beacon health options

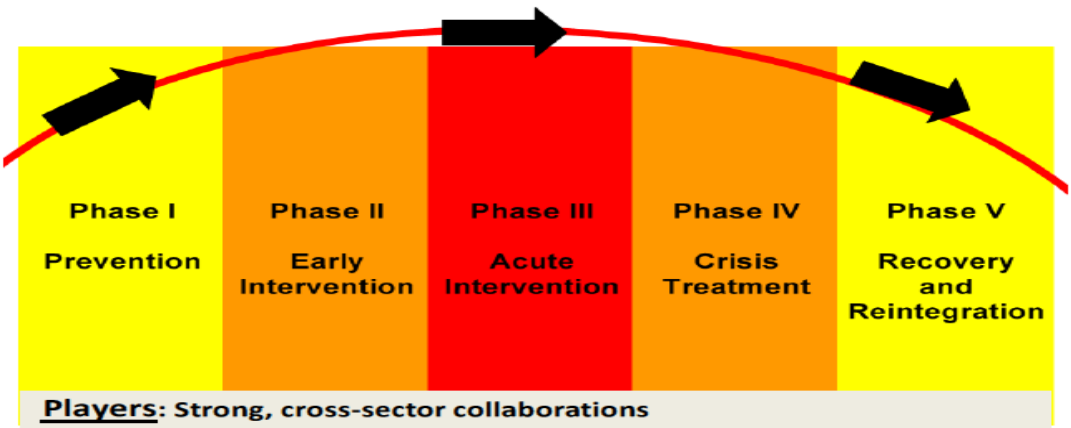
Agenda

Meeting Title:	Clark County Crisis Collaborative
Date/Time:	June 13, 1:00-2:30 PM
Location:	Children's Center, 13500 SE 7th St, Vancouver, WA 98683 phone 650-479-32089 pc: 7999-9944

1:00 – 1:10	Introductions
1:10 – 1:20	Announcements and Updates on Recommended Key Action Steps
1:20 – 1:30	Finalize Charter (additions in blue text)
1:30 – 2:10	Small group work

- Data measures: identify the goal of crisis system and what data components represent that
- Medical clearance: Make recommendation for changes

2:10 - 2:25	Group report out, discussion and assign homework
2:25 – 2:30	Summary of meeting and next steps



Madenwald & Day, Technical Assistance Collaborative, Inc.

Clark County Crisis Collaborative
Draft Charter

Clark County Crisis Collaborative purpose:

1. Cross sector, county specific system collaborative group to focus on system-wide improvements and transformation
2. Identify gaps in the Crisis System continuum of care (reference Crisis system of care organizing framework) in prevention, early intervention, acute intervention, crisis treatment and recovery and integration efforts as well as logistics, players, competencies and parts involved in assisting crisis system users experience adequate relief and resolution
3. Identify strategies and solutions to address gaps in the Crisis System continuum of care and pathways to implement best practices and technical assistance, including making recommendations to system providers and payers
4. Promote principles of recovery and resiliency by using Peer services and individual/family voices to inform and improve the Crisis System continuum of care
5. Develop written protocols that describe roles and expectations in interactions between the players in the crisis system such as pragmatic, working MOUs between key entities starting with the crisis teams, regional crisis line and lead treatment agencies with specific attention to mutual expectations throughout a crisis episode, filing of crisis plans and alerts, on-call schedules and administrative support, post-crisis follow-up commitments, and lead persons for collaborating on improvements.
6. Develop a communications strategy to share written protocols with key community partners so they understand the crisis continuum of care and opportunities for upstream interventions.
7. Develop county specific Crisis System of Care (CSOC) protocol handbook for use and dissemination (such as at CIT trainings, Mental Health First Aid, staff orientation, use by other sectors, and NAMI), describe access, inform about involuntary processes, but have the primary focus be on voluntary alternatives.
8. Map out specific responsibilities and expected competencies in performance standards
9. Review medical clearance practices and make recommendations for improvements in user experience
10. Decide critical data for the community to track to assess crisis system performance and review the data routinely, such as real-time data sharing, cost analysis and target populations.
11. Track data and strategize how to:
    a. reduce the use of involuntary interventions in crisis episodes.
    b. increase the use of peer or parent peer specialist involvement in crisis episodes.
    c. reduce out of area placements.
    d. Report out to the community and key stakeholders

Duration: Perpetual until otherwise designated

Members:

- Clark County Crisis
- Managed Care Organizations (MCO's)
- Law Enforcement
- Hospitals

- Providers
- Consumers with lived experience
- Housing/Homelessness
- Regional Crisis Line- Protocall
- Clark Regional Emergency Services Agency (CRESA)
- Schools
- Emergency Medical Services (EMS)

Role:
As the BH-ASO, Beacon will be the organizer and entity responsible to ensure that work is completed between meetings to make forward progress, ensure people feel invested in the forum and the time is well spent.

Participants' minimum roles and responsibilities:

- Attend meetings monthly
- Provide input to issues, strategies and direction
- Support the overall work of the crisis system
- Assist in recruiting additional stakeholders from targeted sectors
- Members shall receive no compensation for participation
- Follow through on agreed upon assignments

1. REVIEW MEDICAL CLEARANCE PRACTICES

Many communities have grappled with this issue of requiring medical clearance prior to psychiatric hospitalization. This is the case in Southwest Washington. However, the practice is time-consuming, costly, and generally is not patient-centric. From a patient-first lens, it is important to balance the potential health benefit that comes from the medical clearance with what potential harms it may introduce. This includes costs that the patient must bear, risk of unnecessary testing, discomfort, testing under coercive circumstances, delay in treatment of the crisis condition, and additional transportation. We recommend that the community review the necessity of this practice and seriously consider transitioning to a practice where medical clearance is the exception and not the rule. This practice is already in place at the detox facility operated by Lifeline Connections.

Rationale of current practices:
Practice recommendations to facilities:

Types of Measures[1]

Structure Measures- refer to the environment in which care is delivered, a facility's organization and resources

- What do you HAVE?
    - Is there a psychiatrist co-located in a clinic?
    - Staff to patient ratios

Process Measures- refer to the techniques and processes used to treat patients.

- What do you DO?
    - % patients screened for depression
    - Turnaround time for evaluation

Outcome Measures- refer to the consequences of the patient's interaction with the healthcare system

- Does it WORK?
    - Mortality
    - Patient satisfaction
    - Improvement in rating scales
    - Readmissions

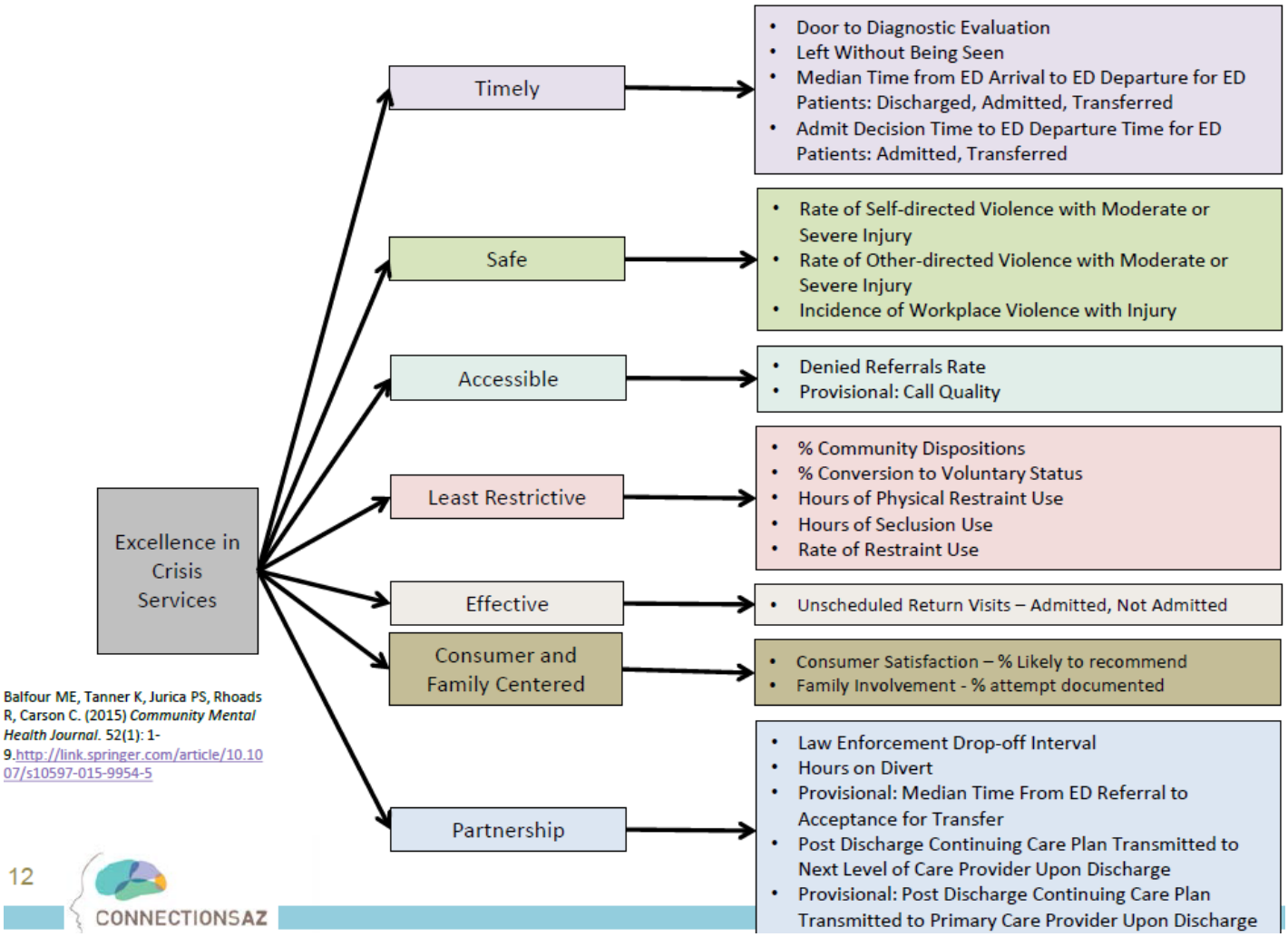
Measure Selection

1) Is it meaningful? Does it reflect a process that is clinically important and is there evidence supporting the measure?
2) Is it feasible? Is it possible to collect the data and can it be done accurately, quickly and easily?
3) Is it actionable? Do the measures provide direction for quality improvement activities?

[1] Margaret Balfour, slide deck: "Measuring Success: Development and Implementation of Values-Based Performance Measures for Behavioral Health Crisis Services"

CRISES- Crisis Reliability Indicators Supporting Emergency Services[2]

Sample of Value Based Performance Metrics (for facility-based psychiatric emergency services and 23-hour observation)



[2] Balfour, Margaret E., et al. "Crisis Reliability Indicators Supporting Emergency Services (CRISES): A Framework for Developing Performance Measures for Behavioral Health Crisis and Psychiatry Emergency Programs." Community Mental Health J (2016) 52:1-9