

## ATTENDEES

Tim Manley, Brinnon Fire; Andy Pernsteiner, JSCO; Tim McKern, Quilcene Fire; Jim Novelli, DBH; Steven Eckles, DBH/JSCO Navigator; Tammy Ridgway, EJFR; Sheriff Nole, JCSO; Bret Black, EJFR; Kent Smith, JHC-ED; Laurie Tinker, EMS Council; Gabbie Caudill, Believe In Recovery; David Carlbom, JeffCo EMS; Lori Fleming, CHIP/BHC.

## CASE STUDY – OBSERVATIONS & INSIGHTS

What went well:

- A lot of Law Enforcement and EMS aid was brought to bear on this situation – everyone wanted to help. There was compassion, and the desire to help this client.
- The ED did a thorough workup on this client in spite of the barriers noted.

Of note, questions and opportunities:

- Of note: EDs are under-resourced and under duress. Having someone board in the ED was a foreign concept six months ago, now people are staying 2-3 days on a regular basis for lack of beds and shelter. In this situation ED had too many patients already, and the client enters the scene toward the end of the shift, when the ED team is exhausted
- Question: A person who is not described as suicidal or homicidal – at what point are they detained? Housing isn't an option for a client that isn't stable. Was Telepsych consulted? Answer: Using the telepsych service turns the ED into a defacto psych ward - because of the extended timeline it often takes for Telepsych to return the call.
- Question: Where could the client have gone to get tested/vaccine? EJFR noted at one point this patient couldn't get into a local shelter for lack of vaccine/testing. Another challenge is the 10-day wait post-vaccination required for local shelter options. (It was noted anyone who comes into the jail is tested and offered a vaccine, if needed.)

**Action:** LF followed up with Gabbie, who noted the Salvation Army in Bremerton, the cold weather shelter at Gateway in Poulsbo, and The Community Center in Kingston accept unvaccinated patrons, (however, they are not always open).

- Clarification of rules around local shelter vaccination: Also, clarify the rules around the local shelter – is an N95 mask acceptable, if they had a negative test is that acceptable? Per Cherish Cronmiller / Kathy Morgan: Vaccinations are required at the Legion Shelter. Patrons are encouraged to wear a mask and n95s are made available at the counter. Because of the older population they tend to not wear them. That is why we are asking for folks to be fully vaccinated. If we encounter symptoms we isolate them and test them there. We have two rooms for the isolation.

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- Opportunity: Would having a DCR come and evaluate the client have been appropriate, and if so, at what point in the timeline? Clarifying the boundaries of gravely disabled vs challenging personality is worthwhile. **DBH offered their availability of a DCR consult by phone** in cases like this.
- Opportunity for Homelessness Case Management: While Navigator coverage is unavailable during the early morning hours, which contributes to a sense of dearth of resources for Homeless Case Management, the **JSCO Navigator will follow up on situations/questions** that are called, emailed etc. when he comes on shift.

### AGENCY HIGHLIGHT

#### **East Jefferson Fire Rescue (EJFR)** (Refer to Slides on pp 9-20 in [Meeting Packet](#))

- EJFR is a Fire District (not a Fire Dept.). Their total calls, about 76% are EMS calls – and of those, 10% are behavioral health. The EJFR team documents a BH client as one call, even if interacting with BH clients more than once to transport them to ED, then from ED to next service, etc. Every interaction reduces fire crew and equipment available for emergency.
- EJFR is in the thick of handling other priorities on a landscape where costs are rising at 4% and revenue from taxes capped at only at 1%.
- EMTs receive very little specialized training to handle mental health patients in crisis – EJFR is working to address that.
- EJFR is working on a full, independent strategic plan.
- EJFR capacity to take on an innovation like Community Paramedicine and Mobile Integrated Health is limited at this time. They look forward to exploring other models in counties that could be emulated. The ultimate goal is a fully baked proposal that identifies a program following the smart model, that is specific, measurable, has a timeline, methods of improvements and mitigations for when it doesn't go as planned, even to the point of ending the program if it doesn't achieve the metrics outlined.

#### **Discovery Behavioral Health (DBH)** (Refer to Slides on pp 4-8 in [Meeting Packet](#))

- DBH is a state-monitored behavioral health center, mandated to serve Medicaid patients primarily. Reimbursement rates significantly limit hiring ability people at a rate that is equivalent to education and care capacity. Medicare patients require Incidental billing, which is dangerous if not done correctly.
- 4 Nurse practitioners who provide evaluations and med management treatment, including MAT; Psychiatric evaluation and medicine management patients must be willing to get therapy at the same time.

- Offering Substance use disorder services as of February 1 – using the Safe Harbor program at DBH for the counseling side and DBH Medically Assisted Treatment (MAT) services. This sets a good foundation to address dual diagnosis.
- Provide 24/7 crisis services DCRs; Case management
- DBH’s Contract programs: Sheriff’s Team Navigator and the Recovery, Empowerment, Advocacy and Linkage (REAL) Team.
- **Innovation:** Integration of DBH and Sheriff’s Department’s efforts to address calls involving mental health; Collaboration with Quilcene and Brinnon’s Fire Departments is being developed.
- **DBH’s Goal with the Summit Group:** To strengthen relationships with PTPD and EJFR, and use those relationships to deliver behavioral health services with intention and effectiveness.

**FOLLOW-ON DISCUSSION**

- **REAL Program** – Jolene Kron noted this program is being rolled out in Kitsap, Clallam and Jefferson County.
  - The SBH-ASO’s Marti Anne Lewis will roll out the Jefferson County program at the BHC’s February 13<sup>th</sup> meeting.
  - The SBH-ASO will form a Jefferson County REAL policy workgroup that will meet at the BHC’s table. This group will act as an overarching body and identify gaps in the community that would benefit from REAL engagement.
- Request: Create a graphic that illustrates the spectrum from REAL team, to Navigator, to DCR, and clarify who does what.

Program	<b>REAL</b> (Recovery Empowerment Advocacy and Linkages)	<b>Sheriff’s Navigator</b>	<b>PTPD Navigator</b>	<b>Mobile Crisis Outreach (DCR)</b>
<b>Service Offered</b>	Pre-Crisis outreach, light touch and intensive case management	Service linkage	Service linkage	Crisis Intervention BH triage ITA
<b>Referral Source</b>	Governing Board representing Community interests	Sheriff’s Dept	PTPD	All
<b>Anchor Point</b>	Service linkage	DBH	PTPD	DBH

- Jim Novelli clarified DCR's (mobile crisis outreach) can be called by the law enforcement to a scene. If a psychiatric hospitalization is required, a medical clearance is required. A visit to the ED is required for a medical clearance.

### EMS BEHAVIORAL HEALTH GUIDELINE REVIEW

(Refer to Slides on pp 21-30 in [Meeting Packet](#))

The group reviewed a [draft of the Jefferson County EMS Behavioral Health Response Guideline](#) that has been modeled in large part on the WA State DOH EMS guidance document.

**Action:** Dr. Carlbom invites input and will present it at the EMS Council in February for approval, then on to State DOH where it will be reviewed by EMS office and the Attorney General's Office. From there the document will be updated.

**Next Meeting Scheduled for Tuesday, April 26<sup>th</sup>, 3-4:30pm**