

LIFELINE CONNECTIONS
CRISIS TRIAGE & STABILIZATION UNIT ADVISORY BOARD MEETING

January 23, 2020

Center for Community Health
Second Floor, County Conference Room A

Introduction:

Jared noted had been about a year since the last meeting and that we are now working on opening a crisis center to impact facets of the community. They are more focused on facilities and build-outs. There have been changes of positions within Lifeline. Arianna is now Deputy Clinical Officer and Kay is now the peer support supervisor. Jared is working towards a monthly meeting until the new program stabilizes.

Program Update:

Kay and Kara provided updates on the program. It will have 2 separate dorms based on gender/preferred gender, 3-4 rooms, 8 triage/observation chairs, and 16 beds total. There was a discussion of getting a waiver in order to expand the amount of beds to 20, but the issue lies with funding. The food given to the patients of this new facility will be provided my connections café. Jared went into detail about the café and the options it provides patients coming out of treatment. The food was originally going to come from the jails.

Arianna explained that the center with have a 24 hour LPN, Peer support, as well has a 5-7 day stabilization until they can be approved for a 14 day stay. Kay said that Lifeline is in immediate need for peers with training of crisis and help with identifying crisis in a patient. Peer supports with be able to walk through paperwork and de-escalate and move along the patient to a mental health professional. They re-iterated that lifeline is a non-holding facility. Dave brought up a concern of a similar model being used at another treatment facility where people would access the service only to obtain housing for the night, thus taking away a bed who is having a “break-down” and need said bed. Kara answered him by saying that this issue will still have to be addressed, but the facility will have housing services on site due to services being in Portland. There will be assessments for housing.

Kay stated that there will be 23 hour triage beds that will help with reconnecting the community with services to work with the agency’s resource connection. They have the funding for, but do not have landlords. They are hoping to help patients with the support of obtaining permanent housing. This program is to help those in crisis and prevent them from going to the ER for a bed. John asked if this will be an accessible drop in site for law enforcement which Kara replied that she would like to sit in a meeting with law enforcement and speak with all of them to find their needs. Lifeline would need to fill out an eligibility form to decide on the answer. There would also need to a form of communication before dropping patients off in order to figure beds and see if there was open triage. They spoke about a model of pre-triage to follow which is applicable for law enforcement and AMR-must be voluntary.

Jared went on to inform everyone that the expected completion date would be March 15. Time needed to be added due to the building of the kitchen. The expected completion date for painting will be February 7. The entire campus should be completed by mid-March and it will open sometime in mid-April. Jared is thinking of having an open house and would like the board to visit first to inspect it. He said that Opening time may be delayed due to understaffing. He asked that everyone spread the word that lifeline is hiring and that we are looking for staff that are also on call. He also said that if they hear from anyone or have anyone in mind, to direct them to Kara. They explained how the back of the building will be a secure detox center-involuntary which will be open at the end of 2020 to the beginning of 2021. Jared explained that there was a challenge with the location. The positive is that there are no neighbors, yet the negative was that it is remote.

Transportation:

There will be discussions with C-Tran of implementing a bus stop by the center. An idea to solve this was by showing C-Tran the growing need/profits and the jail work center and unit. Kay said she will reach out and get the contact info of the C-Tran from the person of the Advisory Board. Currently, Work Center houses 12 people-not enough movement. There was talk of gaining support from C-VAB and other support programs.

Kay talked about a transportation vehicle that will take home patients that have been discharged. They are going to evaluate the process before adding the pickup of admissions. The transportation vehicle will need more staffing. Those leaving ASA are expected to be taken home by the vehicle due to the danger of street racers in the area, but they must have a plan to discharge. There were talks of having a stop by Vancouver Lake.

Other Discussion:

Kara might attend the meeting with PD on February 16. Someone from law enforcement must call to determine triage. They talked about having crisis line triage with stabilization center with direct calls and avoid escalation with police officers. Patients that are discharging are to be accompanied by a peer and sent home with a plan. Jared talked about Vancouver PD funding MH professionals to accompany police and that there is a true blood grant for transport/responder to step out and have a co-responder step in.

Dave explained that we would take Medicaid clients but asked if we would take private insurance patients. He asked if we would be using the funding from Beacon. Beacon would help those who do not have insurance but would be unable to help with those that have private insurance. Jared explained that there were talks with a major commercial insurance (Kaiser and Regence) to help patients who come in. He also talked about staffing an LPN-prescriber and reaching out to the prescribers at life line to see if they can cover shifts. There will be a prescriber on site.

Dave talked about the Ambulance destination which had to reach the criteria of 1751. It states that emergencies must be taken to the ER, and then the House bill to follow. Lifeline must go through the application process and the state does an evaluation of MH and SUD counselors in order for the ambulance to take patients to the center and the application must be submitted. It will be a destination for diversion, but there was a question of medical clearance for the labs.

Arianna explained that it would be too expensive to order a full panel for every case. There is a meeting scheduled next month and Jared asked if there was anyone wanting to be the chair and vice chair. John volunteered to be Chair and Brittany volunteered to be Vice Chair.

Respectfully Submitted, Jessica Klee