

**Marion County Ambulance Service Area
Advisory Committee
March 7, 2018
Minutes**

Meeting Attendees:

Present: Shawn Baird, Woodburn Ambulance
 Sherry Bensema, Lyons Fire
 Dan Mullen, St. Paul Fire
 Lawrence Allise, Turner Fire
 Loren Hall, Metcom, 911 Dispatcher
 Toni Grimes, Woodburn Ambulance
 Scott Shepherd, Jefferson Fire
 Kyle McMann, MCFD #1
 Adam Maurer, Santiam Hospital
 Brian Butler, Keizer Fire District

Absent: Darrin George, MCFD #1
 Jon Remy, Turner Fire
 Mark Bjorlund, MCFD #1
 Gabriel Benmoussa, Salem Fire District
 Mike Mayfield, Polk Fire District

Staff: Scott Richards, Rick Sherman, April Peacock (Recorder)

Guests: Ann-Marie Bandfield

I. Call to Order

II. Review/Approval of January 2018 Minutes

- Approved
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III. Additions/Changes to Agenda

IV. Mobile Crisis-Crisis Outreach Presentation by Ann-Marie Bandfield

- The Mobile Crisis Unit's are a partnership between Health and Human Services and the Marion County Sheriff's Office, Salem PD and Woodburn PD. There are 4 teams that work 7 days per week. Mobile Crisis Team includes a Law Enforcement Officer and Qualified Mental Health Professional that ride together and respond to 911 calls with a mental health element to them. A sergeant from Salem PD monitors all the calls thru Willamette Valley 911 and Woodburn Metcom, to identify the mental health calls and

dispatch the Mobile Crisis Unit. The goal is to eventually have a team up the canyon as well.

- The goal is that the mobile crisis team can take over for law enforcement, on the calls that are centered on mental health or co-occurring drug and alcohol/ mental health and therefore freeing up law enforcement to leave for other urgent calls. 50% of the individuals are able to stay at home, 30% go to Psychiatric Crisis Center (PCC), and 20% end up going to Salem Hospital in police officer custody.
- The Mobile Crisis Unit is assessing service needs on the street and making referrals. They are focused on engagement with the individual and they are not there to make a diagnosis. Their goal is to help them get connected to services and engage in the services being offered without calling 911.
- There is also a Crisis Outreach Response Team (CORT). They follow up on the Mobile Crisis Unit calls to see, did the individual follow thru with the recommendation. CORT can help individual's access community and County resources.
- In 2016 the Mobile Crisis Unit responded to 595 calls, less than 4% ended up going to jail, 80% of those that did go to jail had outstanding warrants, 65% of the calls are in Salem. In 2015 the recidivism rate was 52%, in 2016 it was 28% and in 2017 it was down to 8%.
- There are CIT trained officers (Crisis Intervention Training), and EMT can request a CIT officer if they are on a call with mental health appears to be a factor.
- PCC is open 24 hours #503.585.4949 for 18 and older. Youth and family services program is on Lancaster, but is not 24 hours (0730-2230).
- Some counties have EMT and a QMHP that ride together and in the future there may be a grant to fund this in Marion County.

V. Hospital Drop Off

- Tomorrow there is a meeting with Salem Health (SH) to discuss and work on solutions to the amount of time ambulances are held at the ED when they bring in patients.
- Frequently ambulances are at SH up to two hours to drop patients and this impacts the entire system, as the ambulances need to be released back into the system for other calls. Recently there were 15 ambulances lined up and waiting to offload at SH.
- Once EMT delivers a patient to ED, it is SH patient and they are responsible for the patients care.
- The goal of the meeting tomorrow is to work together to find alternatives and help find solutions. It would be beneficial if EMT knew ahead of time that SH was busy and EMT could route to another hospital and keep SH available for acute patients. What systems do other communities use for this?
- Tomorrow's meeting is at Salem Hospital in building A, floor 7, room 2, from 8:00-10:00.

VI. Emergency Preparedness Exercise at Mission Mill

- This was a preliminary, first meeting to set up the external stake holders in the broader process, to connect with each other. This exercise brought in private resources (taxis, individual doctors' offices, Salem Health) to discuss gaps in resources. There will be future meetings to connect all the resources available in case of a large scale emergency.

VII. Performance Metrics

- There is a need to create a sub-committee for evaluating and measuring the health of the EMS system and how to make it better. Example- measure ambulance wait times at SH so there is data to take to the meeting.
- Looking for members for the subcommittee.

IX. Good of the Order

- Mutual Aid Agreement is close to being completed and distributed.
- MCHHS will update their protocol to match the States protocol for blood draw on a deceased patient at the scene in the case that there is an accidental I.O. needle stick to the EMS. The protocol will be the Medical Director of the County will write the order for the blood draw for the Medical Examiner to conduct the draw and the County Lab will process the testing.
- Kyle McMann, MCFD #1, is resigning and he has sent in his resignation letter in. The new EMS Chief will fill his position, and Kyle will step in as needed.

X. Future Agenda Items/Next Meeting

Next meeting will be held at Falck Ambulance - 1790 Front St NE Salem (this month only)

May 30, 2018

9:00-10:30

XI. Adjourn