

Connecting Community Members to Care

Collaborative, field-based approaches across the Olympic region

Improving patient experience and outcomes
Preserving emergency services
Reducing costs



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Executive Summary

Olympic Community of Health (OCH) supports regional efforts to meet individual needs timely, easily, and compassionately. OCH serves as a catalyst for change, seed planter, and bridge builder by elevating community voice, spotlighting local innovation, and advocating for solutions that meet the unique needs of our communities.

Local challenges around high use of costly services for non-emergent needs such as emergency department (ED) visits and 9-1-1 calls as well as gaps in the local healthcare system persist. This report looks at innovative place-based approaches that meet people where they are to improve patient experience and outcomes, preserve emergency services, and reduce costs. Through this report, OCH sought to learn more about and demonstrate the value and impact of local programs, elevate creative ideas, and advocate for sustainable solutions.

The Olympic region is stronger together. There are many opportunities for legislators, policy makers, and community partners to expand, replicate, and sustain these creative solutions to local health issues. OCH intends for this report to serve as a useful tool and resource for partners as well as decision makers.

See page 13 for ways YOU can advance and sustain this life-saving work.

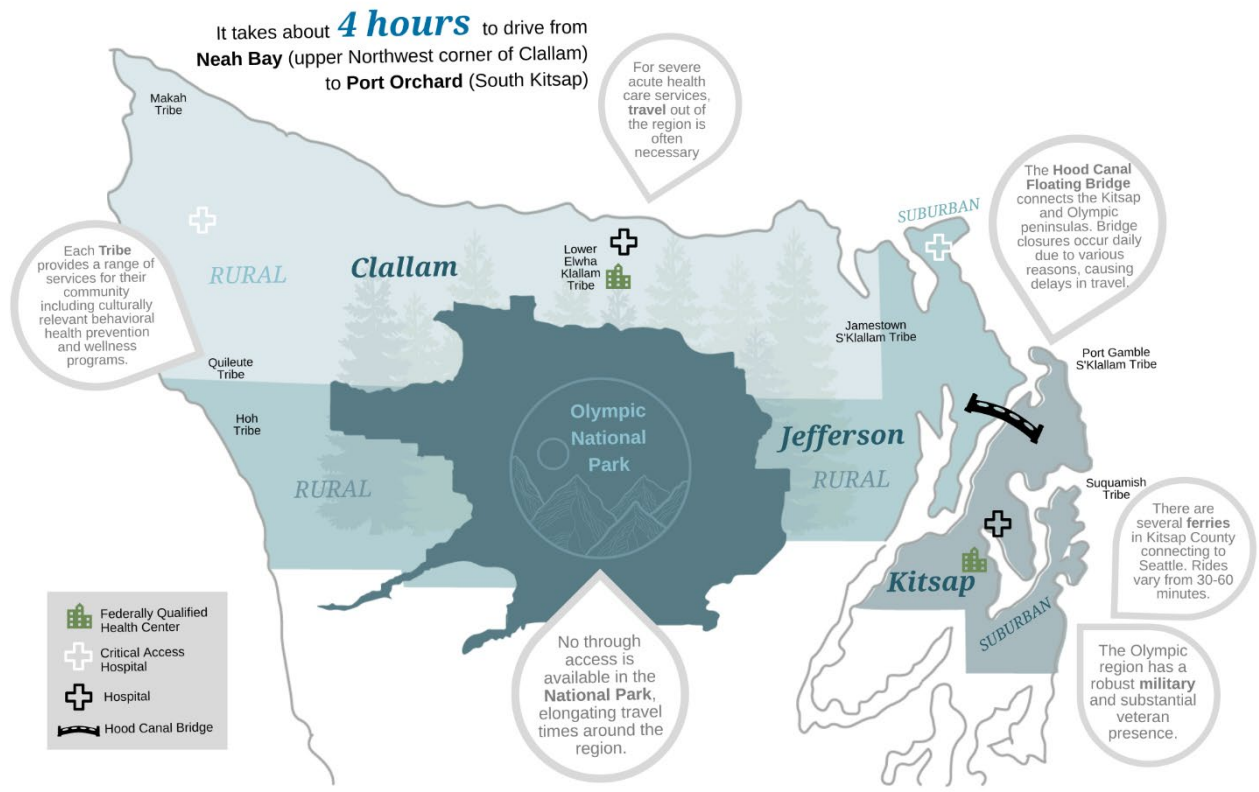
Introduction

Olympic Community of Health

OCH is a regional non-profit organization that brings together partners from many different backgrounds, sectors, communities, and Tribes to collectively achieve the vision of healthy people, thriving communities. OCH fosters an environment to build bridges between and among the community and clinical workforce to create a more person-centered approach to health.

The Olympic Region

The Olympic region spans Clallam, Jefferson, and Kitsap Counties, and includes the seven sovereign nations of the Hoh, Jamestown S’Klallam, Lower Elwha Klallam, Makah, Port Gamble S’Klallam, Quileute, and Suquamish Tribes. The unique communities and diverse geographic landscapes across the region impact the services available and the way individuals and families seek care. Below is a bird’s eye view of the makeup of the Olympic and Kitsap Peninsulas and some key notes to help understand what makes the Olympic region unique.



Definitions

This work goes by many names. The thread that weaves them all together is meeting people where they are to provide timely, compassionate care. The care provided under these programs and services aims to meet the unique needs of the diverse communities in the Olympic region. This work continues to evolve, and programs are providing a range of person-centered services.

See appendix
beginning on page
15 for examples of
local programs.

Common terms and definitions:

Community paramedicine	Co-Response	Mobile-integrated health
<p>A health care model that allows paramedics and emergency medical technicians to operate in expanded roles by assisting with preventative and primary health care services to improve access to care for underserved populations.</p>	<p>A partnership between first responders (including law enforcement, fire/EMS, or EMS agencies) and human services professionals (such as behavioral health professionals, social workers, community health workers, or peer support workers). These teams respond to calls involving people with behavioral health and/or complex medical needs to provide immediate response and follow-up care.</p>	<p>Health care services provided outside of a health care facility by any type of health professional. This term is often used interchangeably with community paramedicine but can be broader to include services provided by nurses, community health workers, and more.</p>

Background

The role of emergency response

Historically, the role of first responders was to provide acute intervention for emergent needs. As one first responder shared, “I’m a fixer. I want to put the fire out, perform CPR, and get you to the hospital – then go out and respond to the next one.” Today, first responders are asked to do much more as they respond to a higher and more frequent number of non-emergent calls for chronic conditions unsolvable in a single visit, such as substance use disorder, mental health, complex medical conditions, homelessness, and others. This shift taxes limited emergency resources and increases costs to the healthcare system. A partner shared, **“I know I’m not fixing anything; I’ll see them again. It’s like the same house catching fire every third day.”** Leveraging the skills and resources of a variety of community partners to help solve healthcare problems is essential to creating change.

A larger movement

First responders are typically seen as a trusted resource in communities, and commonly are the first, and sometimes only, point of contact with individuals. In rural communities, a lack of access to preventative and primary care can create added burden to emergency response services. Across the nation, hundreds of programs intended to lower costs and improve care have been launched. A 2023 study conducted by the National Association of Emergency Medical Technicians identified more than 400 mobile-integrated

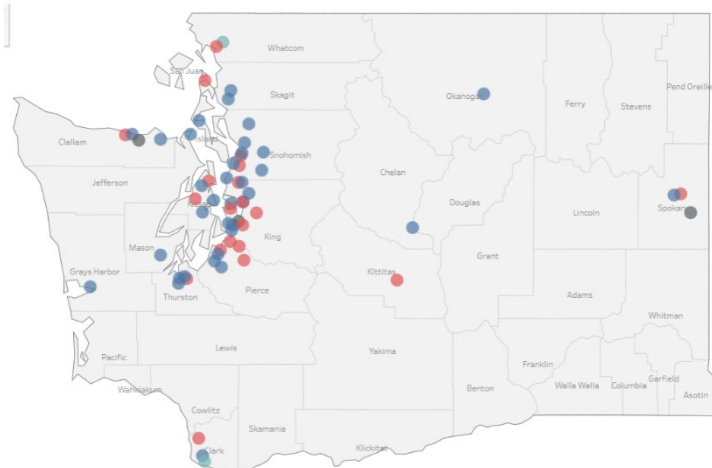
health and/or community paramedicine programs across forty states¹. Co-Responder programs can be found internationally and in recent years information sharing and collaboration across programs has expanded to improve best practices.

“We can’t control what people choose to call 9-1-1 for. We can control how we respond.”

– First responder

Across Washington State many co-responder programs have launched and statewide groups like the [Co-Responder Outreach Alliance \(CROA\)](#) are working to enhance understanding of various programs, spread best practices, and advocate for supportive laws and policies. Figure 1 to the right, created in partnership between CROA and University of Washington in 2022, is a visual landscape analysis of existing co-response programs in Washington State. Programs in blue are affiliated with police, programs in red are affiliated with Fire, and programs in green are affiliated with “other entity.”

Figure 1



Source: Co-Responder Outreach Alliance
Retrieved August 7, 2023 from <https://croawa.com/uw-partnership/>

In the Olympic region

Health transformation provides opportunities for innovative solutions to address gaps in the health care



Community paramedicine



Fire CARES (Community Assistance, Referral, and Education Service)



Navigators (partnering with law enforcement)



Community health workers



Peer supports

system. Across the Olympic region, innovative partnerships continue to grow to address and bridge local barriers and gaps. Through the Medicaid Transformation Project (MTP), OCH provided flexible funding to incentivize innovative health solutions on a local level. Some partners used MTP dollars to pilot various place- and field-based approaches. Partners proactively sought other funding sources outside of MTP to launch, expand, and sustain these approaches. Additionally, statewide funding mechanisms like the state proviso under the Blake Bill have launched opportunities for more programs.

No two programs are the same and, by design, are not a “one-size-fits-all” approach. Approaches to funding,

¹ National Association of Emergency Medical Technicians, (2023) *Mobile Integrated Healthcare and Community Paramedicine (MIH-CP)*. Retrieved August 7, 2023, from chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://naemt.org/docs/default-source/community-paramedicine/toolkit/mihcp-presentation_may-2023.pdf?sfvrsn=2f01f593_2

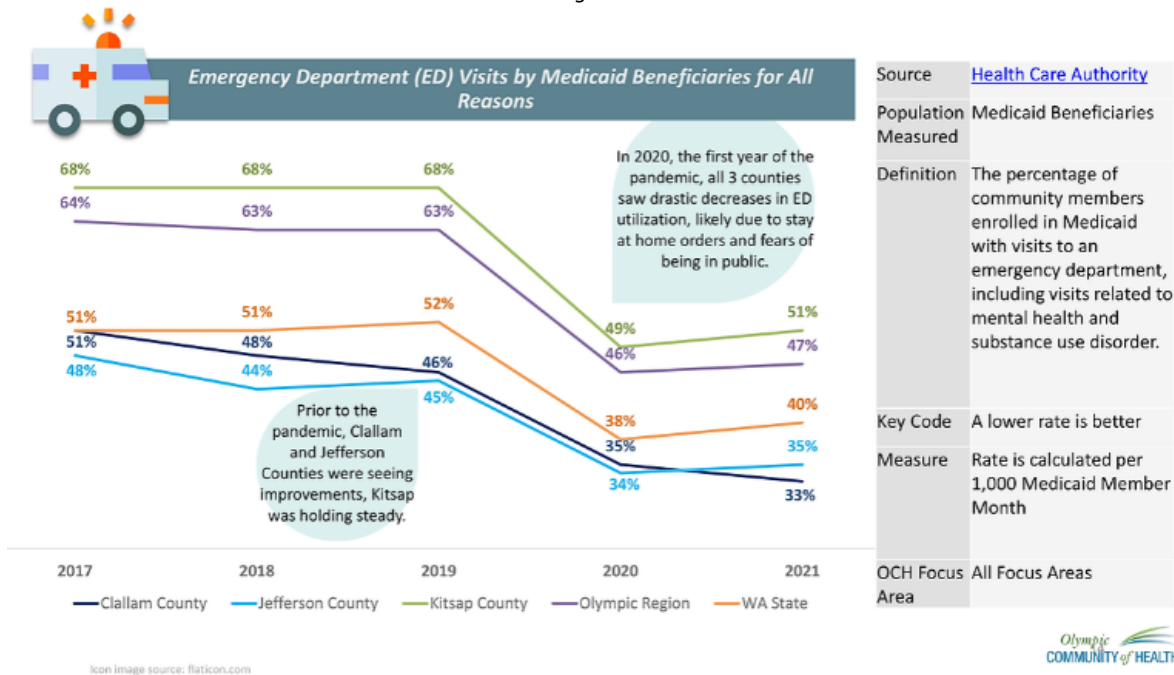
workflows, populations of emphasis, and response differs across programs. Effective programs are developed to meet community needs and do not duplicate or compete with already existing services, rather they fill a gap. These programs have proven to be strong value adds to the community by working to preserve costly and limited emergency resources².

Local needs

The concept of community paramedicine, and other similar programs, began in rural areas. Today, these programs operate in a range of community types. The Olympic region, largely rural, experiences many gaps in the healthcare system and navigating complex care can be especially challenging due to limited services, transportation, and other determinants of health. As retired Port Angeles Fire Department Chief Ken Dubuc shared, **“One, they simply don’t have an alternative. Two, people have alternatives, they just don’t know what they are. Three, there are a lot of folks out there who can’t afford any alternatives, they aren’t insured, they may not have transportation, or the means of accessing services.”**

Across the Olympic region, utilization of emergency departments is high. While the height of COVID-19 led to drastic decreases in emergency department utilization across all three counties, this was likely for the wrong reasons including public fear and stay at home orders. 2021 data show that emergency department utilization started to increase again across all three counties and local hospitals confirm this trend continues today. As Jefferson Healthcare shared, **“visits are exceeding pre-pandemic levels.”** Local hospitals confirm they are consistently at capacity and common non-emergent use of the ED is due to limited resources including primary care, specialty care, behavioral health access, and aging specific resources.

Figure 2



² National Association of Emergency Medical Technicians, (2018) Mobile Integrated Healthcare and Community Paramedicine (MIH-CP) 2nd National Survey. Retrieved August 7, 2023 from [chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/http://www.naemt.org/docs/default-source/2017-publication-docs/mih-cp-survey-2018-04-12-2018-web-links-1.pdf?Status=Temp&sfvrsn=a741cb92_2](https://www.naemt.org/docs/default-source/2017-publication-docs/mih-cp-survey-2018-04-12-2018-web-links-1.pdf?Status=Temp&sfvrsn=a741cb92_2)

Limited primary and specialty care

Across all three counties, and particularly in more rural areas, primary care and specialty care is limited. It is common for patients to wait extended periods of time for an appointment. Jefferson Healthcare shared it is not uncommon for patients to seek care in EDs across county lines in hopes of being seen sooner and patients express that it is faster to wait for a few hours in the ED than to wait weeks or months for a scheduled appointment.

East Jefferson Fire Rescue CARES Success Story

The second day the CARES program launched an elderly male was observed in his parked car at the fire station parking lot with a visibly dislocated shoulder. The man indicated that he had fallen a few days ago and was struggling to perform activities of daily living, including bathing, putting his sling back in place, and managing his pain medication. The CARES team connected with the man's primary care provider to refill pain medication and coordinate a referral to the VA for surgery as well as connected to home care. The man received his surgery shortly after the intervention and has since recovered.



See Appendix 4 on page 19 for program spotlight.

Limited behavioral health care

Mental health and substance use disorder services are limited in the Olympic region and workforce shortages further exacerbate barriers to care. Local first responders and hospitals share that individuals are frequently brought to the ED for mental health and/or substance use disorder crises because family members and law enforcement don't know where else to bring them.

Port Angeles Community Paramedicine Success Story

A 37-year-old woman with complex medical conditions including severe mental illness, substance use disorder, and developmental disability was referred to the community paramedicine program by first responders for frequently calling 9-1-1 and visiting the ED for non-emergent behavioral health needs. Prior to engagement with the community paramedicine program, EMS and Fire teams were commonly responding to her one to two times per shift, many times leading to transport to the ED. **Within one year of engaging with the community paramedicine program the patient's 9-1-1 calls decreased by 35%.** Two years after engaging with community paramedics, the patient is successfully engaged in behavioral health treatment and is in recovery for substance use disorder.



See Appendix 6 on page 21 for program spotlight.

Central Kitsap Fire CARES Success Story

Central Kitsap Fire CARES team responded to a 9-1-1 call for a 16-year-old expressing suicidal ideation. The CARES team connected with established mental health treatment providers and supportive family members to coordinate a more effective safety plan. The adolescent was able to stay home in contact with familiar mental health treatment and avoid an unnecessary hospital visit.

Limited resources for aging population

Local hospitals also share they see a high volume of aging patients for needs that could be prevented or addressed at home with appropriate support. In-home caregiving, assisted living, and skilled nursing facilities are all extremely limited in the Olympic region. Patient discharge from the hospital is frequently delayed, up to several weeks, due to lack of home-based services. ED staff frequently encounter families without long-term care plans for aging family members or knowledge of available resources. According to local hospitals, there is a need for increased services for the aging population as well as education for families about resources and end of life care.



Central Kitsap Fire CARES Success Story

Central Kitsap Fire CARES responded to an elderly couple in need of help transferring in and out of bed. The couple had called 9-1-1 for assistance twenty-eight times over a two-week period. The CARES team coordinated with community resources to install a lift and educate the couple on appropriate use. **The couple had zero 9-1-1 calls in the two months following the intervention** and expressed gratitude for the kindness and compassion of the CARES team.

See Appendix 3 on page 18 for program spotlight.

The total cost of care

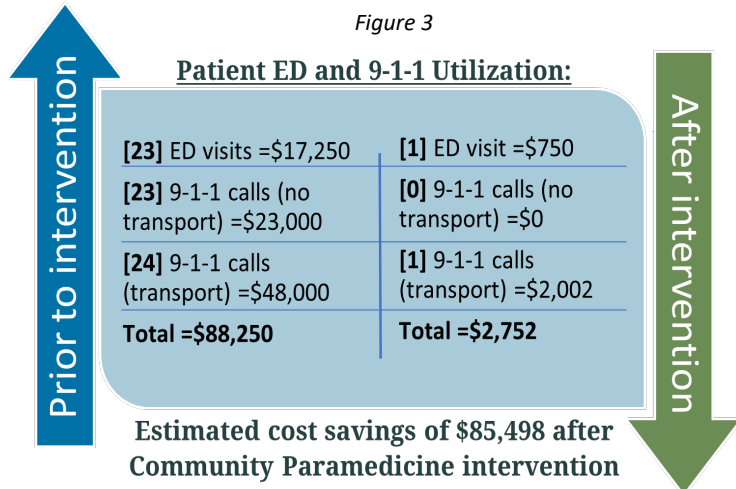
The cost of a visit to the ED is difficult to predict and 9-1-1 response costs vary depending on the services provided. An estimated 13% to 27% of emergency department visits in the United States could be managed in physician offices, clinics, and urgent care centers, saving \$4.4 billion annually³. It is challenging to capture cost savings of these programs as they often prevent calls and visits before they occur.

Working with the Health Care Authority (HCA) and an independent third-party consultant, the Port Angeles Fire Department completed a comprehensive cost of service analysis and determined that the costs to the Port Angeles Fire Department every time a patient is transported to the hospital is \$2,002, which includes first responder time and use of equipment. They further estimated costs to the Port Angeles Fire Department are not much less even when transport does not occur and very conservatively estimate 9-1-1 response without transport costs \$1,000. Considering the above information, **the**

³ Weinick RM, Burns RM, Mehrotra A. How many emergency department visits could be managed at urgent care centers and retail clinics? *Health Aff* 2010;29(9):1630-6. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3412873/>. Accessed June 16, 2016.

Community Paramedicine program conservatively estimated cost savings to the Port Angeles Fire Department in 2021 and 2022 to be over \$850,000⁴.

One example of cost savings can be found from the Port Angeles Fire Department Community Paramedicine Program. A 72-year-old woman with complex medical conditions and SUD, was referred to the program for frequently calling 9-1-1 multiple times a day or week for assistance with nonemergent tasks. Community Paramedics found she was experiencing side effects from conflicting prescriptions and coordinated with her primary care provider to address the issue, including obtaining a new prescription and follow-up to other supportive services such as in-home care. Additionally, the Community Paramedics connected with the patient’s family to increase social supports. **Since intervention by Community Paramedics the patient has had a 95% reduction in emergency department visits and 9-1-1 calls⁴.**



Community-based care coordination

Another area where these programs have demonstrated impact on patient outcomes and costs is through improved community-based care coordination. Place-based programs that meet people in the field have a ripe opportunity to navigate individuals to the best resource at the initial point of contact. This not only improves costs and outcomes, but helps individuals experience better quality of life so they require less intensive care overall.

Poulsbo Fire CARES Success Story

A 62-year old male made six calls to 9-1-1 in the last 12 months related to chronic alcohol use. The CARES Team arranged care and transportation to medical detox. Following discharge from detox, further assistance was needed to secure inpatient treatment. The CARES Team worked with the individual’s private insurance and various treatment facilities to find an affordable treatment solution. The patient successfully completed inpatient treatment and has connected with local outpatient SUD treatment and re-engaged with his primary care doctor and medication management plan. The patient and his wife expressed gratitude for the CARES Team.



See Appendix 7 on page 22 for program spotlight.

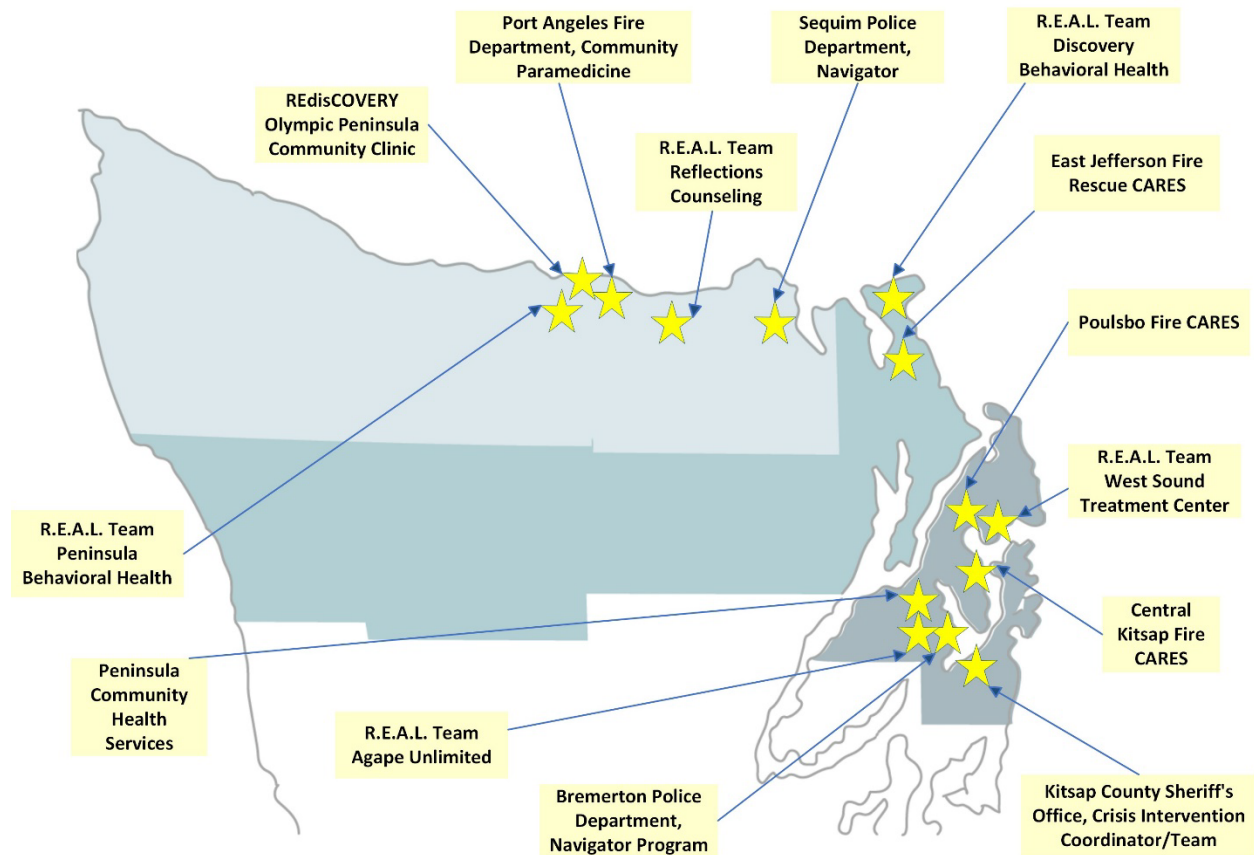
⁴ Port Angeles Fire Department Community Paramedicine Program, (2023) Impact Statement. Supplied by Port Angeles Fire Department May 1, 2023.

Program Deep Dive

Inventory of local programs

OCH explored some of the unique local programs to better understand the various approaches, shared and individual challenges, and to spread successes. There are many field-based services happening across the region and this is not intended to serve as a comprehensive inventory of all programs. The program spotlights take a closer look at different examples of programs to inspire future collaboration and innovation across the Olympic region.

Figure 4



See appendices beginning on page 15 for spotlights on these local programs.

Key takeaways

There are many diverse approaches to this work. No two programs are the same. While each program takes a unique approach to meeting their community needs, commonalities across programs have emerged.

Successes	Challenges
<ul style="list-style-type: none">-Reduced stress on emergency response systems and improved 9-1-1 response to complex needs-Collaboration across multi-disciplinary partners and bi-directional referrals-Collaboration across programs to improve care delivery-Services tailored to the skills of the available workforce	<ul style="list-style-type: none">-Administrative burden-High caseloads-Limited and insecure funding (sustainability)-Inconsistent standards, training, and measures of success across programs

Successes

Collaboration is key. Programs are collaborating within their communities to avoid duplication of services and ensure individual needs are met. Most individuals interacting with these programs experience complex needs that cross spectrums of care. Successful programs include a multi-disciplinary approach that capitalizes on partner's unique expertise and strengths to reduce stress on emergency response systems and improve how individuals with complex needs are being connected to appropriate services.

Robust programs include bi-directional referrals, meaning partners can refer into the program as well as the program referring out to community partners. This approach secures stakeholder buy-in and ensures a no wrong door approach to community members in need receiving care.

More and more programs are collaborating across city, county, and state lines to share lessons learned and best practices. Partners are flexible to adapt to the changing community needs. Innovation means trying things that haven't been done before and these programs are evolving to improve systems and processes.

As the Olympic region, and Washington state, continues to face [health-serving workforce challenges](#), these programs are helping to alleviate some workforce burnout. Many local programs have tailored their scope of services to the skillsets of available staff. For example, some of the Fire CARES models heavily rely on EMT services versus paramedic due to workforce capacity. This balance appreciates responsiveness to community needs and workforce capacity.

Challenges








Many first responder agencies are inexperienced at managing the administrative burdens of seeking funding, reporting to funders, collecting and tracking data, and managing contracts. Administrative constraints detract from the ability to provide direct services. As Central Kitsap Fire CARES shared, **"Firefighters shouldn't be spending 50% of their time chasing grants."** Funding to support these programs in the Olympic region has largely been grant-based and sustainability is unsure from one grant cycle to the next. Most programs are braiding multiple sources of funds.

The need in communities is great and caseloads across programs remain high. Many local programs are limited in how many individuals they can serve to ensure timely and responsive follow-up. Referrals increase as programs continue to demonstrate their value.

Many of these programs are new or recently expanded. Standards for policies, training and measures of success have not been implemented and it can be difficult to compare programs.

Suggestions for programs

As programs work to launch, expand, and continue to refine, partners have identified a set of suggestions for programs to consider:

 <p>Invite elected officials to see your work first-hand.</p>	 <p>Build up ability to track quantitative data in addition to the qualitative stories.</p>
 <p>Collaborate with key community partners such as hospitals, behavioral health teams and programs, Managed Care Organizations, and local referral sources to better coordinate response.</p>	 <p>Coordinate with other like programs to standardize data collection and analysis.</p>
 <p>Conduct, or partner with, a community needs assessment to understand the unique challenges and needs of the community.</p>	 <p>Use a broad spectrum of data, including EMS, to inform program planning and quality improvement.</p>
 <p>Plan for program expansions over time to meet increasing referrals.</p>	 <p>Consider incorporating telehealth into the broader spectrum of care.</p>

Sustainable Solutions

Added value

Innovative approaches to meeting people where they are and directing individuals to the most appropriate and least costly type of care is an important piece of the puzzle to creating a region of healthy people, thriving communities. These programs have significant impacts on improved patient outcomes, experience, costs, and enhancing a community-based care coordination network to direct people to appropriate resources across the full-spectrum of care.

Many gaps in our health care system exist and these programs have proven essential to filling and addressing gaps for individuals to ensure the right care is received at the right time and place. Through collaborative partnership and local innovation, these programs are saving payors thousands of dollars, preserving capacity of essential high needs services, addressing and preventing workforce burnout, and better meeting individual needs with compassionate, timely care.

Sustainability in action

Across the nation and Washington State, first responders, community partners, elected officials, and community members are seeing the value of these programs. The interest of federal, state, and local stakeholders has enabled some programs to secure grants to cover the initial development and operation of their program. Yet most programs launched by local organizations, such as EMS, continue to fund these programs out of their existing budgets.

Minnesota Medicaid Reimbursement²

In 2012, Minnesota became the first state to pass legislation authorizing Medicaid reimbursement of EMS-based community paramedics. The National Association of Emergency Medical Technicians Mobile Integrated Healthcare and Community Paramedicine report highlights one rural community paramedicine program receiving such reimbursement, “the only available reimbursement is for the 15 percent of patients who have Medicaid...in 2014 reimbursements from Medicaid totaled about \$10,000 – not enough to cover costs.” The program mentioned has braided funding from EMS operational budget and local hospitals in addition to receiving reimbursement for Medicaid. They hope to negotiate savings arrangements with commercial insurers in the future.

Tri-County’s tips for success:

1. Start small.

Gradually build acceptance of your program among referral partners.

2. Think local.

“My program wouldn’t work in Ft. Worth, or in New York City, and their program wouldn’t work here. Your program needs to fit local needs.” - Allen Smith, Tri-County Health emergency response manager

Clark Cowlitz Fire and Rescue & Southwest Washington Accountable Community of Health

Southwest Washington Accountable Community of Health (SWACH) partnered with Clark Cowlitz Fire and Rescue to develop and implement community paramedics under the CARES model using MTP funds. SWACH leveraged their community-based care coordination hub and role as a community connector to facilitate meaningful partnership with local hospitals and Area Agencies on Aging who now provide funding to the program as well as funding from the fire district. Community paramedicine has been integrated into the community-based care coordination hub workflow which has allowed the program to track outcomes and is a piece of the larger care coordination puzzle. SWACH’s Director of Community & Clinical Linkages, Eric McNair Scott shared, **“There is no end of need that this program is meeting. It’s not in any way duplicating efforts.”**

Moving forward, Clark Cowlitz Fire and Rescue hopes to expand the CARES program to include additional local fire departments. SWACH plans to support community paramedicine programs through outcome-based payments under their community-based care coordination hub, which will continue under the next MTP renewal waiver.

SWACH's tips for success		
1. Talk to your first responder agencies that are doing the work to understand what the local opportunities are.	2. Facilitate connections to share best practices and move towards more standardization across programs.	3. Integrate programs with other community-based care coordination work to create an effective system for tracking data and closing the loop on outcomes.

Acadian Ambulance partnership with Medicaid Managed Care²

In 2013, Acadian Ambulance, one of the largest private ambulance providers in the nation serving areas of Texas and Louisiana, launched a mobile integrated health/community paramedicine program. After successes seen under a series of pilots, Acadian partnered with Louisiana Healthcare Connections, a Medicaid Managed Care Organization (MCO), on a pediatric asthma intervention. “After six months, we’ve seen better management of asthma for the children in this program. Their emergency room utilization has decreased, and their medication compliance has improved,” shares Louisiana Healthcare Connections. Under this partnership, Acadian medics receive a fee per visit from the MCO. Acadian supplements the additional costs to run the program and plans to approach local hospital systems and other public and private payers with results as proof of concept.

Acadian's tips for success		
1. Use data to identify 'frequent user' groups to start developing targeted interventions.	2. Tap into local 'community health worker' network for outreach, social support, informal counseling, and screenings for social needs.	3. Understand every patient group is unique. The needs for children with asthma will differ from other frequent user groups.

Call to Action

OCH intends for this report to serve as a useful tool and resource for partners as well as decision makers. The Olympic region is stronger together, and programs like these are another step towards fostering a healthier, more equitable 3-county region. Here are ways YOU can advance and sustain this life-saving work:

Community partners:

- Partner with and make referrals to and from your local program. *Find examples of local programs, including contact information, in the program deep dive section of this report (pages 11-20).*
- See a need in your community? Connect with partners and consider expanding or replicating a program to meet the unique needs of your area.
- Collaborate across programs to create standards for skills, training, and education.
- Advocate to the Washington State legislature to include mobile services as a Medicaid reimbursable service. *Call the Toll-Free Hotline and leave a brief message for your senator or representative 1-800-562-6000 (TTY for Hearing Impaired 800.833.6388, interpreter services available).*

Elected officials:

- Learn more and directly connect with the programs operating in your district.
- Add these programs and services as a Medicaid covered benefit.
- Support policies, bills, and laws that create sustainable funding for field-based approaches.

OCH solutions:

OCH serves as a supportive backbone that creates opportunities for collaboration across Clallam, Jefferson, and Kitsap Counties, and seven Tribal Nations. Below are commitments that OCH makes to continue to support meeting individual needs timely, easily, and compassionately in the Olympic region.

- Create opportunities for collaboration
- Elevate regional challenges and opportunities to local elected officials and advocate for sustainable funding paths
- Partner with ACH's across Washington State to create opportunities for collaboration and advocate for sustainable solutions
- Share innovative successes
- Include this work as a component of community-based care coordination hub work under the MTP renewal waiver

Do you have a program you would like to share with the OCH network?

Email OCH@olympicch.org

Resources

- [Co-Responder Outreach Alliance \(WA\)](#)
- [Mobile Integrated Health/Community Paramedicine Program Toolkit](#)
- [National Association of Emergency Medical Technicians](#)
- [OCH Coffee Break Video Series: Community-Clinical Partnerships](#)
- [Rural Health Information Hub - Community Paramedicine](#)
- [Stronger Together: Community-based Care Coordination](#)

Acronyms

- CARES – Community Assistance, Referral, and Education Service
- CROA – Co-Responder Outreach Alliance
- ED – Emergency department
- EMS – Emergency Medical Services
- MCO – Managed Care Organization
- MTP – Medicaid Transformation Project
- OCH – Olympic Community of Health
- SUD – Substance use disorder
- SWACH – Southwest Washington Accountable Community of Health


Appendix

OCH explored some of the unique local programs in order to understand the various approaches, shared and individual challenges, and to spread successes. There are many field-based services happening across the region and this is not intended to serve as a comprehensive inventory of all programs. The program spotlights, beginning on page 15, take a closer look at different examples of programs to inspire future collaboration and innovation across the Olympic region.

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Bremerton Ambulatory Team

Kitsap County, WA

Description	Populations of emphasis
<p>In the Spring of 2020, Peninsula Community Health Services (PCHS) collaborated with the Bremerton Fire Department (BFD) to establish the Bremerton Ambulatory Team (BAT). The BAT consists of a medical provider, medical assistant, and community health worker, as well as support from behavioral health professionals, working to reduce the number of non-emergent EMS calls by meeting people where they are.</p>	<p>BAT serves individuals who experience barriers to accessing care in a traditional setting including, but not limited to:</p> <ul style="list-style-type: none"> • Homelessness and/or isolation • Limited mobility/access to transportation • Mental illness and/or SUD concerns • Cultural and/or linguistic barriers • Health literacy and/or lack of familiarity with existing resources 

How it works

1. BFD sends referral to PCHS when unique, non-emergency support is needed.
2. BAT reaches out to the client to assess individual needs.
3. BAT deploys mobile healthcare services to client residence.
4. BAT helps client address acute needs as well as connects them with existing services.
5. BAT provides some case management, often helping clients navigate insurance, transportation, housing, food, clothing, etc.



Tips for success

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Complete a needs assessment and outline what specific problems the program will address. | <ol style="list-style-type: none"> 2. Consider multiple ways to deploy field services (mobile clinic, co-locating with a community partner, etc.). |
|--|--|

Funding	Contact information
<ul style="list-style-type: none"> • Services billed to patient insurance • PCHS has income-based sliding-scale fee and financial assistance programs 	<p>PCHS, Assistant Medical Director Anthony Lyon-Loftus, PA-C, MPH, aelyonloftus@pchsweb.org</p> <p>Website www.pchsweb.org/mobile-locations/mobile-bremerton-ambulatory-team-bat-/</p>





Bremerton Police Department Behavioral Health Navigator Program

City of Bremerton, WA

Description		Populations of emphasis
<p>The Bremerton Police Department Behavioral Health Navigators collaborate with Bremerton police officers to co-respond to calls that involve individuals experiencing suicide ideation, mental or behavioral health, child protective services, adult protective services, or complex health issues. The Navigators act as a community liaison to connect their clients to community resources that meet their individual needs. Navigators work closely with partners to avoid duplication of services and ensure individual needs are met timely easily and compassionately. Key partners in this work include:</p> <ul style="list-style-type: none"> • Bremerton Fire Department • Kitsap Mental Health Services • Peninsula Community Health Services • Kitsap Community Resources • St. Michael Medical Center • Local R.E.A.L. Teams 		<p>Anyone in need of resources with emphasis on people experiencing:</p> <ul style="list-style-type: none"> • behavioral health • complex health • and/or child protective services related call 
How it works	Data	
<ol style="list-style-type: none"> 1. Bremerton police officers co-respond with navigators on calls involving individuals experiencing behavioral health, complex health, child protective services, and/or adult protective services. 2. Once the scene is secured, navigator works with client to identify needs. 3. Navigator connects client with appropriate resources. 4. If navigator is not available to co-respond, police officers send internal referral and navigator follows up with individuals. 	 506 referrals to Navigators in 2022  558 individuals contacted by Navigators in 2022  Almost 75% of individuals contacted accepted help <p><i>Source: Bremerton Police Department 2022 Annual Report</i></p>	
Tips for success		
1. Clearly define what you want your program to accomplish and the parameters of the program.	2. Hire the right people for the job.	3. Identify what data is important to demonstrate the value of your program and way to track and report.
Funding	Contact information	
<ul style="list-style-type: none"> • Kitsap County 1/10th • Navigators are included in the police department budget 	<p>Bremerton Police Department Sergeant Tim Garrity, timothy.garrity@ci.bremerton.wa.us</p>	

Central Kitsap Fire Rescue CARES

Central Kitsap Fire District, including Silverdale, Seabeck, and East Bremerton

Description	Populations of emphasis
<p>Central Kitsap Fire CARES (Community Assistance, Referral, and Education Service) is a partnership between Central Kitsap Fire and the City of Poulsbo that connects people with support and services that meet their individual needs. This program addresses the underlying issues contributing to non-emergent 9-1-1 calls and ED visits by providing education and making referrals to local services. Central Kitsap Fire CARES closely collaborates with and refers to community partners such as:</p> <ul style="list-style-type: none"> • Kitsap Mental Health Services • Knights of Columbus • Fishline • Kitsap Division of Aging and Long-Term Care • St. Michael Medical Center • Local substance use disorder providers • Local school districts 	<p>Anyone in fire district</p> 
How it works	Data
<ol style="list-style-type: none"> 1. 9-1-1 call triage identifies cases appropriate to refer to Fire CARES 2. Referrals are received through Julota 3. Phone call or in-person visit by CARES team paramedic and social worker 4. CARES team refers individuals to appropriate community resources 5. Discharge from program after individual needs are met 	<p> 289 referrals received and 186 people assisted January-June 2023</p> <p> 27 individuals connected to care January-June 2023</p> <p> 19 avoided 9-1-1 calls because of on-scene activity/home visit and 20 time fire crews relieved in the field January-July 2023</p> <p><i>Source: City of Poulsbo</i></p>
Tips for success	
<ol style="list-style-type: none"> 1. Utilize a common data system for referral and data collection. 	<ol style="list-style-type: none"> 2. You can mix and match approaches that will work best for your community. You don't have to re-invent the wheel. There are many other programs to learn from.
Funding	Contact information
<p>Braided funding from multiple sources including:</p> <ul style="list-style-type: none"> • Kitsap County 1/10th • WA Association of Cities Grant administered through the City of Poulsbo • Central Kitsap Fire Department operational support including vehicles, office space, employee time/benefits, administrative support 	<p>Central Kitsap Fire Rescue, Chief Medical Officer Alex McCracken, amccracken@ckfr.org</p> <p>CARES team Jesse Graham, Paramedic/Firefighter, jgraham@ckfr.org Kloe Tran, MSW, ktran@ckfr.org</p> <p>Website www.ckfr.org/cares/</p>

East Jefferson Fire Rescue CARES

East Jefferson County

Description	Populations of emphasis
<p>East Jefferson Fire Rescue (EJFR) CARES works to reduce the impact of low acuity/non-emergency incidents to the 9-1-1 system and identify solutions to clients by connecting them to appropriate services. EJFR CARES refers community members to the most appropriate local services including:</p> <ul style="list-style-type: none"> • Believe in Recovery • Jefferson Healthcare • Local R.E.A.L. team • Jefferson County Public Health • Local community-based organizations 	<ul style="list-style-type: none"> • Elders over 65 • Veterans • Unhoused individuals/families • People with unmet behavioral health needs, including substance use disorder 
How it works	Data
<ul style="list-style-type: none"> • Referrals received from 9-1-1 providers and other local partners. • EMS assesses individual needs (emergent or not) and refers appropriate cases to CARES. • Cases prioritized by referral urgency. • CARES responds to referral (in-person and/or phone), completes assessment, and develops tailored care plan to meet individual needs. • Limited flexible funding is available to meet immediate needs such as food, clothing, prescriptions, etc. • CARES team provides follow-up as needed to ensure connections to appropriate resources is made. 	 217 new contacts  85% of elder contacts ended with successful connections to senior services  89% of veteran contacts ended with successful connections to veteran and military services <p><i>Source: EJFR Fire CARES, Jan 17-April 30, 2023</i></p>
Tips for success	
<p>1. Stay flexible and nimble to best meet the community needs. The program will evolve.</p>	<p>2. Mix and match approaches to find what works for your community. Look at other programs for lessons learned and ideas.</p>
Funding	Contact information
<p>Braided funding of multiple sources.</p> <ul style="list-style-type: none"> • Association of WA Cities (Port Townsend holds grant) • Jefferson County 1/10th • Jefferson Behavioral Health Consortium • EJFR supports partial operational costs 	<p>East Jefferson Fire & Rescue, Fire Chief Bret Black, bblack@ejfr.org</p> <p>EJFR CARES Team Video https://youtu.be/mLPGITzRc4I</p> <p>Website www.ejfr.org/uncategorized/fire-cares/</p>

Kitsap County Sheriff's Crisis Intervention Coordinator

Kitsap County, WA

Description	Populations of emphasis
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The Crisis Intervention Coordinator (CIC) works to divert people experiencing mental health needs away from the criminal justice system and toward treatment through referrals to the proper social agencies, whenever available and appropriate. The CIC uses understanding and skills gained through specific training and experience to identify and provide a safe, effective, and compassionate response to law enforcement situations involving people in mental health crisis. The CIC works with law enforcement, community partners, and community members to conduct proactive behavioral health outreach and follow up.

Anyone experiencing mental health crisis.



How it works

1. Patrol officers create log of reports that would benefit from follow-up to meet individual mental health needs and promote public safety.
2. Crisis Intervention Coordinator prioritizes reports based on urgency and capacity.
3. Coordinator follows up with individuals to better understand their needs.
4. Coordinator connects individual with various community resources to best meet their needs.
5. Coordinator assists patrol officers for high priority events in addition to responding to referrals.



Data

In 2022:

-  204 unique community members served
-  391 interactions with clients
-  48 referrals to local R.E.A.L. Teams

Note: 2022 data reflects 1 full-time (4 days/week) CIC.

Source: 2022 1/10th report, Kitsap Public Health District and Kitsap County Sheriff's Office

Tips for success

- | | | |
|---|---|---|
| 1. Choose a focus area topic in order to maximize efforts. | 2. Create a plan for the program and share with city and county elected officials and boards to obtain support and funding. | 3. Plan for administrative and reporting support to allow responders as much time as possible in the field. |
|---|---|---|

Funding

- Kitsap County 1/10th funds one CIC position

Contact information

Kitsap County Sheriff's Department, Crisis Intervention Coordinator/Patrol Deputy
Casey Jinks, cjinks@kitsap.gov



Port Angeles Fire Department Community Paramedicine Program

Port Angeles, WA

Description		Populations of emphasis
<p>The Community Paramedicine Program’s mission is to improve the overall health of the community and utilize a combination of medical and behavioral health training, multi-agency collaboration, and point-of-care treatment to help solve complicated issues. Key partners include:</p> <ul style="list-style-type: none"> • North Olympic Healthcare Network • Olympic Medical Center • Peninsula Behavioral Health • Jamestown Family Health Clinic • Lower Elwha Tribal Clinic • Port Angeles Police Department • Olympic Peninsula Community Clinic 		<p>Underserved members of the community including people experiencing:</p> <ul style="list-style-type: none"> • high use of 9-1-1 and/or emergency department • behavioral health problems including substance use disorder, • low-income status, • and other social and medical needs
		
How it works	Data	
<ol style="list-style-type: none"> 1. Partner organizations and Tribes refer individuals with high 9-1-1 and/or ED use. 2. Community paramedic contacts the individual. 3. Community paramedic connects the individual with appropriate services based on their needs. 4. The individual is equipped with supportive services. 	<p> 748 unique community members served in 2022</p> <p> 80% decline in ED visits by enrolled patients in 2021</p> <p> 69% reduction in 9-1-1 calls by enrolled patients in 2021</p> <p> \$850,000 cost savings in 2021-2022</p> <p><i>Source: Port Angeles Fire Department Community Paramedicine Program</i></p>	
Tips for success		
<ol style="list-style-type: none"> 1. Observe and learn from other programs. 	<ol style="list-style-type: none"> 2. Start small. Remember change is slow. It’s okay to reiterate and refine as you go. 	<ol style="list-style-type: none"> 3. Create a plan to meet administrative requirements like grant writing and reporting. Learn about funding requirements upfront.
Funding	Contact information	
<ul style="list-style-type: none"> • City of Port Angeles covers benefits • Clallam County 1/10th provides funding for 1 FTE • North Olympic Healthcare Network provides funding for 2 FTE 	<p>Port Angeles Fire Department, Fire Chief Derrell Sharp, dsharp@cityofpa.us</p> <p>Community Paramedics Brian Gerdes, bgerdes@cityofpa.us Kristin Fox, kfox@cityofpa.us</p> <p>Website https://www.olympicch.org/post/shifting-from-reactive-to-proactive</p>	

Poulsbo Fire CARES

Poulsbo, WA and broader areas of North Kitsap including service to Suquamish and Port Gamble S’Klallam Tribes

Description		Populations of emphasis	
<p>Poulsbo Fire CARES is a collaborative project between the Poulsbo Fire Department and the City of Poulsbo with the goal of serving community members facing behavioral health-related issues and chronic medical conditions. CARES primarily responds to referrals from first responders (fire, EMS, police) but also accepts referrals from some social service partners. Through CARES, individuals are connected to resources that meet their individual needs and assisted with system navigation.</p>		 <ul style="list-style-type: none"> • People with behavioral health needs • People with chronic medical conditions • People using 9-1-1 to address non-emergent conditions • Approximately 60% of calls are for elderly/aging 	
How it works		Data	
<ol style="list-style-type: none"> 1. Referral received. 2. Referrals prioritized based on crisis and time-sensitivity. 3. Team makes follow up calls and/or field visits; works with individuals, caregivers, health and social service providers. 4. Warm handoff to needed resources (ensuring connections are made). 5. Continue case management as needed (limited). 		<p> 299 referrals received and 257 people assisted January-June 2023</p> <p> 88 individuals connected to care January-June 2023</p> <p> 74 avoided 9-1-1 calls because of on-scene activity/home visit and 7 time fire crews relieved in the field January-July 2023</p> <p><i>Source: Poulsbo Fire CARES</i></p>	
Tips for success			
<ol style="list-style-type: none"> 1. Hire a program manager, or someone who can hold the reporting, grants, and building partnerships pieces of this work. 		<ol style="list-style-type: none"> 2. Consider community context and available resources. This work is not impactful if we don’t have resources to refer to that meet people’s needs-and close working relationships with partners. 	
Funding		Contact information	
<p>Braided funding through various grants including:</p> <ul style="list-style-type: none"> • Department of Commerce • Salish Behavioral Health Administrative Services Organization • Kitsap County 1/10th • City of Poulsbo and Poulsbo Fire offer in-kind funding for core staffing 		<p>City of Poulsbo, Program Manager Kim Hendrickson, kimberlyh@cityofpoulsbo.com</p> <p>Poulsbo Fire, Captain and CARES Operational Manager Jake Gillanders, jgillanders@poulsbofire.org</p> <p>Website</p> <ul style="list-style-type: none"> • https://cityofpoulsbo.com/poulsbo-fire-cares/ • https://www.olympicch.org/post/poulsbo-fire-cares 	


REdisCOVERY Program




Port Angeles, WA and surrounding areas

Description	Populations of emphasis
<p>Olympic Peninsula Community Clinic’s (OPCC) REdisCOVERY program strives to reduce overdose, reduce non-emergent EMS, and ensure every member of the community has access to care. The REdisCOVERY team has found success by collaborating with:</p> <ul style="list-style-type: none"> • Clallam County Corrections Facility • Clallam County Health and Human Services • Clallam County Sheriff's Office • Department of Transportation • City of Forks Jail • Forks Police Department • Olympic Personal Growth • Peninsula Behavioral Health • Port Angeles Community Paramedicine Program • Port Angeles Police Department • Reflections Counseling • Sequim Police Department • Washington State Patrol 	<ul style="list-style-type: none"> • Individuals who are un and/or under insured • Individuals experiencing homelessness • Individuals identified needing assistance accessing services  
How it works	Data
<ul style="list-style-type: none"> • Outreach teams visit community spaces to proactively reach vulnerable populations. • Partners send referrals and the team responds within 24 hours. • The team provides care coordination to meet individual needs. 	 946 individuals served  437 individuals received bridge medical and/or behavioral health care <p><i>Source: Olympic Peninsula Community Clinic, Jan-Jun 2023</i></p>
Tips for success	
<p>1. Outreach teams need to feel supported by leadership in order to support the community.</p>	
Funding	Contact information
<p>Braided funding through various contracts and grants including:</p> <ul style="list-style-type: none"> • HCA • WA Association of Sheriffs and Police Chiefs • WA Association of Cities • Clallam County 1/10th • ARPA funding through Clallam County Health and Human Services 	<p>Olympic Peninsula Community Clinic, Director of Programs and Personnel Helen Kenoyer, hkenoyer@opccclinic.org</p> <p>Website https://www.vimoclinic.org/rediscovery_program.php</p>

Salish R.E.A.L. Teams

5 teams covering Clallam, Jefferson, and Kitsap counties

Description	Populations of emphasis
<p>R.E.A.L. (Recovery, Empowerment, Advocacy, and Linkage) Teams are the Salish region’s approach to implementing local Recovery Navigator Programs as required across WA State as a result of the Blake decision. R.E.A.L. is a client driven, harm reduction model to support individuals along their recovery journey, at their individual pace. Each R.E.A.L. Team consists of a project manager to engage community and conduct outreach, a case manager, and two recovery coaches to directly respond to referrals.</p> <p>R.E.A.L. Teams provide 24/7 support and respond within 90 minutes to referrals received.</p>	<p>People presenting with SUD or co-occurring AND legal system/law enforcement nexus AND who have not been successful engaging with treatment in the past.</p> 

How it works	Data
<ol style="list-style-type: none"> Referral to R.E.A.L. Team by law enforcement or community members. R.E.A.L. Team responds according to individual client’s needs with the goal to support people towards recovery at their own trajectory. Warm handoff referrals as needed. Flexible funding is available to meet the client’s needs. Operational Workgroup gathers local boots on the ground to problem solve around individual cases as well as community barriers. Operational Workgroups meet regularly to coordinate care and avoid duplication across involved partners. Policy Coordination Group (PCG) engages higher level leadership who can support system change. 	<p>1,731 individuals served regionally:</p> <ul style="list-style-type: none"> Clallam: 874 Jefferson: 157 Kitsap: 700  <p>88% of regional referrals responded to in 0-15 minutes</p>   <p>Source: Salish R.E.A.L. Program data July 2022-May 2023</p>

Tips for success



- Be mindful of duplicaton.** Create and maintain open communication with community partners.

Funding	Contact information
<p>The Salish Behavioral Health Administrative Services Organization funds 5 programs covering the Olympic region.</p> <ul style="list-style-type: none"> \$1.2 million/year provided via state proviso An additional \$600k provided via state general funds to support transition to 24/7 coverage 	<p>Salish Behavioral Health Administrative Services Organization, Deputy Administrator Jolene Kron, jkron@kitsap.gov</p>



Sequim Navigator Program

Sequim, WA

Description	Populations of emphasis	
<p>The Sequim Navigator program is intended to expand needed in-the-field crisis response and services to the Sequim area. Designated Crisis Responders (DCR) work closely with community partners and law enforcement to respond to people with a behavioral health need, assess for appropriate intervention and solutions, and make referrals to needed services. The DCR also educates community members about the crisis system and what services are available to community members experiencing concerns.</p>	<p>Anyone currently in Sequim experiencing mental health and/or substance use disorder</p> 	
How it works	Data	
<ul style="list-style-type: none"> • DCR is available T-Th, 12 hour days • DCR rides along with Sequim Police Department, checks on people of concern, and responds to referrals • Referrals are primarily received from local crisis line, law enforcement, Jamestown Healing Clinic. Any community member may make a referral. • Each referral is assessed for appropriate intervention. Interventions may range from involuntary or voluntary hospitalization to brief crisis counseling and referral to appropriate community partner. • DCRs engage with community to provide education about the program and broader behavioral health crisis system. 	 180 encounters <p><i>Source: Peninsula Behavioral Health, September 2022-June 2023</i></p> <p><i>If you have concerns about someone who may be experiencing a behavioral health crisis, please contact Volunteers of America 24/7 crisis line: 1-888-910-0416</i></p>	
Tips for success		
<p>1. Build strong relationships with community partners. The work is made better by many people working together.</p>	<p>2. Be bold, write up an idea, and get started. Don't be afraid to think outside the box.</p>	<p>3. Make sure you have the right person where and when they are needed to meet the unique needs of your community.</p>
Funding	Contact information	
<ul style="list-style-type: none"> • Funding from Jamestown S'Klallam Tribe through the City of Sequim • Crisis services are reimbursed through the Salish Behavioral Health Administrative Services Organization 	<p>Peninsula Behavioral Health, Crisis Intervention Services Supervisor Monica Vanderheiden, monicav@peninsulabehavioral.org</p> <p>Website https://peninsulabehavioral.org/get-immediate-help/</p>	



