

Agenda

Meeting Title:	Clark County Children and Youth Crisis Collaborative
Date/Time:	November 2, 2017, 10:00-11:00 AM
Location:	Children's Center, 13500 SE 7th St, Vancouver, WA 98683 phone 650-479-3208 pc: 7999-9944

10:00 – 10:05 Introductions

10:05 – 10:10 Executive Summary Review– **Jeff Hite & Inna Liu**

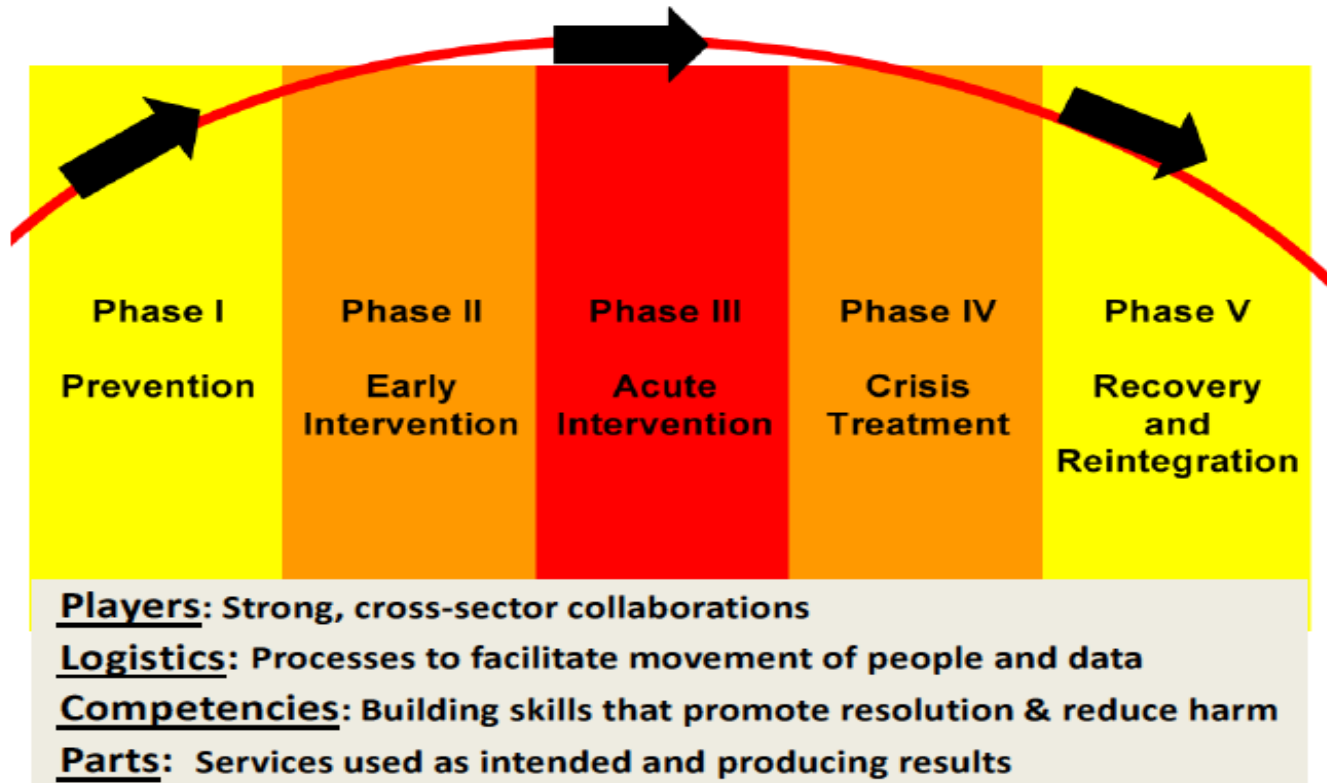
10:10 – 10:40 Youth Mobile Crisis – **Don and Brook**

10:40 – 10:50 Follow up from previous meeting

- Identification of high utilizers and develop intervention strategies
 - Set a threshold definition of “high utilizer”
 - Can claims data be used
- Mechanism for automatic 911 alert to school district, limits intervention
- Roll of Oak Bridge in collaborating with youth crisis system of care
 - Introduce YMCI as a resource
 - Mobile crisis team for “respite” and

10:50 – 11:00 Next Steps: Monthly Meeting for 1 hour, additional participants, and priorities

Crisis System of Care Model



Madenwald & Day, Technical Assistance Collaborative, Inc.



Clark County Crisis Collaborative

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, CVAB 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. Reduce the unnecessary use of emergency departments
 - c. Reduce out of area placements
 - d. increase the use of peer or parent peer specialist involvement in crisis episodes.
 - e. Increase access to treatment and care
 - f. Identify interventions to target high utilizers of the crisis system
 - g. 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
- Behavioral Health Providers
- Individuals with lived experience
- Housing/Homelessness Providers
- Regional Crisis Line- Protocall
- Clark Regional Emergency Services Agency (CRESA)
- School Districts
- 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

