1. **POLICY**

The Riverside Fire Authority (RFA) is dedicated to enhancing the health and well-being of the community it serves. The CARES (Community Assistance, Referrals, and Education Services) Community Paramedicine program represents an innovative approach to healthcare, leveraging the skills and expertise of paramedics to provide non-emergency medical services, focusing on preventive care, chronic disease management, and reducing the burden on emergency services.

1. **PURPOSE**

The purpose of this policy document is to establish comprehensive guidelines and procedures for the implementation and operation of the CARES Community Paramedicine program. The goal is to provide high-quality, patient-centered care that improves health outcomes, reduces healthcare costs, and enhances the overall quality of life for community members.

1. **SCOPE**

This policy applies to all personnel involved in the CARES Community Paramedicine program, including paramedics, administrative staff, and partnering healthcare providers. It outlines the roles and responsibilities, operational procedures, and standards of care expected from all participants.

1. **DEFINITIONS**

**Brief Contact**: An individual that the RFA CARES team has had 1-3 encounters with, either in person, virtually, phone or text.

**Behavioral Health Crisis** (as defined by WAC 182-538D-0200): an actual or perceived urgent or emergent situation that occurs when an individual’s stability or functioning is disrupted; and there is an immediate need to resolve the situation to prevent a serious deterioration in the individual’s mental or physical health; or the need for referral to a significantly higher level of care.

**Behavioral Health Issues** (BHI): refers to behavior that suggests sensory, mental, or physical impairment as a result of a mental illness, mental health disorder, substance use disorder and/or co- occurring issues.

**CARES team** refers to people working with or within the Riverside Fire Authority Fire as part of the RFA CARES program. The CARES team consists of one or more RFA CARES Providers and may work with a Lead Community Support Specialist, other Community Support Specialists, Case Managers, or Substance Use Disorder Professionals, the RFA EMS Coordinator, RFA Physician Assistant, and the Lewis County Medical Program Director. The RFA CARES team works closely with the Lewis County Crisis Team and Cascade Community Healthcare.

**Care Coordination**: Less intensive intervention process that involves notifying or activating existing client systems of support.

**Case Management**: The comprehensive process of actively working to address client needs in partnership with other individuals, case managers, agencies, service providers, and groups.

**Release of Information**: the dissemination of confidential information with client consent typically by written authorization by a client or a client’s legal representative.

**Contact**: a general category; any individual the RFA CARES team provides assistance to. Contacts may be brief contacts, ongoing contacts, or program participants.

**Crisis Team**: responders from Cascade Community Healthcare’s Lewis County Crisis Team who are designated by their agency to respond to acute behavioral health related events.

**Designated Crisis Responder (DCR**): a person who has an advanced degree in mental health, is licensed to practice independently in the state of Washington, and has been designated as having the authority to authorize 120-hour detentions, petitions for relocation, and assisted outpatient treatment. DCRs in Lewis County work for Great Rivers BHASO and are shared between 4 other counties. They may be requested by the LC Crisis Team.

**High-Utilization Patient:** An individual who has utilized the EMS services of a participating fire agency, AND who has requested medical assistance from that fire agency more than 2 times in any 3 day or 30 day period in the preceding 6 months, OR who has requested medical assistance from that fire agency more than 5 times in the preceding 12 month period.

**Vulnerable Populations**: individuals and groups who are at a greater risk for poor healthcare access and healthcare outcomes, experience significant disparities in life expectancy, limited access to and use of healthcare services, increased morbidity and mortality.

**Ongoing Contact**: An individual that the CARES team has had four or more encounters with, either in person or by phone. Contacts may be offered case management or care coordination at discretion of the CARES Coordinator or Community Paramedic.

**Outreach:** Efforts the CARES team makes to contact and assist individuals referred to their attention.

**Program Participant:** Any individual who is receiving, or has received, case management from the RFA CARES team. Program participants are encouraged to sign a release of information for the purposes of multi-agency care coordination.

**Recovery Navigator**: A Mental Health Professional or an individual with professional experience working with people with behavioral health disorders who assists community members by connecting people to behavioral health resources and services.

Navigators also work with family members of people with behavioral health disorders, caregivers, service providers, prosecutors, defense attorneys, and court personnel to share resource information and promote access to care. Navigators do not perform mental health treatment services, are not medical providers, and do not perform assessments or provide clinical services.

**CARES Referral:** a request for consultation, review, or further action for community members identified for CARES service.

**Service Referral**: the directing of a contact to a needed or requested service, resource, or support.

**Connection**: the directing of a contact to a needed or requested service, resource, or support resulting in the service, resource, support being obtained.

**Gravely disabled (RCW 71.05.020):** means a condition in which a person, as a result of a behavioral health disorder: (a) Is in danger of serious physical harm resulting from a failure to provide for his or her own essential human needs of health or safety; or (b) manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.

**Imminent (RCW 71.05.020)**: the state or condition of being likely to occur at any moment or near at hand, rather than distant or remote.

**Likelihood of serious harm (RCW 71.05.020):** (a) A substantial risk that: Physical harm will be inflicted by a person upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself.

**Safety plan**: an individualized plan comprised of six core elements that is collaboratively developed with people who are determined to be at risk for suicide.

**SUDP**: Substance Use Disorder Professional

**MAT**: Medication Assisted Treatment

1. **KEY CARES PERSONNEL**

The RFA CARES program is a multi-disciplinary mobile integrated health team operated by the Riverside Fire Authority. Key personnel include:

* 1. Community Paramedic
	2. Community Health Worker
	3. CARES Coordinator
	4. Advance Practice Provider

See Appendix A for descriptive information referencing responsibilities and essential job functions.

1. **OPERATIONS**
	1. **Goals**

The operational goals of the RFA CARES team include:

* + 1. Connecting individuals with unmet primary care needs, behavioral health or substance use issues, experiencing crisis, or at risk of crisis to social services and treatment.
		2. Reducing emergency response personnel time spent on behavioral health and substance use related calls.
		3. Reducing frequent utilization of the 911 system by individuals with complex challenges or limited means of access to other services.
		4. Improving behavioral health and substance use services by identifying treatment gaps in the county and promoting new approaches.
		5. Providing limited case management to individuals with particularly challenging cases or environments who may have limited access to outside services.
		6. Providing in-home risk evaluations and recommendations for risk reduction to elderly and vulnerable adults.
	1. **CARES Team Operational Hours**

The CARES team’s hours may vary based on needs but will generally be 0800 to 1800. The CARES Coordinator will maintain a shared team calendar that lists meetings, events, ride-alongs, etc. Similar to administrative staff, the CARES Team may flex weekly hours to better fit the needs of the patients and to meet weekly targets at the discretion of the CARES Coordinator.

During regular working hours the CARES team will start at 0800 daily and will check voicemails, emails, and incoming CARES referrals.

At the beginning of the shift, the CARES team will conduct a daily collaborative meeting to review incoming requests and CARES referrals and triage according to severity, urgency, geographical location, and other agency involvement as well as existing case management activities daily. The CARES team will subsequently develop a daily outreach schedule/response plan. The CARES team will follow up with referents as able to gather additional information and notify of plan of action.

The CARES team will generally conclude field activity at 1600 daily and return to the station to complete days’ end meeting/information sharing, documentation/charting, and data entry. The CARES team will attempt to complete documentation/charting for the week by the end of that work week. Time may be flexed to ensure completion of weekly documentation/charting.

* 1. **CARES Staffing**

The CARES team will be considered fully in-service when staffed by two providers; this may include any member(s) of the CARES team, RFA volunteer responders, off-duty line personnel, administrative staff, or other responders at the approval of the Fire Chief and CARES Coordinator.

In the event the CARES team is not fully in-service, CARES activities will generally be limited to telephone or electronic consultation. In person meetings may be held on a case-by-case basis with responder safety plan in place. Alternatively, in-person meetings can be held in public locations, at the discretion of the CARES team member.

* 1. **Geographical Boundaries**

The CARES team is designed to provide service to those individuals living within the geographical boundaries of the Riverside Fire Authority.

* 1. **CARES Referrals**
		1. INTERNAL REFERRALS

The CARES team may be requested by any member of the RFA who has direct and immediate knowledge of an individual requiring CARES assistance. Direct and immediate knowledge means having firsthand, personal knowledge as a result of a 911 response or having supervisory authority of the same and having received a report through the organization’s typical chain of command and/or reporting.

* + 1. EXTERNAL REFERRALS

The CARES team may be requested by school counselors or principals for non-urgent requests. In the event that an urgent or immediate request is made by a school official, this should be handled as a 911 call and dispatched through established EMS or LE channels as appropriate.

The CARES team may be requested by Designated Crisis Responders and other members of the Lewis County Mobile Crisis Teams for non- urgent requests. In the event that an urgent or immediate request is made by a DCR or member of a Mobile Crisis team, this should be handled as a 911 call and dispatched through established EMS or LE channels as appropriate.

Regardless of referral source, the CARES team will make attempts to locate and engage identified clients through a minimum of (2) assertive efforts including, but not limited to, in-person contact in the field either on scene, at the home or location of residence, by phone, and through referent or collateral contacts as determined appropriate and necessary.

* + 1. REFERRAL PROCEDURE

RFA Personnel may make CARES referrals via three distinct methods based on the urgency of need:

* + - 1. NON-URGENT REFERRALS

Non-urgent referrals are those related to issues that do not immediately affect the health or safety of the subject in question. The time standard for responding to non-urgent referrals is **3 business days** from referral receipt by the CARES team during regular business hours**.**

Non-urgent referrals should be submitted either via the “CARES Referral” dropdown menu in FDSU, direct phone call to CARES Coordinator or CARES Paramedic, or via email to the assigned CARES inbox. Regardless of notification methodology, fire and EMS referrals generated during a 911 response requiring a patient care report must include a brief description of the cause for the referral in the fire report narrative.

* + - 1. URGENT REFERRALS

Urgent referrals are those related to issues that do not immediately affect the health or safety of the subject in question, but are assessed as high risk and may develop quickly into a health or safety threat. The time standard for responding to urgent referrals is **1 business day** from receipt by the CARES team during regular business hours**.**

Urgent referrals should be submitted by direct contact with the CARES Coordinator or CARES Paramedic. Regardless of notification methodology, fire and EMS referrals generated during a 911 response requiring a patient report must include a brief description of the cause for the referral and identified needs included as part of the fire incident narrative.

* + - 1. IMMEDIATE REFERRALS

Immediate field-based or on-scene response requests are those related to EMS provider request for a CARES team response where there is a belief that the patient has a condition that could be treated or improved by an immediate CARES team response and the patient either requests a CARES team or the EMS provider believes there is a high likelihood that the patient would request a CARES response.

Immediate response requests will be treated as 911 calls and will take precedence over other work.

Immediate response requests may only be made during the regular service hours of the CARES team.

Immediate response requests should be made via direct telephone call to the CARES team or through unit dispatch through Central Dispatch.

* + - 1. INFORMATION NEEDED

Requesting personnel should be prepared to provide the following information, if available:

* Referent name
* Address or location
* Units already on scene
* Other related persons on scene
* Patient’s name, date of birth, physical description
* General circumstances of the incident requiring a response/Nature of the crisis
* Known diagnosis/triggers/medications
* Known history or current evidence of violence, weapons, or other safety concerns
* Known supports/services
* What has helped during previous contacts?
* Priority or non-priority response
	1. **CARES Team Response**

When responding to an urgent or non-urgent request at a non- public location or a patient/subject’s home, the CARES team will notify Central Dispatch via radio of their location.

When responding to an immediate response request, the CARES team will place themselves in service with Central via radio and request that they be attached to the existing call. All times and activities will be recorded in FDSU as appropriate.

* + 1. CARES TEAM AS EMS RESPONSE:

During times of peak system utilization where front-line EMS personnel are engaged in emergency responses, and when available, the CARES team may respond to 911 activations as last out ALS response. They may respond as a single paramedic response or may rendezvous with another EMS responder and staff an ambulance. They may also standby as an EMS resource at large scale fire or EMS incidents.

* 1. **Daily Operating Procedure**:
		1. At the beginning of each shift, the CARES team will collectively review all incoming referrals to evaluate compliance with CARES criteria and to decide on acceptance for intervention. They will also formulate an outreach response plan aligned with best practices and the specific expertise of each team member. Daily collaborative meetings will additionally serve to evaluate the progress of case plans for current program participants.
		2. The CARES team will collaboratively develop a daily outreach schedule/response plan based on referral acuity, existing program participant needs, and competing priorities. The CARES team will respond to all CARES referrals within specified timeframes: prioritize field requests requiring immediate response, 1 business day for urgent referrals, and 3 business days for non-urgent referrals. In addition to other tools, the CARES team will utilize a system of documentation for CARES contacts. Specific tasks such as the client interview, establishing rapport, gathering history, etc. are often determined by the unique aspects of the case and of the client.
		3. The CARES team will utilize the dedicated CARES email or CARES phone for all client related correspondence to maintain continuity of care, confidentiality, accurate documentation/charting, and accurate data collection across team activities.
		4. The CARES team will complete documentation of all activities, including participant and collateral contacts, within 96 hours of the contact.
		5. The CARES Coordinator is responsible for tracking and reporting data related to the CARES Program. All other CARES team members will maintain appropriate records of contacts and activities completed in the CARES documentation system.
		6. After completing initial assessments and immediately necessary interventions to preserve life, health, or safety, the goal of the CARES team is to provide temporary and stabilizing care to bridge the gap to refer to more capable care providers who might offer more appropriate alternatives to Emergency Department care.

Such providers may include, but are not limited to:

* Primary or Urgent Care providers
* Behavioral health providers
* Non-hospital medical providers
* Substance use treatment facilities and programs
* Community support resources
* Governmental agencies
* Non-governmental agencies
1. **Case Management and Care Coordination**:

Case management for the RFA CARES program will be provided by RFA CARES Providers and may be clinical or non-clinical in nature. All individuals offered case management should be encouraged to sign a release of information; all case management includes a care plan.

*Case management* may be initiated through the CARES referral process on an as needed basis at the discretion of the CARES Coordinator and the Community Paramedic. Case management entails actively working to address client needs in partnership with other individuals, case managers, agencies, service providers, and groups.

*Care coordination* may be initiated without a CARES referral and/or active case management and involves notifying or activating existing client systems of support.

Both case management and care coordination are typically short-term interventions purposed with stabilization to baseline functioning. Both interventions, resulting collaborative contacts, and associated activities are led and directed by the CARES Coordinator and Community Paramedic. The goal will be to manage these patients for less than three months at maximum to get them to stabilize them until they can establish with local community resources.

Clients with exceptional needs may remain ongoing contacts and receive some measure of outreach for months or occasionally longer without formal case management services.

While it is understood that a subsection of individuals referred to the CARES team will require some level of casework by the CARES Team, this should generally be the exception.

The decision to offer or terminate case management services will be at the discretion of the CARES Coordinator provided that the Fire Chief may decide to terminate case management services for individuals as needed for the well-being of the organization or its staff members.

When identified goals have been achieved or if a client actively declines to engage services, case management and/or care coordination services will be terminated. The determination to terminate a CARES intervention is made at the discretion of the Community Paramedic, CARES Coordinator, APP or the Fire Chief.

1. **DOCUMENTATION**
	1. All interactions and activities between the CARES team and subjects, participants, or patients must be documented.
	2. Any medical care provided shall be documented in the EHR module; other contacts and activities shall be documented using the CARES documentation system or a similar case management software platform or electronic health record.
	3. Release of Information forms for case management and care coordination are strongly encouraged and will be executed when deemed necessary by the CARES Team.

Subjects should be notified that while failure to authorize the release of information is not grounds for denial of any care, it may cause challenges in facilitating care and negatively affect the outcomes of CARES services

1. **Mandated Reporting**

In Washington, mandatory reporters are required to report abuse or neglect. CARES team staff meet mandated reporting requirements as follows:

* 1. Per mandated reporting laws, CARES team personnel shall immediately notify the WA State Department of Social and Health Services (DSHS) or other appropriate agency as required when there is reasonable cause to believe that abandonment, abuse, financial exploitation, and/or neglect of a vulnerable adult has occurred.
	2. Per mandated reporting laws, CARES team personnel shall immediately notify the WA State Department of Children, Youth and Families, Child Protective Services (CPS) or other appropriate agency as required when there is reasonable cause to believe that abuse or neglect of a child has occurred.
1. **Suicide Intervention and Prevention**
	1. If the CARES team determines that an individual is demonstrating the likelihood of serious harm\* or is at imminent\* risk of engaging in life-threatening behavior(s), they shall immediately request law enforcement and EMS to ensure scene safety and the provision of appropriate emergency medical care.
	2. Upon ensuring the scene is safe, CARES personnel shall:
* Maintain individual in direct observational sight.
* If possible, practice verbal de-escalation techniques integrating recognition of suicidal thinking.
* If possible, limit access to lethal means, such as medications, firearms, sharps, etc.
* As available, consider request for Lewis County Crisis Team response.
* As available, provide onsite support to the individual at the hospital, including activation of natural supports and resources, until admission is initiated.
* If appropriate, offer a release of information for information sharing and care coordination.
* If possible, a CARES team member will follow up pre-discharge from the hospital as able to participate in safety and discharge planning.
	1. If personnel are unable to ensure scene safety or if the scene is determined to be unsafe at any time, personnel shall stage for law enforcement or withdraw from the scene and await the arrival of law enforcement personnel to ensure scene safety.
	2. After discharge from an inpatient hospital stay or from an emergency department, the CARES team will follow up as soon as possible, ideally within 72 hours of discharge, to ensure proper connection to behavioral health services and support, and to review the discharge safety plan.
	3. CARES will seek to implement the following best practices to prevent suicide and decrease suicide risk to the communities served, as time and resources allow:
* Advocate for the creation of protective environments e.g., expand opportunities for connection (warm-lines, reconnecting with supportive persons), share Lewis County crisis contact center resource 988, work on reducing access to lethal means among at risk persons.
* Provide psychoeducation, training, and support to first responders and community members about suicide awareness and prevention.
* Encourage the use of release of information documents to facilitate information sharing and care coordination.
1. **CARES apparatus and transport**
	1. While the CARES apparatus is not intended primarily as a transport vehicle, it may, at the discretion and agreement of the CARES team members, be used to transport members of the public to facilitate treatment, care, or other necessities.
	2. All personnel riding in a fire department apparatus shall be properly restrained in accordance with existing fire district policies. Children riding in a fire department apparatus shall be restrained in an age- and size-appropriate child’s seat, booster, or similar as dictated by Washington State law.
	3. Transportation of members of the public should generally be limited to addressing immediate needs affecting the individuals’ mental or physical health.
	4. The CARES team will not provide transport for the following:
* Individuals experiencing an acute behavioral health crisis requiring hospitalization,
* Individuals being detained by law enforcement or whom require an involuntary hold,
* Individuals who are acutely intoxicated and present a risk of harm to themselves or others.
1. **Billing**

Recipients of any CARES services may be billed in accordance with Washington state and federal law. Residents of the RFA may have their applicable insurance carrier(s) billed or be billed directly. Any resident of the RFA will not be assessed a private balance- any remaining balance will be automatically written off.

1. **CARES COORDINATOR & ADVANCED PRACTICE PROVIDER & COMMUNITY HEALTH WORKER COMPENSATION**

When the role of CARES Coordinator is fulfilled by a member of Local 451, compensation shall be determined within the collective bargaining agreement.

The compensation provided to the Advanced Practice Provider shall be determined prior to the hiring/selection process for the position.

The compensation provided to the CARES Community Health Worker shall be determined prior to the hiring/selection process for the position.

**Appendix A**

Key Personnel Responsibilities and Essential Job Functions

Community Paramedic

Community Health Worker

CARES Coordinator

Advance Practice Provider

**Community Paramedic**

The Community Paramedic will be responsible for the delivery of Community Paramedic (Mobile Integrated Healthcare) services as part of the Riverside Fire Authority Community Assistance Resource & Education Services (CARES) Program. This position will be held by an experienced EMS field provider who works alongside the CARES Coordinator and other specialists to provide medical evaluation, stabilization, social services interventions, and advocacy services for individuals and families as requested by RFA personnel and/or other referral pathways. Additionally, this position will assist with reporting requirements and coordination with community partners.

This position is assigned to a 40-hour work week with a schedule that may vary based

on the needs of the Fire Authority.

Level of Responsibility:

The Community Paramedic may manage a caseload of clients enrolled in the CARES Program and/or respond to incidents with the LC Crisis Team or other Fire Authority resources for urgent and non-urgent assessment and treatment of patients with various medical, mental health, and social needs. The Community Paramedic is expected to work closely with all members of the Fire Authority to accomplish its goals. The Community Paramedic will work independently and as part of team to deliver mobile integrated health assessments and care as well as delivering messages through various platforms for purposes of public safety education and information. The Community Paramedic will report directly to the CARES Coordinator.

Essential Job Functions:

* Maintains Washington State Paramedic certification.
* Obtains certification as a Washington State Community Health Worker.
* Responds to emergency and non-emergency incidents as directed.
* Evaluates the performance of the CARES Program and makes recommendations to the CARES Coordinator.
* Maintains records, data, and EMS materials in association with the CARES and co-responder programs.
* Assists in research, development, planning, and scheduling related to the CARES and Co-Responder programs.
* Performs research and development of new equipment, technology and treatment modalities as related to the CARES and Co-responder programs.
* Develops or obtains EMS programs or materials as related to the assigned programs.
* Manages resources within budget areas.
* Acts as primary operational communication point between crews and patients enrolled in the CARES program.
* Attends EMS training, drills, and seminars for self-development and skills maintenance.
* Act as a primary social services connector.
* Builds positive and productive relationships with citizens/patients as well as community partners.
* Identifies unmet needs and assists with social and health connections for individuals, within the scope of the programs.
* Reviews and analyzes referrals.
* Perform initial and follow-up visits with citizens.
* Accurately and comprehensively documents patient contacts using related records management systems and programs and supporting technology.
* Compiles complete and usable patient files and data.
* Compiles EMS response data to assist in determining on-going community risk profile.
* Attendance at required meetings.
* Participates in meetings, committees, programs, and projects within and outside the Fire Authority as assigned.
* Performs other special projects and work as assigned.

Controls over work:

The Community Paramedic works with, but under the general supervision of the CARES Coordinator, who evaluates work for conformance to departmental policy and effectiveness. The community paramedic works closely as a team with members of the RFA and community partner agencies.

**Community Health Worker**

The Community Health Worker will support direct case management and perform intake and referral processes as part of our Community Assistance Referral Education Service (CARES) Program. The Riverside Fire Authority seeks to connect community members in need with appropriate local resources. This role will bridge the gap in situations where patients historically fall through the cracks and do not get connected with necessary services. This position is assigned to a 20-hour work week with a schedule that may vary based on the needs of the Fire Authority.

Level of Responsibility:

The Community Health Worker may assist the Community Paramedic with a caseload of clients enrolled in the CARES Program and/or respond to incidents with the LC Crisis Team or other Fire Authority resources for urgent and non-urgent assessment and treatment of patients with various medical, mental health, and social needs. The Community Health Worker is expected to work closely with all members of the Fire Authority to accomplish its goals. The Community Health Worker will work independently and as part of team to deliver social assessments and care as well as delivering messages through various platforms for purposes of public safety education and information. The Community Health Worker will report directly to the CARES Coordinator and the on-duty Community Paramedic.

Essential Job Functions:

* Maintains Washington State Emergency Medical Responder certification.
* Maintains Washington DOH Community Health Worker certification
* Responds to emergency and non-emergency incidents as directed.
* Build strong relationships with local and regional social services that can benefit the community members of the Fire Authority.
* Document and track all community member contact and progress in accordance with SCF documenting systems.
* Identify resources and services for community members in need including mental/behavioral health, substance use, homelessness/housing, financial, and other social service needs.
* Connect community members to appropriate resources and ensure follow through.
* Assist and advocate for community members with scheduling appointments, arranging transportation, complete applications for programs for which they may be eligible, etc.
* Conduct intakes to assess the needs of community members to determine the appropriate type of community and/or clinical support.
* Collaborate with providers and systems to reduce barriers and inequities related to the health and cultural needs of the individual and community/population being served.
* Provide appropriate health education and information to support the community members’ engagement in healthy behaviors and lifestyle choices.
* Facilitate secure transition of care by ensuring needed services and supports are in place.
* Demonstrate respect for diversity and a commitment to developing cultural humility.
* Develop and document individualized response plans for community member and households.
* Maintains printed and electronic files, and correspondence adhering to HIPPA laws.
* Perform other work-related duties as assigned.

Controls over work:

The Community Health Worker works under the general supervision of the CARES Coordinator, who evaluates work for conformance to departmental policy and effectiveness. The Community Health Worker works with and assists the Community Paramedic

**CARES Coordinator**

The CARES Coordinator will be responsible for the delivery of services and the administration of the Riverside Fire Authority Community Assistance Resource & Education Services (CARES) Program. This position will be held by an RFA Officer who oversees the work of the Community Paramedic, Community Health Worker, and other specialists to provide medical evaluation, stabilization, social services interventions, and advocacy services for individuals and families as requested by RFA personnel and/or other referral pathways. Additionally, this position will assist with reporting requirements and coordination with community partners.

This position is assigned to a variable schedule that may vary based on the needs of the Fire Authority.

Level of Responsibility:

The CARES Coordinator has ultimate responsibility for the work of the CARES Program Team and oversees daily operations and performance. The CARES Coordinator guides and mentors team members, ensuring adherence to RFA policies, and achieving program goals. Fire Authority resources for urgent and non-urgent assessment and treatment of patients with various medical, mental health, and social needs. The CARES Coordinator is expected to work closely with the CARES Team and all members of the Fire Authority to accomplish its goals. The CARES Coordinator will report directly to the Fire Chief.

Essential Job Functions:

* Maintains Accountability of the RFA CARES Program
* Develops and implements CARES Program budget
* Provides CARES Program planning
* Responds to emergency and non-emergency incidents as required.
* Evaluates the performance of the CARES Program and makes recommendations to the Fire Chief
* Maintains records, data, and EMS materials in association with the CARES and Co-Responder programs.
* Oversees and performs research, development, planning, and scheduling related to the CARES and Co-Responder programs.
* Performs research and development of new equipment, technology and treatment modalities as related to the CARES and Co-Responder programs.
* Develops or obtains EMS programs or materials as related to the assigned programs.
* Acts as primary operational communication point between the Chiefs, the line EMS providers and the CARES Team
* Attends related training, drills, and seminars for self-development and skills maintenance.
* Builds positive and productive relationships with citizens/patients as well as community partners
* Ensures program maintains accurate and comprehensive documents of patient contacts using related records management systems and programs and supporting technology.
* Compiles complete and usable patient files and data.
* Compiles EMS response data to assist in determining on-going community risk profile.
* Attendance of required meetings.
* Participates in meetings, committees, programs, and projects within and outside the Fire Authority as assigned.
* Performs other special projects and work as assigned.
* Oversees quality assurance/quality improvement of the CARES Program

Controls over work:

The CARES Coordinator works with, but under the general supervision of the Fire Chief, who evaluates work for conformance to departmental policy and effectiveness. The CARES Coordinator works closely as part of a team with members of the RFA and community partner agencies.

**Advanced Practice Provider**

The Advanced Practice Provider (APP) will be responsible for the delivery of Community Mobile Integrated Healthcare services as part of the Riverside Fire Authority Community Assistance Resource & Education Services (CARES) Program. This position will be held by a Physician Assistant (Physician Associate) or Nurse Practitioner who works alongside the CARES Coordinator, Community Paramedic, Community Health Worker and other specialists to provide medical evaluation, stabilization, social services interventions, and advocacy services for individuals and families as requested by RFA personnel and/or other referral pathways. Additionally, this position will assist with reporting requirements and coordination with community partners.

This position is assigned to a variable-hour work week based on the needs of the Fire Authority.

Level of Responsibility:

The APP may provide medical management of clients enrolled in the CARES Program and/or respond to incidents with the RFA CARES Team or other Fire Authority resources for urgent and non-urgent assessment and treatment of patients with various medical, mental health, and social needs. The APP is expected to work closely with all members of the Fire Authority to accomplish its goals. The APP will work independently and as part of team to deliver mobile stabilizing primary and urgent care as well as delivering messages through various platforms for the purposes of public safety education and information. The APP will report directly to the CARES Coordinator.

Essential Job Functions:

* Provide high-quality, patient-centered care in the mobile integrated healthcare setting.
* Conduct thorough patient assessments, including history taking, physical examinations, and diagnostic testing.
* Diagnose and treat a wide range of acute and chronic medical conditions.
* Prescribe medications and other treatments as appropriate.
* Perform minor procedures such as suturing, wound care, and splinting.
* Educate patients and families on health maintenance, disease prevention, and treatment plans.
* Collaborate with physicians, nurses, and other healthcare professionals to ensure comprehensive patient care.
* Maintain accurate and timely medical records using electronic health record (EHR) systems.
* Participate in quality improvement initiatives and continuing education opportunities.
* Responds to emergency and non-emergency incidents as directed.
* Evaluates the performance of the CARES Program and makes recommendations to the CARES Coordinator
* Maintains records, data, and EMS materials in association with the CARES and Co-Responder programs.
* Assists in research, development, planning, and scheduling related to the CARES and Co-Responder programs.
* Performs research and development of new equipment, technology and treatment modalities as related to the CARES and Co-Responder programs.
* Attends continuing medical education and seminars for self-development and skills maintenance.
* Builds positive and productive relationships with citizens/patients as well as community partners
* Identifies unmet needs and assists with social and health connections for individuals, within the scope of the programs.
* Reviews and analyzes referrals.
* Compiles complete and usable patient files and data.
* Attendance at required meetings.
* Participates in meetings, committees, programs, and projects within and outside the Fire Authority as assigned.
* Performs other special projects and work as assigned.

Controls over work:

The APP works with, but under the general supervision of the CARES Coordinator, who evaluates work for conformance to departmental policy and effectiveness. The APP works closely as a team with members of the RFA and community partner agencies.