BEHAVIORAL HEALTH ACCESS INITATIVE

Purpose: To secure viable and sustainable services for behavioral health in Lenawee County

EXPANDING CRISIS SERVICES SUB-COMMITTEE
MAY 21, 2019
CMH BOARD ROOM

Present: Bradley, J. Anderson, A Morley, S
Reed, D (Chair) Szewczuk, K. Degner, T
Rawlings, K (minutes) Parsil, J Behm, E
Adams, G

Goal: To divert Lenawee consumers in crisis, from the hospital/jail and connect to community resources when appropriate.

1. Welcome & Introductions
2. Priority #1: Training
   a. 4/9 Action Steps
   - Sandy Morley will check with colleges to find out their needs and barriers. Sandy contacted the Wellness Instructor at Jackson College, no response yet. Monique Savage at Adrian College has not responded. Siena has trainings for RAs (Dorm Trainings), done by a peer advocate group. They also work with faculty on behavioral and physical health. Active Minds program is ongoing at Siena, however there is a cost involved with this.
   - Danielle (Bixby ER) will check with ER and primary care contacts. Physician training? Barriers include doctors not knowing what services CMH provides; how long it takes to get someone in etc. Rachelle will contact Kathryn regarding involvement of ER Medical Director to schedule a training. Psychiatric ER – can the doctors administer medications and then connect the patient to inpatient if necessary? Hospitals may accept if treatment is started and be able to do counseling, stabilization etc. There are times when people sit in the ER for multiple days. It was agreed that this issue should be added to the larger BHAi group agenda.
Nurses would benefit from Mental Health First Aid/safe Talk trainings. **Rachelle will ask the doctors what specific training they would like.**

- Jackie will contact the Sheriff to see if there is anything else that they need. The Sheriff did not have anything to add to previous communications. Short 15 min. videos would be preferable. **Jackie will follow up with law enforcement for more specific topics/content.**
- What does the community need? CMH offers Mental Health First Aid, SafeTalk, Yellow Ribbon, Suicide Prevention etc. Could these be more widely publicized. Ex. Facebook posts, 2-1-1, website, radio, newspaper ads. The next MHFA training is scheduled for July 30th. Suggestion for a training that addresses what it is like living with someone with mental health issues; how can family/friends help; what does it look like? Etc. First Fridays in Adrian would be a good time to hand out information to the public. **Kathryn will check if Pathways** is utilizing First Fridays for outreach materials. Monroe County has a mental health rally every year with vendors etc. We have provided information at the Lenawee County Fair in the past.

b. Next Steps
   What other ways are there to get trainings out to the community for those who cannot attend in person? Relias; Webinars; ProMedica (Health Stream), PSAs.

3. Priority #2: Data Collection
   a. 4/9 Action Steps
      i. Identify all organizations who are currently collecting information on incidents of behavioral health crisis
         - Jackie will check if hotline data is available by county. Nothing to report yet. **Jackie will keep trying.**
         - Jackie will check if 2-1-1 tracks data on behavioral health crisis calls. Calls are tracked by content area/referral. Numbers would be very small.
         - Amanda will find out what data is collected from CPS/APS. Amanda not present to report.
         - **Erica has Lenawee County Veteran data that she will pass along to Jackie.**
         - **Rachelle will ask Danielle for data she has collected.**
• How many people that come to the Family Medical Center are then sent to the hospital? **Jessica will ask for a report.**

• It would be helpful for doctors to know how long it takes to see a psychiatrist at CMH/FMC/VA. If a medication is needed what resources are out there? Many PCPs prescribe psychiatric meds. Often times there is no follow up with a PCP following a psychiatric admission.

b. Next Steps

A gap identified above - patients arrive at the ER who have stopped their meds or did not take them, or did not follow up with a PCP, did not get back into CMH. There needs to be an easier/smooother way to be able to prescribe or renew prescriptions to people in crisis so that stabilization can occur with a hand off to the PCP, and to cover the wait time to see the psychiatrist, as well as a connection for immediate help for other needs prior to the next appointment. More discussion on this at the next meeting.

4. Priority #3: Resource Guide


b. Next Steps

6. Other Issues

The next meeting of the full Behavioral Health Access Initiative is scheduled for **June 6th at 4pm**, at the Family Medical Center. This location may be changed.

**Next meeting: TBD**