

ATTENDEES

Fire Chief Tim McKern, Quilcene Fire Department, David Carlbom, M.D., Medical Program Director, Jefferson County EMS; Sheriff Nole, Jefferson County Sheriff's Office; Denise Banker, JeffCo Empowered Teen Coalition Director; Lori Fleming, Jefferson County CHIP/BHC. Ford Kessler, Recovery Community Member, Fire Commissioner & Volunteer, District 5, Therapeutic Drug Court Administrator.



Not Present: Apple Martine, Jefferson County Public Health – Community Health Director; Frank Redmon, Quilcene School District Superintendent; Greg Brotherton, Commissioner; Patricia Beathard, Brinnon School District Superintendent; Laurie Tinker, Retiring Director of Nursing Support & Liaison for EMS, JHC; Fire Chief Tim Manly, Brinnon Fire Department; Heidi Mathews, Practice Manager, JHC's South County Clinic; Margie Boyd, JCPH, Public Health Nurse, SEP Program; Dunia Faulx, JHC, Population Health; Christina Muller-Shinn, Opioid/Substance Use Response, Mason County Community Services-Public Health (a HRSA-recommended resource).

Links: Meeting [Video](#). Check at the [BHC's Harm Reduction South County](#) page if you encounter a broken link in any of the direct links provided. Our Meeting occurs on the 3rd Tuesday of each month from 1-2pm. (Zoom link is [here](#).)

MEETING HIGHLIGHTS

(Links have been embedded to the specific video/audio discussion timepoint.)

Updates



Agenda – 8/17/21 - South County Harm Reduction

- Introductions
- Updates
 - [JeffCo EMS](#) - Dr. David Carlbom
 - Empowered Teen Coalition (ETC) - Dr. Denise Banker
 - JCSO - Sheriff Joe Nole
- Designated Crisis Responders
 - Jim Novelli, Exec Director @ Discovery Behavioral Health
- Next Steps?
- Next Meeting: September 21st, 1pm

[Denise Banker updated the group](#) that the Community Wellness and Prevention Coalition has expanded to South County. A Student Assistance Professional who will hold behavioral health groups and individual sessions with Jr/Sr High School Students

in Quilcene. The grant funds a local coalition of concerned citizens/agencies focused on reducing substance use in its various forms in the school district catchment area. Brinnon, as a feeder school to Quilcene, will also have this program. Parenting classes, drug take-back events, curriculum to embed alcohol and drug prevention education in the schools, etc. are also a part of this program, which is now in all four of JeffCo's School Districts and fund 6 full time jobs.

[Jim Novelli, Exec Dir @ BHC](#) gave an overview of DBH's 24/7 Crisis Response program, which is funded by Salish Behavioral Health – Administrative Services Organizations (SBH-ASO).

- DBH's DCR program is a mobile crisis service staffed with mobile Designated Crisis Responders (DCR) who are dispatched by Volunteers of America (VOA @ **888-910-0416**) to respond and assess wherever there is a mental health-involved situation that requires evaluation to determine next steps.
- DBH DCR's are mobile: to get a DCR: First call VOA @ **888-910-0416**. They will notify DBH to dispatch a DCR. The evaluation can start "on the street", though the hospital has to clear the patient medically.
- DBH has two DCRs are generally available during daytime to meet anywhere in East Jefferson county, (ex. Meeting someone from the Sheriff's dept at a call location).
- The DCRs priority is to do the least restrictive environment – outpatient, wraparound services through DBH's case managers, etc., with a primary purpose to ensure patients have the correct level of psychiatric services. Also, DCRs can see patients on a regular basis.
- The distinction between DCR and Navigator: DCRs have the authority to do an ITA, work with prosecutor's office, etc. to detain a call subject. Comparatively, the navigator role cannot legally detain, or do an evaluation for detaining a call subject.
- A DCR can work with the Navigator over the phone to address the call-subject's challenge.
- [Jim noted](#) HB1310 has muddled the landscape, amongst JCSO, PTPD, EJFR, JHC, etc here in our county. Jim noted in other areas where he has worked, EMS handled transport of an individual in behavioral health crisis. Our county doesn't have clarity on the transport issue as yet. The threat to our law enforcement team of losing certification/licensure if one crosses lines set up by HB1310 is of great concern. Jim/DBH and the Sheriff and Chief Olson are discussing how best to work through how best to serve our community. The changing landscape is an opportunity for us all to explore how we will choose to deal with these types of situations going forward.
- DBH has four Nurse Practitioners. A new DCR is in training this week, another is under negotiation.

[Dr. Carlbom asked](#) if EMS providers are allowed to detain patients who are clearly an imminent danger. Answer: No. The Sheriff's dept and DCRs can detain individuals.

[Chief McKern asked](#) if it was ok to share this info with the Dispatch Center?

Answer: Anyone can call the VOA @ the nationwide # **888-910-0416**, who will in turn call DBH/DCR. Sheriff Nole noted if Law isn't involved, definitely call the VOA directly, as opposed to calling for the Navigator.

[Dr. Carlbom explored challenge](#) of EMS waiting for a DCR to arrive, and how it takes a fire crew out of service for 1-2 hours, leaving reduced resources for the community in the event of fire or medical events.

Sheriff Nole noted:

- The JCSO Navigator works 4 days/wk – 12pm – 10pm
- The navigators at PTPD and JSCO are not DCRs.
- JCSO has gotten WASPC funding for the Navigator position for the next year.

ACTION: Among the questions we need to figure out:

- Could a Navigator wait with the call-subject for DCR so the EMS crew isn't tied up at the scene?;
- How are we defining/observing "imminent harm"?
- Lori to facilitate an effort to enact [Dr. Carlbom's idea to hold a pre- or out-of-hospital Mental Health Summit](#) this Fall. The goal is to identify facets of the challenges we face and how to deal with it so we have a shared county-wide model to work from. [Jim suggested](#) we look at late September.
- Lori will work with Jim @DBH/Dr. Carlbom and other relevant players to identify content/timeline for MH Summit. [Dr. Carlbom outlined](#) his vision of 2-3 hour event that enables us all to develop a shared mental model. Suggests opening the Summit by "following" a patient through the experience of crisis through the lenses of the patient, the responding EMT, Police team member, the navigator, the DCR, the Emergency Room, the transport. The goal is to develop a coherent collective understanding; then go into breakout groups to discuss the best way to solve different types of patients, ex: Law and Fire in a group to discuss the "gravely disabled patient" who refuses to go to the hospital, or the patient who is willing to go get services, yet transport isn't available. The breakout sessions are meant to articulate strategies that have everyone's input, that are effective/efficient and executable for our encounters with people in crisis.
- Lori to work with [DBH, Ford/Safe Harbor Teams, Sheriff Nole, Chief Olsen/Chief McKern to develop an in-service flowchart](#) that outlines "here's what to do, who to call, what that call will want for info, and options, etc.". The flow chart would be kept in places like the front of the A-car, etc, and is intended to help address the new landscape HB1310 has created, while allowing Law Enforcement/EMS/patients benefit from our collaborative efforts to serve them. Jim/DBH noted that Chief Olsen would like to get the group together and get everyone on the same page on how we answer questions such as: Are they harm to themselves and to others? Are they gravely disabled?

- [Dr. Carlbom noted](#) a recommendation that examples be included in the flow chart somehow. Then, the draft flow chart passed to Chief McKern who has some good “dis-engagement” guidelines that could be included on this chart/checklist.
- Sheriff Nole noted they have to document what they did to de-escalate before going hand-on – and that info could also be included in what we’re developing.
- Dr. Carlbom noted EMS wants to support the Law Enforcement Team by treating “Excited Delirium”.
- [Lori noted](#) the group being put together for the Mental Health Summit planning ([Carlbom, Novelli, Olsen, McKern, Nole, Black, and other EMS chiefs, and the JHC ER staff – L. Tinker or whoever Jim discovers is appropriate at the JHC meeting he attends](#)) is a natural place for both the “Flow Chart” and the “Mental Health Summit” efforts to be anchored. The group agreed they want Lori to convene/anchor both efforts, relevant meetings, provide facilitation, synthesis, work with players to develop graphics documentation, etc.
- **ACTION:** The group will alert Commissioner Brotherton and Jolene Kron that we are taking on this effort and Lori is involved. Our goal is to avoid duplication of effort, keep everyone apprised of the effort and its progress in serving Jefferson County as a whole.

[Chief McKern closed](#) out of the meeting with a compelling story for our group that ties why all this is critical. As the group listened, we agreed we aren’t going to have that happen to people in crisis here in Jefferson County.

Please see next page for previous SCHR actions items being tracked for follow-up/completion.

HISTORICAL PRIORITIES AND NEXT STEPS FROM PRIOR MEETINGS - AS OF 7/20/2021

Action: Dr. Carlbom will write protocol for the criteria who fits for the EMT/paramedic leave-behind; facilitate alignment with the various JeffCo Chiefs at the EMS Council level in September 2021; engage state/local/lived experience speakers for October EMS Base Station Meeting to for training around non-judgemental/productive engagement with someone who has just had an OD incident.

Apple noted as she moves into the Public Health Director role, Margie Boyd, who is a subject matter expert, will take her place on this committee and bring a lot to the workflow conversation of harm reduction. (This is subject to Margie being available.)

Apple will introduce Dr. Carlbom and Margie. Perhaps she could participate in some small group facilitated exercises he wants to initiate where the group practices with simulate interactions with EMT team members.

Action: [The discussion yielded](#) some next steps.

- Circle back with Frank Redmon for feedback from the Quilcene school board member(s) in attendance at the JCEP meeting. How we can support him to implement a Naloxone Policy in Quilcene (facilitate/liaison with other districts to get their policies, etc).
- Inquire of Frank Redmon/Sean Moss if/how/what/and on what timeline we might deploy a team of Dr. Melinda Bower and Susan O'Brien (who has relationship/credibility in that school district) to do Naloxone education and explore doing a further roll- out of Naloxone in the schools. Let Frank/Sean know Susan O'Brien/Melinda Bower could be available for teacher training that is set for over the summer or early in the school year, if they are interested in that resource. Lori will follow up with Apple/Susan et al to brainstorm details.
- **Action:** Nurture specific resource(s) who advocate for and engage the school district students and stakeholders in the broader conversation and education around substance use disorder. (Naloxone is a patch, we want to get at the root and practice prevention!)
- **Action:** Address the tactical challenge of having funding, programs, etc – but lacking internal School District system person who raises awareness with school district players who could anchor and benefit from the CPWI funding/programs, etc. Lori will set up meeting between Apple Martine, Denise Banker, and Susan O'Brien to brainstorm. Take insight developed at that meeting and present at the SBHCenter Advisory Meeting to educate/nurture advocacy.

Action: Lori invited Chief McKern and others to help engage faith-based leaders to participate at whatever level they are willing to engage (one-on-one or at this SCHR table). Lori will also continue connecting with Dana Ward for insight on what this group can do to support the needs identified by faith-based community members.

Action: Query the Home Health Data in Dec/Jan to see how those numbers look. (JN will be gone there – who can take this task on?).

Action: Ensure yellow card is up to date and print another run to supply this effort.

AS OF 4/20/2021

- **Dive into the discussion around Syringe Exchange at a future Meeting.** What models (or model combinations) are worth considering? What can we be doing now to establish a Syringe Exchange network-of-need in South County?
- **Identification of program funding beyond the RCORP grant's \$48k.** – how much will we need when, and when does that mean we need to take action to generate those funds.
 - ✓Harm Reduction Budget Sketch – sketch on (slide 14 in the 1/19/21 presentation slides) covers both Naloxone training/distribution and Syringe Exchange. **Budget refinement to continue with input from Apple/her Team, as well as out-of-county contacts.**
- **Promote JHC's South County and JCPH's School Based Health Clinics** – higher profile is needed to inform residents of these avenues of service.
- Establish an ongoing Drug Take Back location -possibly at JHC Clinic.
- Lori to develop a first draft of the Naloxone Kit Request form – and send it out as a working document with track changes once we have input from Quilcene Clinic:
 - LF to request a split order: 15-20 injectable doses and 80-85 of Nasal Spray doses
 - John will explore if JHC's Quilcene Clinic could be the ordering, receiver and a distribution point for the Naloxone Kits
 - Lori to ask Sean Hammerle if we can have delivery reception occur at one point (Quilcene Clinic) and then distribute the Naloxone Kits out from there.
 - Lori articulate that on the Naloxone request form that our data gathering would be to note how many kits go to each hosting location
- Trish will connect with Chief Manly to decide how best to manage naloxone Kit supply from Brinnon Fire House, recognizing the school is not a distribution point option. Lori will forward [the meeting video with a time marker \(at the ~ 34 minute mark\)](#) pointing to this discussion for Chief Manly to get context for the conversation.
- Start informally polling at the pilot sites, asking people how we can make this more convenient – (define who does this where at this point?)