



**Peninsulas Emergency Medical Services Council, Inc.**  
**Behavioral Health Taskforce**  
*Regular Session*

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**AGENDA**

Wednesday, June 13<sup>th</sup>, 2018 at 10:00 a. m.

*Location:* PEMS 6876 Main Street/PO Box 1297, Gloucester, VA 23061

*Teleconference:* <https://global.gotomeeting.com/join/412318237>

Audio: (646) 749-3131      Access Code: 412-318-237

- 1. Call to Order**
- 2. Introductions**
- 3. Membership**
- 4. Approval of Minutes**
  - a. May 9<sup>th</sup>, 2018
- 5. Staff Report**
  - a. Update on Addiction Workgroup to address providers who are addicted and want help
  - b. Discussions with local Peer Team Support to regionalize some aspects of local Peer Teams
  - c. Ask about the PCOR Group any updates?
  - d. Upcoming Training in Hampton
- 6. Old Business**
  - a. Goals/Objectives/Assignment of workgroups-after chair membership
  - b. Follow up on Cumberland and ESH-
  - c. Virginia Beach Program
  - d. GRN Training
- 7. New Business**
  - a. Chair and Co-Chair Positions
  - b. Need new nominee for the subcommittee-Clinical. Melanie Jones is not longer with RBH Center
- 8. Good of the Order**
  - a. **Next Meeting: TBD**
  - b. Verify Attendance
  - c. Important Dates:
    - Next meeting July 11<sup>th</sup>, 2018
- 9. Adjournment**

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## Peninsulas Emergency Medical Services Council, Inc.

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Gloucester, VA 23061

Office (804) 693-6234 - Fax (804) 693-6277

### PEMS Behavioral Health Task Force Meeting Minutes

A Subcommittee of the Board of Directors

**Meeting Date: 06-14-17**

**Meeting Location:**

**PEMS-Dunston Room**

**Chaired By: L. Hogge**

**Begin Time: 10:00 a.m.**

**End Time: 11:30 a.m.**

**Minutes Submitted By: D. Thomas**

**Draft: Approved Date: 7-19-17**

Members Present:	Members Absent:	Staff:	Others:
Bowman, Chris	Adams, Ruth	Thomas, Debbie	Berry, Wayne (OEMS-Not Present)
Hogge, Lauren (Co-Chair)	Armstrong, Will	Player, Michael (PEMS-Not Present)	Perkins, Tim (OEMS-Not Present)
Hogge, Shawn	Boswell, Al		Holt, Courtney (UVA Student observer)
McCorry, James (TC)	Brann, James		Barbour, Alexis (UVA Student observer)
McGregor, Terry	Burnette, Jane		
O'Halloran, Gina (TC)	Campagnola, Jayme		
Palandro, Philip	Cox, Meghan		
Renwick, Tim	Griffin, Amy		
Rose, Cliff	Harper, Kim		
Schick, John	Hodges, Shannon		
Young, Chris	Long, Paul		
	Owens, Karen		
	Olliver, Valla		
	Simpson, David		
	Smith, Thamera		
	Cumbie, Beth		
	Thurman, Sadie		
	Vest, Ellen		

Item	Discussion	Action Required	By Whom/When
Call to Order	L. Hogge – Co-Chair of committee called meeting to order at 10:00 a.m.		
Introductions	Introductions made online and in the room as recorded above.		
Approval of Minutes	T. McGregor makes motion to approve. C. Young seconds motion. Minutes approved as written. D. Thomas states that she will send out minutes from the March meeting along with this month's meeting reminder to		

Item	Discussion	Action Required	By Whom/When
	everyone again for those who did not get them.		
Membership	<p>L. Hogge informs group of need for a new committee chairperson as M. Cox felt it might be a conflict of interest in her position to serve as the chair. L. Hogge states she would be willing to do it, but felt the chair should be someone with more expertise and knowledge of this field. No nominations forthcoming. Task Force members felt that we should table it until next meeting so members can think about it and/or ask others not here about their interest.</p> <p>D. Thomas asks everyone to make sure that the contact information on the rosters is correct before they leave here.</p>		
Staff Report	<p>D. Thomas reports on data from Office of EMS as requested at last meeting. The report is for the year 2016 and is based on the <i>provider impression</i> of behavioral/mental health emergency. The report breaks it down by each individual agency and each month. There were 2,226 total EMS responses. Notice they spike over the summer and decline over the winter. Reviewed various agencies for highs and lows of responses.</p> <p>T. McGregor asks if it includes patients with drug overdoses. Reviewed medication usages and see Haldol and Ativan used but no Narcan, so it probably does not. T. McGregor asks if we can determine what percentage of total responses this is. D. Thomas states she will find out.</p> <p>The report is catalyst for a long discussion:</p> <p>C. Rose asks if we know whether law enforcement was involved in these calls. Much discussion follows about involvement of law enforcement, use of ECOs and who can get them, etc.</p> <p>Since most of group is not familiar with what PEMS does, D. Thomas explains Protocols, Policies and Procedures for medical/trauma emergencies and that we want to look closer at Behavioral Emergencies to determine if we are, as a region, doing the best we can do for our patients; working well with our partners in law enforcement and the community service boards, etc. L. Hogge states we need to make it a seamless &amp; coordinated effort across the region and to improve the experiences of our patients. T. McGregor states we also want to be sure we are taking our patients to the most appropriate destinations whenever possible. Much discussion about this and about what's available via CITAC &amp; RASC in the various regions and the most common disconnections.</p> <p>C. Rose states the biggest issue he sees from a magistrates standpoint, is when people go to the hospital voluntarily; they stay for 4-5 hours then decide they want to leave. Need to be certain that if there is some indication of danger to self or others, that this is actually conveyed to the hospital staff so they get an ECO using this specific information vs. just mental health issues when the person wants to leave. T. McGregor &amp; J. Schick states another problem is what to do with people who ask for help but don't indicate any likelihood of harm. Further discussion. All agree best course is an ECO if there is any indication they might harm selves/others.</p> <p>Discussion regarding CIT training for EMS personnel. T. McGregor states 40 hours is a huge time commitment. C. Young states not all of it is relevant to EMS, so we would only need portions of it. T. Renwick feels maybe have a select number take the instructor course. More discussion. L. Hogge states she got an email about a 2-day CIT course just for EMS. J. Shick states we should reach out to MP-NN as they</p>	Find out what percentage of total calls this is.	D. Thomas before next meeting.

Item	Discussion	Action Required	By Whom/When
	<p>have been searching for a site to offer the training if PEMS is interested in hosting. D. Thomas advises need to move forward on the agenda.</p> <p><b>Status of Regional Behavioral Health Crosstalk with other councils:</b> No real effort in this area yet. <b>Status of Membership Roster, Calendar/Meeting Scheduling &amp; Group Emails:</b> Roster is final. D. Thomas explains how she and M. Player (the ED of PEMS) created the final roster and the make up of it: 1) 1 Rep for every hospital &amp; Mental health facility 2) 1 Rep from every CSB 3) 1 CIT Director from each CSB-All but one accepted. D. Barker felt H-NN CSB was well represented by their CSB representative and that having the CIT Director would be redundant. 4) 1 Magistrate from each region (3 total) 5) 1 Rep for both area EMS Educational Programs TNCC and RCC 6) 1 EMS Rep from each region (Peninsula, Mid-Peninsula &amp; NN-3 total) 7) 1 Law Enforcement Rep from each region (Peninsula, Mid-Peninsula &amp; NN-3 total) 8) OEMS – (3 non-voting) 9) PEMS – (2 non-voting)</p> <p><b><u>Anyone interested is welcome to attend and give input, but only those representatives on the regular roster will be considered voting members.</u></b> Members are encouraged and welcome to invite others to attend our meetings. T. McGregor and others felt perhaps we should invite or add representatives from TRFA. D. Thomas will check into this.</p> <p>The BHTF is currently set up to meet quarterly. T. McGregor and L. Hogge state they think we need to meet monthly for the first 6 months (next 5 months) in order to meet our goals. Discussion - all agree. T. McGregor makes a motion to meet monthly. J. Schick seconds the motion. Motion passes unanimously. All agree that Wednesdays at 10:00 a.m. works out well.</p> <p><b>Status of development of Policies &amp; Behavioral Health Plan</b> – no progress at this point, the task force will work on this over the next 6 months. <b>Report from M. Player via D. Thomas</b> – The PEMS Bylaws have not yet been updated to include the Behavioral Health Task Force because until just this week we did not have a firm roster. Now that we do, he can move forward with adding it.</p>	<p>Ask about adding a TRFA Rep.</p> <p>Policies &amp; Plans</p> <p>Add BHTF to PEMS Bylaws</p>	<p>D. Thomas by next meeting.</p> <p>PEMS w/BHTF by December 2017</p> <p>M. Player July 2017</p>
Old Business	<p><b>T. McGregor</b> – Status of Gathering CIT Training information - Trainers are on the committee now. L. Hogge will send info on the 2-day class. Status of bringing RSAF grants issue to VAGEMSA - incomplete. T. McGregor did not attend last meeting. Status of Behavioral Health Apps – L. Hogge states we were going to look at any apps that might be available. <b>L. Hogge &amp; T. McGregor</b>- Status of Development of Behavioral Health Resource Guide – incomplete because we didn't have all the players on board. <b>L. Hogge &amp; M. Cox</b> – Status of efforts to promote the PEMS Behavioral Health Task Force's efforts-invited and asked for</p>	<p>Send out 2-Day CIT for EMS Info</p>	<p>L. Hogge before next meeting.</p>

Item	Discussion	Action Required	By Whom/When
	commitments. L. Hogge states promotion won't really be able to occur until completion of monthly meetings. <b>Revisit/Revise stated Goals &amp; Objectives for the BHTF:</b> All short-term goals seem to be in progress or completed with exception of the getting a chairperson. The remaining goals are to be completed in 12 months and can be found in March 2017 meeting minutes.		
New Business	J. McCorry thinks we should carve out some of our goals into different work groups because there are a lot of goals. He feels like first order should be to review Behavioral protocols and why medications are being used versus trying to de-escalate the situation. He states it may be a training/case review for a particular agency versus over-use of medications since Haldol was only used 4 times in the region. L. Hogge mentions that PPP is working on development of a Behavioral -B52 protocol for 25 mg Benadryl, 2 mg Ativan & 5 mg of Haldol. D. Thomas will send out our current guidelines/protocols for the task force to review before next meeting.	Send out Protocols/Policies	D. Thomas- before next meeting.
Good of the Order	Next meeting is now scheduled for Wednesday, July 19, 2017 at 10:00 a.m. The members agreed the 3 <sup>rd</sup> Wednesday works, and D. Thomas notes it will be much easier for her schedule to move it. Will change standing meetings to 3 <sup>rd</sup> Wednesdays.	Change BHTF Meetings on PEMS calendars.	D. Thomas- before next meeting.
Adjournment	Meeting adjourned at 11:30 a.m.		