

Clark County Crisis Collaborative

September 21, 2017, 3-4:30 PM

Meeting Minutes

Attendees: Cindy, Alicia (Molina), Dave (Peace Health SW), Brad, Susie (CVAB), Dan, Harold, Aaron (Clark Crisis), Michelle, Kay (Peer/family), Sela (CHPW), Peggy (NAMI SW), Andy, Bunk (Provider Alliance), Jeff, Kelly, Kappy, Inna (Beacon)

Phone: Erin (Protocall)

- Follow up from last meeting, Announcements and Updates on Recommended Key Action Steps
 - First Clark County Youth Crisis Collaborative met yesterday, youth mobile crisis provider in place since 9/1. Collaborative will be meeting monthly
 - Skamania Crisis Collaborative kicked off this week, meeting monthly
 - Updates to Crisis- Peers in crisis response:
 - CVAB peer team working with Kay, going out on calls- outreaches with DMPH's. Still learning roles and opportunities. Good working relationship (CVAB and CCCS). Family members in need of care, peers have provided support for them. Planning on meeting more often to improve coordination.
 - Calls start with Crisis line (ProtoCall), to DMHP's, then to CVAB peers.
 - CVAB can dispatch within 5 minutes of notification from DMHPs.
 - Discussion of peers in hospitals:
 - Crisis team provide a menu of options to hospitals to avoid ITA's if possible. Hospitals would utilize other options.
 - Peacehealth doesn't have a peer as part of staffing model. The idea of a peer is very useful. Hard as it is right now to help the family of the individual.
 - Other needs in Crisis continuum:
 - Urgent access to outpatient care is needed. Facilitated handoff ideal.
 - CSNW has 3-5 same day urgent appointments for counselor, if those fill, there are urgent next day evaluation appointments with prescriber. If there is a long delay in appointments, follow up with Bunk so he can check how the case went through the system. Established patients have walk in times each day.
 - Need a grid of different agencies and their appointment availability information, phone numbers, examples of situational examples, etc to hand out to the ED staff. MCO's (Sela and Cindy) will work on one pager. What to do in a crisis- use other resources before ED.
 - What insurances are accepted by what agencies, peers can help with uninsured. Can this be included on matrix?
 - MOU's and written protocols. Agency specific instructions (current vs new clients), describe it this way on the discharge instructions. Increase transparency and provide tangible information for ED to hand off to client. Parts may change (specific blocks of time, amounts of appointments, etc), who holds those times. Need more specificity so accessibility is 24/7. For example: give Protocall 5 standing slots, any of the crisis providers can call in and fill. Shared and active website could have available slots in a shared secured way reducing follow up.

- Capability for MH providers to build up logistics, competence and risk tolerance to support prevention and early intervention. Important that DMHP's aren't the sole holders of competencies and risk tolerance.
- Mobile Crisis Unit discussion- Spring next year. They would help guide access points and crisis continuum
- Monthly Crisis Collaborative large group will be cancelled until mobile crisis identified. Smaller workgroups will continue in the meantime. If desired participation in small groups, let Inna know.
- Follow up items:
 - Sela and Cindy will work on one-pager for ED's about OP appointment availability
 - Smaller work groups- leads identified below
 - Urgent access to OP appointments- Sela, Cindy, Dan, Erin, Peggy
 - Broadening response options for hospitals, developing MOUs/protocols- Harold, Dan
 - ITA vs Crisis response- need to play out different models before mobile crisis comes- Inna
 - MOUs between crisis and providers- Dan, Harold, Inna providers as needed
 - Peer/Crisis partnership- Susie, Dan, Brad, Kay, Michelle
 - Repeat ED users-
 - Medical clearance practices-