1. Welcome and introductions – Kathryn Szewczuk

2. Overview of Project – Amy Palmer

3. PSC – Scott Dzurka explained the capabilities and scope of Public Sector Consultants, their experience and history with working in the realm of behavioral health, particularly with inpatient and crisis services; the lack of which is a state and nationwide issue. PSC has approx. 50 people at their disposal for facilitation, research, program evaluation and implementation. They are currently doing a similar project in Kent County (Grand Rapids area). Data will be gathered based on Medicaid utilization. Commercial insurance data is not a comprehensive system. The assessment should take approximately six months, at which time PSC will come back to report their findings. Ideas and possible solutions will be reflected in this report, which will enable the committee to formulate their next steps.

4. Discussion on challenges in crisis services.

   New thoughts or learnings since the Town Hall:

   • Lack/shortage of clinicians, deeper competition is driving up salary levels
   • A crisis resource guide is in development (ProMedica)
   • More services needed for those in the jail, and being taken to the jail. They are on track for introducing MAT treatment in the jail by July 1st.
   • A better system of identifying mental illness
   • Lack of services for children and older adolescents – there should be a juvenile justice partner on this committee.
Where is the common interest/consensus among community members to address this?

- A possible solution would be a 24-hour outreach team
- We could be more proactive – we know the population; we have the ability to follow up with care coordination/outreach/interventions
- Education needed for first responders, there has been discussion about creating a pocket sized card which includes a website/point of contact for available resources
- Co-occurring mental health and substance use disorders creates issues at the ER, as people are discharged when they are deemed medically stable.
- We have been looking at having peer recovery coaches in the ER. ProMedica is looking at models to pilot locally.
- The Michigan Opioid Collaborative is working with doctors to encourage them to provide MAT treatment – there has been some progress. Family Medical Center has three providers who are doing MAT. Sublocade will be available next month.
- As we have been focusing on opioid addiction, we are seeing a rise in crystal meth.
- Is there an opportunity for providers already in the community to expand to include crisis services?
- Would a crisis home be the solution, and could this community keep it fully utilized?

What do you hope PSC’s work points you to?

- We need more treatment centers
- Find solutions that we may have overlooked
- There may be solutions in other communities that we could employ in Lenawee.
- Can we support and keep a crisis unit going, how big would it be and is that financially viable?
- What do we need to keep working on to make something viable?
- What services could be supported to fill the gaps we have? Ex. respite; mentoring; training for parents who need help
- What early interventions are there for the inpatient issue?
- Knowledge of what is happening in the state, new ideas on expanding crisis services
- Transportation is a county-wide issue, particularly non-emergency medical transportation

Identify Next Steps:

- Progress reports and feedback in preparation for the presentation of the report
5. Expanding Crisis Services Report.

- Three priority areas have been identified: training for first responders; developing a resource list; education and awareness for the community

The next meeting will be scheduled in August.

Meeting adjourned 5:02pm