

Clark County Crisis Collaborative

July 20, 2017, 3-4:30 PM

Meeting minutes

Attendees: Dave (PeaceHealth), Vanessa, Dede, Aaron, Kay (Clark County), Daniel (ACH), Andy (Children's Home Society/Provider Alliance), Sela (CHPW), Brad and Susie (CVAB), Peggy (NAMI), Erin (ProtoCall), Michelle (Clark County Juvenile Court), Sandrine (Legacy), Inna, Kelly (Beacon)

Phone: Tamara (Skamania), Dawn (ACH), Lindsay (ProtoCall), Kyle (PeaceHealth)

- Follow up from last meeting, Announcements and Updates on Recommended Key Action Steps
 1. Follow up: ProtoCall follow up with Providers and individuals and their experience with using the crisis line
 - Only received 14 responses to survey; initial themes include the amount of information being asked by the clinician on the call is a lot- initially too much focus on demographics than reason for the call, demographics reoccurring piece of concern from feedback
 - Original request for survey was to get feedback from providers re: crisis line experience; might want to consider a user survey but will need to be designed differently than current survey
 - Erin can send it back out to get more responses
 2. UPDATE: Mobile Crisis- DMHP's have many changes upcoming in the next year: CD ITA, Sheena's law, Ricky's law.
 - Clark County will not expand mobile crisis services; new design will look like youth mobile crisis services with separate mobile crisis provider
 - Beacon will procure an adult mobile crisis provider; looking at several months' process; DMHP's still mobile until this happens
 - CVAB has peers available (shadowing Kay) for mobile crisis:
 - hired 3 staff, peer counselors including Suzie, early intervention and prevention is focus; peers as standard 2-person response
 - Shadowing has been positive, working with family unit
 - Motivated team with diverse backgrounds
 - Continuum of services- Mobile crisis teams first, DMHP/DCR's then dispatched if needed
 - Peers standard with 2-person response in the community will be an expectation in the RFP/new mobile crisis provider- staffed with Peers or partner with CVAB
 3. UPDATE: Youth Mobile Crisis Update- service launching September 1st, in process of hiring clinicians and peers. Will operate 10am-10pm. Children's crisis collaborative will initiate late summer.
 - Provider will connect with Clark County and ProtoCall to discuss coordination. Catholics hosting a phone conference tomorrow- possibly do ongoing call if it is helpful
 4. UPDATE: Skamania County- specific report released in June, meeting next week to talk about how to implement recommendations and initiate a Skamania Crisis Collaborative
 5. Follow up: Youth suicide: Dede follow up with Dr. Melnick about championing a county wide approach from a public health concern; Daniel bring back to ACH re: county wide approach
 - Conversation has been going on for sometime
 - Their data on suicide specific number have a few year lag (2 years old at best), cautions us to not just look at that data. Current suicides not counted in this.

- Thinks there should be a group of community members to plan. Epidemiologists have done a lot of research data, especially 10th grade data.
 - Depression, SI, and ACES discussions
 - If we want to do something, Dr. Melnick will bring in an epidemiologist and he will be involved
 - Daniel- ACH meeting with public health, how do the two entities function together? Will have more feedback about engagement- Lunch and learn
 - Peggy- NAMI planning a lot of events in Clark and Skamania counties
 - Lift Up Life, Listen and Learn
 - Looking for partners
 - Keep this topic as a standing meeting topic
- Small Group Work, Group report out, discussion and assign homework
 - Crisis data: by next meeting to determine what key measures we want to track
 - Goal to track is yet to be identified, what are ideals in terms of recovery, continuum of Crisis
 - Schedule follow up meetings to have something to present to collaborative next month
 - Medical Clearance: reviewed medical clearance information gathered since last meeting
 - Additional concerns identified such as Spring stone is coming in with big IP psych unit that isn't doing medical clearance; Bed availability at EP, Station II and Telecare; BHO's require rule out of medical causes, looking different than community's that surround us, may not work for placement outside community
 - Mitigation strategies for concerns can include reducing some qualifications; managing distress during medical clearance, having peers to reduce stress; field medical clearance; Unity has no wrong door (try to get them in the door), Examination room at Center for community health to use for medical clearance; Use Urgent Care vs. ED
 - Next steps: Learn more from Unity's model and their rule in/rule out criteria; approach a local facility to see if they are willing to try reducing medical clearance criteria; Find someone that is able to do field medical clearance
 - Action items:
 - Keep youth suicide topic on agenda ongoing
 - Erin to re- send out survey to other providers in group
 - Daniel (ACH) follow up on feedback from lunch and learn meeting with public health
 - Medical clearance group- learn more from Unity model; approach units with recommendations
 - Aaron update medical clearance document
 - Data group schedule follow up meetings to figure out what to track and bring back to next meeting for review