# Safe Haven Advisory Board Meeting

March 20, 2017 11:00AM

Safe Haven Advisory Board members in attendance: Kerry Milton for Patti Ellish, Major Wharton Muller, Dr. Charles Preston, Kelly Rabalais, Tania Loumiet for Bill Davis, Colin Sims, DA’s office, Judge Peter Garcia, Jan Robert. Absent: Dennis Glass, STP Council representative

Other members of the behavioral health community and the general public attended.

Kelly Rabalais called the meeting of the Safe Haven Advisory Board to order at 11:00AM. A quorum of the Advisory Board was established.

The minutes from the December 12, 2016 meeting were presented. Wharton Muller moved for approval, seconded by Judge Garcia, with all voting in favor.

Kelly Rabalais re-introduced the Safe Haven Advisory Board bylaws.

Dr. Charles Preston moved for approval of the Safe Haven by-laws, seconded by Wharton Muller with all voting in favor of adoption.

Kelly Rabalais was unanimously elected to serve as Safe Haven Board Chair and Jan Robert as Secretary to the Board.

Kelly Rabalais provided an update on the Safe Haven facility. The parish will advertise this week for asbestos abatement of the 13,000 SF future Crisis Intervention Center. The renovation plans for the facility are being finalized and include a triage and assessment unit, sobering center and a crisis respite center. Interviews with end users have been completed.

The RFI will be released to potential operators on Thursday, March 23, 2017. The RFI is broad in scope and hopes to encourage innovation and creative partnerships to deliver behavioral health crisis services to the community.

Grant update: Jan Robert provided an overview of Safe Haven funding needs that have been identified: CIT training for law enforcement, Mental Health First Aid, MHFA training, data collection system, case management, crisis line enhancement, transportation, Peer Run Drop in Center, universal screening tools and training, support services in jail and for re-entry, and transitional housing.

There are several grants that are currently in the implementation stages that are consistent with the Safe Haven model and identified outcomes of diversion from the criminal justice system and the hospital ED’s.

The 22nd Judicial is in the process of year 3 implementation of 2 SAMHSA/BJA grants to support Behavioral Health Court clients and programs. VIA Link, 211 has a United Way grant that will serve to partially fund behavioral health training for law enforcement and MHFA for health care professionals. NAMI is submitting a grant to BCM to support operations and training of peer support specialists for the Peer Run Drop in Center.

STP government, the DA’s office, the jail and the 22nd Judicial are in the process of developing a system to share a grant writer to assist in the identification of possible funding sources and the writing of applications to support the needs of Safe Haven.

All meeting notices and minutes are available online on the Safe Haven website, [www.safehavenstp.org](http://www.safehavenstp.org).

Major Wharton Muller provided an update on the STP Sheriff’s office Crisis Intervention Training, CIT. Four deputies and Major Muller completed the 40-hour CIT training provided by the San Antonio Police Department in January 2017. The STP CIT is currently assigned to shifts, 10A-10P, and are working a rotating schedule. They are preparing to partner with NAMI to educate the community on their purpose and how to utilize them as a community BH resource.

## Safe Haven Committee Reports:

### Jail Diversion: Judge Peter Garcia

Judge Peter Garcia reviewed the mission, goals and accomplishments from 2016 of the Safe Haven Jail Diversion Committee.

Mission: Decriminalize mental illness

Divert individuals from incarceration to treatment

Goals: Develop effective strategies to identify and divert people with mental health disorders out of jail and into community based treatment.

Review of accomplishments, 2016:

1. Gathering of stakeholders: DA, PDO, Law Enforcement, Coroner, Judiciary, Mental Health Advocacy Groups, Treatment Providers/Human Services Authority, Parish Government, Community Volunteers, Probation and Parole, Jail Personnel

2. Developed a Sequential Intercept Model for St Tammany Parish criminal justice system

3. Open up line of communication between FPHSA & STPSO

4. CIT/DMOT training: 4 STPSO deputies and Major Muller recently completed CIT training in San Antonio. The deputies will operate as the Crisis Intervention Team in St Tammany and respond to BH crises.

5. Mental Health First Aid for 1st Responders and Criminal Justice System: Partnered with NAMI St Tammany to receive 8 hours of training in mental health first aid.

6. Behavioral Health Training for 911/Dispatch: NAMI St Tammany developed a curriculum to assist 911 dispatchers in their ability to identify, communicate with and code behavioral health crises

7. Creation of mental health screening tool at jail (CJCC) for use in setting bond conditions/use for identifying individuals for jail diversion/referrals into treatment

8. Development of funding/grant opportunities by coordination of local government, law enforcement, human services authority and judiciary

9. Discussions with LSU Law School Dean re: clinic relationship and/or internship possibilities

10.Community engagement by committee members with bar association and various service organizations

The Jail Diversion Committee recently formed 3 subcommittees to address specific issues:

* Treatment and Advocacy
* Law Enforcement
* Judicial

The next meeting of the committee as a whole will be held on Tuesday, April 4 at 8AM at the STP Coroner’s office.

### Healthcare Committee: Dr. Charles Preston

Dr. Preston presented an overview and update of the Safe Have project.

Licensing regulations from LDH are under review by the Safe Haven Executive Committee, architects and facility planners. The project is still on target to begin renovations the second quarter of 2017 with facility completion anticipated for April 2018. The schematics will support the broadest treatment options with billing and reimbursement available.

The NAMI St Tammany Peer Run Drop in facility is anticipated to open in July 2017. Family Promise Day Center, late 2017, early 2018.

The Houston Recovery Center is a sobering facility model that members of the Healthcare Committee plan to visit in March 2017. An example of best practices include:

* Year one, drop off from law enforcement only, and then began to accept walk ins. Voluntary admission only.
* LE drop off takes an average of 7 minutes
* Average LOS: 4-6 hours
* No license required.
* EMS cannot drop off as Texas law prohibits it. We need to investigate and recommend legislative changes if needed to allow for EMS drop off and reimbursement at sobering and crisis respite.
* No med detox
* EMT provides medical screening
* Recovery Specialists are available 24/7

Dr. Preston reported that Greenbrier is planning to open a med detox unit in the near future. They hope to have 6-10 beds available and will accept Medicaid and private insurance. NP’s will be on site and they will perform medical clearance.

The challenge for ED’s and a med detox unit is for immediate access to residential treatment and outpatient therapy.

The Acadian point of service model for site visits to provide care at home for asthmatics, etc. can also potentially be used to provide care for those living with mental illness. Acadian is reimbursed for these services. Need to have further discussion with Healthy Louisiana programs and state Medicaid office.

The committee reviewed and discussed a medical protocol that was developed a couple of years ago for possible medical clearance in the field by EMT. Suggestions were made for changes to the document to increase the scope. These decisions will be deferred until an operator for the facility is selected later this year.

Dr. Preston discussed the need to identify a system for information sharing across the BH care system. He suggested something less ambitious than the EMR system that hospitals utilize. A data collection system that would allow mental healthcare providers to identify frequent flyers and begin to develop preventative care models to decrease episodes of crisis would be preferred.

The committee is reviewing tools for identifying mental illness and suicide risk that could be utilized universally across the system in ED’s, etc. STPH and SMH have submitted to the committee suicide-screening tools used in ED’s by nurses.

Dr. Schoener LaPrairie has identified an assessment tool, the Columbia Suicide Severity Rating Scale, which will be presented and reviewed by committee members at the next Healthcare Committee meeting on April 13, 2017.

## Training and Education: Major Wharton Muller

Nick Richard, NAMI, and Athena Walker, 911, have developed a 911 crisis training manual and training for dispatch. The manual is still under development and will require approval by each 911-dispatch center before implementation of this curriculum as part of comprehensive training. All dispatchers receive APCO training and orientation, which includes an introduction to BH crisis calls. The training utilizes simulation and debriefing strategies to create realistic learning scenarios.

The beta testing process for the Mental Health App has been completed. The app is now in the final stages of corrections and adjustments by the developer. Target for completion: End of March 2017.

MHFA Training. Kerry Milton, STPH, reported that STPH plans to schedule MHFA training in July 2017. The MHFA training will be open to the public. Nurses will be able to earn 7.5 CE’s. Cost of class will be $95.

NAMI will partner with the STPSO to offer a 16 hour Behavioral Health Training for law enforcement on June 20 and 21, 2017. The STPSO will offer the training at their Pearl River facility. They will extend invitations to law enforcement in municipalities as well as Washington and Tangipahoa Parish.

VIA Link 211 provides health and human services resources including a crisis line. Text 211 will launch statewide in July 2017. VIA Link 211 is a blended agency offering information, referral and crisis counseling 24/7. Priorities are to promote 211 and raise awareness of the resources they have to offer in St Tammany, Tangipahoa and Washington parishes. BH training for law enforcement as well as other MHFA trainings are part of meeting the goals as a United Way agency to provide resources, particularly mental health resources, to victims of recent flooding.

There is a need across the system for patient navigators. The Health Guardian model was recently presented as a case management model option to Jail Diversion and Healthcare Committees. VOA continues to provide minimal services, primarily case management to individuals in crisis.

The next meeting of the Safe Haven Training and Education Committee will be held on Thursday, May 11, 2017 at 8:30 AM at the STP Coroner’s office.

The Safe Haven Advisory Board meeting was adjourned at noon.

The next quarterly meeting of the Safe Haven Advisory Board will be held on June 12, 2017 at 11AM.