

ATTENDEES

Tim McKern, Quilcene Fire; Tim Manley, Brinnon Fire; Mary Fortman, JHC, QA and Process Improvement coordinator, Case Mgmt/Social Work; Sheriff Nole, JCSO; Apple Martine, JCPH; Jolene Kron, SBH-ASO; Jim Novelli, DBH; Steven Eckles, DBH/JSCO Navigator; Tammy Ridgway, EJFR EMS; Bret Black, EJFR; Kent Smith, JHC-ED; Laurie Tinker, EMS Council; Gabbie Caudill, Believe In Recovery; Denise Banker, Susan O’Brien, and Melinda Bower, JCPH JCPH School-Based Health Centers; Pete Brummel, EJFR; David Carlbom, Convener and JeffCo EMS Medical Program Director; Lori J. Fleming, Meeting Coach.



Access the [Meeting Packet PDF here](#)

AGENCY HIGHLIGHT

JCPH’s School-Based Health Centers (SBHC) Overview, Services, Referral Process, Recent Stats (Refer to Slides on pp 2-15 in the [Meeting Packet](#))

Current SBHC Services Overview

Port Townsend High School Team			CHIM Jr/Sr High School Team		
	Provider	Onsite		Provider	Onsite
BH Services	Andrea Knutson MH Counselor	M, W, Th - Full Day		Cynthia Langston MH Counselor	W, F - Full Days M, Th - Afternoons
Medical Services	Susan O'Brien, ARNP Cynde Marx Beate Liebruth	T, F - Full Day		Erin Vicha, ND Melinda Bower, ND Cynde Marx	M - Morning T, Th - Morning

Quilcene High School Team			Brinnon K-8		
	Provider	Onsite		Provider	Onsite
BH Services	Ann Murray MH Counselor	T, W, Th - Full Days		Jake Nassiri MH Counselor	M, T - Full Day
Medical Services	Melinda Bower, ND Cynde Marx	W - Morning Th - Afternoon			

Referrals

Referrals are made to agencies/professionals, based on evaluated situation:

- SBHC mental health counselor
- SAP (Student Assistance Professional) at school, usually for SUD of student and/or family/guardian
- DBH for eval and services
- Anne Koomen, ARNP, through JHC Primary Care Provider
- EMS for crisis
- CPS when appropriate
- CHINS (Children in Need of Services). Students are connected with CHINS program when home environment needs support/solutions.
- Truancy folks at courthouse — sometimes this may be the only option to be able to check on the safety of a student.

EMS/SBHC interactions:

- We have learned that if an incident isn’t recorded as an “official” incident, it can make it more difficult to get an SBHC patient connected to services they need. Often that desire to make things unofficial comes from the desire to be kind, but in the end being kind, accurate and having good boundaries is what serves the kids best.

Of Note:

- The Jefferson County SBHCs are regular health clinics that have gone through a School Board and community involvement process before opening.

- The School Nurse role is different from what the SBHC offers. A school nurse handles case management of chronic illnesses, ensure care plans are current and ensures immunizations are in order.
- The SBHC will call to get parent's consent for anyone 18 and under who would like to be seen for medical issues. There are two exceptions in the State of WA on parental consent. The first exception is for mental health services, for which parents give consent until age 13, after which then a youth can give their own consent; and the second exception is to set up students of any age with a family planning program that is paid for through Medicaid and is confidential.
- Staff and adults aren't using the SBHC Clinic to ensure teens feel safe that they are in a private and confidential environment.

Follow-on Ideas:

- SBHC could call the VoA # (888-910-0416) in the case of a student in mental health crisis. This would allow the patient to be immediately triaged and have a mobile crisis response team meet the patient at the school, rather than having the EMS system take them into the Emergency Department, which could be more traumatizing.
- 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.

CASE STUDY – OBSERVATIONS AND INSIGHTS**Exploring what went right or could be improved in the case of a patient who went through the two separate 911 calls with a potential mental health challenge.**

- Looked at how it was determined in each call if the patient was decisional? Gravely Disabled? Suicidal? Homicidal? Unable to care for himself? (Delusional?) as outlined in the Behavioral Response Plan devised for Jefferson County EMS and Law Enforcement teams.
- Explored options like calling the VoA, asking for the DCR to call to have a conversation with the client, possibly sending out a mobile crisis response so the client can be seen where he is at in his environment.
- Question: Who should be called if you're looking at a card deck of options (Navigator? DCR? CARES Program, or Believe In Recovery with their Harm Reduction Mobile Unit? Answer: Whenever there is a question, Call the VoA who will have the DCRs call. Also note, neither the Believe in Recovery Harm Reduction Mobile Unit or the CARES program are part of crisis response. These options wouldn't be a card to pull in any crisis situation but could be called in on the following day to link client with resources. Currently, DBH is the only authorized and licensed service agency to provide mental health services. DBH's DCRs are currently the only licensed (certified by the state) resource who can carry out an ITA.
- CARES Unit might have been involved after the first 911 call to facilitate getting medication prescription filled.

FOLLOW-UP FROM FALL BH SUMMIT MEETING

How can this group support Jefferson Healthcare (JHC)'s Mary Fortman, to move forward with the Case Call / Coordination Care conference idea.

- Mary noted they are navigating the HIPAA Privacy components.
- Noted if there was an urgent need for a care conference, contact Mary and she'll work to have the patient sign a release, which has the potential to be challenging, and get the call scheduled.
- Also looking at other options to develop business agreements between stakeholders that would allow confidentiality to be protected during Case Call / Care Coordination conferences.

ACTION ITEM REVIEW

- Crisis Conference Line is Set Up! (Tested it during the meeting)
- **Harm Reduction** – Tammy Ridgway / JPCH players are working to get fentanyl strips into the harm reduction kits.
- Everyone is invited to an upcoming film screening:
Love in the Time of Fentanyl
Free Film Screening & Discussion
Thursday, Feb. 23 • 6-7:30pm
Gray Coast Guildhall, 11 Old Church Road, Quilcene, WA 98376
*masks required / snacks provided

NEXT STEPS

- 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.
- 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.
- Next meeting date is set for Wednesday, April 19th, @ 3pm. Save the date invites have been sent.