Sacramento County Emergency Medical Advisory Group

Meeting Minutes
August 12, 2021, 3:00 PM – 4:30 PM

Meeting Held Electronically
Zoom Video Conference
https://zoom.us/j/97868563296?pwd=M05oVVlzOXlaS3RRSUY0c1lXamRsQT09
Phone Dial In: 1.669.900.6833
Meeting ID: 978 6856 3296; Passcode: 728452

ADVISORY GROUP MEMBERS			
X	ALS Ground Transport Providers, Public – Barbie Law, Sac Metro Fire		Hospital System – J. Douglas Kirk, MD, UC Davis Health – *Excused*
X	ALS Ground Transport Providers, Private – Karl Pedroni, American Medical Response (AMR)		Law Enforcement – Lt. Shaun Hampton, Sheriff's Office
	ALS Air Transport Providers – Mike Kaslin, REACH Air Medical	X	Training Provider – Jason Hemler, CSUS
X	BLS Providers, Public – James Hendricks, Herald Fire District	**EX-OFFICIO MEMBERS**	
X	BLS Providers, Private – James Pierson, Medic Ambulance		County Primary Health Division – Sandy Damiano, PhD – *Excused*
X	Hospital System – Michael Korpiel, Dignity Health	X	County EMS Administrator – David Magnino
X	Hospital System – Kevin Smith, Kaiser Permanente		County EMS Medical Director – Hernando Garzon, MD – *Excused*
X	Hospital System – Kevin Smothers, MD, Sutter Health	**GUEST PRESENTER**	
		X	Ryan Quist, PhD, County Behavioral Health Director

Advisory Group Members in Attendance: 9 – *Quorum present*
Public/Guests in Attendance: 11

Staff: Sherri Chambers

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Topic	Minutes
Welcome, Introductions and Opening Remarks - *David Magnino, BS, EMT-P*	David Magnino welcomed advisory group members, guests, and members of the public and reviewed the agenda and meeting materials. Dave introduced and welcomed Chevon Kothari, Director of County Department of Health Services. Sherri Chambers conducted roll call. • Agenda Review: Approval of Meeting Minutes, Behavioral Health Presentation, AB1544 Community Paramedicine Bill, Wall Times Work Group Update, EMResource CAD Interface, and Public Comment. • Materials: All members received copies of the agenda and June Meeting Minutes DRAFT. Materials provided after the meeting included Crisis Continuum Initiatives PowerPoint Presentation and Behavioral Health Service Continuum handouts. *Materials are posted on the website.* Link: https://dhs.saccounty.net/PRI/EMS/Pages/Emergency-Medical-Advisory-Group.aspx • Additional Agenda Items for Discussion: No additional items were requested. • Other Member Announcements: None
Meeting Minutes – *Sherri Chambers*	• APPROVED – Advisory Group members had no changes to the June 10, 2021, draft meeting minutes. Meeting minutes were approved on a motion by Kevin Smothers, seconded by Karl Pedroni.
Behavioral Health Presentation – *Ryan Quist, PhD*	Ryan Quist, PhD, County Behavioral Health Director, provided a PowerPoint Presentation on Crisis Continuum Initiatives and reviewed Behavioral Health (BH) Service Continuum documents (*posted on the website*). Key Points: • Crisis Continuum – Includes 1) avoiding hospitalization, 2) inpatient, & 3) appropriate settings for discharge. • Mobile Crisis Support Teams (MCST) – Clinician rides along with law enforcement to respond to behavioral health issues. Currently 8 teams; will have 11 teams. • Crisis Residential – 4 sites with 15 beds each. Used for avoiding psychiatric hospitalization. • Urgent Care (Stockton Blvd.) – Currently open 12 hours per day. Working to expand to 24/7 services. • Triage Peer Navigators – Located at each emergency department; provide linkage to other services. • Community Support Team – Clinician and peer go into the community to respond to people in crisis. • Inpatient – The County has 3 large psychiatric hospitals and 2 16-bed psychiatric health facilities (PHFs) for a total of 433 beds. Large hospitals (more than 16 beds) cannot bill Medi-Cal due to the Institute for Mental Disease (IMD) exclusion. PHFs can bill Medi-Cal. Will soon add 133 beds (one hospital and one PHF). • "Crisis Now" – Developed a formula for number of psychiatric hospital beds needed per community. With 1.6 million residents, Sacramento should need 225 beds. Our beds exceed that, so we need to analyze. One issue is long lengths of stay. Need strategies to free up the beds. • Subacute – People can be discharged to subacute facilities where they will continue to be supported in a structured environment that is much less expensive than inpatient. BH is trying to expand capacity.

Behavioral Health Presentation –
 Ryan Quist, PhD
	• <u>Investments</u> – They invested about $5 million in other levels of care including the following (all very new):
	   ○ <u>Adult Residential Treatment</u> – Step down from subacute but still structured.
	   ○ <u>Augmented Board & Care</u> – Needed because B&Cs have been closing due to low reimbursement.
	   ○ <u>Intensive Placement Teams</u> – Work to identify appropriate placements for those who need to step down.
	 • <u>COVID-19</u> – Slowed the progress of expanding the new levels of care.
	 • <u>Grants</u> – Available for expansion of BH treatment resources. State will award based on a BH Continuum Assessment targeted for completion in 11/2021.
	 • <u>Wellness Crisis Response</u> – In development as an alternative to 9-1-1. Includes: 1) Call center with a clinician available; 2) Mobile Response Teams (clinician and peer); 3) expanding Urgent Care to 24/7.
	 • <u>System issue</u> – Ryan noted that some people in EDs and psych hospitals are on Medi-Cal (about 38%) but not all. He will work on strategies, but other payer sources need to do the same to decompress the system.
	
	 <u>Discussion</u>:
	 • Michael Korpiel asked who can apply for the State grants. Ryan said the funds require a local match, and they initially thought it was for counties only. The trailer bill language makes it less clear. He will monitor.
	 • Barbie Law asked if SCEMSA was working with BH for EMS units to utilize some of the alternative programs rather than the ED being the only option. Dave responded that once a call goes to EMS, statute requires the ambulance to transport to a receiving hospital. Would need a change in regulations.
	 • Karl Pedroni asked if it was possible to have BH arrive on-scene, complete an assessment, and transport the patient to an alternate destination. Ryan responded that the Wellness Crisis Response system is not in place. They are targeting July 2022. They may be able to discuss ideas at a later date.
	 • Brian Jensen noted that Sac Metro Fire will soon launch Mobile Integrated Healthcare which pairs a midlevel practitioner with a paramedic to respond to non-emergent issues. He asked if the LEMSA can write protocols to allow for alternate destinations within certain parameters. Dave said that Dr. Greg Smith will discuss this.
	 • Barbie said that in order to have alternate destination policies, AB 1544 requires an Emergency Medical Care Committee which we lack. We need to ensure we have the ability to enact these innovative programs.
	 • Jimmy Pierson added that AB 1544 did not address the reimbursement issue that will arise when patients from a 9-1-1 setting are transported to a non-911 facility. Medi-Cal has not agreed to pay. May need to look at county funding as Solano County is doing.
	 • Kevin Smothers commented that BH needs are the largest issue impacting wall times. These patients are not acutely medically ill and hospitals have nowhere to put them. BH beds are needed. Ryan responded that the HOPE Center should open soon. One issue is that many beds are taken by patients who need a lower level of care. They are trying to get patients to the appropriate level of care to free up beds.

	• David Buettner, UC Davis Health, stated that other EMS agencies (e.g. Yolo) have MH triage protocols in place for EMS providers to triage MH patients and get them to appropriate settings. He asked if SCEMSA could begin that work now, so that we are ready when alternate destinations are available. David Magnino agreed and said the Wall Time Work Group could begin working on this.
AB1544 Community Paramedicine Bill	This topic will be rescheduled to a future meeting.
Wall Times Work Group Update – *David Magnino*	David Magnino provided an update on the Wall Times Work Group. <u>Key Points</u>: • <u>Work Group</u> – EMAG requested a work group to address wall times. First meeting was July 13. • <u>Data</u> – They reviewed National Emergency Department Overcrowding Score (NEDOCS) vs. APOT data. • <u>Topics</u> – They discussed best practices, pilot programs, EMResource, and providers presented a document outlining their concerns and how to reduce APOT. • <u>Action Items</u> – Hospitals and EMS providers were asked to send their best practices or ideas for reducing wall times. Example: Kern County uses an APOT nurse to assist with offloading patients timely. • <u>Next Work Group Meeting</u> – August 18 <u>Discussion</u>: • Barbie Law asked if the APOT report showing the cost of wall times to EMS would be used to help create solutions. It is not appropriate use of tax dollars to have units wait on the wall. Dave responded that the intent of the new report was to educate system partners, but the work group could look at it. • Jimmy Pierson appreciated seeing figures in the report but noted that lost revenue was much higher than shown. EMS providers are at a breaking point due to unfunded hours. It is also affecting employee morale. • David Buettner stated that UCDMC ED is not understaffed. Though no longer using hallway beds, all surge areas are open. The hospital is full. They must put patients first. APOT is a system problem. • Jimmy noted that patients are being managed on a gurney. If patients are the priority, hospitals should put themselves on diversion. Barbie added that many patient complaints are about waiting at the ED. • Brian Jensen commented that volumes are high, acuity is higher than ever, and the workforce is burned out. The pain is across the board. No easy solutions, but we need to keep having these conversations. Barbie replied that conversations have been going on for years; now is the time for action.
EMResource CAD Interface – *David Magnino*	David Magnino presented a live demonstration of the EMResource CAD interface. <u>Key Points</u>: • <u>EMResource</u> – Updated every 4 hours by each hospital. Allows SCEMSA to track hospital volumes and helps identify when a hospital can be allowed to go on decompression and get EMS units off the wall.

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EMResource CAD Interface – *Continued*	• San Joaquin County tracks different data points including number of units at each hospital, number of units en route, number of units in excess of APOT benchmark, and longest wait time per hospital. SCEMSA wants to implement this CAD interface and presented it to EMS providers. • Sacramento County paid for the CAD interface. Each provider will have a cost to implement, but Juvare has grant funding available. Dave asked each EMS provider representative to ensure EMS providers know about the grant funding and submit invoices to Juvare. Discussion: • David Buettner asked how the tool will be used in Sacramento County. Dave responded that it will help hospitals know how many units are en route at any given time and will allow the EMS agency to see hospital status for decompression requests. David Buettner commented that it may have limitations for multi-county entities like UCDMC.
Public Comment	None – Stakeholders provided comments during each topic.
Closing Remarks and Adjourn – *David Magnino*	Dave thanked everyone for participating in today's meeting. *Special thanks to our guest presenter, Ryan Quist.* With no additional business to discuss, the meeting adjourned.
Next Meeting	**Thursday, October 14, 2021 / 3:00 – 4:30 PM** Zoom Meeting Details – https://zoom.us/j/97868563296?pwd=M05oVVlzOXlaS3RRSUY0c1lXamRsQT09 Meeting ID: 978 6856 3296 Passcode: 728452