

Oregon Emergency Medical Services for Children Advisory Committee Meeting Summary

2025 Quarter 3 | August 2025



Slides and recording available upon request.

Appointed Committee Members		
Name	Position	Attendance
Tamara Bakewell	Family representative	Present
Sabrina Ballew	Patient equity organization representative or academic professional specializing in health equity	Present
Eric Blankenship	Trauma nurse coordinator or trauma program manager	Present
Carl Eriksson	Pediatric disaster/emergency preparedness representative	Present
Jennifer Eskridge	Injury prevention representative	Absent w/ notice
Rachel Ford	Oregon EMSC program manager	Present
Davi Hughes	Emergency medical services provider	Present
Nick Kaasa	Family representative	Present
Josh Marks	Emergency medical services provider	Present
David Lehrfeld	EMS Program representative	Present
Rebecca Marshall	Behavioral health representative	Absent w/o notice
Tiffany Peterson	Emergency care educator	Present
Justin Sales (Chairperson)	Physician specializing in the treatment of pediatric emergency patients	Present
Christa Schulz (Chairperson Elect)	Physician with pediatric experience	Present
Dana Selover	Oregon EMSC statewide project director	Present
Jacey Teeter	School-based health center representative or school nurse	Absent w/ notice
Misty Wadzeck (EMSAB Liaison)	Nurse with pediatric emergency experience	Absent w/o notice
Omar Washington	Physician specializing in the treatment of pediatric emergency patients	Present

1. Call to Order (Timestamp: 0902)

- Rachel Ford and chairperson Justin Sales gave a brief introduction. Justin shared slides on group expectations and norms and the public comment process.

2. Roll Call and Introductions (Timestamp: 0904)

- Committee members shared their names, positions, and favorite summer activities.
- Members of the OHA EMS Program present in the room introduced themselves.

- 3. Approve May 2025 Meeting Summary (Timestamp: 0908)**
- Draft summary was reviewed; no modifications were requested.
 - Motion to approve: Christa Schulz
 - Second: Sabrina Ballew
 - None opposed; motion carried.
- 4. EMS Program Update (Adam Wagner, OHA EMS Program) (Timestamp: 0910)**
- The EMS Program has faced a setback with EMS Modernization part two ([2025 Oregon House Bill 3572](#)) not passing. However, the program is still focusing on implementing EMS Modernization part one ([2024 Oregon House Bill 4081](#)).
 - The EMS Program plans to use its existing resources toward some EMS Modernization objectives: advisory board and committee work, time-sensitive emergency systems design, and transitions with regionalization, among others.
 - Some of the work described in HB 4081 will be paused until additional resources are available, such as behavioral health and long-term/senior care systems development, time-sensitive emergency systems implementation, and in-depth workforce studies.
 - Christa Schulz asked whether paused items were in the part two legislation. Adam answered that the paused work were outlined in part one and contingent on part two legislation financial support. Dana Selover added that the EMS Program is funded to cover current work but scope expansions will require further resources. The EMS Program will work on estimates of needed funding to provide to the legislature.
 - Eric Blankenship asked whether the regionalization transition will continue. Dana Selover responded that planning will continue, but implementation may be delayed.
- 5. EMSC Program Update (Rachel Ford) (Timestamp: 0921)**
- Peds Ready EMS launched on May 20. It is a voluntary recognition program; there is no fee to participate. Two agencies have been recognized. Rachel asked committee members to connect with agencies in their area and encourage them to apply.
 - Eric Blankenship requested an overview of the program requirements. Rachel responded that the application requires demographic information, attestations, description of a community outreach event, and identification of areas for growth. The information is submitted through a Smartsheet form.
 - Justin Sales asked whether there is a way to assess if agencies started the form without completing it. Nicole Perkins responded that is not currently possible to track in the Smartsheet system; the form needs to be submitted to capture.
 - Christa Schulz inquired about initial rollout and outreach. Rachel answered that notice was emailed to EMS transport agencies' Pediatric Emergency Care Coordinators.
 - Dana Selover asked whether renewal will be conducted on a rolling basis. Rachel answered that there will be a set renewal period every 2 years.
 - Tami Bakewell asked about collecting the dates of community outreach events to share with public health nurses in those areas.
ACTION: Rachel will collect community outreach event information.
 - Dana Selover added that a reminder could be included with annual ambulance service renewal. Rachel commented that many agencies are likely already meeting the recognition requirements.
 - Oregon EMS for Children collaborated with the Autism Society of Oregon to develop

sensory kits for EMS transport agencies, which can be used with patients of all ages. A virtual orientation was scheduled for August 12 ([Video Recording](#) | [Slides](#) | [Resource](#)).

- Christa Schulz asked whether Rachel had considered doing something similar for grief kits. Rachel said she had not and asked Christa to share more about the idea. Christa shared that in some emergency departments, when there is a pediatric death, the department has kits to give to families. Christa added that there have recently been severe pediatric cases in outlying smaller hospitals in her area and wanted to check if a program of this sort already exists.

ACTION: Rachel will post on the message board used by other state EMSC programs to see if there are resources like this available.

- Tami Bakewell commented that the Family-to-Family Health Information Center previously put together a [list of grief support resources](#) (books, support groups, etc.). Justin Sales mentioned that many hospitals have internal resources (often labeled 'child life' or 'care management' teams).
- c. Pediatric Readiness Program grand rounds are on break for the summer. An education session was scheduled for late August, "The Old Epidemics Never Go Away: Addressing the Epidemic of Unintentional Injury Among Children" ([Video Recording](#) | [Slides](#)).
- d. Three simulation-based team training events were held in June. Rachel assisted with the Coos Bay and Cottage Grove events.
- e. The Oregon EMSC Program is majority funded by the federal government through the Health Resources and Services Administration. As announced at the committee's May meeting, Oregon EMSC received a partial notice of award in March. In June, the program received the remaining funds for the 2025-26 grant year. This was much earlier than anticipated, though there is still no word on the program's future at the federal level.
- f. The EMS Program reviewed the EMSC section of EMS Modernization part 1 (now [Oregon Laws 2024 Chapter 32](#)) and categorized the requirements: 1) continue; 2) pause with potential for phased rollout; and 3) on hold until the necessary funding and staffing are available.

ACTION: Committee members are asked to review the requirements and current actions in each category and bring comments to the November meeting.

6. Committee Member Roundtable (Timestamp: 0949)

- a. Chairperson Justin Sales introduced the roundtable concept. Members shared updates relevant to their committee position.
 - Sabrina Ballew: Getting ready for vaccine events and a back-to-school block party. In September, there will be a Mental Health Summit in Ashland, including three-day mobile crisis training.
 - Davi Hughes: Preparing for Mercy Flights to submit the Peds Ready EMS application. Sabrina recently hosted Adverse Childhood Experiences training; intend to share education with the community.
 - Josh Marks: Doing back-to-school events, including handing out helmets at National Night Out. Education-wise, working to ensure all providers in agency have Pediatric Advanced Life Support training.
 - Tiffany Peterson: Working with agencies in Hood River County to identify safe routes for kids to walk and bike to school.
 - Nick Kaasa: The Arc of Oregon Training and Consultation program is working on an emergency preparedness training to be presented later this year.

- Tami Bakewell: Events mentioned by others during roundtable can be added to the Family-to-Family Health Information Center website. Working with families and OHA on a plain language medical dictionary that will be translated in several languages.
 - Omar Washington: Providence St. Vincent is finishing emergency department reconstruction. Continuing with ‘teddy bear clinic’ and behavioral health projects mentioned in previous meetings.
 - David Lehrfeld asked about wait times for pediatric behavioral health transfers. Omar answered that it varies: many patients are discharged; patients with psychiatric-only needs average waits less than three days, but patients that also have physical health needs can wait in the emergency department up to a week. Placement for kids under age 12 tends to take longer, up to two weeks.
 - David Lehrfeld: Serving as chair of the state EMS Advisory Board. Going into Quarter 3, focus is on EMS Modernization projects that do not require funding.
 - Rachel Ford: This committee’s workgroups (Heated High Flow and Children’s Behavioral Health) met in July. Both are doing research to determine next steps.
 - Justin Sales: Summers are busy and high-volume in the emergency department.
 - Carl Eriksson: Part of a research team doing simulations with EMS crews on pediatric emergencies. Also teaching personal preparedness workshops.
 - Dana Selover: EMS Program continues legislative and rulemaking work.
 - Christa Schulz: Continuing pediatric liaison work in the St. Charles system. Going to help revamp the pediatric disaster plan.
 - Eric Blankenship: St. Charles Bend recently completed their Level II trauma recertification survey. St. Charles integrated with The Center, which houses orthopedic and neurological care as well as athletic trainers that are going to do community education.
 - Rachel Ford commented that Oregon State is doing research with athletic trainers and pediatric ED visits.
- ACTION:** Rachel will send Eric contact information.

7. Youth Suicide Trends in Oregon (Roger Brubaker, OHA Youth Suicide Prevention Program) (Timestamp: 1030)

- a. Roger noted that the data derives from state-level public health reporting systems. 2024 data are preliminary and may change when finalized. Small numbers are associated with estimates of lower statistical credibility and elevated risk of privacy breach.
 - [Youth Suicide Intervention and Prevention Plan Annual Report](#) (2024, published March 2025)
 - [Suicide-Related Public Health Data Updates Dashboard](#)
 - [Injury & Violence Prevention Program Dashboard Overview](#)
- b. Oregon’s youth suicide rate remained above the national average in 2023.
 - Preliminary 2024 youth suicide deaths appear similar to 2023 deaths.
 - Oregon’s youth suicide rate is showing a decreasing trend since its 2018 peak.
 - Racial disparities remain in the most recent finalized data: deaths for youth identified as non-Hispanic white have decreased overall since 2018, but youth suicides for other races and ethnicities have remained similar to 2018 levels or have increased.
 - Oregon continues to see variation in suicide rates by county: some counties are seeing increases; others are staying stable or decreasing.

- c. OHA's suicide prevention team is focused on reducing risk factors and increasing protective factors, especially through culturally-specific prevention efforts.
 - David Lehrfeld asked about differentiating self-harm and suicide attempts in data for emergency department visits for cutting. Roger responded that the data does not make a distinction and represents a combination of the two.
 - Justin Sales asked if there are particular analyses that may show more about the trends. Roger answered that he is currently less involved with data analysis, though his team is excited about evaluating program efforts (training, prevention programs, and outcome data) among different ethnic and racial groups, culturally and linguistically. Interventional work is guided by surveillance data.
 - Dana Selover asked about the impacts of the 988 hotline, including tracking at the national level. Roger stated that OHA's 988 team has been developing dashboards on utilization. He also noted that, following a national change, the 988 menu option specific to LGBTQ+ callers has been removed.

8. Health Emergency Ready Oregon (HERO) Kids Registry (Tami Bakewell, Family Representative) (Timestamp: 1102)

- a. Registry form submissions, Emergency Department Information Exchange alerts, and app searches remained fairly stable for June.
- b. HERO Kids registrants reside in 28 of 36 Oregon counties; 3 of 28 are remote; 25 of 28 are rural; 8 counties (Curry, Sherman, Gilliam, Morrow, Wheeler, Grant, Harney, and Wallowa) have no registrants. Tami asked the committee for suggestions on outreach methods and contacts.
- c. HERO Kids moved quarterly updates to a new electronic system.
 - Carl Eriksson noted that many kids in eastern Oregon with complex needs transport to Boise, Idaho, so outreach to St. Luke's Children's Hospital may be helpful. Christa Schulz seconded Carl's comments on referrals to Boise since it is closer for families to get specialty care. Christa asked whether emergency departments in Idaho can access HERO Kids. Rachel Ford affirmed that they can access the information, but the HERO Kids team cannot provide training.
 - Tiffany Peterson suggested framing the focus on the emergency preparedness in rural areas and contacting each county's emergency manager.
 - Dana Selover commented that some counties mentioned (Morrow, Grant, Curry) have health district hospitals.
 - Omar Washington commented that Providence's hospital in Spokane has pediatric trauma capabilities, so some Oregon counties send pediatric patients north.
 - Sabrina Ballew mentioned that Mercy Flights has included HERO Kids information in English and Spanish in their Autism kits.

9. Behavioral Health Emergency Department Information Exchange Pilot (Christine Otto, Multnomah Education Service District) (Timestamp: 1116)

- a. Multnomah Education Service District (MESD) is an educational cooperative that provides programs and services to school districts in Multnomah County and beyond. MESD is one of 19 education service districts in Oregon. MESD's areas of service include school health services, special education, technology, and school improvement.
- b. MESD developed a data-sharing agreement through Collective Medical (subsequently part of [PointClickCare](#) system) to notify MESD health staff after students visit the

emergency department. This enables greater school support and integrated follow-up for youth experiencing behavioral health issues.

- c. In embarking on the pilot project, MESD's main goals were:
 - 1) navigate the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) to better serve students/youth; and
 - 2) solidify a replicable model for connecting students and families experiencing behavioral health crises with school resources.
- d. Pilot was conducted in Centennial School District from October 2024 to June 2025.
- e. MESD is evaluating and refining the model for potential scale-up to other districts.
 - Christa Schulz asked whether students or families had expressed concern for stigma with the school having access to behavioral health information. Christine responded that MESD purposefully used a triage model so that first contact with families would come from the district level rather than school personnel working directly with the student. Information shared with PointClickCare is limited. In general, parents and students have not had concerns; they seem to appreciate the services offered.
 - Tami Bakewell thanked Christine for acknowledging family input that helped inspire the project. Tami asked about initial rollout to families and who receives notification. Christine responded that the notification originally went to the triage person, who would then initiate family contact. Going forward, it will primarily be school nurses who receive notification. MESD did not do much publicity to families for the pilot.

10. Pediatric EMS Data Dashboard (Peter Geissert, OHA EMS Program) (Timestamp: 1143)

- a. Peter shared a portion of a draft EMS for Children dashboard, which is not yet public. The redesign should make it easier to update.
- b. The dashboard will be dynamic: users can specify categories and date ranges and it will render the information selected. The dashboard also automates time resolution, changing the frame (month / quarter / year) if the denominator is too small.
- c. The EMS Program data team eventually wants to extend to additional metrics.
- d. Rachel Ford hopes that the link can be shared with committee members so they may review in greater detail before Peter's November meeting presentation.

11. Key Takeaways (Timestamp: 1151)

- a. In discussing the liaison report to the EMS Advisory Board, Justin Sales suggested sharing highlights from Roger Brubaker and Christine Otto's presentations.
- b. Rachel Ford noted that the committee would like to have Christine Otto back at a future meeting to share updates after the next academic year.

12. Public Comment (Timestamp: 1153)

- a. No requests for public comment were received.

Meeting adjourned at 1153.

Next Meeting:

November 6, 2025, 0900-1200

Virtual only on Zoom