeting – subcommittee can be formed afterwards.</u></p> <p>Data Suggestions:</p> <ul style="list-style-type: none"> ➤ Advanced Health ➤ Jail Diversion ➤ After Hours Calls ➤ Mobile Crisis <p>Ms. Graham announced effective July 1, 2008, 24/7 Screening/Triage/Referral coverage will be delivered by the LME.</p>			
Community Education	<p>Ms. Graham announced the following:</p> <ul style="list-style-type: none"> ➤ Caswell County Road Show continues once completed will start with Alamance County. ➤ <u>Newsletter</u> – Ms. Feroli announced hopefully the newsletter will come out this week – It will feature an article on “Mobile Crisis”. ➤ The LME and Psychotherapeutic Services (Mobile Crisis) will meet with Freedom House regarding Mobile Crisis setting and how do they bill? This information will be presented at the next Crisis Committee. Discussions continued about provider Daymark who provides Mobile Crisis services. <p><u>Question: Do we have better access to 23 hr. beds?</u> <u>Answer: Ms. Graham reported the LME continues to have conversations with ARMC. At this point, there is no service definition, which would make billing very difficult. Mike Mayer with the Division continues to have conversations with DMA.</u></p>			Open

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Preparation for next meeting	Next Meeting: <ul style="list-style-type: none"> ➤ Sub-Committee Transportation report ➤ Freedom House/Mobile Crisis information ➤ Hospital Meeting information 			
Next Meeting:	Wednesday, August 20th at 11:30am. Location TBA <i>The meeting has been changed from August 13th due to a scheduling conflict with the LME.</i>			

Respectfully Submitted By:

_____ Date _____
 Carmen Morrow