Getting Chatty with Tremaine Clayton, The Bureau’s Community Health Outreach Worker

The CHAT program is working on decreasing calls from high utilizers one visit at a time.

Coggievation recently hit the road with Firefighter/Medic Tremaine Clayton (the outreach worker for PF&R’s Community Health Assessment Team [CHAT] program) on his daily rounds. This year-old position is charged with working with high utilizers to help coordinate care for them, as well as to educate them on the appropriate uses of 9-1-1. The position is now fully funded in next year’s budget, a sign that City Hall is interested in this sort of community investment from the bureau.

We first pull up to a house flanked with muscle cars in various states of functionality. Tremaine rings the bell. After a while, a man opens it. His face brightens when he sees Tremaine; it’s clear that Tremaine is someone he welcomes at his home and in his life. Tremaine expertly asks the man questions regarding upcoming appointments to address his problems with alcohol addiction in-between chatter about race car engines and his son’s upcoming birthday.

This man has been a high utilizer of 9-1-1, calling often when he attempts to detox from alcohol on his own. Tremaine has worked with partner agencies, such as the Multnomah County Health Department, to help set this man up for medically supervised rehabilitation. He’s missed some appointments, and today Tremaine is there to let the man know that he’s looking out for him.

When Tremaine started in his role last year as the outreach representative for CHAT, he spent the first three months visiting community members in the High Utilizer Group (HUG) who were frequent callers to 9-1-1 (three or more calls a month). He spent far more time with these folks than the usual five minutes spent on a quick station call where turnaround matters to be ready for the next dispatch.

In those early days, he found out about the background of the frequent callers and explained that they were calling 9-1-1 too much. What he could offer that the other agencies can not is a true medical evaluation of the person’s situation.

“I can tell people that it’s not a medical issue that they’re calling about,” he explains. “And I can also record a health baseline for them that’s taken before they call 9-1-1. Some patients have vitals that are normal for them, but if a crew came in and took those vitals, they’d be called 9-1-1 too. But I can also show that someone is already eating something and drinking something and they might not be medically ill.”

He reports that his mother died earlier in the week.

We leave the man and head to the home of a new person who has been referred to Tremaine from a station. The station reached out directly to Tremaine because they were concerned that this woman’s frequent calls were due to her needing additional support for her chronic illness.

These exchanges between station personnel and Tremaine are important: crews highlight people who may need extra help and Tremaine can share information about these patients with the crews so they have greater context for why they are calling 9-1-1 so frequently. ““I can tell people that it’s not a medical issue that they’re calling about,” he explains. “This is when there is some underlying trauma which can be related to why they’re calling so much.”

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A man, a van, and a mission

After those first three months, Tremaine realized that step two was to really teach himself how to perform the next level of the job. Tremaine, who has over 16 years at PF&R as well as experience as an active duty medic in the Army, is aching into unchartered territory for the bureau. His job is a mixture of medical intervention and smart social work. And while Tremaine had the hard science of medicine down pat, the softer science of being a personal change agent was new terrain.

He has thrown himself into readings, trainings, and consultations over the past year to increase his knowledge of how to work with at-risk populations to help adjust behavior. In the end, the goal is to decrease the number of unnecessary calls to 9-1-1, but the program also feeds into Chief Myers’s goals for PF&R to invest in community health.

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We knock on the door and the woman’s son answers. He reports that his mother died earlier in the week. Tremaine offers his condolences and finds out that this man’s father is often in and out of the hospital and may also need support. Tremaine gives the son his card and asks him to be in touch if he thinks he needs help.

Several people in the neighborhood are familiar with Tremaine. He had success in helping a patient who was homeless get into supportive housing. This man often called 9-1-1 five times a day and now hasn’t called 9-1-1 since March. On the other end of the spectrum, a patient he had grown attached to died and he took this personally. “Compensation fatigue can be more difficult in this job because you’ve invested more personally,” he says. Tremaine says he is working on resilience techniques to help bridge the gap.

Our next stop is just a friendly hello to Phil, someone who graduated out of the program. Phil lives in a downtown Section 8 building for seniors and those with disabilities. Phil caught Tremaine up on his life while Phil’s cat Bella pranced around.

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Do you have a story about a PF&R coggievation that would be great for this newsletter?