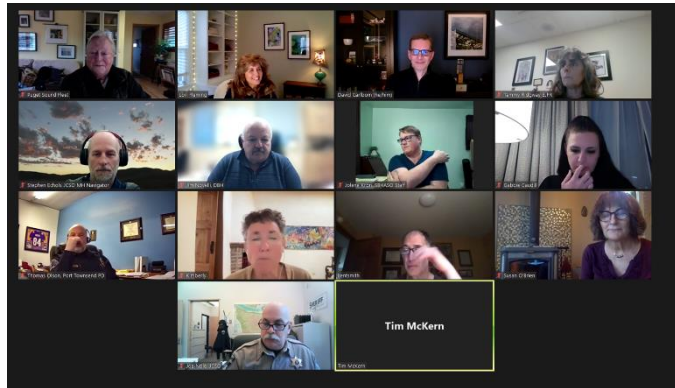


## ATTENDEES

Laurie Tinker, JHC Rep to EMS Council;  
 Kent Smith, ER Dr. and Decision  
 Director @ JHC ED; Tim McKern,  
 Quilcene Fire; Joe Nole, Steve Echol,  
 JCSO; Susan O'Brien, JCPH/SBHC; Tom  
 Olson, PTPD; Jolene Kron, SBH-ASO;  
 Jim Novelli, Angel Alford, Dana  
 Milagrosa, Brandon Torgler, DBH;



Tammy Ridgway, EJFR; Kimberly Kinzer, Quilcene CARES; 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

- Kent Smith noted Jefferson Healthcare had successfully hired two new full-time nurses, which was contributing towards achieving full staffing levels in the emergency department.
- Rural Health Network Development Program Planning grant: Lori announced the submission of a grant application aimed at addressing pre-hospital non-transport, difficult discharges, and frequent patient visits to emergency services. The grant seeks to explore effective upstream or post-discharge interventions and was submitted by Jefferson Healthcare (JH) on behalf of the Jefferson County Patient Care Continuum (JCPCCC) that includes JH, Discovery Behavioral Health, EMS Council and Jefferson County Public Health.
- Steven Echols noted a meeting at the Port Ludlow Fire Station on 1/25/2024 to further discuss collaboration among behavioral health and crisis intervention teams.
- Susan O'Brien noted her team is working to open a new school-based clinic at Blue Heron Middle School. This initiative is still in the planning stages, and the team is navigating through various planning phases to make this new SBHC operational by the next school year. The addition of this new center is aimed at expanding accessible healthcare services to more students, particularly in the middle school age group.

## CASE STUDY

Discussion Points included the complexity of managing such cases across different counties and services, with emphasis on communication barriers and coordination challenges. It was discussed how utilizing this feature of the VOA Crisis Alert System, stakeholders might improve the coordination and effectiveness of responses to individuals in crisis, ensuring that they receive the appropriate care and intervention during critical periods. Some key points on the VOA's Crisis Alert Feature:

- **Activation Period:** The system allows for an alert to be set for a predetermined number of days, typically 10 days initially. This period is chosen to cover a time frame during which the individual is considered to be at heightened risk and might require immediate and coordinated response if they come into contact with crisis intervention teams, law enforcement, or EMS.
- **Extension of Alert:** It was noted that the duration of an alert could be extended beyond the initial period if the individual's situation has not stabilized or if there are ongoing concerns about their well-being. The decision to extend the alert would typically involve input from behavioral health professionals familiar with the case.
- **Information Included in the Alert:** The alert can contain crucial information about the individual, such as identifying details, a brief overview of their current situation, risk factors, and any recommended approaches or interventions that have been effective in the past. This information is aimed at ensuring that responders have the context needed to handle interactions with the individual appropriately.
- **Access to Alerts:** The system is designed to make these alerts accessible to authorized users, including EMS, law enforcement, and specific behavioral health teams, ensuring that those who are most likely to encounter the individual during a crisis have the necessary information to respond effectively.
- **Privacy and Confidentiality:** Discussions around the alert system also touched on the importance of maintaining the individual's privacy and confidentiality. The system is designed to share enough information to aid in crisis response without unnecessarily divulging sensitive personal details.
- **Setting Up an Alert:** The process for setting up an alert involves input from professionals who are directly involved in the individual's care or who have assessed their current risk level. This might include mental health professionals, case managers, or crisis intervention teams who have determined that the individual is at significant risk.

#### PROVIDER'S CONTACT SHEET WITH CRISIS RESPONDER RESOURCES & YELLOW CARD RESOURCE LISTING FOR CITIZENS

**Provider Contact Sheet:** Envisioned to be a 8.5x11 sheet folded in half with quick-hit contact info on the front and subsequent pages would have more detail of a resources mission, hours, priority population, etc. Intended for use by personnel at ED, EMS, SBHCs, Law Enforcement, pre-post crisis responder teams. Discussed having digital accessibility (a QR code on the sheet) where the most up-to-date resources would reside between updating-print-runs. *Currently need LEAD and BIR Outreach info* before finalizing.

**Citizens Yellow Rack Card:** JCPH is updating the yellow two-sided half-sheet that can be handed out by EMS, CARES, REAL, LEAD, Navigators, Law Enforcement, Visitor Center, Libraries, etc. Lori to take current version to Steve Echol's meeting on 1/25/2024 to get updates from the Ground Pounders, then get another run printed. Potential for digital accessibility also discussed once Behavioral Health Consortium (BHC) website is up and running.

#### NEXT STEPS SUMMARY

- Finalize the reference card/page for Law Enforcement, EMS/hospital outlining relevant service offering and referral contact information for each resource available. (Not to be confused with the “Yellow Card” produced by JCPH.)
- Alert attendees as the JCPH if the yellow card is updated/printed.
- Circle back with Mary Fortman for update on Quarterly Care Conference effort at next meeting.
- Identify next steps (Training?) to incorporate using the 10-day alert feature and possible extension of alerts to better serve hi-risk individuals across our various interception points.

#### NEXT MEETING

- Next meeting date is set for Wednesday, April 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 .

##### **WEMISIS Data**

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

- WEMISIS 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.