

## ATTENDEES

Tom Olson, Chief, PT Police; Kent Smith, ER Dr. and Decision Director @ JHC ED; Tim McKern, Quilcene Fire; Joe Nole, JCSO; Susan O'Brien, JCPH/SBHC; Jolene Kron, SBH-ASO; Jim Novelli, CEO, Discovery Behavioral Health; Bret Black & Tammy Ridgway EJFR; Gabbie Caudill, Believe In Recovery; David Carlbom, Convener and JeffCo EMS Medical Program Director; Lori J. Fleming, Meeting Coach.

Click for access to the [BH Summit Meeting Agenda](#).

## UPDATES

- Joe Nole, Sheriff's Office, noted the Drug Takeback event happening on Saturday, 4/27 in Quilcene and Port Hadlock.
- Gabbie Caudill, Believe in Recovery - Mentioned issues with numbers being incorrect on the yellow card, specifically referencing housing contact numbers.
- Susan O'Brien, JCPH School-Based Clinic. Provided an update on the new school-based clinic at Blue Heron, stating that they received funding, are moving forward with the plan, have a project manager, and have figured out the financial aspects.

## CASE STUDY DISCUSSION

Discussed two complex cases involving adult patients with medical and behavioral health issues.

### **Grave Disability**

Attendees explored the "grave disability" and the difficulty in managing patients who do not fit neatly into the criteria for grave disability classification, but clearly need substantial support and intervention. Grave Disability is a legal term used to describe individuals who, due to a mental illness, are unable to care for themselves and provide for their basic personal needs such as food, clothing, or shelter. This designation is key to determining whether an individual can be involuntarily hospitalized or placed in a care facility. This has implications around:

- Resource Allocation: Proper classification of grave disability impacts how resources are allocated, and which services are provided. Misclassification can lead to either unnecessary institutionalization or inadequate support.
- Legal and Ethical Considerations: Determining grave disability requires careful legal and ethical considerations, balancing individual rights with the need for safety and care.
- Surfaced Systemic Improvement Opportunities: The discussions underscored the need for systemic improvements to address gaps in care for individuals with complex medical and behavioral health issues.

Despite being gravely erratic and disorganized, the patients did not consistently meet the criteria for grave disability as determined by evaluations from DCRs and psychiatrists, and therefore did not always qualify for involuntary commitment. The cases explored highlighted the complexity of

managing patients with severe medical and behavioral health issues in the community, underscoring the need for systemic improvements and better resource coordination and the definition of next steps.

- **Transportation Challenges:** Recognized the need for better coordination among existing transportation services to provide timely and reliable transport for patients. Many transportation services require advanced scheduling, which is not feasible for all patients, especially in emergencies. Explored [ECHHO transportation](#), a resource, however it requires pre-planning and has a waiting period, making it unsuitable for immediate transportation needs. And Dial-a-Ride and Paratransit both require 24-hour notice and have specific schedules, which may not align with urgent needs.
- Explored possibility of a **call system** where different transportation providers could coordinate availability, potentially dedicating specific days or times for urgent patient transport.
- Next Steps Brainstormed:
  - **Transportation on Resource Lists:** Ensure that all transportation options, including their limitations and scheduling requirements, are clearly listed on the provider resource lists and yellow cards.
  - **Needs Assessment:** Conduct a needs assessment to identify gaps in transportation services for patients with severe medical and behavioral health issues, involving stakeholders from various transportation providers to brainstorm solutions.
  - **Exploring Funding and Partnerships:** Seek funding and partnerships to expand transportation options, possibly through grants or collaborations with community organizations.

#### YELLOW CARD RESOURCE LISTING FOR CITIZENS

Suggestions were made to refine resource lists like the Yellow Card and Provider Sheet, streamlining information, updating contact details, and categorizing new entries appropriately.

**Correction of Contact Information:** Ensure that all phone numbers and contact details are accurate. Specifically, verify and update the housing contact numbers, which were reported to be incorrect.

**Remove Duplicate Entries:** Eliminate the duplicate listing of the 988 number. Keep it only once on the card to avoid confusion.

**Reorganization and Highlighting Key Numbers:** Move Salish Regional Crisis Line to the Top:

Place the Salish Regional Crisis Line at the top of the card, below 911, in a larger font for visibility and emphasis.

**National Suicide Prevention Lifeline:** Keep the National Suicide Prevention Lifeline (988) in the smaller font where it is currently listed, without duplicating it.

**Clarifying Transportation Services** - Advanced Planning Note: Add a note indicating that certain transportation services require advanced planning. For example, ECCHO and Dial-a-Ride should include a brief description that they need pre-scheduling.

**Categorize Transportation Services:** Distinguish between immediate and scheduled transportation services. Highlight taxis as the option for immediate transportation needs.

**Formatting Corrections:** LGBTQ+ Suicide Hotline: Correct the spelling error by removing the extra "e" in "Suicide Hotline."

**Specific Agency Contact Corrections:** Jefferson Healthcare Emergency Department: Confirm and use the correct phone number for the Jefferson Healthcare ED, ensuring it directs to the registration desk (currently noted as 360-385-2200, extension 4221).

#### PROVIDER'S CONTACT SHEET WITH CRISIS RESPONDER RESOURCES

**Verification of All Numbers:** Recheck all phone numbers and contact information listed for accuracy. Ensure that each service provider's contact details are up to date.

**Specific Correction:** Ensure the Jefferson Healthcare ED number is accurate, currently listed as 360-385-2200, extension 4221.

#### Inclusion of Additional Resources

- ECHHO: Include ECHHO under transportation services with a note about the need for pre-planning and advanced scheduling.
- Veteran, Native, and Specialized Crisis Lines: Add information about specialized crisis lines accessible through 988, such as the Veterans Crisis Line, Trans Lifeline, and Native and Strong Lifeline. (Jolene will send info)

**Clarifying Services and Access: Transportation Services:** Note that certain transportation services require pre-planning and are not immediate. Indicate which services provide immediate transport (e.g., taxis) and which require advanced notice.

Dial-a-Ride and Paratransit: Mention the 24-hour advance scheduling requirement for services like Dial-a-Ride and Paratransit.

**Formatting and Readability:** Consistent Formatting: Ensure all entries follow a consistent format for ease of reading. Correct any formatting inconsistencies, such as the bolded "a" at the bottom of page five.

**Alphabetical Order:** Confirm that all agencies are listed in alphabetical order to facilitate quick reference.

**Brief Descriptions:** Provide brief descriptions of each service, including what they offer and how they can be accessed. This will help providers understand the resources available and how to direct patients appropriately.

**Initial Print and Distribution:** Print a limited number of updated provider resource booklets (suggested 30 copies) and distribute them to key stakeholders, such as emergency services, healthcare providers, and social service agencies.

**Gather Feedback:** After distribution, collect feedback from users to identify any additional updates or corrections needed. This will help in making continuous improvements to the resource listing.

#### NEXT STEPS SUMMARY

- Update Yellow Card and Provider Resource Directory
- Lori to attend Ground Pounders' meeting and explore conducting transportation assessment with that group.
- Circle back with Mary Fortman for update on Quarterly Care Conference effort at next meeting.

#### NEXT MEETING

- Next meeting date is set for Wednesday, July 24th, 2024 @ 3pm. Save the date invites have been sent.

#### FOLLOW-UP FROM PRIOR BH SUMMIT MEETINGS

##### **DBH/SBHC – Liaison approach for teen referrals**

From Jan 2023 Mtg: SBHC/DBH will explore having DBH appoint a liaison who will operate as the point person for the SBHC to work with on teen referrals.

- Susan O'Brien noted this new approach to coordination has served the first few students well and is grateful for the collaboration with DBH working with her at the critical intersection of the team at the SBHCs and county mental health services to remove barriers for children and adolescents.

##### **JHC – next steps for quarterly care conference**

From Sep 2022 Mtg: JHC working to create a system to have collective quarterly care conferences.

- In process: JHC's legal counsel working to complete an MOU for folks to sign as a foundation for her to facilitate quarterly care conference .

##### **WEMSYS Data**

From Jul 2023 Mtg: Working to get access to WEMSYS data through a data-sharing agreement.

- WEMESIS is still working to make county level data available through dashboards they are developing. David Carlbom navigating the difficulty of finalizing a data-sharing agreement because county numbers are small and there are data de-identification concerns.