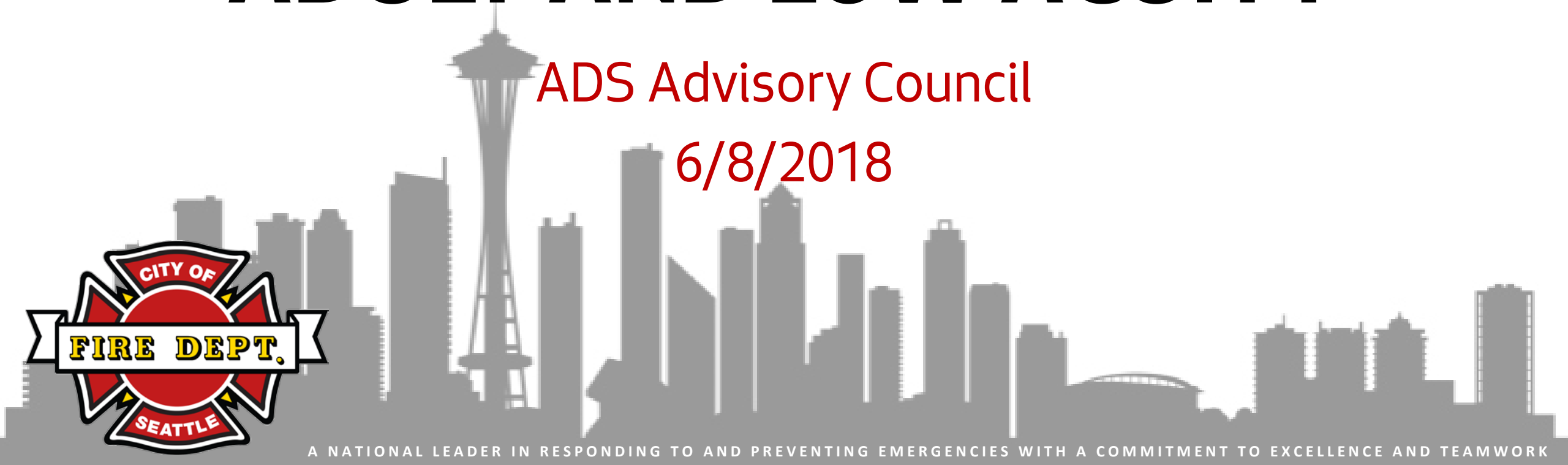
SFD COLLABORATION WITH ADS: VULNERABLE ADULT AND LOW ACUITY

ADS Advisory Council

6/8/2018

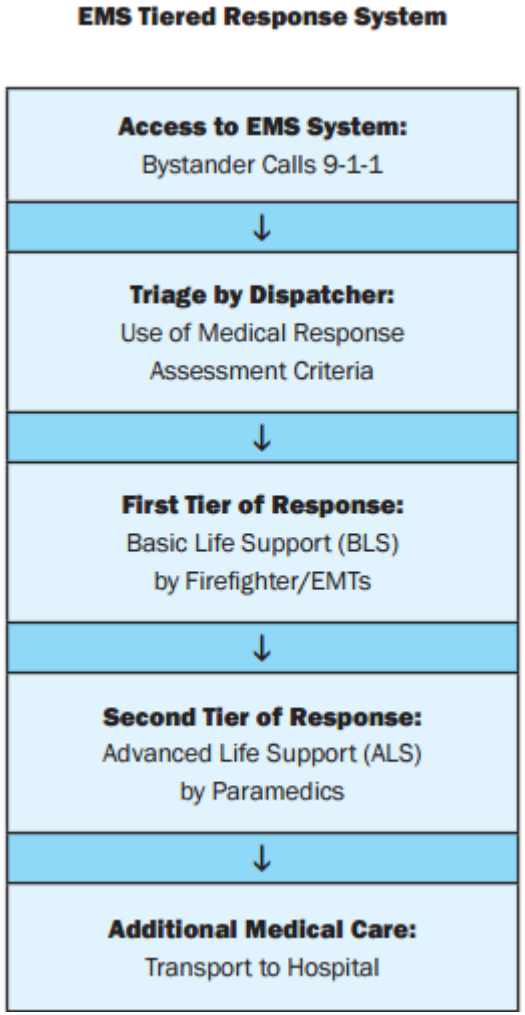


BACKGROUND

- Recognition within SFD and fire service of the need to leave silo – connect better with social services / healthcare sector
- Gradual awareness punctuated by landmark incidents (e.g., Fremont fire)
- Vulnerable Adult partnership – cooperation since 2011, pilot in 2014 through program today
- Low Acuity - Task Force in 2014. 2016 – Blueprint, budget, program

THE 9-1-1 SYSTEM IN SEATTLE

- 9-1-1 calls go through police first
- SFD operates in *tiered* system, using Basic Life Support (EMTs) or Advanced Life Support (MICU paramedics)
- SFD is first responder for all medical emergencies…
- …but only transports critical patients
- All others transported by private BLS contractor
- Hence why a ladder truck shows up for a medical emergency



LOW ACUITY VS. VULNERABLE ADULT

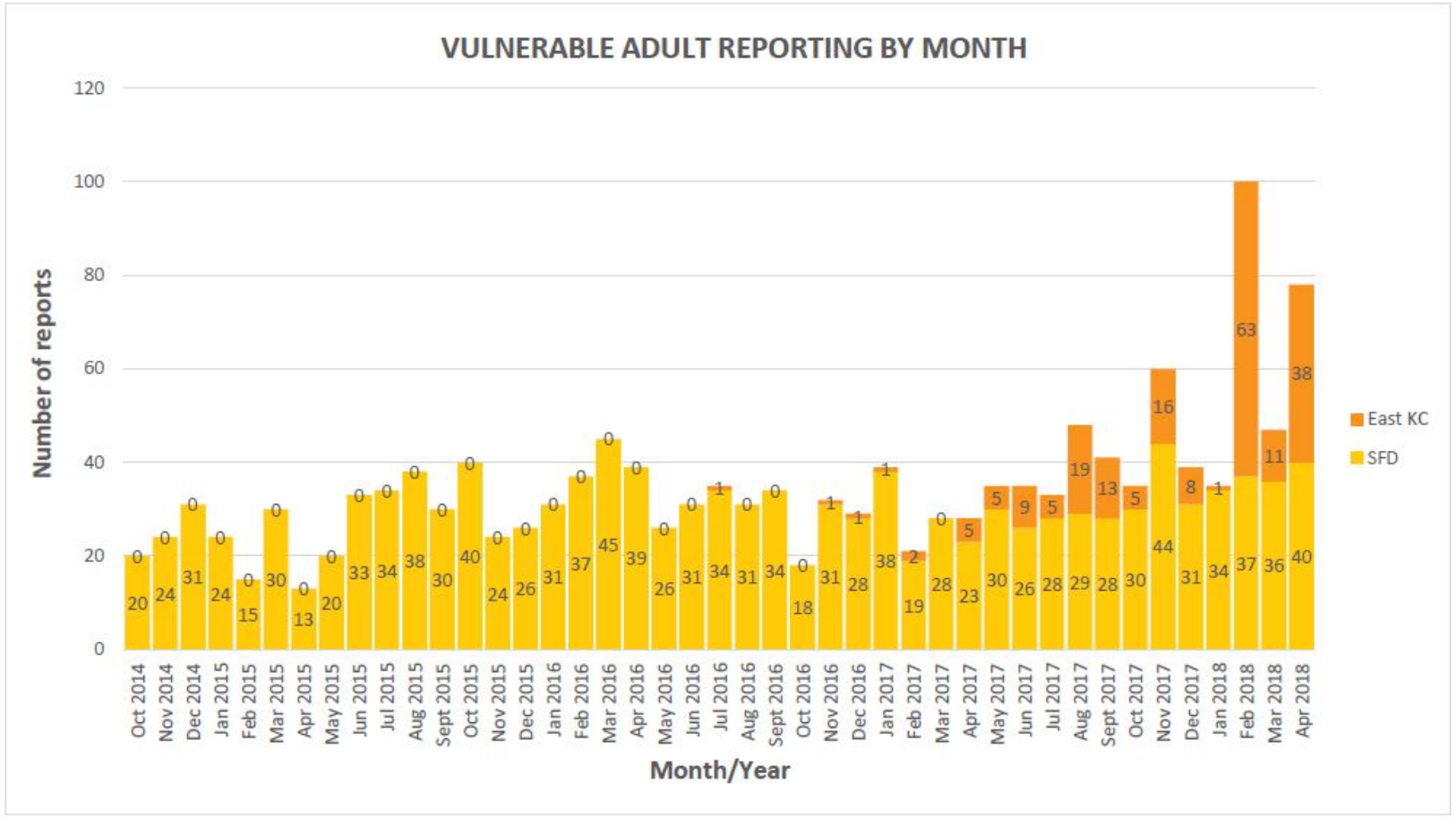
LOW ACUITY

- 9-1-1 high utilizers
- Highly served, engaged in multiple systems/services
- Reported via FFs or identified w/ data
- Direct outreach and/or indirect care coordination & management
- 1 year of tracking post enrollment
- Homeless highly represented

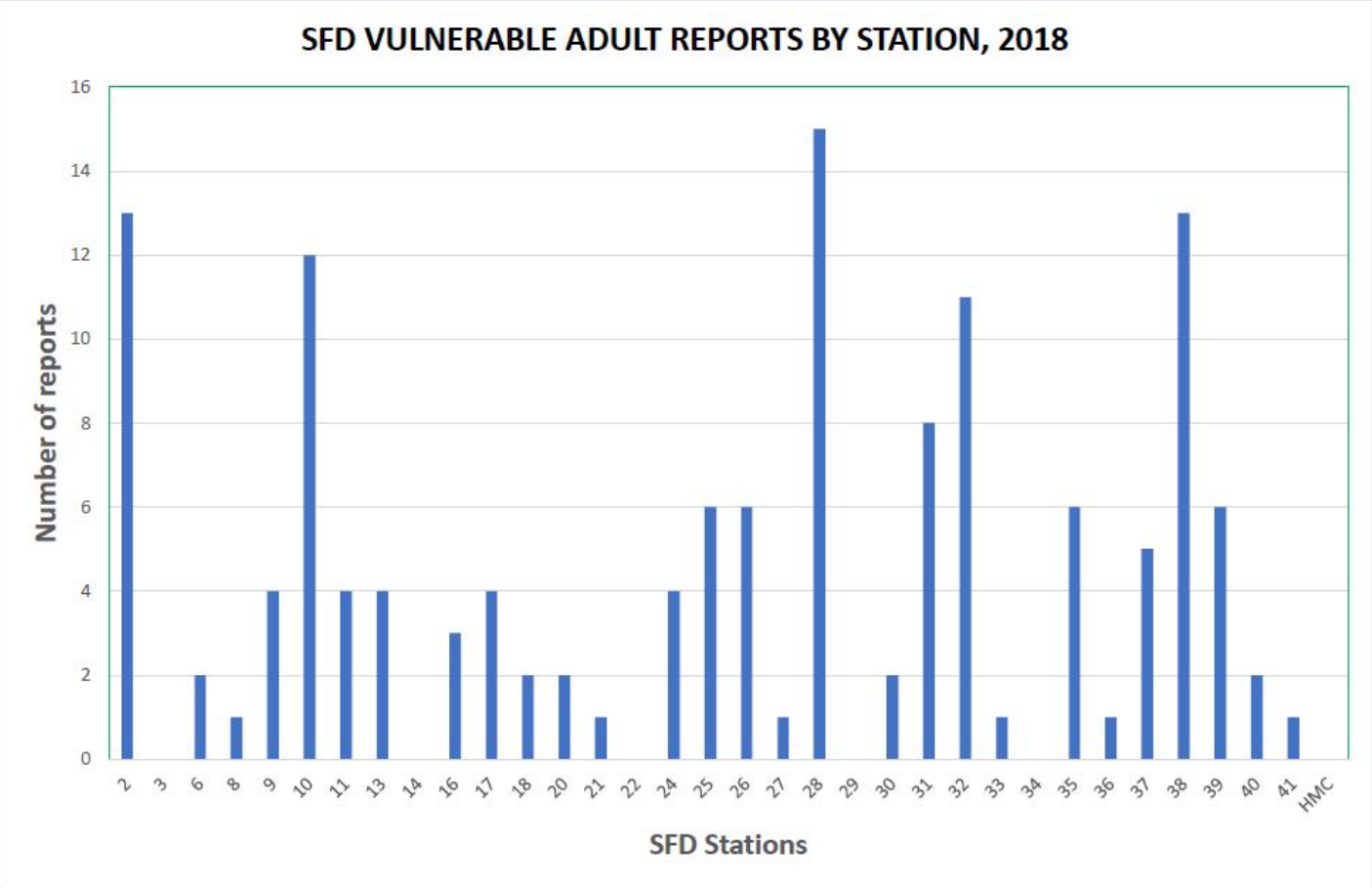
VULNERABLE ADULT

- Abuse, neglect, self-neglect
- Isolated & under-served
- Short-term engagement, crisis management, + referrals
- Reporting via FFs
- Joint notification to SFD, SPD, ADS, APS (RCS if indicated)

VULNERABLE ADULT PROGRAM GROWTH

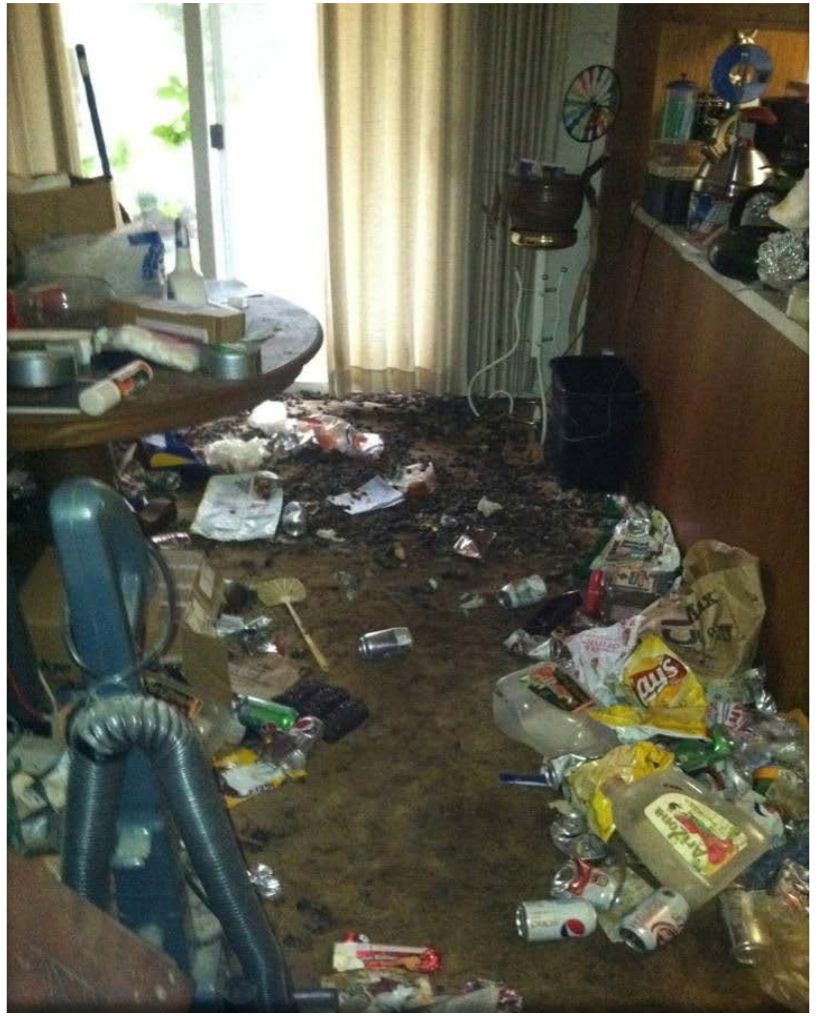


VULNERABLE ADULT THROUGHOUT SEATTLE



- **357 referrals in 2017**
- **60% not receiving formal assistance at time of report**
- **50% of these subsequently received assistance – in-home care, meals on wheels, move to higher level of care, etc.**
- **184 firefighters reported in 2017 – nearly 1 in 5**

CLIENT STORIES



HIGH UTILIZERS – BY THE NUMBERS

- In six months:
  - 1,430 individuals with ≥3 reports
  - 87 individuals with ≥10 reports
  - 325 responses to top 10 individuals
- One individual – 128 responses in 2017
- Since program launch: >73 enrolled clients, >53 non-enrolled
- Enrolled clients:
  - 51% male
  - 68% white, 21% black/African-American, 9% Native American
  - 30% in supported housing

Number of Incidents
50
45
38
34
31
27
26
25
25
24
23
22
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21
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Six-month query

TOP UTILIZER SNAPSHOT

Alarms	Homeless?	CC, PMH, Notes
48+	Yes	ETOH, extreme intoxication, demands transport, HMC CM doing outreach
41	No	Diabetes, mental health
32	Yes	ETOH, hx of chronic homelessness, former 1811, has current REACH CM
31	No	ETOH, hx of chronic homelessness, dementia, mental health, 1811
29	Yes	ETOH, severe seizure disorder, hx of chronic homelessness, current HMC CM
28	No	ETOH, 1811, hx of chronic homelessness, chief complaint cp, wants transport to hospital
21	No	ETOH, hx of chronic homelessness, Plymouth Housing
18	No	ETOH, hx of chronic homelessness
17	Yes	ETOH, hx of chronic homelessness, current HMC CM, working on placement at the Wintonia (CCS)
16	Yes	ETOH, hx of chronic homelessness, extreme intoxication, HMC/REACH plan to outreach
16	No	Paraplegic, lift assist
15	Yes	ETOH, homeless
14	Yes	ETOH, in jail frequently, cirrhosis of liver, undocumented
13	No	ETOH, hx of homelessness, mental health

THE HIGH UTILIZER ACUITY SPECTRUM

Patient CL: ~60 YOF, supportive housing. Acute alcoholism, mobility issues. Frequent responses for intoxication, non-injury lift assistance.

Patient JR: ~30 YOF, supportive housing. Responses for behavioral crises, SI, pseudo-seizures, weakness

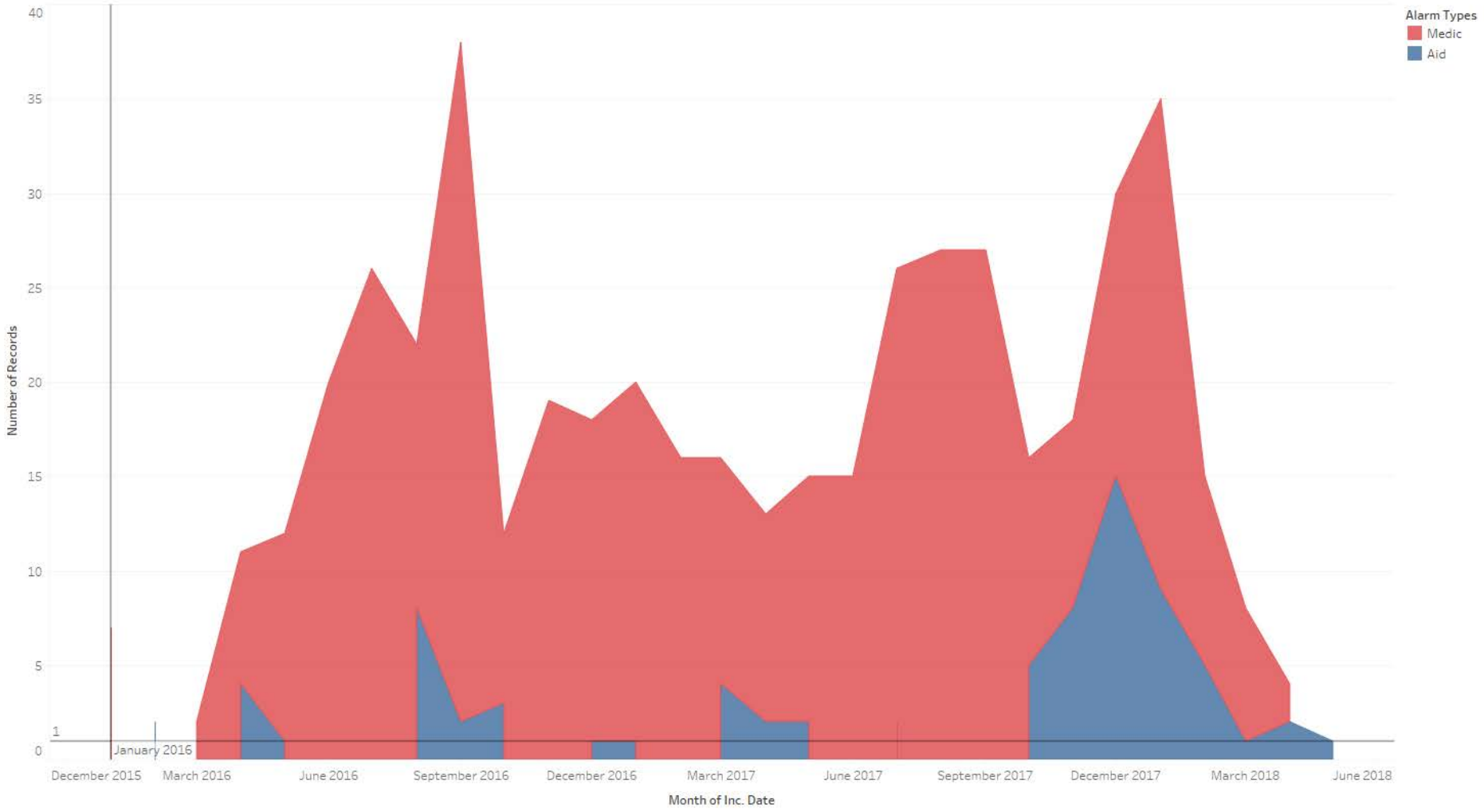
Patient JM: ~60 YOM, supportive housing. Responses for complaints of chest pain, shortness of breath

Patient ST: ~50 YOF, single family residence. Brittle diabetic – frequent responses for profound hypoglycemia

LOW ACUITY CONNECTIONS

- ADS Case Managers
- HCS Case Managers
- APS / Vulnerable Adult
- High Utilizer Groups
- Supported Housing
- Mental Health Providers/BHOs
- Chemical Dependency Treatment
- Hospitals
- Mobile Crisis Team
- Seattle Police
- Family
- Primary Care
- Nursing
- Home Health
- Health Homes
- King County Housing / SHA
- Sobering Center / ESP Van
- Firefighters
- …and more

CLIENT STORIES

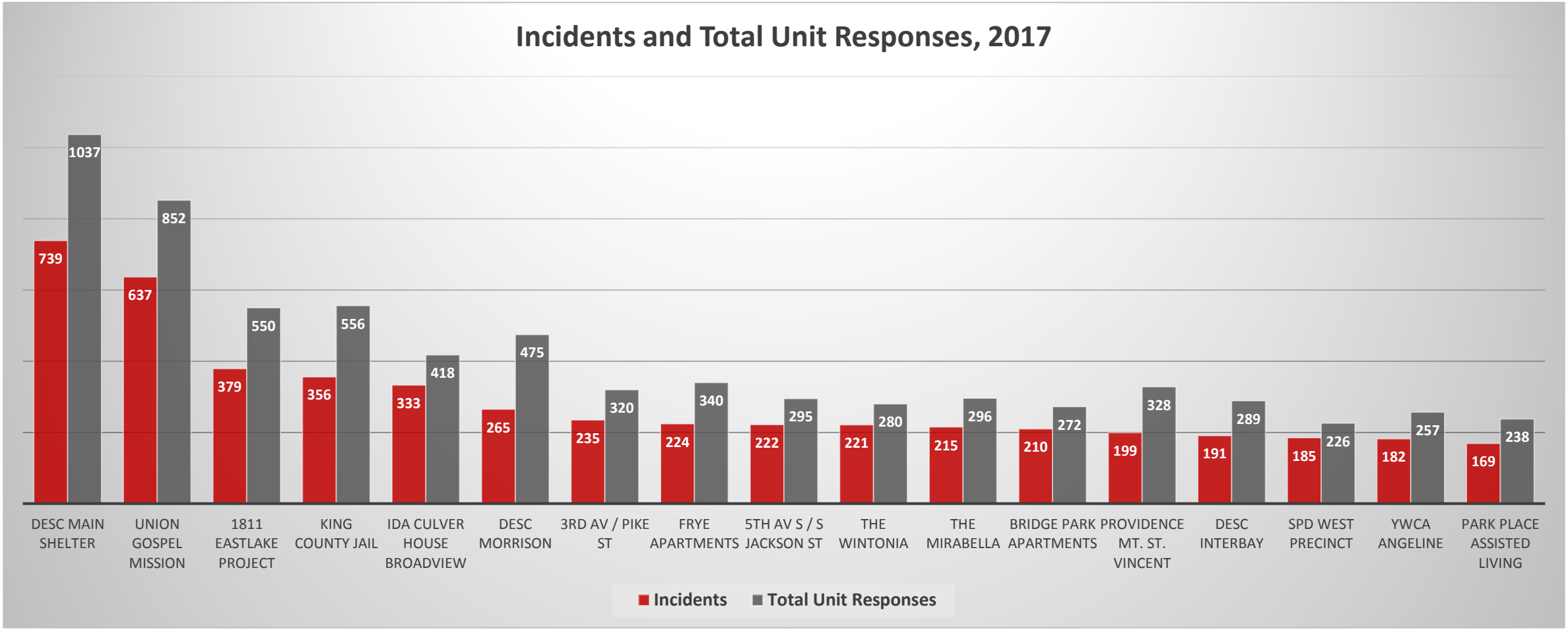


DEFINITIONS OF SUCCESS

- Reduced 9-1-1 use and/or FF reporting
- Connections with services
- Health and/or social outcomes
- Client satisfaction
- Firefighter satisfaction
- Improved strategies for referral, outreach, care coordination
- Bolstered partnerships
- Better data

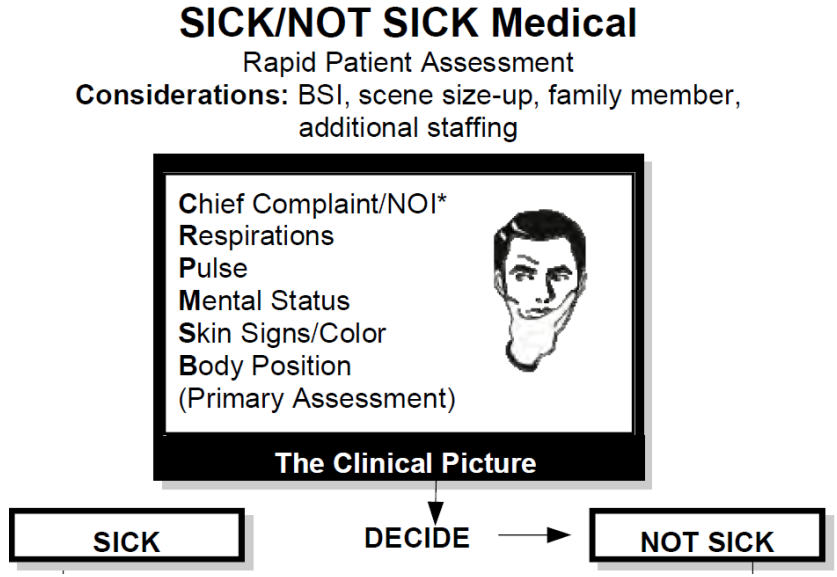
9-1-1 Utilization Trends (# calls/quarter)			
Period	**Care coordination**	**Direct Engagement**	***p***
Baseline (Mean)	8.36	9.47	0.54
Q1 (Mean Δ)	-4.25	-4.06	0.911
Q2 (Mean Δ)	-2.78	-4.62	0.420
Q3 (Mean Δ)	-3.75	-7.8	0.011 *

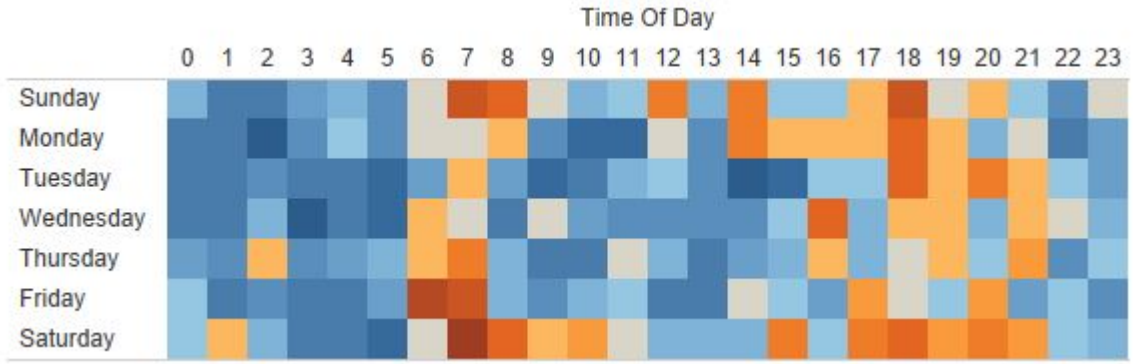
HIGH UTILIZING FACILITIES



FACILITY OUTREACH

- Long-Term Care facilities, homeless service providers, corrections/law enforcement, medical facilities
- Strategies:
  - Staff training
  - Analysis of data and call trends
  - Handouts and educational materials
  - Policy assessment
  - Connections with alternate resources





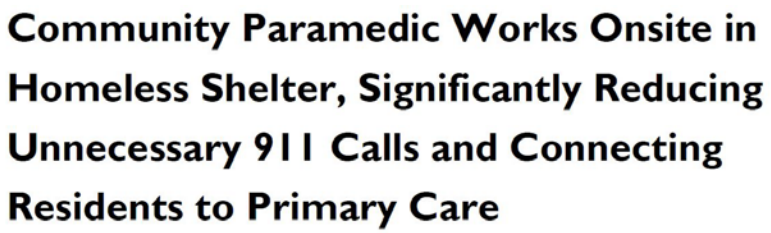
MOBILE INTEGRATED HEALTH / COMMUNITY PARAMEDICINE

- Growing trend in the fire service
- Many approaches, but all stress:
  - Cooperation with social services
  - Healthcare integration
  - Proactive care
  - Physical/behavioral services

A City's Solution to Too Many 911 Calls

To cut down on the burdensome costs of non-emergency medical calls, Memphis is taking an experimental approach to health care.

These house calls save money for EMS, social services



Community Paramedic Works Onsite in Homeless Shelter, Significantly Reducing Unnecessary 911 Calls and Connecting Residents to Primary Care

Mobile Integrated Healthcare Program Changing How EMS Responds to Behavioral Health Crises

New program has Las Vegas nurses taking calls

THE FUTURE OF ADS/SFD COOPERATION

What are the needs?

- **More case management** (frequent callers, vulnerable adults)
- **Mobile outreach** (lower acuity alarms, frequent callers, complex cases, high utilizing facilities)

Opportunities

- **Direct cooperation** (e.g., low acuity, vuln adult programs)
- **Joint participation in existing frameworks** (e.g., King County Accountable Community of Health, KC EMS Levy, etc.)
- **Others?**

THE TEAM

- Fire Chief Harold Scoggins – Executive Sponsor, Low Acuity
- Jon Ehrenfeld – Low Acuity Program Manager
- Captain Peter Ubaldi – Captain, EMS
- Lt. Osmant Pyle – Vulnerable Adult Coordinator

Aging and Disability Services
Area Agency on Aging for Seattle and King County

- Karen Heeney – Supervisor, ADS
- Audrey Powers – Vulnerable Adult Case Manager, SFD
- Nancy Tillman – Vulnerable Adult Case Manager, East Side

- Ashley Clayton – Case Manager, Low Acuity

- Dana Yost – Paramedic, Mobile Integrated Health

- Seth Buchanan – Captain, EMS

THANK YOU!