

ATTENDEES

Kent Smith, ER Dr. and Decision Director @ JHC ED; Joe Nole, JCSO; Jolene Kron, SBH-ASO; Jim Novelli and Dana Markham, Discovery Behavioral Health; Bret Black & Tammy Ridgway EJFR; Gabbie Caudill, Believe In Recovery; Cheryl Weinstein, Dove House Advocacy Services; Dana David Carlbom, Convener and JeffCo EMS Medical Program Director; Lori J. Fleming, Meeting Coach.

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[7/24 Meeting Agenda](#); [Yellow Card: Providers' Resource Bklt](#); [4/24 Mtg Notes](#); [Crisis Response Flow Graphic](#)

UPDATES

- Kent Smith mentioned the challenges Jefferson Healthcare ER is facing with **increasing patient volumes**, especially from **Clallam County**, and the **impact of longer wait times in other counties** leading to more patients coming to Jefferson Healthcare
- Gabbie Caudill, Believe in Recovery mentioned she was on her way to the **regional Opiate Summit in Boise**, indicating active involvement in larger discussions on opiate recovery and substance use disorders..
- Jim Novelli briefly touched on the **aging population and the growing need for services**, noting that his experience working with **Adult Protective Services (APS)** highlighted the complexities of serving vulnerable adults.

VULNERABLE ADULT TASKFORCE PRESENTATION – CHERYL WEINSTEIN

Cheryl Weinstein's presentation focused on the Vulnerable Adult Task Force, detailing its mission to support and protect vulnerable adults in Jefferson County through community awareness, case conferencing, and partnerships, while also highlighting the expanded services at Dove House, including the recovery café and a new youth program.

Vulnerable Taskforce

- **Definition of Vulnerable Adults:** Those over 60 or with a disability, emphasizing their inability to care for themselves.
- **Task Force Formation and Purpose:** Formed in response to a tragic incident; its goals include raising awareness and case conferencing without using identifiable information.
- **Task Force Activities:** Focus on emotional, financial, physical, psychological, and spiritual abuse. Efforts are underway to develop a flowchart for professionals to handle cases.
- **No Funding:** Despite lack of funding, the Dove House continues supporting the task force through grants aimed at crime victim support.

General Crime and Advocacy Services

- **Support for All Victims:** Services for victims of domestic violence, sexual assault, and general crime, with referrals for mental health and substance abuse issues.

- **Youth Program Development:** Dove House is expanding to include youth services in collaboration with other agencies.

Case Conferencing and System Improvement

- **HIPAA and Information Sharing:** Cheryl clarified the importance of getting releases to discuss specific individuals.
- **Coordination Across Agencies:** Attendees discussed how the task force can collaborate with law enforcement and health care to address complex cases.

Substance Abuse (Suboxone and ITA Process)

- **Case Example on ITA Challenges:** A detailed discussion around a recurring case involving an individual with drug use disorder who was medically treated and re-assessed for grave disability, illustrating the challenges of involuntary treatment and Ricky's Law.
- **Suboxone Use in Emergency Settings:** EMS faces barriers in initiating Suboxone due to the lack of follow-up care. There was interest in learning more about regional efforts for Suboxone treatment and its use in the community.

Presentation-related Action Items:

- **Flowchart Development:** Cheryl will continue working on a flowchart to guide task force members in addressing vulnerable adult cases.

CASE STUDY DISCUSSION

The case study discussion focused on a complex situation involving a recurring individual with substance use disorder who had multiple encounters with law enforcement and emergency medical services (EMS). The case highlighted the challenges in determining **grave disability** and the application of **Ricky's Law** for involuntary treatment. Discussion points included:

Grave Disability and Ricky's Law

- The attendees discussed the difficulty in determining **grave disability**, which requires a mental health component per the RCW (Revised Code of Washington). The patient's recurrent drug use posed a dilemma, as substance use disorder qualifies as a mental disease, but the patient was not consistently incapacitated to meet involuntary treatment criteria.
- **Ricky's Law** was also discussed in terms of its applicability to individuals with substance use disorder, with Dana (mental health specialist) explaining that it requires both mental illness and the inability to care for oneself.

Challenges in EMS and Law Enforcement Response

- EMS and law enforcement faced the dilemma of whether to force the patient into care or respect his autonomy, given his recurring drug use and immediate recovery after brief medical intervention.

- Law enforcement voiced concerns about the limitations of legal authority when no crime had been committed, but the individual was putting himself at risk.

System Inefficiencies and Solutions

- **Ken Smith (ER Director)** and **Dana** noted that the case reflects a larger issue of **hospital overcrowding** and the burden on emergency departments dealing with non-emergent cases like substance use.
- Suggestions were made to improve coordination between EMS, law enforcement, and mental health services, possibly involving **mobile crisis response teams** or the **REAL team** (mental health intervention).
- There was also a suggestion to better use the **VOA (Volunteers of America) crisis line** to document recurring cases, which could build a stronger case for involuntary treatment.

Use of Suboxone and Detox Programs

- A major theme was the need for more **Suboxone (medication-assisted treatment)** and **detox programs** in the community. The paramedics expressed frustration that despite wanting to administer Suboxone, they lacked the follow-up care and resources to properly link patients to long-term treatment.
- There were discussions about creating a **better pipeline for Suboxone treatment**, potentially through local clinics, public health initiatives, or partnerships with mobile health services.

Takeaways and suggestions to improve coordination

Clarifying Grave Disability: The need for clearer guidelines on what constitutes grave disability in substance use cases was identified, as well as better understanding among responders about Ricky's Law.

Increased Use of Mobile Crisis Response Teams: **Dana** (suggested expanding the role of **mobile crisis response teams** or the **REAL team** to respond directly to the scene of incidents involving individuals with mental health or substance use issues. This would allow mental health professionals to evaluate the situation in real time and potentially prevent unnecessary emergency room visits or law enforcement actions.

Better Utilization of the VOA Crisis Line

- **Jolene** recommended using the **VOA (Volunteers of America) crisis line** to document cases where individuals repeatedly encounter EMS or law enforcement due to substance use or mental health crises. This documentation could help build a case for **Involuntary Treatment Act (ITA)** interventions under **Ricky's Law** by showing a pattern of grave disability or harm to self over time.

Pre-Coordination with Law Enforcement

- It was noted that law enforcement could coordinate with mental health services more proactively during calls involving vulnerable adults or individuals with substance use disorder. For example, if law enforcement suspects that mental health intervention is needed, they could call the **mobile crisis team** or the **REAL team** before transporting the individual to the hospital.

Clear Protocols for Case Review and Follow-Up

- **Cheryl Weinstein** and others suggested establishing a regular **case review process** to improve communication between EMS, law enforcement, and mental health services. This could include reviewing incidents in detail to identify what went well, where improvements could be made, and how future coordination could be enhanced.

Educating First Responders on Mental Health and Substance Use Disorders

- A **training initiative** was proposed to educate EMS and law enforcement on recognizing and responding to mental health crises and substance use disorders. This would help responders make more informed decisions about whether individuals need medical intervention, mental health services, or law enforcement involvement.

Expanding Suboxone Programs with Clear Referral Pathways

- It was suggested that more **Suboxone (medication-assisted treatment)** programs be developed in the community, and that clear **referral pathways** be established so that EMS and law enforcement can connect individuals to appropriate follow-up care after an overdose or drug-related incident.

NEXT STEPS

Flowchart Development for Task Force: **Cheryl Weinstein** to continue developing a flowchart for professionals handling cases of vulnerable adults, providing clear guidance on appropriate steps and referrals.

Suboxone Treatment Coordination: **Explore if a Public Health Team** (led by **Dr. Allison Berry** and **Amelia?**) can provide a needs assessment and update on community resources for Suboxone treatment at the next meeting. Also, explore the potential for mobile Suboxone services (such as Jamestown's mobile health van) and the creation of clear referral pathways for follow-up care after an EMS-administered dose.

Improved Use of VOA Crisis Line: Law enforcement and EMS to start documenting cases of recurring substance use or mental health crises through the **VOA crisis line**, helping build stronger cases for involuntary treatment (ITA) under Ricky's Law.

Coordination with Law Enforcement on Mental Health Responses: Explore ways for law enforcement to pre-coordinate with **mobile crisis teams** or the **REAL team** during encounters with vulnerable adults or those with substance use disorders. Consider scheduling regular meetings to establish clearer communication protocols.

Regular Case Review Process: Establish a regular **case review process** for the task force, EMS, and law enforcement to review incidents and improve coordination. This will include identifying opportunities for improvement and best practices in handling vulnerable individuals.

EMS and Law Enforcement Training: Implement a **training program** for EMS and law enforcement to better equip first responders with knowledge of mental health crises, substance use disorders, and the appropriate use of Ricky's Law.

Explore Suboxone Use in Jails: Investigate the reintroduction of **Suboxone programs** in the jail setting and assess the feasibility of using **long-acting Suboxone** to address issues such as short jail stays and the challenges of opioid withdrawal.

Community Awareness and Networking: **Cheryl Weinstein** to continue efforts to increase community awareness about the Vulnerable Adult Task Force, presenting at future meetings like the **ground pounders** quarterly meeting, and fostering stronger connections with field workers.

FOLLOW-UP FROM PRIOR BH SUMMIT MEETINGS

DBH/SBHC – Liaison approach for teen referrals

From Apr 2024 Mtg: 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 Apr 2024 Mtg: 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.

WEMSIS Data

From Jul 2024 Mtg: WEMSIS is still working to make county level data available through dashboards they are developing. David Carlbom is navigating the difficulty of finalizing a data-sharing agreement because county numbers are small and there are data de-identification concerns.

NEXT MEETING

- Set for 10/23/2024 @3pm. Save the date evites have been sent.