SFD FIRST RESPONDER PARTNERSHIPS WITH SERVICE PROVIDERS

Presentation to Gender Equity, Safe Communities, New Americans, and Education Committee

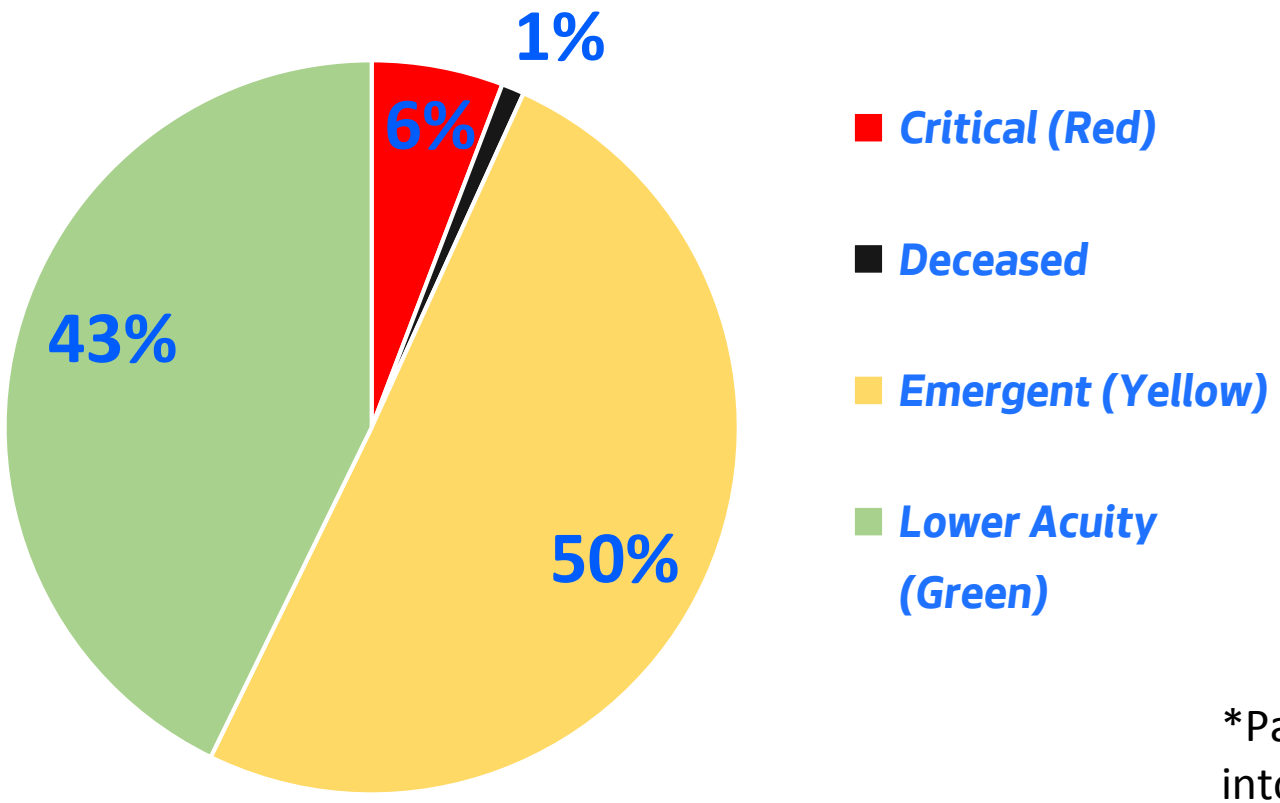
SLI 195-1-A-1

Date (9/12/2018) Fire Department

City of Seattle

Background – SFD Responses by Acuity

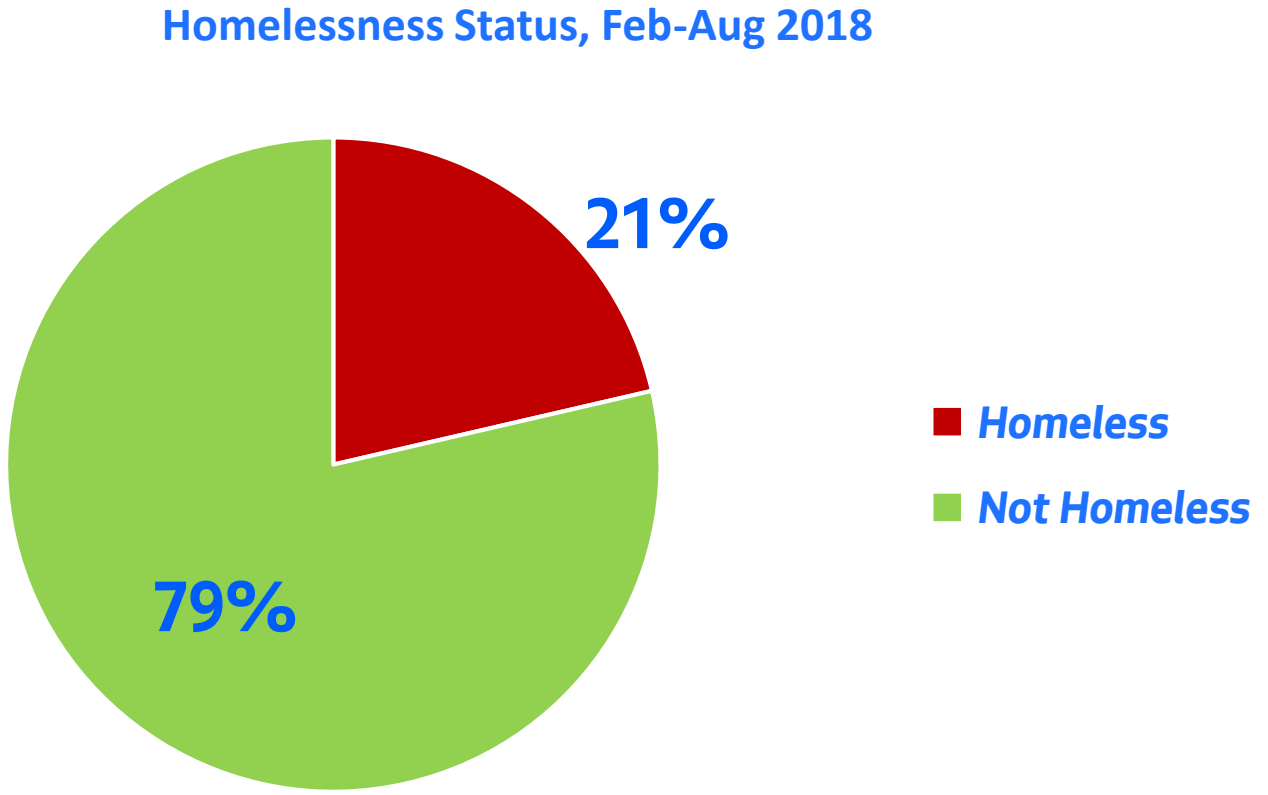
SFD Responses by Patient Acuity, Jan-Aug 2018



43,130 total reports (source: electronic healthcare records)

*Patient acuity is a subjective assessment that takes into account chief complaint, vitals, history, and nature of illness/injury

Background - Homelessness EMS Contacts



37,009 total responses
(Source: electronic healthcare records)

SFD Contacts for Behavioral Emergencies / Substance Abuse

Injury	4528
Generalized Weakness	4326
No Complaints or Injury/Illness Noted	4216
Alcohol use	3251
Altered Mental Status	2070
Abdominal Pain	1540
Pain (Non-Traumatic)	1410
Substance abuse	1321
Seizures	1312
Injury of Head	1303
Syncope / Fainting	1227
Acute Respiratory Distress (Dyspnea)	1204
Chest Pain / Discomfort	1135
Dizziness	941
Mental disorder	919
Back Pain	835
Shortness of breath	610
Chest Pain, Other (Non-Cardiac)	581
Opioid related disorders	476
Behavioral/psychiatric episode	467

Most Frequent Provider Primary Impressions, January-August 2018

Impressions in red relate or potentially relate to behavioral emergencies, substance abuse, or lower acuity complaints

SLI Response - Domestic Violence / Sexual Assault

- Dispatchers add SPD when DV/SA suspected
- On-scene resources request SPD (if not already present) for DV/SA

Training Delivered:

- Recognition of DV incidents and proper documentation
- Commercial Sexual Exploitation of Children / Human Trafficking – Recognition and Reporting

Behavioral Crises – Dispatch Level

- SFD is updating dispatch protocols to direct more to SPD (including suicidality, violent psychosis, non-medical behavioral calls)
- Certain behavioral calls will be referred directly to AMR
- Fire Alarm Center to begin offering transfer to King County Crisis Line (24/7) or King County 2-1-1.

On-Scene Behavioral Crisis Resources

- King County Emergency Services Patrol for sobering transport in downtown core
- Mobile Crisis Team – city-wide 24/7 response for behavioral or substance abuse crisis
- Children's Crisis Outreach Response System (CCORS)
- Taxi Voucher Transport (limited)
- Request to SFD Fire Alarm Center for SPD Crisis Intervention-trained officer dispatch

Need for Behavioral Crisis "Warm Handoff"

* April data unavailable

City of Seattle

Post-Call Referrals

- SFD Low Acuity Alarm Program – primarily for high utilizers of 9-1-1
  - Staffing: One full-time ADS case manager
- SFD Vulnerable Adult Referral – For cases of abuse/neglect in elderly or disabled population
  - Staffing: One full-time ADS case manager, SFD officer coordinator
- SPD Navigation Team Referral – On a case-by-case basis, primarily through Low Acuity

SFD Service Provider Partnerships

- Downtown High Utilizer Group (HMC)
- North End High Utilizer Group
- Seattle Outreach Committee
- HMC Case Management
- DESC
- Evergreen Treatment Services REACH
- SPD Mental Health Liaison
- Behavioral Health Organizations (Sound, Navos, etc.)
- KC Healthcare for the Homeless Network
- Supported Housing providers
- Long-Term Care
- Home Care agencies
- Healthcare providers
- SPD Navigation Team
- And more…

Gaps and Shortfalls

- Huge volume of lower acuity alarms (see intro slides) with few non-ED transport options
- No specialized crisis, low acuity, homelessness, or diversion units within SFD
- Firefighter call-taker/dispatchers at Fire Alarm Center must meet call-answering standards, yielding SFD dispatch on almost all calls
- No current systems make live referrals to Seattle partners (REACH, Nav Team, DESC HOST, etc.)
- Capacity/geography constraints among current diversion resources (Mobile Crisis Team, Sobering Van)
- Limited high-utilizer case management capacity within SFD