Combined Community Paramedic Program Materials

# BHAB Presentation (Nov 12, 2024)

* PAFD Community Paramedics
* Progress Update and SUD Program

## History & Goals

* Evolution of Community Paramedicine
* Bridging Gaps within the Healthcare System
* Covid 19
* Post Covid Behavioral Health
* Opioid Epidemic
* Post Overdose Response
* Free Up Emergency Units
* Establish Raport with Pt’s
* Alleviate Precipitated Withdrawl
* Warm handoff to services

## Refusals

* Increases in refusal rate for overdose survivors.
* Increases in repeat overdoses.
* Limited ability to connect patients with MAT services.
* EMS/LE Compassion Fatigue

## Implementation Complexities

* Post Overdose Response Team
* Operation Shielding Hope
* Washington DOH approval
* Lead Fire
* UW/CROA
* Pathway to permanent CPM funding

## Preliminary Outcomes

* 70% success rate upon Post Overdose Response Team Arrival on scene
* Emergency Services return to service
* Improved job satisfaction
* Decreased First Responder Compassion Fatigue

## Future Goals

* Improve referral process
* Explore Field clearance options
* MOUD upon discharge
* Expanding scope of practice
* Develop First Responder Behavioral Health/SUD training

## Questions

The implementation of the Post Overdose Response Team represents more than just a shift in Community Paramedicine; it’s a commitment to transforming lives at a critical juncture. By equipping our Community Paramedics with the tools to offer immediate support and bridge individuals to longer-term care, we’re not just responding to overdoses—we’re creating pathways toward recovery and hope. Every successful intervention is a step closer to reducing the toll of Opioid Use Disorder in our community. Thank you for your support of this initiative and for helping us redefine what it means to serve and protect in moments of crisis.

# City Council Presentation (May 20, 2025)

Good evening council,

Back in August of 2023 Council awarded Opioid Settlement Funding to Operation Shielding Hope.

The program description included in our grant application stated the following:

Funding this request would enable PAFD and PAPD to outfit Community Resource personnel with the necessary tools, equipment, and specialized training in Substance Use Disorder and Behavioral Health Crisis Care. A 2021 Prehospital Emergency Care article reported that nearly one-third of individuals who experienced an accidental opioid death utilized 911 Emergency Medical Services before their fatal overdose.

The article also identifies individuals having experienced a non-fatal opioid overdose at an increased risk of death within one year. Equipping the Port Angeles Community Medics with emergency response capable units, equipment and training to respond to overdose-related incidents and provide point-of-care support, education, and referral services would lead to a reduction in repeat overdoses, a reduction in opioid overdose deaths, and an increase in the availability of Port Angeles Fire units for additional emergency responses.

Collaboration and coordination between the Port Angeles Community Medics and the PAPD Resource Officer could lead to pre-overdose interventions for high-risk populations and a reduced stigma surrounding opioid rehabilitation services.

Funding Operation Shielding Hope would equip outreach specialists not tied to the next 911 dispatch and enable them to establish trusted and meaningful relationships with community members, business owners and individuals affected by Opioid Use Disorder, thus further reducing the impact to the city and its citizens.

At the time of our application the Port Angeles Fire Department and Port Angeles Police Department was responding to greater than 4 overdoses per week. Clallam County had the 4th highest overdose fatality rate in the state at 55.7 deaths per 100,000 population. And according to an earlier report from Clallam County Health and Human Services greater than 70% of all county overdoses were occurring in the city of Port Angeles.

By January of 2024 Clallam County would reach the number two position for the highest overdose fatality rate in the state at 70.7 deaths per 100,000.

And by March of 2024 the county would record an overdose fatality rate 73.3 deaths per 100,000. The challenges Public Safety faced during this time included a greater than 60% overdose survivor refusal for treatment and transport.

You see…often crews would arrive and find that the overdose survivor had been given upwards of 16 mg’s of Narcan - four times the commonly recommended dose. Survivor’s were literally walking away from EMS crews upon their arrival…which eliminated any opportunity to refer patients to Substance Use Disorder Services available throughout the city. This led to frequent repeat overdoses, which impacted crews in the form of compassion fatigue… as they wrestled with the inability to help a demographic who simply refused assistance.

The main goal of Operation Shielding Hope included the enhancement and expansion of services from the Port Angeles Fire Department and Port Angeles Police Department to effectively address the high volume of overdoses occurring within the city.

We hypothesized that many of the overdose survivor’s were refusing treatment and transport because the high doses of Narcan were sending them into Precipitated Withdrawal. The severity of the withdrawal symptoms then became the survivor’s immediate focus… which often led them to refuse treatment and transport…in order to address the withdrawal symptoms the only way they knew how to…by using again.

We believed that if we could intervene at the time of the overdose by effectively treating precipitated withdrawal through the administration of Buprenorphine we could reduce repeat overdoses and equally important… establish a rapport with overdose survivor’s …ultimately gaining their trust and eventually obtaining their consent for referral to Substance Use Disorder services.

In January of 2024 Port Angeles Fire Department petitioned the Washington State Department of Health for approval of a 2-Year pilot program to establish a Post Overdose Response Unit and expand the Scope of Practice for the department’s two Community Paramedics.

In February the department utilized Opioid Settlement funding to equip Port Angeles Community Paramedics with emergency response capable units.

In March the department received approval from Washington DOH to implement a Post Overdose Response Team and expand the scope of practice for Community Paramedics. With DOH approval Community Paramedics began responding to all 911 dispatched overdoses while on duty. Port Angeles Police Department Community Resource Officer began working closely with Port Angeles Fire Department Community Paramedics.

In April we implemented a referral program so that on duty shift personnel could refer overdose survivor’s to the Community Paramedic Office for all overdoses that occurred outside the Community Medic working hours.

## Lessons Learned in the First Months

* Community Medics responded to 23 overdoses while on duty
* 18 of the 23 overdose survivors accepted referrals to Substance Use Disorder services
* Greater than 78% linkage to SUD services occurred when CPM’s respond to overdose incidents
* A stigma surrounding Buprenorphine limited administration in the field
* Only a 3% success rate of linking overdose survivor’s to SUD services when Community Paramedics were out of the office
* The most critical aspect was actually the arrival of CPM’s, facilitating a warm handoff

In June of 2024 Port Angeles Fire received a $350,000 grant from the University of Washington and the Co-responder Outreach Alliance.

* Added two community EMT’s to the Community Paramedic Office
* Established two autonomous Post Overdose Response Units
* Broadened the 911 Emergency Services response capability

## Impact of Operation Shielding Hope

* By January 2025, Clallam County dropped from 2nd to 10th in overdose fatality rate (from 73.3 to 41.2 deaths per 100,000)
* By March 2025, further dropped to 11th and 34.8 deaths per 100,000 (63% decrease in fatal overdoses in 12 months)

### Program Successes

* 70%+ acceptance into MOUD and MAT services when Community Paramedics provide a warm handoff
* 100% of 911-dispatched overdoses outside CPM hours are referred to Community Medics for follow-up
* Only 3% linkage to services when Community Paramedics do not respond
* CPM’s serve as the linkage hub in the community-wide response
* REdisCOVERY: 70%+ connection to services, 132 out of county transports (99% connection to services)
* Collaboration with multiple agencies: Reflections Counseling, PHB Reel Teams, NOHN, Jamestown Healing Center, OMC, Clallam County Jail MOUD, Health and Human Services, Harm Reduction Center, Narcan Distribution

We appreciate your continued support and celebrate the successful impact Operation Shielding Hope is having on the city’s Opioid Crisis.

# Cost Savings Analysis (2024)

* Year 2024: 407 total patients
* 42% (171) used 911 services; 71% (121) had a reduction in 911 usage after CPM intervention
* 118 9-1-1 calls prevented in 2024
* 56% of 911 calls result in ED transport
* 68 fewer transports x $3,800/ea = $258,400 savings
* 53 fewer non-transport 9-1-1 calls x $1,900/ea = $100,700 savings
* 51% used the ED; 69% (144) had a reduction in ED usage
* 144 fewer ED admissions x $1,146/ea = $165,024 savings
* 2024 – $524,124 (407 unique patients)
* 2023 - $508,894 (396)
* 2022 - $572,024 (748)
* 2021 - $292,882 (402)
* Total: $1,897,924 (1,953)

# CPM Funding Sources

* Port Angeles Fire Department Local 656 (staffed 2019 CPM pilot)
* North Olympic Healthcare Network: MOA 2020-2023, 2021-2023
* Peninsula Behavioral Health: MOA 2020
* Olympic Medical Center: MOA 2020-2023, 2024-2027
* Olympic Community of Health Computer Grant
* Clallam County Health and Human Services – Behavioral Health Tax, 2022-2025
* Opioid Settlement Funding: Operation Shielding Hope
* University of Washington / CROA Fire Department Innovation Grant

# CPM Historic Review & Strategic Plan

## Community Paramedic Program Strategic Plan (2018-2027)

### Introduction

The Port Angeles Fire Department (PAFD) Community Paramedic Program was established in 2019 to bridge healthcare service gaps in the community, focusing on mental health, substance use disorders, and chronic medical conditions.

## 2018-2024: Inception and Evolution

* 2018: Initial Development
* Community needs assessment
* MOU with Local 656 for pilot
* Clallam County MPD support and protocol development
* Partnerships: Olympic Medical Center, Peninsula Behavioral Health, North Olympic Healthcare Network

2019: Official Launch

Transitioned one Firefighter/Paramedic into CPM

Re-allocated staff vehicle, acquired ALS equipment

Focused on reducing 9-1-1 and ED overutilization by “high system utilizers”

Secured grant funding: Peninsula Behavioral Health, North Olympic Healthcare Network, Olympic Medical Center

2020-2021: Expansion and Impact

Added two more full-time Community Paramedics

Community Paramedic specific training

Harm reduction initiatives: “Sharps” containers, naloxone distribution

Covid-19 expanded scope: home visits, vaccinations, bridge care

2022: Program Scaling

Grant funding: Clallam County Behavioral Health Advisory Board, ruggedized computers

Covid-19 refocus

Identified increased overdose fatalities and behavioral health crises

Expanded services: long acting injectables, LEAD Fire alternative response program, partnerships

2023: Pilot Projects and Innovation Grants

Gap analysis: overdose fatality, response, transport

Operation Shielding Hope partnership (PAFD & PAPD)

MOUD administration for County Jail inmates

Secured Opioid Settlement Funds and Emergency Response Units

Awarded RFP for sustainable CPM funding

2024: Program Sustainability Planning

Expanded Alternative Response Program for severe weather

Washington DOH approval for Post Overdose Response Team and MOUD in field

Grant funding: equipment, training, “All-Terrain” response vehicle

Hired two temp Community EMT’s for two autonomous units

## 2025-2027: Forecast and Future Goals

1. Expand Post-Overdose Response Services
2. Increase MOUD service enrollment by 20%
3. Respond to acute overdoses
4. Field-based follow-up within 72 hours
5. OMC MOUD program for bridge dosing
6. Petition DOH for long-acting MOUD in field
7. Enhance Community Outreach and Education
8. Conduct 8-hour behavioral health and overdose response trainings
9. Host two regional training events annually
10. Sustain and Secure Funding
11. Transition to municipal budget by 2026
12. Secure state and federal partnerships
13. Annual updates to City Council
14. Expand Program Capacity
15. Hire additional staff
16. Proactive identification of developing needs
17. Expand outreach to unhoused/encampments
18. Expand jurisdiction to neighboring districts
19. Strengthen Community Partnerships
20. Deepen collaboration with local agencies
21. Expand referral and wraparound agreements
22. Provide ongoing training for co-response partners
23. Advance Data Collection and Program Evaluation
24. Implement streamlined data management system
25. Quarterly program evaluations

# CPM Trifold Brochure (2024)

NORTHWIND TRADERS

A relatively new and rapidly evolving healthcare model.

This allows paramedics and EMT’s to operate in expanded roles to bring public health, primary healthcare and preventive services to underserved populations in the community.

The goals are to improve access to care and to avoid duplicating existing services.

## CONTACT US

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## Who we ARE

Hours

Monday – Friday

9am-5pm

Port Angeles Fire Department

102 E 5th St, Port Angeles, WA, 98362

## Community Paramedicine

Port Angeles Fire Department

Committed to increasing the health and wellness of the community by addressing gaps in the existing healthcare system.

Program Mission:

* Medication Management
* Safety Assessments
* Medical Equipment Assistance and Training
* Chronic Disease Management
* Support for Frequent EMS Callers
* Work with Hospice Agencies
* Identify Alternative Destination/ Treatment Paths for Patients With Psychiatric Crises and Substance Use Disorders
* Wound Management
* Patient, Community & Family Education
* Connecting Patients with Primary Care
* Monitoring Vital Signs / EKGs, Specimen Collection, and Vaccinations for Unhoused and Home-Bound Individuals
* Assistance with Nutrition, Substance Use Disorder, Mental Health, Older Adult Services, Transportation, Legal Concerns, Housing, and Healthcare Coverage

## Prevention & Health Education

Through home visits, telehealth appointments, and telephone check-ins, Community Paramedics can identify medication errors, environmental risks, or problems with durable medical equipment that are not often identified in a traditional clinical or healthcare setting.

## Improve Access to Primary Care

Community Paramedics deliver basic primary care services in the patient's home, ensure prompt care and identify health issues that need to be escalated to another provider, and facilitate communication between patients and their primary care providers.

## Post-Discharge Follow-Up Care

Decrease 30-day readmissions and preventable hospital visits by assisting patients in adapting to their new health regimens. In instances where a patient cannot be seen by a home health agency promptly, Community Paramedics can bridge the gap and provide timely support.

## Reducing Use of EMS / ED Services

In rural communities with limited EMS and ED capacity, community paramedicine can be employed to achieve two goals: conserve resources for emergent issues, and provide more cost-effective, beneficial care to patients.

## Referrals for Social Services

Community Paramedics often provide support to patients through care navigation and linkage to the social services sector. They can ask questions or identify issues that are otherwise not visible to a provider in a clinic, but which may have an impact on the patient's health and well-being.

# Statistics for BHAB Invitation

## Outreach with OPCC Estimates

* Camps visited per week: 6-20
* People interacted with per week: 20-35
* Individuals needing medical care per week: 1-3
* Individuals accepting resources per week: 12-25

Building rapport takes weeks or months for individuals to trust CPMs and Rediscovery staff to feel comfortable reaching out for medical care.

Examples of medical care provided include:

* Wound care for frostbitten feet
* Contacting OPCC physician for antibiotics prescription for infection
* Evaluation of injuries
* Ongoing monitoring of individuals with medical/behavioral health/social concerns

Resources provided during Outreach:

* Hand warmers
* Water
* Hot drinks/electrolytes (season dependent)
* Gloves, hats
* Clean socks
* Narcan
* Wound care kits
* Ponchos
* Emergency Blankets
* Referrals to other agencies for:
* Detox
* Other supplies (e.g., tents)
* Further medical care
* Harm reduction resources
* Case Management

## Community Paramedic’s Contribution to the Healthcare of the Community

* Building connections with partnering agencies
* Streamlining patient care (referrals, appointments, advocacy, home health care)
* Cutting edge protocols (field Buprenorphine administration)
* Preventing increased burdens on Emergency room
* Education (deescalation, behavioral health, best practices)
* 911 Relief and Support

## Cost Saving Analysis

Community Paramedics preventing 911 calls and transports to the Emergency room have saved an estimated total of $1,897,924

### Preventing Calls

* 2024: 42% of patients referred to CPMs from 911 responses
* 121 (71%) had a reduction in 911 usage
* 118 911 calls prevented in 2024

### Preventing Transports

* 56% of 911 calls result in ambulance transport to ER
* CPM intervention prevented 68 ambulance transports
* $1900 x 53 = $100,700 savings (no transport)
* $3800 x 68 = $258,400 savings (ambulance transport)

### Preventing ED Visits

* 51% of patients that CPMs interact with went to ER in 2024
* 69% (144) had a reduction in ER visits
* 144 ER visits prevented in 2024
* 144 x $1,146 = $165,024 saved
* 2024 - $524,124 (407 individual patients)
* 2023 - $508,894 (396)
* 2022 - $572,024 (748)
* 2021 - $292,882 (402)
* Total: $1,897,924 (1,953)

# Toolkit for Fire Department-Based Co-Response Overdose (OD) Response Programs

## Introduction

Fire departments across the country are increasingly engaging in Mobile Integrated Health (MIH) and co-response programs to address the opioid crisis.

## Key Components of a Fire Department-Based OD Response Program

* Program Structure & Partnerships
* Identify stakeholders (EMS, public health, harm reduction, law enforcement)
* Establish partnerships & MOUs
* Hold coordination meetings

Training & Capacity Building

Opioid overdose recognition, naloxone, harm reduction

Cultural competency & trauma-informed care

Continuing education & debriefing

Scenario-based training

Trainers with lived experience

Response Strategies

Co-response teams (firefighter/EMS, social workers, peer support)

Universal access to "leave-behind" naloxone

Post-overdose follow-up & warm hand-offs

Non-punitive referral pathways

Real-time mapping for hotspots

Data Collection & Evaluation

Data tracking for overdoses, outcomes

Collaborate with public health agencies

Metric dashboards

Periodic evaluations

Sustainable Funding & Billing Strategies

Grants, Medicaid, hospital partnerships

Billing strategies

Advocate for policy changes & sponsorships

Document cost savings

Community Engagement & Public Awareness

Outreach and education initiatives

Naloxone distribution events

Engage those with lived experience

Social media campaigns

## Lessons Learned & Best Practices

* Strong partnerships are crucial
* Multidisciplinary approach enhances impact
* Regular training and support sustain engagement
* Sustainable funding is essential
* Flexibility and adaptability are key

## Conclusion

Fire department-based OD response programs are a critical component of community-based efforts to address the opioid crisis.

# PAFD CPM Program Proposal (2018)

## Overview

The Port Angeles Fire Department (PAFD), in joint cooperation with partner agencies, is proposing the implementation of a community paramedicine program.

* Utilizes PAFD paramedics to proactively provide patient care in the field
* Goal: increased health care and social service within the community
* Measurable outcome: reduction in ER visits
* Potential to serve any of 19,800 City residents
* Partner agencies provide candidate info, accompany site visits

## Partner Agencies

* Port Angeles Fire Department
* Olympic Medical Center
* North Olympic Healthcare Network
* Peninsula Behavioral Health
* Port Angeles Police Department

## Initial Research

* Delivery of measurable results with baseline data mining
* Reduction of Emergency Department visits primary grant metric

## Suggested Medical Issues to Track

* CHF
* COPD
* Diabetes
* Behavioral medications
* Post-operative visits

## Additional Services Provided

* Fire safety suggestions & smoke detector installation
* Fall prevention, disaster preparedness
* CPR and first aid classes
* Support 9-1-1 response crews when not in community paramedicine activities

## Current Operations

Port Angeles Fire Department offers to pilot community paramedic program starting within 90 days.

## Program Resources - Port Angeles Fire Department

* 1 Community Paramedic
* 1 Community Paramedic/Medical Officer/Program Coordinator
* Office space
* Administrative support
* Vehicle

## Program Resources - North Olympic Healthcare Network Personnel

* Administrative support
* Project Manager
* Case Manager
* Patient Navigator

## Program Resources - Peninsula Behavioral Health

* Administrative support
* Certified Medical Assistant

## Program Resources - Olympic Medical Center

* Administrative support
* Emergency Department Social Worker

## Tasks for Program Development

* HPPA Agreements
* Union endorsement
* MOU's or ILA's
* Training with PAPD

## Resources Requested

* Personnel
* Vehicle
* Disposable EMS supplies
* IT/Data Mgmt. support
* Patient Care support
* Travel/education
* Annual 2% inflationary factor included for cost projections

## Port Angeles Fire Department Demographics

* 1 Fire Chief
* 1 Assistant Fire Chief/ Fire Marshal
* 1 Assistant Fire Chief/ Operations
* 1 Administrative Assistant
* 3 Fire Captains/EMTs
* 4 Fire Lieutenants (3 are Paramedics)
* 2 Firefighter/EMTs
* 10 Firefighter /Paramedics