

Minutes

WIDCCC Advisory Committee Location:

Southwest District Health – 13307 Miami Lane, Caldwell, ID, 83607

Conference/Video Information: Optional

Join the Microsoft Teams Meeting at the following link: [Click here to join the meeting](#)

Date: August 14, 2024

Time: 1-2pm



	Agenda Item	Presenter	Discussion	Next Steps/Action
1:00	Call to Order	Kelly A. Chair	Introduction and call for any additional agenda items. Meeting called to order at 1:02pm	
1:02	Meeting Minutes	Kelly A. Chair	Call for any revisions to July meeting minutes Karla motioned to approve minutes, Rebekah seconded, all approved	Motion to Approve Minutes
1:05	SWDH Updates	Cas A. SWDH	<p>Monthly WIYSC Update</p> <ul style="list-style-type: none"> -Remodel is going very well – they are done with demo. Cas showed the committee pictures of the progress so far. Anticipated move-in to the permanent location is projected end of January (one year post opening in current location). -Census has been very low during the Summer. SWDH and Clarvida are working diligently on partnerships with health systems and juvenile justice partners who continue to see youth while school is off. We were asked if we are working with schools. SWDH has worked with Nampa School District, Vallivue School District, and are working on Caldwell School District. -We were asked if we are working with schools outside of Canyon County. Wendy (Diversion Grant) is in the process of developing partnerships in Gem County, including hopefully schools. <p>Monthly Magellan Update</p> <ul style="list-style-type: none"> -We do not yet have a contract, but we’ve been maintaining contact with them and providing them with the information they need. We have received payment for July services from Magellan. Because we’ve been paid there’s no considerable concerns about paying for WIDCCC expenses. <p>Monthly WIDCCC Budget Update</p> <ul style="list-style-type: none"> -As of today, we do not have a July report on expenses, but Cas does anticipate having something to share with the committee in August. 	<p>Cas is going to connect Wendy to the Epi’s who have regular conversations with school nurses.</p> <p>Cas will follow-up with Abigail regarding all data sources discussed during the meeting.</p>

1:30	Clarvida Monthly Presentation	Abigail H. Clarvida	<p><i>Monthly WIDCCC Presentation:</i></p> <p>Census, admissions, demographics, presenting concerns</p> <ul style="list-style-type: none"> -Cas presented on behalf of Abigail. Abigail was unable to join due to a high priority conflicting meeting. -Cas showed the committee the raw data report provided by Clarvida for July, including census of episodes and non-episodes, gender, age, homelessness status, insurance, county of residence, race and ethnicity, duplicate visits, presenting concerns, arrest history, diversions, referral sources, discharge disposition, screening outcomes, etc. -Prior to showing them the data, Cas removed all personally identifiable data, which is what she does every time she receives a report from Clarvida. <p>Success stories</p> <ul style="list-style-type: none"> -Staff are showing success with their trainings, including increasing their confidence and competence associated with working with clients very highly escalated and/or aggressive. <p>Challenges</p> <ul style="list-style-type: none"> -Magellan confirmed that the EMT basic licensure requirement remains, which means the concerns associated with keeping EMTs on staff will remain a challenge. <p>Discussion</p> <ul style="list-style-type: none"> -Cas received multiple questions about data collection, including: <ul style="list-style-type: none"> --Can we get more specific on the referral source (what hospital/what law enforcement agency)? ---Cas Response: Cas will ask Abigail. --What is the split between self/guardian referrals? Can self/guardian referrals be split up to highlight a potentially growing need for crisis support for adults under guardianship in our aging population? ---Cas Response: Mostly self-referrals, but some have come from guardians who drop off adults with cognitive challenges. Cas will talk to Abigail about splitting it into two different referral sources. --Where do ACT teams fall in the referral sources? Can they be listed separately? ---Cas Response: ACT used to fall under the source "State MH Agency". Cas will ask where they fall now and if it would make sense for them to be their own referral source. If not, Cas will ask if we can get more specific about the referral source per referral category. --What is the process for working with people with dementia and other cognitive illnesses? ---Cas Response: WIDCCC generally accepts clients with cognitive illnesses who are dropped off a guardian, including working very closely with DHW to get them to the services they need. This could include them staying in the center until multiple admissions. --What is the process for clients who refuse referrals? ---Cas Response: We do not deny clients who will/do refuse referrals. Referral refusal may 	
------	-------------------------------------	------------------------	---	--

			<p>come from individuals who already have the services they need, but still need crisis stabilization. They may be still building trust with the center. They may also completely refuse regardless of their situation.</p> <p>--Would there be value in doing a retrospective of client outcomes over time?</p> <p>---Cas Response: Yes, there would be value, but there would be quite a bit of logistical challenges. Cas will discuss with Anna (SWDH Research Analyst) when she talks about the other WIDCCC data analysis needs.</p>	
1:55	Wrap up	Kelly A. Chair	Next steps and any assignments	Next Meeting: September 11, 1-2pm

Absent: Abigail Hackett

Present: Kelly A., Chriss W., TJ O., Glenda G., Rebekah K., Karla B., Vito K., Cas W., Nikki Z.