



Dane County

Minutes - Draft

Emergency Medical Services Commission

Consider:

Who benefits? Who is burdened?

Who does not have a voice at the table?

How can policymakers mitigate unintended consequences?

Wednesday, May 26, 2021

5:30 PM

Virtual Zoom Meeting: See top of agenda for instructions on how to join the webinar or call in by phone.

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Yuav tsuam tau thov txog cov neeg txhais lus hau ntej; thov saib hauv qab kawg ntawm qhov txheej txheem rau cov ntaub ntawv ntxiv.

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In order to testify (provide public comment), you must be in attendance at the meeting via Zoom or phone, you will then either be unmuted or promoted to a panelist and provided time to speak to the body. Registrations to provide public comment will be accepted until 30 minutes prior to the beginning of the meeting.

A. Call To Order

The meeting was called to order at 5:32pm.

Present 8 - ERIC BAUMAN, Supervisor MAUREEN McCARVILLE, MEGAN GUSSICK, BRIAN GOFF, STEPHANIE LEHMANN, Chair ADAM PLOTKIN, GARY ZIEGLER, and Supervisor KRISTEN AUDET

Guests: Luis Bixler, Mike Lohmeier, Carlos Pabellon, Che Stedman, Jerry McMullen, Kevin Fosso

Staff Present: Carrie Meier, Kacey Kronenfeld, Eric Anderson, Courtney Wassertheurer

B. Consideration of Minutes

EMS COMMISSION MARCH 2021 MINUTES

Attachments: [March minutes](#)

The minutes were approved.

C. Action Items

Subcommittee Proposal/Update

Chair Plotkin thanks DCEMS office and Carlos Pabellon for putting together document outlining possible subcommittee replacement structure. Goal of document is to give drafting instructions for creating the resolution. Need to nail down mission statement, scope, and membership. Working group talked about how to incentivize participants. Getting quorum has often been difficult. Hoping revamped, mission focused commission will encourage membership. EMS Commission is also technically allowed to file for mileage, ask as part of county board resolution if subcommittee members can put in per diem. County staff are not allowed to participate as official members of committees; would still participate but cannot be voting member. Membership list where appropriate includes verbiage "or designee" to ensure quorum is met. Membership is open, but there is proposed membership in the document. Also discussed ad hoc work groups consisting of two or three people from subcommittee to work to address issues or projects. Would like to create these work groups without jumping through hoops or complicating process, but would also not want to be in conflict with open meetings. Would like to write these work groups into the resolution so there is an informal understanding that groups not meeting quorum may meet to work on projects. Pabellon – if government body creates any sort of group under it, it is subjected to open meetings. The negative is that there are certain rules and provisions that need to be followed. Idea of work groups is prevalent throughout county, as opposed to "notice" process required for open meetings. What other committees do is designate and issue concerns to staff to work on. Safest option for flexibility is lean on staff – EMS staff, county employees, etc. rather than making them official work group of committee. Summed up, projects or issues can be assigned to DCEMS office to follow up with appropriate people to work on project. Even if follow up contains a couple committee members, it is okay so long as quorum is not met. An option may be that if it is essential to have an employee on a committee, can make ordinance saying employees can serve on subcommittees. Other commissions have written into resolution that staff from certain offices be present; Meier believes current Commission ordinance already says this. Recommended to write it into new resolution as well. DCEMS did do survey a while back to solicit input in who would be interested in participating in projects. May have running list of people interested in assisting through DCEMS office. Ziegler voices concern about size of committee. Plotkin adds that as membership is solidified and groups are asked to provide members, will also ask for additional people to be on standby. Ziegler does not see anyone that should be removed, but does not thinking any more positions should be added. Plotkin asks for feedback on how to measure different agency sizes, based on municipality. Kronenfeld offers using calls for service vs population. Want to capture representation of slower services. Pabellon adds that most committees only make subcommittees consisting of 3-4 people; the idea of a subcommittee is zeroing in on small discreet issue that can be completed in a period of time. The proposed subcommittee does not have set goal, so Kronenfeld asks if it is more of an advisory "board" than subcommittee. Pabellon adds that if subcommittee will go on through the years, recommends creating smaller subcommittees. Goff asks if work that group does dictates its structure as an advisory body vs a subcommittee. Pabellon says it depends on the charge of the subcommittees. Commission can then assign the tasks to subcommittees to address issues that have come up. Option could be to create subcommittee(s) to address issues as they come up. Other final option would be to ask staff in Commission to handle leg work. Kronenfeld asks what is the true objective or true mission of the proposed advisory committee. Do we really need a subcommittee at all, or can DCEMS office do the task-oriented jobs? Plotkin thinks Meier would be great at supporting that kind of function. Ziegler adds that the same conversation has come up before where the same people are at all the same meetings and the same conversations are had. Ziegler agrees

that this is a valid point. DCEMS office is already hosting monthly EMS chiefs meeting and public safety chiefs meetings. Plotkin asks if Meier thinks that could be a viable option. Meier says yes, that the DCEMS office has already built the relationships with the stakeholders and is already doing the legwork. Ziegler asks if this proposed group could meet as a meeting of the whole; committee of the whole is more of a general discussion on items where no votes or actions are taken. Pabellon says it would limit the body to receiving information rather than making decisions. Plotkin says if we consider no subcommittees as an option, would also propose meeting more often than every other month as it is right now. McCarville says that we could always start with removing subcommittees and seeing how it goes, then evaluate 6-8 months down the road; subcommittee structure can be reintroduced if needed. Kronenfeld thinks that unless there is a specific ask of a subcommittee it would be easier to just remove the subcommittees. Plotkin will be in touch with Meier to address logistics. Plotkin asks if there are actions needed to take to dissolve subcommittees. Board office can provide documentation for the subcommittees. Plotkin will work with Meier and County Board office to review info. Pabellon's recommendation would be to run subcommittees as usual until figuring out what steps are going forward. Meier asks, can subcommittees be put on "hiatus" while trying this new structure of task-oriented objectives being done through the DCEMS office. Pabellon says it's really up to the chairs of the subcommittees to communicate to members; there is no obligation to meet if chair decides not to convene the subcommittee. Plotkin adds to make sure wording does not diminish efforts put forth by the subcommittees. Kronenfeld and Ziegler to work with Meier on addressing this and sending message to subcommittee members.

Crisis Response Team Update - Chief Stedman MFD

Chief Stedman shares information on the Community Alternative Response Emergency Services: "CARES" Team. Been working on creation for about 6 months. City of Madison and DC mental health crisis response model has been primarily law-enforcement driven. Research found most patient-centered approach was not sending armed officers. On average, officers spend about 3x more time on mental health calls than on regular calls. Mayor and City Council asked MFD to create a mobile response team to respond to a wide range of non-violent, mental health related crises. Will be community paramedic and trained mental health counselor. Is a partnership among Dane County Human Services (DCHS), Madison Fire, Journey Mental Health, and Dane County 911. Crisis response team given true statutory authority has to be through county, so DCHS contracts through Journey Mental Health. Contract exists with MFD and MOU with Journey Mental Health. Important relationship also with 911 center; been in conversations with 911 on vetting these calls. Phase one implementation scaled down to particular days and times starting in August, Monday through Friday 11am-7pm and only in central district, based out of station 3. Chose central district because data from Madison Police Department shows that there are significantly more calls received from that district for mental health. Data also shows those days and times are the most active for those incidents. Stedman to share informational Powerpoint with Meier. Stedman says in talking with 911, will be erring on side of caution initially and send patrol officer with crew until safety is established. They will not just refer patient to Journey Mental Health, will be whoever in community can provide proper resources to assist individual. MFD trying to frame this as what the acronym says, an alternative response to law enforcement in certain instances. Bauman asks if team will have ability to do a transport if needed alternative to rig or squad. MFD have refashioned a van that will be used for now until they can purchase sprinter van. Ultimately will be able to take them wherever they would like to go, or where they need to go. Goff asks what types of objections were faced in the process. Stedman says it was always more misconceptions. MPD has had good mental health officers for years that work with Journey Mental Health, but now this team can take those issues off PD's plate. Concerns have also been that referrals will only go through Journey. There have also been requests to have diverse team responding to events – people of color, bilingual, etc. It's been a hot topic around the country in general to have law enforcement respond less, so there has been a lot of support. Lohmeier thanks Stedman for sharing the information, and asks what additional burden will be put on MFD based on call numbers they're looking at. Stedman says there is difficulty in comparing data for calls MFD was already going on because MFD and MPD use different incident numbers. Not too worried about pace because of initial limitation of time and days available. Lohmeier asks if there is a task force taking several calls a day handling difficult situations, what kind of support will be there for the team members. This is initially starting at city-level, but they are hoping to go countywide. Will be tracking a lot of data, including calls being missed because team is on scene for longer periods of time. Call center is already flagging incidents that may fall under this purview to get an idea of the volume. Bixler adds that there is an understanding that this is an important project and sees that it will have far-reaching positive impacts. Stedman adds he is hopeful that county will be able to eventually budget mental health practitioners to sit in the 911 center to assist in triaging difficult calls. Plotkin says that this commission can help with advocating to county board to have additional staff added to call center going into 2022. Ziegler asks if call center is asking same questions as before. Bixler says no, they are still gathering the same information but making notes on cases. Stedman says check person calls may also be included initially and then will evaluate the value of those. Have been assigned data analysts from the city to evaluate the pilot period. Kronenfeld says MFD may be able to work with Epic to get read-only patient records for community medics.

Stedman asks if Anderson will also be included in data analysis, and Meier and Anderson agree he is always happy to lend his assistance. Plotkin asks to have Stedman report back to committee in September on beginning of pilot. Kronenfeld adds she can work with Bixler to help with nurse triaging in call center.

Annual Report

Chair Plotkin would like to submit report annually in time to be relevant for any county board budget discussion. Plotkin asks members to review previous annual report and possibly meet back in June to finalize items. No feedback was heard from other committees. Anderson says we could pull together a lot of mental health data to help support additional members being hired in 911. Meier says there is training to come for public safety agencies in active threat response. Anything that could possibly tie back to Covid funds may also be easier to secure money for. Past successes: cardiac arrest, pandemic response. Current work: Active threat training. Future goals and recommendations: support for mental health response teams, in context of expanding community resources and appropriate utilization of public safety response, keep staffing and service sharing goals. Will think about what the ask to county board will be. Emphasis on following up on document, not just putting draft together for the sake of putting it together. Skip Chief's Survey. Data Points: Keep call types, keep cardiac arrests, incorporate drug/alcohol information in goals. Goff adds including analysis on data points. Anderson suggests including all the information for this group and disseminating to partners, but only keeping work product to two pages. Plotkin will work with DCEMS office to have a draft made for end of June and will reconvene commission.

D. Presentations

E. Reports to Committee

Report from DCEMS office: R30 arriving this summer. Partnership exists with MFD to use medication vending machines at hospitals allowing quicker turnaround with ambulances in service and bulk buying; the pilot is almost at 6 months in. Anderson working on updating MCI plan, reviewing active threat document, and reviewing ESF functions in EM office for Plan of Work. The Cardiac Arrest Survivor Breakfast is scheduled for October to celebrate two years' worth of cardiac arrest survivors. Kronenfeld talks about expansion of PulsePoint Verified Responder program. MFD piloted program over last couple years utilizing off-duty medics to respond to cardiac arrests in any location. Would like to expand this program countywide, using EMS personnel to be notified of cardiac arrests. Vetting process would just be allowing public safety responders only. They would still be responding as good samaritans. None of these community members would be operating in any kind of first responder capacity, only as bystanders. Lohmeier shares he is a verified responder and sharing it with rest of county is great idea. Question was posed about rapid access to AED's. MFD had program to get all verified responders an AED to respond to calls. Anderson adds that there is data that can be used to support this expansion in the annual report, and 911 center will still vet scene safety to determine PulsePoint activation. Kronenfeld and DCEMS office will throw together proposals to bring to June Commission meeting and ask for written support from Commission to take to County Executive.

Anderson will share CARES data with members and bring back to discussion for June meeting.

F. Future Meeting Items and Dates

G. Public Comment on Items not on the Agenda

H. Such Other Business as Allowed by Law

I. Adjourn

The meeting was adjourned at 7:13pm.

Minutes respectfully submitted by Courtney Morency.