

## **Behavioral Health Work Group Committee Meeting Minutes**

**Date/ Location:** August 2, 2017, Shenandoah Community Health Center is located at 99 Tavern Road in Martinsburg

**Attendees:** Travis Alt, Barbara Byers, Heather Chrisman, Jackie Columbia, Tim Czaja, LaDonna Duckett, Caren Forestandi, Valerie Gorman, Keith Gostel, Ayriel Jones, Lori Lawson, Patrick Mathis, Penny Porter, Rita Quinn, Gloria Shoemaker, Robbie Glover, Zack Humbertson, Chad Winbrenner, and Giselle Perry.

**Next Meeting:** October 4, 2017

### **Welcomes and Introductions**

#### **I. Presenter: Chad Winbrenner, BCEAA: EMS Response to Behavioral Health calls in the community**

- There are 1,500 Behavioral Health (BH) calls every year. EMS receives specific training for BH cases and patients in crisis de-escalation. EMS is trained in restraints but for use at their discretion. This number of 1,500 does not include SA issues; SA issues primarily consist of heroin issues. Due to the dangers of this type of call, EMS would like to receive additional training in BH treatments to be "ahead of the game". Our biggest concern is the safety of both patients and providers and violence tends to occur primarily during these calls. Our biggest response is for suicidal ideations. There are also calls for schizophrenia-based cases. There is special protocol for homicidal patients and violent patients and the EMS can use 5 pt. restraints if necessary.
- Patients are required to answer 3 qualifying questions to prove they are not under the influence. Patients also have the capacity to refuse treatment even if suicidal. For adolescent calls including youth aged 13-17, BH is the primary type of calls for this population. In the state of WV, youth cannot refuse treatment unless they are an emancipated minor. Therefore, if the parents are not present, the child/adolescent must be transferred for treatment.
- Primarily, SA calls are related to the opioid epidemic. In 2016, there were 570 distributions of Narcan administered. Currently, to date we are approaching 400 Narcan administrations for 2017. If patients are revived using Narcan, they can refuse transport. The EMS has more success with getting BH patients to transport to the hospital than SA/OD patients. We are starting to get push back from the hospitals regarding OD patients being brought to the hospital only to sign themselves out shortly after. If Narcan is administered and there is no response

after 5 minutes EMS will bring the patients to the hospital and often times are administering more than one dose of Narcan. The north end of Berkeley County has statistically lower OD rates when compared to the south end of Berkeley County. Many of the OD patients are found in public restrooms. We participate in the HIDA reporting but do not receive funding. Currently, we are spending around \$30,000.00 in Narcan administration annually and over \$100,000.00 a year is lost to the opioid epidemic. Narcan assist cost \$49 per dose and that cost is for BCEAA ordering 50 does a month. The typical overdose call can cost and average of \$750. We are mostly seeing fentanyl and carfentanyl which can cause an exposure risk for providers (i.e., mental health and trauma staff). The most traumatizing cases never make it to the Emergency Dept.

- EMS utilizes crisis debriefing, and has concerns related to needle sticks, and not knowing where needles are hidden and what is in them. The BH Committee should be prepared for a first responder to be their patientí

## **II. New Business/Updates & Reports:**

- a. The BH Work Group should begin working on ways to provide Behavioral Health assistance to EMS (i.e. offering training to EMS Supervisors to empower them to look for ñsignsö in employees of mental health crisis so they can be referred to treatment.
- b. Youth Mental Health First Aid training will be offered on 8/8 through Project Aware (may not be open to the public)
- c. BMC has 2 MHFA trainings scheduled; they will take place on August 16<sup>th</sup> & September 20<sup>th</sup> from 8:30-4:30. Depending on participantsø interest, trainings can be offered monthly or every other month.
- d. Health Advocates for Recovery (HART) host their meetings on the 1<sup>st</sup> Thursday of every month
- e. Potomac Highlands Guild & ERHS is opening a place for youth to go that is located at 59 Rowland Rd, in Kearneysville, WV. This location can also connect youth with ERHS for treatment.
- f. Youth Advocacy Program-Wrap Program is a new program for youth aged 0-21 to help them from being admitted to out of home placement. Youth Advocacy also offers a PASS-juvenile sex offender program

## **III. Old Business:**

- a. Giselle asked the group to review the Work Plan to determine if there is any goal or objectives that are of interest to individual members.

## **IV. Updates and Announcements: no report**

