

Co-facilitators: Michelle Karnat Note Taker: Kirs	h, Katie Favela, Kirstin Peterson, Briana Mason Itin Peterson	Time Allowed	
Welcome and Introductions:	<ul> <li>General Announcements SPARK is looking for youth age 18-26 for an internship. More information will be provided by email.</li> </ul>		
<b>Presentation:</b> Youth Mobile Crisis Intervention- Julie	<ul> <li>Who do they serve?</li> <li>Serve any youth under 18 regardless of insurance.</li> <li>Call's come through the crisis line from 9-11pm. They also receive referrals from LE, schools and the ED.</li> <li>Provide in person response and generally respond within 90 minutes.</li> <li>Respond to 40-90 youth a month depending on the month.</li> <li>What are the common calls that they get?</li> <li>Verbal/ Physical aggression</li> <li>Suicidal Ideation</li> <li>Homicidal Ideation</li> <li>Run Away (once a child returns)</li> <li>Trauma Response</li> <li>When to call?</li> <li>Crisis is defined by the individual in the crisis or those supporting them.</li> <li>If you feel you need support, make the call.</li> <li>The crisis line can provide a limited level of support.</li> <li>Generally a team is dispatched out though they can respond through the phone if the family requests it.</li> <li>Cannot "chase" a youth, need a location where they can safely provide an assessment even if it is a park.</li> <li>What do they offer?</li> <li>Crisis Stabilization is for those with most state insurances. This may not be true for Molina clients but youth looking to access these services are welcome to request a change to their Managed Care Organization.</li> <li>Seven day follow up with a clinician and wellness coach. This is not a everyday program but do provide additional resources and supports.</li> </ul>	4:15- 4:45	



Date: November 15th, 2021 Time: 4:00 p.m. – 6:00 p.m.

Location: Zoom Meeting

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	<ul> <li>Safety Planning</li> <li>Care Coordination and Clinician Support to help guide family. This is limited by the limited number of services in the region and wait to get in.</li> <li>Family Initiated Treatment (FIT)</li> </ul>		
	Family Initiated Treatment (FIT)		
	<ul> <li>* Who is eligible? Adolescents aged 13-17 years old.</li> <li>* Youth 13-17 can consent for their treatment. Under 13 must have a parent/guardian consent.</li> <li>* Very different than adult process. Little use of the DCR's for ITA's for youth under 18 in Clark County.</li> <li>* Under FIT parents are able to consent on behalf of adolescents (this includes transportation to the ER) who meet medical necessity.</li> <li>* Youth does not need to consent to treatment if their caregiver (does not have to be legal guardian) is consenting.</li> </ul>		
	<ul> <li>This is not a formal processes and does not have required paperwork from the family.</li> <li>If a youth doesn't want services, the parents or guardian can initiate treatment and would say they want Family Initiated Treatment. They do not have to use this verbiage to get a response.</li> <li>This service is not well known by providers offering direct services to youth.</li> <li>YMCI is often able to get the youth to engage and they sign a consent form for longer-term treatment.</li> </ul>		



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Note Taker: Kirstin Peterson				
	Huge shout out to Julie, Georgia and Brook for the relationships they have			
	worked to build with LE. With legislative changes, this is a very impactful			
	relationship and allows for a collaborative response.			
	Questions:			
	<ol> <li>Why is there inconsistent response from the Crisis Line and what is the "code word" to get YMCI?</li> </ol>			
	Their level of response has declined since the move to work from			
	home and a wait is often experienced when they are waiting to be			
	transferred on. YMCI asks families to please ask for Youth Mobile			
	Crisis when requesting a response. Improvements have been seen since they teak over but there may be additional room for			
	since they took over but there may be additional room for improvement.			
	2) What if it's not safe for the team to respond, do the cops respond?			
	Often they will coordinate with LE and have recently coordinated with			
	Ridgefield PD. They will coordinate ahead of time and will attempt to			
	respond together. They support the MH need and LE supports the			
	safety aspect. 1310 has impacted this response but they are working			
	to clarify with LE and assure they are still safe in their responses. They			
	do have a protocol that if LE won't respond and they do not feel it is			
	safe, they will not respond. The school are also dealing with how to			
	respond in situations that they would typically call the police. Some schools have security guards that they have tried to coordinate with.			
	3) When responding to the schools they would like to have a parent			
	there so they can provide a safety plan for both the school and the			
	home. If the youth is under 13 a parent has to be there to consent.			
	They make every attempt to bring in the parent or an accountable			
	adult in the youths life, preferably someone living in the home.			
	Tele- Behavioral Health			
	- Pro's			
	Breakdown transportation issues especially for busy youth and			
	families, youth are able to access these services without having a	4:45-		
Discussion:	parent there to transport them, being able to bring in additional	5:00		
	supports when needed, Care Coordination has increased because of			
	the reduced need for travel, teachers and other supports are able to			
	provide input in care coordination meetings. The courts are still able to			
	have meetings with youth out in the community and they can see a			



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	face. Creates more opportunities for a clinician that is a good fit for the youth. Youth are able to reach out for support even if their parents are not supportive of it. Very beneficial for rural communities. - Con's Things are missed in communication, lack of connection and engagement. It does not always feel that the clinician had effective tools to engage over that format. No control of the meeting environment. It is difficult to engage kids that are younger. Youth are not always fully present, especially if their cameras are off. If clinician does not live in the area, they are not always fully aware of the resources in that area and out of touch of with their needs. Report building and creating a non-judgement space is difficult. Split attention. Wifi/ connections issues, technical difficulties and cannot always be reliable. Uncertainty of confidential space for client. Lack of privacy for some clients and with no video it's harder to read body language			
Discussion:	<ul> <li>Holiday Resources</li> <li>Holiday Hope- Identified WISe families and works to assure they have a good Christmas. They do not necessarily have the finical means to support all families.</li> <li>Court involved youth are also able to receive Thanksgiving baskets and gift cards during Christmas time.</li> </ul>			
Activity:	<ul> <li>Charades- If you are not able to turn your video on or do not feel comfortable playing please raise your hand so I don't put you in the wheel of names.</li> <li>Word/ Phrase Person Going Winner         <ul> <li>Hammer</li> <li>Tyler</li> <li>Melissa</li> <li>Book</li> <li>Melissa</li> <li>Ann</li> <li>Fishing</li> <li>Sierra</li> <li>Ann</li> <li>Hungry</li> <li>Ann</li> <li>Tyler</li> <li>Balloon</li> <li>Briana</li> <li>Tyler</li> </ul> </li> </ul>			



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	Window	Katie	Tyler	
Wrap up/ Evaluations/ Questions:		<u>Fill Out The Evalu</u>	ation Here	5:55- 6:00