

## **January 28, 2019 FYSPRT Meeting Minutes**

**4-6pm**

**Location: YWCA 3609 Main St., Vancouver, WA 98663**

### **Meeting Opening**

- Introductions
- Sign-In Sheet
- Comfort agreement
- General Announcements
  - Respite - Will not be going forward with the state
  - Sam Lewis, Beacon Health Options - Will be taking over as the FYSPRT Convener
  - NAMI passed around a list of mental health supports/providers for NAMI support groups. Agencies and service providers were encouraged to update.

### **Hopeline – Ray Brady**

- Went live on 11/1/18. New to the community, made up of all volunteers and Pastors
- Goal is to be 24/7 but currently 12/7
- Targets teens experiencing suicidal/self-harm ideations but expects to handle various issues
- All Pastors/advocates/volunteers have had trainings to handle mental health calls but are not trained in counseling/therapy
- Volunteers have access to a phone and a flow chart to handle crisis calls (i.e. when they need to transfer to a counselor/therapist/supervisor)
- Supervisors can meet that night with volunteers or routinely at the end of the week
- Two Masters Level, free counselors will be offering their services for those calls warranting a higher level of intervention
- Each advocate takes a few days a week to be on-call
- Uses Grasshopper as a phone answering/calling program that allows up to 4 people to be on 1 call
- Purchased Ally's house which is a home that has a training program to help runaway youth and homeless and pregnant women
- Although Hopeline is a faith based group it doesn't preach or evangelize towards those needing help/support
- Working with IQ Credit Union to buy 100 houses in the community
- Trying to buy a house for children and youth effected by trafficking

### **Resiliency - Kathleen Page, Coordinated Care**

“How can two people have the same experiences make drastically different choices?”  
Resilience: a class of phenomena characterized by good outcomes in spite of serious threats to adaptations or development.

“We live on but we also live with.”

Factors of resiliency include:

- Emotional health
- Environment after the trauma
- Genetics.

Reviewed video of Josh Shipp: 8 year old boy in foster care, who was stealing cars and writing bad checks. Placed in jail from a ticket. Foster care provider said he wouldn't kick him out and helped him start doing better in life. Positive adult role models are helpful to resiliency.

Human Adaptive processes:

- Attachment
- Agency
- Self-efficacy vs. self-confidence (efficacy you can do it, confidence is that you think you can do it)
- Mastery motivation system
- Regulatory systems for controlling arousal, affect, etc.

Resilience during times of trauma:

- Do something you love
- Do something for someone who needs you
- Be altruistic: doing something for someone else when it doesn't benefit you

Dealing with past trauma:

- Sublimation
- Altruism
- Suppression
- Anticipation
- Humor
- Hoping that something will get better or be better

Not effective strategies:

- Projection/blaming
- Passive aggression
- Dissociation
- Acting out (i.e drinking-and-driving)
- Fantasy
- Hypochondriacs

Rage pathway-mechanism in the brain that causes one to fight so one should seek pathway-assertive goal-directedness

Reviewed video of Rita Pierson, a teacher with a class of low scoring students who with the right motivation, turned her students' lives around:

[https://www.ted.com/talks/rita\\_pierson\\_every\\_kid\\_needs\\_a\\_champion?language=en](https://www.ted.com/talks/rita_pierson_every_kid_needs_a_champion?language=en)

12 steps of successful survivors:

1. Perceive and believe
2. Remain calm
3. Think, analyze, plan
4. Act on your plan
5. Celebrate your success
6. Count your blessings
7. Play
8. See beauty
9. You can influence events

10. Surrender: You can't control everything so after you've done all you can, surrender to what will happen
11. Do whatever is necessary to make move happen
12. Never give up

How can you make an adult/youth feel safe, capable and loveable? [Group Discussion]

- Make them feel welcome
- Consistency
- Being reliable/not being flaky/be dependable/be present
- Caring adults: non-judgmental, accepting
- Get them involved and interested
- Positive affirmation
- Give hugs/touch
- Say I love you everyday
- Willing to give someone your time (not saying "oh just wait")
- Let kids make mistakes so they can learn from them
- Active listening

You can have great parents, but that doesn't mean you won't rebel, but might mean you turn out all right

Is 80% of the brain devoted to belonging? No significant findings that can support that - <http://news.mit.edu/1996/visualprocessing>

All learning has to do with relationships and the toughest children always show up because they need relationships the most

## **Children's Long-Term Inpatient Program (CLIP) – Challenge and Submission – Beacon Health Options**

What is CLIP?

- CLIP is the most intensive inpatient psychiatric treatment available to WA State residents, ages 5-18 years of age.
- Consists of 5 Programs (89 beds) across the state (none in Southwest Washington)

Eligibility for CLIP was reviewed as well as process of requesting CLIP through Community Partners Committee (CPC) and through your Apple Plan representative. The CPC incorporates representatives of different child serving agencies and meets on the second Wednesday of each month.

CPC Roles:

1) Assist child and family teams with problem solving and resource identification and access.

2) Review the CLIP applications and approve to go forward or deny and refer elsewhere

*[If you have gone through the process and want to give feedback to FYSPRT on accessing CLIP services, please contact Michelle Karnath, Family Tri-lead]*

Clark County process to be referred to CLIP was developed several years ago but has since been adapted over the years.

CLIP requires youth to have significant behavioral and mental health issues and diagnosed with a severe psychiatric disorder, typically not substance abuse only. Federal and state Medicaid dollars are used, sometimes private insurance but not often. Private insurance plan members may go to Oregon for residential services as their plan allows.

You must exhaust all mental health resources in the local area including WISE before being approved for CLIP.

Youth must be at a risk to themselves or others.

Youths can be placed in CLIP involuntarily for 180 days.

State level CLIP Administration has the final authority for determining a child's eligibility for admission. Most of CPC's referrals have been approved, only one has been denied within the past 1-2 years.

CLIP has a wait list for admission.

Denial could occur due to State CLIP criteria not being met or factors such as a youth not being able to assist in their own daily living skills although CLIP adheres to ADA.

If denied there is an appeal process through CLIP Administration or SW WA Behavioral Health Ombudsman for support at (360) 397-8490.

CLIP is not crisis placement or residential placement until adulthood.

FYSPRT discussion of CLIP program followed PowerPoint presentation.

Families reported:

- Lengthy process to get a bed
- Reduce 1 step of CLIP process due to length of process
- Simplify application
- Increase bed availability
- Families discussed providers saying youth needed CLIP but none of the providers knew how to get them there ("Secret" committee)
- WISE usually takes care of CLIP application/referral but no one else knows how to deal with it
- Application locally and at the state level are identical but different format, would be nice if it was one form
- Amount of documentation required is hard if you don't have all evaluations and drug and assessments. A parent in crisis wouldn't know to collect and maintain both application's required documents.
- Parent education, preventative: teach them what records are important to keep. PAVE has help for that on their website. Possible workshop coordinated with PAVE.
- Need more parental and familial support
- More people need to know CLIP is an option
- CLIP is not a crisis service but criteria is that they are in a danger to themselves or others
- Need intermediary treatment option between outpatient and inpatient, such as subacute

Youths reported:

- Felt like prescription medication was overly used like they were a "lab rat"
- Was in ER, running away, and almost in jail every day before CLIP
- CDST was one of the better places
- No consistency between CLIP facilities. Discussed example of how staff can intervene using physical force at one facility but not at another one. Would like to see standardization and consistency.
- Parents had difficulties making it to the CLIP facility because of distance. One facility would help parents to attend, another one would not.

## **Wrap up and Evaluations**