

**Meeting Highlights and Action Plan**

<b>Topic</b>	<b>Key Points</b>	<b>Action Items</b> <i>Including Responsible Party/Timeline if applicable</i>
<p><b>Recap</b></p>	<ul style="list-style-type: none"> <li>• Ken addressed the attendees and asked for around the room introductions.</li> <li>• Ken provided the group a summary of activities that have led up to today’s meeting. January 2016 CCCHD met with over 100 community members to discuss the 2015 Community Health Assessment. Community members chose which health issue(s) they wanted to work on for the Community Health Improvement Plan (CHIP). Task Forces were developed for each selected health issue. A lot of issues came out of the discussion regarding mental health.</li> <li>• In March of 2016, the Mental Health Task Force developed 2 subcommittees. One specific to youth and one specific to adults.</li> <li>• August of 2016, the Sheriff’s office started the Clark County School Safety and Welfare Coalition to promote a culture of safety in the schools.</li> <li>• The Emergency Management Agency began meeting with school resource officers and counselors in the fall of 2017 to plan a school disaster exercise to fulfill a 2018 requirement according to the ORC.</li> </ul>	
<p><b>Review Of School Mental Health Crisis : Process and Forms</b></p>	<ul style="list-style-type: none"> <li>• It was decided they would create an exercise with a mental health component. Lisa D’Alessandris reviewed the process and forms for school mental health crises.</li> <li>• Form E is the Crisis Management Best Practices and Procedure.</li> <li>• She distributed two flow charts that explain the process based on best practices. Two tracks to handle a student in crisis depending on the severity.</li> <li>• Track one, if the child needs to be transported</li> <li>• Track two, if a parent comes to pick up the child</li> </ul> <p>There was a discussion on what is the definition of a child in crisis that would require a child under the age of 15 to be transported without the parent? Unless someone is dying the facility can’t do anything without parental consent. It was decided to leave the definition up to the school.</p> <ul style="list-style-type: none"> <li>• Form A is the Consent for Release of Information form created by FCFC and revised with input from the Youth MHTF. This form has been in use for a long time and is also available in Spanish. Scott C. feels this form has more information than the school needs. EMA understands that each school may need to make changes based on their school.</li> <li>• Form B the planning tool. For the parent to collect information from the provider. The</li> </ul>	<p>From B will have the professional signature</p>

<p><b>Review Of School Mental Health Crisis : Process and Forms</b></p> <p><b>Community Health Foundation : Resource Guide</b></p>	<p>parent can fill it out themselves.</p> <p>There was a discussion on how the schools utilized Form B.</p> <ul style="list-style-type: none"> <li>• Sue Fralick voiced concern regarding the line for a professional’s signature.</li> <li>• Some schools see form B as equivalent to a parent teacher conference</li> <li>• Shawnee District uses form B as a planning tool for re-entry.</li> <li>• Catholic Central shared that they utilize the Clark County juvenile mediation program as part of their re-entry plan.</li> <li>• Form C represents each school’s own re-entry plan with school staff, students and parents.</li> <li>• Form D is the Handle with Care form. This plan is primarily used by law-enforcement to communicate with school personnel that a student experienced an event that warrants special care. Scott C. stated that use of this form seems to benefit the younger children more than the older. Sandy stated that she and Greta discussed using this form when they have children at the scene of their suicide responses. Sandy confirmed that the completed forms should go to Mark Lane or Scott Cultice if the child attends a county school and Kyle Johnson if they attend a city school.</li> <li>• Form H was created by MHS. It has been used for years as part of an assessment tool but changes can be made if needed.</li> <li>• Form I is used by MHS for referrals.</li> </ul> <ul style="list-style-type: none"> <li>• Jan provided attendees with CHF Resource Guides with page 96 flagged for the mental health resource section.</li> </ul>	<p>removed, so no consent form will be need. The Med # will be removed. Removing ORC language at the top of the form and replacing with brief information on the use of this form for parents. Issue Prompting Referral will be removed. Professional Signature line will be removed. Reason for referral will stay on form.</p>
<p><b>MRC Crisis Responds Team and LOSS Team</b></p>	<ul style="list-style-type: none"> <li>• Jan provided MRC Crisis Response and Suicide Response brochures and explained the two programs to the attendees.</li> <li>• The Medical Reserve Corps (MRC) is housed at the CCCHD. The MRC has a Crisis Response Team (CRT) trained in the NOVA CRT model to provide group crisis intervention for anyone who has experienced a traumatic event.</li> <li>• The Medical Reserve Corp also has a Suicide Response Team trained in the LOSS model to respond to completed suicides. This team provides support and resources for loved ones.</li> </ul>	<p>Requested by a person of authority from requesting agency, school or business.</p> <p>Requested by law-enforcement or coroner.</p>
<p><b>Training</b></p>	<p>March 1<sup>st</sup> for the school counselors. EMA will meet with the counselors after this meeting to set up a training date for the exercise.</p>	

**Next Meeting:** No date was confirmed at this time