

# Severity of BH Symptoms

## Mild Sx

Opportunity: finding mental health tx for complex pts (often managed by PCP)

### Public Health:

Harm Reduction focus, 2-person team, outreach ~1/wk, also hold open hours at Public Health Office.

## Moderate

**Navigator:** partner w/ LE (Sheriff), often f/u directly after LE contact to connect & triage next steps for patients. Activated via LE/JeffCom. Limited hours (M-F 8-17h). One team member.

**PTPD:** position open, similar as above. Exploring needs & triage. One team member.

**LEADS:** Divert pts. in misdemeanor (not IPV, DUI) into community-based support. Developing policies based on national. LE referrals. Go to scene. If pt consents, charges suspended. Case manager (meet ≥2x week) to help get to MAT, counseling, etc. Not abstinence-based, but often goal. 24h/d. 3 case managers, 1 leadership. Lived experience.

**CARES (Fire/EMS):** Referrals from EMS/fire and follows up w/ pts (often health related). Liaison for patient, education on resources. Available M-F 8-16h. Team: 2-3 EJFR, 4 in Quilcene

**REAL:** Outreach for pts w/ SUD, co-existing needs. Designed to divert arrest/charges. LE priority, but community referral. 24h/d. Team members w/ lived experience. Mostly unstable housed persons, some substance use d/o pts. Known for gateway to DBH access. Partners w/ CARES as experts in EMS/medical. Part of WA State Recovery Navigator Program. 6 team members.

**BiR-OPHS Outreach Team:** immediate needs, often donations (tent, food, etc) or transportation (bus ticket). 24h/d.

**JHC:** Integrated BH (clinics), SI & safety plans. Triage to DBH, etc. Provide integrated tx. Pts often call clinic first. Post-hosp: integrated BH team will do f/u calls (still in progress)

## Severe

DBH Mobile Crisis Outreach Team:

MCOT d

Law Enforcement EMS

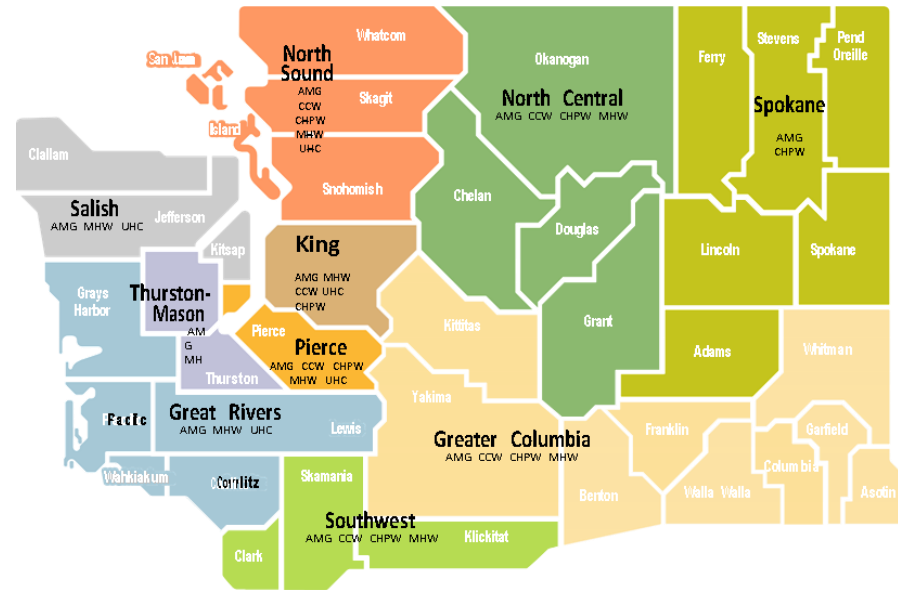
Crisis Intervention & Triage

DCR & Involuntary Tx

### **Assignment was to clarify:**

- Where do our Teams fit on the crisis response's severity of symptoms spectrum?
- What population is each Team most likely to interact with?
- What is initiating event?
- What does each team provide that is unique?
- How does each team ensure smooth transition to the next phase of care?
- Are there any gaps that we want to fill?

- Contact phone numbers
- "One pager" w/ all teams roles
- Review by all teams



State receives Federal funding to provide care  
 State Law designates funding & requirements for services  
 Organizes Behavioral Health Response Regions



Salish Behavioral Health  
 Administrative Services Organization

Regional agency responsible for ensuring the availability of crisis services to all individuals in the Regional Service Area regardless of income or insurance status.  
 Funds many initiatives in the region (R.E.A.L., CJTA, Jail Transition)



State-certified Behavioral Health provider for Jefferson County  
 25 years of community service  
 24h/day crisis services, outpatient care, substance use treatment, family services.