

Clark County Crisis Collaborative

August 17, 2017, 3-4:30 PM

Meeting minutes

Attendees: Vanessa, Kay (Clark County), Alicia, Cindy (Molina), Erin (Protocall), Peggy (NAMI), Brad, Susie (CVAB), Sela (CHPW), Daniel (ACH), Inna, Kelly (Beacon)

Phone: Vicki, Dr. Pickens (Molina), Kyle (Peacehealth)

- Follow up from last meeting, Announcements and Updates on Recommended Key Action Steps
 1. Follow up: Homework from last meeting
 - Erin to re-send out survey to other providers in group
 - Re-sent today (8/17) to Behavioral Health Providers, share results at the next meeting
 - Daniel follow up on feedback from lunch and learn meeting with ACH/public health
 - Meeting was rescheduled, will report back in future
 - Medical clearance group- learn more from Unity model; approach units with recommendation
 - Sandrine followed up with Director at Unity- not as accurate as initially portrayed as H&P, vitals and labs needed for admittance
 - Aaron update medical clearance document- done
 - Data group schedule follow up meetings to figure out what to track and bring back to next meeting for review- done
 2. UPDATES: Clark Crisis
 - Interviews for Crisis Manager: had 5 applicants that were interviewed, need to continue search, repost position in September
 - Staff: New DMHP hired, Diane retiring in August, changes to graveyard shift to move to on-call instead being piloted, met with Peacehealth to discuss impact to staff changes
 - Sheena's law effective 7/1: Law enforcement (all cities in Clark County) faxes forms to Clark Crisis who then follows up within 24 hours (checked 2x daily)
 - Peers in 2-person response: Great experience with outreaches, DMHP's are ecstatic about it, able to deploy quickly together, 7-day follow up can be improved, adding peers to weekend availability this weekend
- Children's mobile crisis
- Coordination with Protocall and Catholics, including web demo of Protocall system, procedure set updates, live on 9/1/17
 - Introduction at monthly Crisis response partnership meeting (AMR, Sheriff, ED's, etc.) as a new resource and updates to CRESA procedures so 911 calls can identify all mental health calls eventually, not just suicide ideation calls
 - Clark Children's crisis collaborative to kick off in June, Kappy Madenwald will join first meeting
- Other
- Adult mobile crisis- plan to release RFP in October, award in January 2018, and program start in March-June 2018 depending on capacity
 - 8/31 advisory committee meeting will include HCA sharing data on early adopter performance compared to the rest of the state

- Crisis triage proposal- got three million for crisis stabilization, didn't pass state budget. Need to determine next steps we want to take as a community.
- Youth suicide (standing topic)
 - Article in newspaper shared that TIP NW (School Trauma Response Team- Clark and Multnomah team) has responded to 30 youth suicides in region (not all Clark County). Actual data and numbers are still unclear.
 - Inna will reach out to learn more about TIP NW, invite them to a meeting
 - School advisory council on Monday- want to learn more about behavioral health school based services and homeless services for youth and families.
 - NAMI providing training (15 Juniors) to be peer mentors (HELA High school- health science school)
- Discuss next steps on Medical Clearance
 - Not doing away with medical clearance entirely but current practice can delay treatment/crisis relief. There is no standard of care across the nation. Individuals end up sitting in ED waiting for testing and results instead of getting treatment.
 - Senate bill 721 allows for direct transport to facilities, but hasn't been implemented in MH; Lifeline allows for SUD IP
 - E&Ts have a requirement for Nurse Practitioner to do H&P within a few hours of admit, seems redundant to medical clearance requirement
 - Eventually will need to update statewide DMHP protocol, currently has medical clearance included as a best practice which gets misunderstood as a WAC requirement
 - Next step: MD led work group to review practice with ED MDs and DMHPs to come up with practice change recommendation that we can present to local facilities to implement. Group should include Inna/Cindy/Sela to coordinate with MDs and Kyle will get an ED representative to discuss as well
- Review data matrix draft 1 and identify priority metrics
 - Brad facilitated meeting on 8/10 with focus on defining excellence in crisis services, work towards resolution and solutions.
 - Viewed through the framework of the five phases of crisis and Balfour articles on data points
 - Beacon will collect information and reporting back to the group once data measures determined and agreed upon
 - Current data is organized around ITA's and we want to expand that perspective
 - Homework: review data matrix draft (in agenda) and provide feedback to Inna priority metrics and how to make items measurable
- Follow up items:
 - Erin will share results of crisis line survey feedback at next meeting
 - Daniel will report on meeting with public health once meeting is re-scheduled
 - Inna will reach out to TIP NW (Youth suicide/trauma response team) to learn more and invite them to a meeting
 - Medical Clearance work group discussion, Cindy and Sela work with Inna and their facilities/MD's, Kyle will get ED representative to collaborate
 - All: review data matrix draft (in agenda) and provide feedback to Inna priority metrics and how to make items measurable