

ATTENDEES

Tim Manley, Brinnon Fire; Mary Fortman, JHC, QA and Process Improvement coordinator, Case Mgmt/Social Work; Sheriff Nole, JCSO; Andy Pernsteiner, JCSO; Apple Martine, JCPH; Jolene Kron, SBH-ASO; Jim Novelli, DBH; Steven Eckles, DBH/JSCO Navigator; Willie Knoepfle, Fire District #5; Tammy Ridgway, EJFR EMS; Bret Black, EJFR; Kent Smith, JHC-ED; Laurie Tinker, EMS Council; Gabbie Caudill, Believe In Recovery; David Carlbom, Convener and JeffCo EMS Medical Program Director; Lori J. Fleming, Meeting Coach.



Access the [Meeting Packet PDF here](#).

CASE STUDY – OBSERVATIONS AND INSIGHTS

What went well in this case where the pre-hospital behavioral health flow this group has developed was used:

- Everyone worked well together. The various responders drew with ease on their inter-relationships. For some it was their first Ricky’s Law application, and they found the Sheriff Navigator’s ability to bridge the gap between law enforcement and issuing pickup order, etc. very helpful.

Of Note:

- Jolene clarified the detention process (from the time of referral) has only 12 hours to make a decision and find a placement, to avoid violating the client’s rights. That statute applies to both substance use and mental health detentions.
 - This approach to the need for single bed for patients in community hospitals varies. The evaluation often takes longer than 12 hours. Some community hospitals go the route of No Bed Report (NBR), which is sent to the Health Care Authority any time an individual meets SUD or MH detention criteria yet cannot be detained due to lack of bed availability. Subsequent 24-hour follow-up is required until the client no longer meets criteria or until they are placed. The NBR data is kept in a data bank and the HCA and is seeing an increase in our three-county region over the past year. Prior to that there had only been 1 NBR in the past 6 years.
 - On the SUD side, there are three facilities statewide for adults, each with only 16 beds to provide secure withdrawal management. There are no similar facilities for youth. There is an additional 16 bed facility scheduled to come online in Clark County.
- Gabbie noted People in BH Court need regular inpatient beds, which are usually available. However, once challenges such as a client with criminal history, or certain charges, or significant



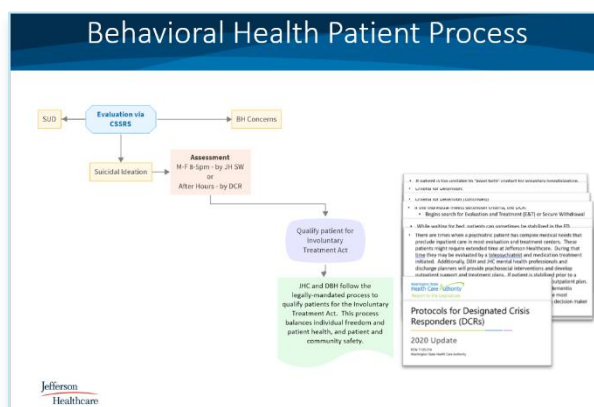
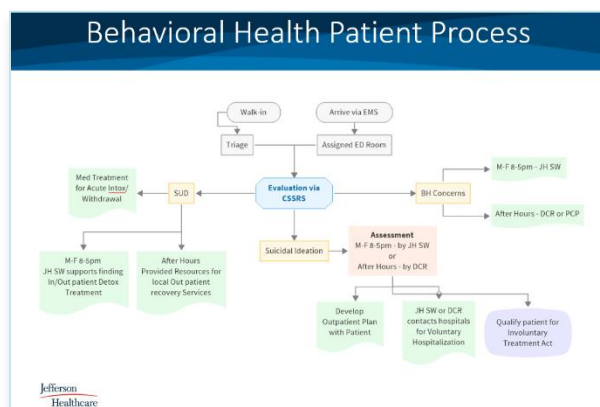
mental health issues, or covid status are added, it increases the complexity and means a more difficult time procuring a bed.

Explored:

- How hospitals and emergency rooms are held to a heavy burden of safe discharge in medical circumstances, but far less so with the NBR on the mental health side.

AGENCY HIGHLIGHTS

Jefferson Healthcare (JHC) - Mary Fortman, QA and Process Improvement Coordinator, Case Management/Social Work (Refer to Slides on pp 2-10 in the [Meeting Packet](#))



Of Note:

- JHC does not have a detox unit, though if the client is in withdrawal and has severe DT's they will be admitted.
- The time period to have a client transported to a secured bed is dictated on a case-by-case basis by the receiving facility and when they happen to have an opening. Jolene noted in addition to no standard timing requirements, there are no standardized required labs or admitting criteria. All this adds complexity to the challenge we face in addition to just not enough beds available.
- JHC is a critical access hospital, a federal designation with strict strings attached including only 25 patients at one time, and a 3 day or 90-hour discharge for all patients admitted. In the recent past there have been patients admitted for up to 108 days. The mathematical impact of those kind of stays puts JHC up against the line of jeopardizing their critical access status.



AGENCY HIGHLIGHTS – CONT'D

Salish Behavioral Health Administrative Services Organization (SBH-ASO) - Jolene Kron, Deputy Administrator / Clinical Director (Refer to Slides on pp 11-17 in the [Meeting Packet](#))

Regional Crisis System	Upcoming Programs
<ul style="list-style-type: none"> ▪ BH-ASOs are responsible for ensuring the availability of crisis services to <u>all individuals</u> in the Regional Service Area <u>regardless</u> of income or insurance status. <ul style="list-style-type: none"> ▪ Toll-free Crisis Hotline ▪ Mobile Crisis Outreach ▪ Involuntary Treatment Services (ITA Investigations RCW 71.05/71.34) ▪ BH-ASOs are responsible for involuntary behavioral health treatment for individuals <u>without Medicaid</u> (involuntary psychiatric treatment and secure withdrawal management). 	<ul style="list-style-type: none"> ▪ Youth Behavioral health Navigator Program ▪ Youth Mobile Crisis Outreach Team-Kitsap only ▪ Assisted Outpatient Treatment Program

ACTION ITEM REVIEW

- At the 4/26/2022 BH Summit meeting we articulated a vision of Deputies, PTPD, and EMS providers generating a shared mental model for pre-hospital behavioral health approach based on the [process flow](#) developed by the BH Summit participants. Then wildfires happened and there hasn't been bandwidth for this training effort to occur.
 - JHC is having Jim Novelli into an orientation around this for JHC ED Staff. David Carlbom will work with the JHC Nurses in October on a few case studies.
 - JSCO suggested the Sergeants' meeting that occurs once a month. David Carlbom will work with Deputy Sheriff Pernsteiner.
 - Tom Olson, PTPD has an upcoming leadership meeting into which this could be incorporated. He'll reach out to David Carlbom
 - Bring the training into EMT sessions set up for Discovery Bay in October. (Sheriff Nole is on task to bring donuts to fire stations.)

NEXT STEPS

- Mary Fortman will work on the Case Call / Coordination Care conference idea. She noted if folks outside JHC identify a high-service-utilizing client that would benefit from a Case Call / Coordination Care conference with relevant players from the various disciplines – this would be a place to start.
 - Key participants could be Leanne (DCR) and Stephen (Sheriff Navigator) and their teams, Tammy (EJFR).
 - Jim Novelli noted the REAL team has an operational workgroup to collaborate on delivering BH services. Perhaps the REAL team has some structure that would be useful in this effort.
- Next meeting date is set for January 24th @ 3pm. Save the date evites will be sent out.

