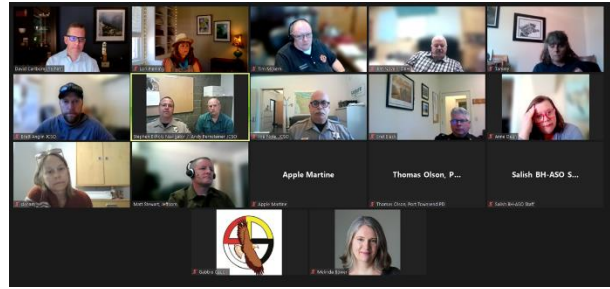


## ATTENDEES

Matt Stewart, JeffCOM; Tim McKern, Quilcene Fire; Joe Nole, Brett Anglin, Steve Echol, JCSO; Apple Martine, JCPH; Tom Olson, PTPD; Jolene Kron, SBH-ASO; Jim Novelli, Anne Dean, Dana Milagrosa, DBH; Tom Olson, PTPD; Bret Black, EJFR; Tammy Ridgway, EJFR; Gabbie Caudill, Believe In Recovery; Melinda Bower, JCPH



School-Based Health Centers; Adam Rovang, EMS Epidemiologist @ WEMSIS Program @ the Office of Community Health Systems & Guest Speaker; David Carlbom, Convener and JeffCo EMS Medical Program Director; Lori J. Fleming, Meeting Coach.

Click for access to the [BH Summit Meeting Agenda](#) and [Adam Rovang's WEMSIS Presentation](#).

- UPDATES

- DBH: Looking for office space to support mental health therapy services in South County Area
- JSCO: Will be incorporating the new approach to drug-related field encounters beginning August 16<sup>th</sup> that hope will lead to earlier intervention and service connection.
- EJFR: Firefighter Paramedic – three candidates being reviewed.
- PTPD: Have a new Deputy Chief; working with HR on Navigator job description and announcement.
- SBH-ASO: Doing Community events across the region to engage/educate communities/SBH-ASO

#### JEFFCO OPIOID DATA FROM WA STATE DOH'S – WEMSIS PROGRAM – PRESENTED BY ADAM ROVANG, EMS EPIDEMIOLOGIST

- [See Presentation Slides](#)
- They release a monthly opioid report – and work hard to distinguish between unit responses and incident vs patient.
- For the opioid report, Adam Rovang explained the process is to look through the primary and secondary impression or the cause of injury within the record for any codes that are specifically related to opioid use. There are several others that might be some other drug use with a non-specified drug, but for the opioid report, those numbers aren't included. Also look at incidents where Naloxone was administered to the patient and their condition improved after Naloxone was administered.
- Data source: The provider closes out the record in ESO then automatically dumps to state – this is voluntary now, but at the start of 2024, it will be mandatory across the state to provide access to data. (Disco Bay will begin putting data into ESO this Fall 2023.)
- Discussed the meaning of “Altered mental states vs. overdose” and learned it is a provider's, or in law enforcement's case the deputy's, primary impression of what is going on.

- Dr. Carlbom noted that heat maps around response locations would be very interesting to look at – and would like to see relevant data coupled with Matt Stewart’s GIS capabilities.
- Adam invites dialogue and requests for EMS data that we’re interested in. There are data sharing and confidentiality agreements that would need to be navigated.
- Currently Adam noted they have 9 bundles of key performance indicators. He’d appreciate help to improve a key performance indicator for anything related to opioid – and to identify specific data points to consistently track that may not be on the dashboard shown in the presentation.

#### CASE REVIEW OBSERVATIONS AND INSIGHTS

##### **Exploring what went well and what possible system opportunities are revealed.**

###### What Went Well:

- Folks at the Sheriff’s department and Jail handled a scary, physically intimidating subject very well. There was no one injured, nor was there any destruction.

The ED is a difficult place to use any type of force yet the nursing and ER staff were excellent in this difficult situation where there was an appearance of an army showing up at the ER to deal with the guy

###### Opportunities:

- Jefferson Healthcare has created a dedicated Pre-Hospital Provider conference line that is open 24 hours a day. It hasn’t been used as yet, but to use it, the Emergency Charge Nurse initiates the EMS call. Uses can explore in a quick, focused and hopefully collegial discussion the pros and cons of best care location and come to a group decision.
- Consider petitioning our legislators around the need for intense mental health service capacity to properly support this demographic.

###### Challenges:

- Finding the right disposition for this patient. The patient is large and tough to move without force if they don’t want to move. There are few places that are available for “difficult-to-manage patients” – Western State has basically shut their doors to this kind of admission unless it is forensic case.

#### DANA MILAGROSA EXPLAINS THE 1077 PROCESS

1077 process occurs around a candidate who, for instance has a felony charge, yet is not able to stand trial for themselves as evidenced by crisis interactions, extreme behaviors, etc. Generally the subject is in jail where they don't belong because they're sick. In this situation the jail's personnel can request a competency exam that results in a 1077. During this process a psychologist does an interview, likely on telehealth and then decides whether this person is competent or otherwise. Once a psychologist has determined the subject doesn't appear to be competent, the subject goes to court, where the court must also find them to be incompetent to stand trial.

## FOLLOW-UP FROM SPRING BH SUMMIT MEETING

### **PTPD/JHC – Clarifying ITA**

From Jan 2023 Mtg: Chief Olson and Dr. Kent Smith will explore how to best clarify police officer vocabulary and their understanding of their role around ITA. (While a police officer cannot ITA someone, they can bring someone into custody and request the Emergency Department request an evaluation by the DCR.) Chief Olson noted the opportunity to clarify the process and who can make those decisions once an officer brings an individual to the ER.

- Chief Olson noted training occurred @ their staff meeting – was helpful to get a better understanding of that process and clarifying PTPD expectations when getting those type of calls.

### **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.

- Relevant DBH staff have had conversations with Susan O'Brien to explore ways to improve access to behavioral health care for youth 13 years and older and to generally improve necessary communication. Priority is to assist students to complete service requests in a safe and encouraging way – and to understand what the specific needs, challenges, and barriers to participating in their own behavioral health care were. This Fall DBH/SBHC are going to pilot an approach at the Port Townsend High School, where a DBH administrative staff member is sent to the school once per week. Goal is to do this during school hours when kids are present. Referrals will be made by School Based Health care Clinic (SBHC), Mental Health and/or Student Assistant Professional, or by the students themselves.

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

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

- On Standby, still in process: JHC's legal counsel needs to weigh in, however current counsel retired and JHC is interviewing for new legal counsel.

## NEXT STEPS SUMMARY

- EMS/Navigators will continue to work to provide a visible warm hand-off of call-subject from CARES to the REAL team.
- Explore having the REAL and CARES Teams members meet on a routine basis to get to know each other's services and clarify best practices to support potentially shared clients. Jeff Woods/Nicky Kelly will collaborate/follow up.
- Continued exploration of if Empowered Teen Coalition or ?Ave Avelin@ SBHC? could be a connection point between REAL and student-oriented channels. Connect Nicky and Sam from REAL with Lindsay Scalf and Holly Gumm – from Empowered Teens Coalition.

#### NEXT STEPS SUMMARY – CONT'D

- From Sep 2022 Mtg: JHC working to create a system to have collective quarterly care conferences.
- From Apr 2023 Mtg: Apple Martine suggested exploring/addressing/supporting players experiencing compassion fatigue among the agencies at this table

#### NEXT MEETING

- Next meeting date is set for Wednesday, October 25<sup>th</sup>, @ 3pm. Save the date evites have been sent.
- Chief Black suggested at a future BH Summit event we might consider doing an annual event focused on approaches to mental health and critical incidence stress training for this group. Could also open this event to other relevant colleagues?