



North Sound Behavioral Health Advisory Board

Agenda

June 2, 2020

1:00 p.m. – 3:00 p.m.

Call to Order and Introductions

Revisions to the Agenda

Approval of May Minutes

Announcements

Brief Comments or Questions from the Public

Executive/Finance Committee Report

— **Approval of May Expenditures**

Executive Director's Report

Executive Director's Action Items

Old Business

— **None**

New Business

— **Connecting with the Community Discussion**

— **Future Community Contest Discussion**

— **July Retreat Cancellation**

— **County Coordinator Updates**

— **Weekly Zoom Platform Check-in**

Report from Advisory Board Members

Reminder of Next Meeting

Adjourn



North Sound Behavioral Health Advisory Board

May 5, 2020

1:00 – 3:00

Meeting Minutes

Empowering individuals and families to improve their health and well-being

Members Present on Phone GoToMeeting Platform:

- **Island County: Brittany Wright, Chris Garden, Candy Trautman**
- **San Juan: Diana Porter**
- **Skagit County: Duncan West, Patti Bannister, Jere LaFollete, Ron Coakley**
- **Snohomish County: Marie Jubie, Fred Plappert, Pat O’Maley-Lanphear, Joan Bethel, Jennifer Yuen, Jack Eckrem,**
- **Whatcom County: Arlene Feld, Kara Mitchell, Michael Massanari**

Members Excused:

- **Island County:**
- **San Juan County:**
- **Skagit County:**
- **Snohomish County:**
- **Whatcom County: Mark McDonald**

Members Absent:

- **Island County:**
- **San Juan County:**
- **Skagit County:**
- **Snohomish County:**
- **Whatcom County:**

North Sound BH-ASO Staff: Joe Valentine, Maria Arreola (Recording)

Managed Care Organization Representation:

- **United Healthcare:**
- **Coordinated Care: Naomi Herrera**
- **Molina Healthcare: Kelly Anderson**
- **Community Health Plan of Washington [CHPW]: Marci Bloomquist**

Guests: None

APPROVED by Advisory Board

Pre-Meeting Training

Pre-Meeting trainings are on hold until further notification.

Call to order and Introductions

The meeting was called to order by Chair O'Maley-Lanphear at 1:05 p.m.

Revisions to the Agenda

No revisions mentioned

Approval of February Minutes

Motion made for the approval of the February 2020 meeting minutes as written, motion seconded, all were in favor, motion carried.

Announcements

- Carolann Sullivan from Snohomish county has resigned from the Board. She had served many years for Snohomish county. Her soft spoken yet strong passion for the advocacy for the behavioral health system will be missed.

Brief Comments from the Public

None

Executive Directors Report

Joe reported on

- Update on North Sound BH ASO Facility Closure
- COVID-19 Updates from Health Care Authority
- Crisis Services
- Update on SAMHSA Covid-19 Emergency Behavioral Health Grants
- FEMA Crisis Counseling Program
- Research on Potential Long-Lasting Impact on Behavioral Health Services
- Non-Medicaid Funding Survey
- Crisis Services Reports
- COVID Weekly Dashboard

North Sound BH-ASO Medical Director COVID-19 Report

Dr. Lippman spoke to the Board regarding the post COVID-19 Planning. Board reviewed a disaster timeline, forecasted behavioral health symptoms from COVID-19, discussion took place of what is known and not known during this pandemic and what steps can be taken after the crisis.

APPROVED by Advisory Board

Executive Director's Action Items

Joe presented the Action Items that will be presented to the Board of Directors. Motion made to approve the Action Items to be forwarded to the Board of Directors for approval, motion seconded, all in favor, motion carried.

Executive/Finance Committee Report

The April Expenditures were reviewed and discussed. Chair O'Maley-Lanphear moved the motion for approval, motion seconded, all in favor, motion carried.

Old Business

No old business

New Business

Advisory Board Annual Policy Review

Members reviewed and approved the Advisory Board Policies

- 4501.00 Advisory Board Requests for Support Staff Services
- 4507.00 Advisory Board Member Transportation Reimbursement Requests
- 4509.00 Development of Annual Advisory Board Expense Projection
- 4510.00 Attendance and Participation at Conferences Seminars and Trainings
- 4511.00 Purchasing and Other Expenses Procedure
- 4514.00 Advisory Board Functions
- 4515.00 Advisory Board Representation

Report from Advisory Board Members

Candy reported on attending the 25th Annual American Association of Suicidology. The conference was held on a virtual platform.

Marie reported on coping well with the Stay at Home Order. Marie sent cards for encouragement to Members.

Patti spoke on the outreach program in Skagit county. Individuals have been given tents and sleeping bags. Individuals have been more positive during these times. Cascade Gas vouchers are available to those who qualify.

Duncan shared his time during this pandemic.

Joan spoke of among the at-risk population she knows, they have been staying healthy and active.

APPROVED by Advisory Board

Meeting Closure

Joe encouraged the Board to keep their ears to the ground to continue to monitor the behavioral health system in their respective counties. Members discussed ways to maintain a strong Board during these times. Further discussion of strategies will take place during the June meeting. It was determined to further discuss community contest involvement due to the Youth Video Challenge being cancelled.

Reminder of Next Meeting

Tuesday, June 2, 2020 via GoToMeeting Platform

Adjourn

Chair O'Maley-Lanphear adjourned the meeting at 2:45 p.m.

APPROVED

**North Sound Behavioral Health Administrative Services Organization
Advisory Board Budget
May-2020**

| | All Conferences | Board Development | Advisory Board Expenses | Stakeholder Transportation | Legislative Session | Video Contest | Contest Support | |
|--------------------------------------|------------------------------------|-------------------------------|--|--|-------------------------------|--------------------------------|--|-----------|
| Total | Project # 1 | Project # 2 | Project # 3 | Project # 4 | Project # 5 | Project # 6 | Project # 7 | |
| Budget Expense Under / (Over) Budget | \$ 20,000.00 (3,424.78) | \$ 4,500.00 | \$ 1,000.00 | \$ 10,200.00 (1,935.33) | | \$ 1,200.00 (1,139.45) | \$ 3,100.00 (350.00) | \$ 700.00 |
| | \$ 16,575.22 | \$ 4,500.00 | \$ 1,000.00 | \$ 8,264.67 | \$ - | \$ 60.55 | \$ 2,750.00 | \$ 700.00 |
| | ↕ | ↕ | ↕ | ↕ | ↕ | ↕ | ↕ | ↕ |
| | All expenses to attend Conferences | Advisory Board Retreat/Summit | Costs for Board Members (meals mileage, misc.) | Non- Advisory Board Members, to attend meetings and special events | Shuttle, meals, hotel, travel | All Expenses for Video Contest | Any Funding Received for the Video Contest | |

For Ratification by the Board of Directors

Jail Transition Services

Summary:

San Juan county is in the development of their Jail Transition project and was unable to launch prior to the end of the contract period. The County offered their funding of \$22,388.10 to the four counties, Snohomish County decided to forgo the funding. The funding was distributed to the three counties. Upon agreement, the following funding is allocated as follows.

- Island \$6,600
- Skagit \$7,400
- Whatcom \$8,388.10

Motion #XX-XX

- North Sound BH-ASO-Island County-ICN-19-20 Amendment 3 providing additional Jail Transition funding in the amount of \$6,600 for the period of January-June 2020. The contract term of the contract is July 1, 2019 through June 30, 2020 with an automatic one-year renewal on July 1, 2020 based on continued compliance with the terms of the contract.
- North Sound BH-ASO-Skagit County-Interlocal-19-20 Amendment 1 providing additional Jail Transition funding in the amount of \$7,400 for the period of January-June 2020. The Interlocal effective date is January 1, 2020.
- North Sound BH-ASO-Whatcom County-ICN-19-20 Amendment 4 providing additional Jail Transition funding in the amount of \$8,388.10 for the period of January-June 2020. The contract term of the contract is July 1, 2019 through June 30, 2020 with an automatic one-year renewal on July 1, 2020 based on continued compliance with the terms of the contract.

For Approval by the Board of Directors

(Funding amounts are currently unavailable)

Health Care Authority

Summary:

The North Sound contract with HCA providing funding for Crisis Services, Legislative Provisos, Substance Abuse Block Grant and other services within available resources.

Motion #XX-XX

- Health Care Authority-North Sound BH-ASO-20 providing funding for the period of July 1, 2020 through December 31, 2020.

Triage Facilities/Crisis Centers/Withdrawal Management**Summary:**

Triage and Crisis Facilities serve several Non-Medicaid individuals throughout the year without payment for their treatment. We recently funded the 2019-2020 shortfalls for the Snohomish and Skagit County facilities and propose to extend the funding through the next fiscal year. We are also incorporating the Whatcom Triage Facility, also operated by Compass Health and Pioneer Human Services. The funding for the Whatcom Facility is intended to fill the gaps beyond the proviso funding for Non-Medicaid individuals.

Lynnwood Detox is an acute withdrawal management facility operated by Evergreen Recovery Centers in Snohomish County. Evergreen is the only provider in our region to provide this level of care.

Motion #XX-XX

- North Sound BH-ASO-Compass Health-ICCN-19-20 Amendment 4 providing a budget for the period of July 1, 2020 through December 31, 2020. The contract term of the contract is July 1, 2019 through June 30, 2020 with an automatic one-year renewal on July 1, 2020 based on continued compliance with the terms of the contract.
- North Sound BH-ASO-Pioneer Human Services-ICN-19-20 Amendment 4 providing a budget for the period of July 1, 2020 through December 31, 2020. The contract term of the contract is July 1, 2019 through June 30, 2020 with an automatic one-year renewal on July 1, 2020 based on continued compliance with the terms of the contract.
- North Sound BH-ASO-Evergreen Recovery Centers-ICN-19-20 Amendment 3 providing a budget for the period of July 1, 2020 through December 31, 2020. The contract term of the contract is July 1, 2019 through June 30, 2020 with an automatic one-year renewal on July 1, 2020 based on continued compliance with the terms of the contract.

Integrated Care Network (ICN) - County Contracts**Summary:**

The contract amendments will provide a budget for the period of July 1, 2020 through December 31, 2020. The budgets include the following funding types:

- Jail Transition Services
- Designated Marijuana Account Services
- Housing and Recovery through Peer Services (HARPS) housing subsidies
- Substance Abuse Block Grant Opiate Outreach Services

Motion #XX-XX

- North Sound BH-ASO-Island County-ICN-19-20 Amendment 4 providing funding for the services listed above for the period of July-December 2020. The contract term of the contract is July 1, 2019 through June 30, 2020 with an automatic one-year renewal on July 1, 2020 based on continued compliance with the terms of the contract.
- North Sound BH-ASO-San Juan County-ICN-19-20 Amendment 2 providing funding for the period of July 2020-December 2020. The contract term of the contract is July 1, 2019 through June 30, 2020 with an automatic one-year renewal on July 1, 2020 based on continued compliance with the terms of the contract.
- North Sound BH-ASO-Skagit County-Interlocal-19-20 Amendment 2 providing funding for the period of July 2020-December 2020. The Interlocal effective date is January 1, 2020.
- North Sound BH-ASO-Whatcom County-ICN-19-20 Amendment 5 providing funding for the period of July 2020-December 2020. The contract term of the contract is July 1, 2019 through June 30, 2020 with an automatic one-year renewal on July 1, 2020 based on continued compliance with the terms of the contract.

Integrated Crisis Care Network (ICCN) Contacts**Summary:**

The contract amendments listed below add funding for the period of July 1, 2020 through December 31, 2020.

- Volunteers of America (VOA) for the Toll-Free Crisis Hotline.
- Compass Health for Mobile Crisis Outreach and Involuntary Treatment Act Services in Island, San Juan, Skagit and Whatcom Counties and the regional Evaluation and Treatment Services in Snohomish County.
- Snohomish County Human Services for Mobile Crisis Outreach and Involuntary Treatment Act Services in Snohomish County. Funding is also provided for Jail Transition Services, Designated Marijuana Account and Opiate Outreach.
- Telecare Corporation for regional Evaluation and Treatment Services in Sedro Woolley

Motion #XX-XX

- North Sound BH-ASO-VOA-ICCN-19-20 Amendment 2 providing funding for the period of July 1, 2020 through December 31, 2020. The contract term of the contract is July 1, 2019 through June 30, 2020 with an automatic one-year renewal on July 1, 2020 based on continued compliance with the terms of the contract.
- North Sound BH-ASO-Compass Health-ICCN-19-20 Amendment 4 providing funding for the period of July 1, 2020 through December 31, 2020. The contract term of the contract is July 1, 2019 through June 30, 2020 with an automatic one-year renewal on July 1, 2020 based on continued compliance with the terms of the contract.
- North Sound BH-ASO-Snohomish County-ICCN-19-20 Amendment 1 providing funding for the period of July 1, 2020 through December 31, 2020. The contract term of the contract is January 1, 2020 through December 31, 2021 with an automatic one-year renewal on July 1, 2020 based on continued compliance with the terms of the contract.
- North Sound BH-ASO-Telecare-ICCN-19-20 Amendment 1 providing funding for the period of July 1, 2020 through December 31, 2020. The contract term of the contract is July 1, 2019 through June 30, 2020 with an automatic one-year renewal on July 1, 2020 based on continued compliance with the terms of the contract.

Peer Bridger Mental Health Block Grant**Summary:**

Telecare Corp. provides Peer Bridger services for individuals discharging from Western State Hospital or Community Psychiatric Hospitals. The service is providing by Peers, reintegrating the individuals back into the community and supporting them in their recovery. This is a regional service.

Motion #XX-XX

- North Sound BH-ASO-Telecare-MHBG-19-20 Amendment 1 providing funding for the period of July 1, 2020 through December 31, 2020. This amendment extends the contract through December 31, 2020 for a new term of July 1, 2020 through December 31, 2020 based on continued compliance with the terms of the contract.

Family Haven Mental Health Block Grant**Summary:**

Family Haven is a program of the Tulalip Tribes providing outreach to at-risk youth who are homeless and in need of support and treatment.

Motion #XX-XX

- North Sound BH-ASO-Family Haven-MHBG-19-20 Amendment 1 providing funding for the period of July 1, 2020 through December 31, 2020. This amendment extends the contract through December 31, 2020 for a new term of July 1, 2020 through December 31, 2020 based on continued compliance with the terms of the contract.

Pregnant and Parenting Women Housing Supports-Substance Abuse Block Grant**Summary:**

These amendments with Brigid Collins, Catholic Community Services NW (CCS NW) and Evergreen Recovery Services provide funding for the period of July 1, 2020 through December 31, 2020. Services are provided to women who have discharged from Substance Use Treatment and in need of additional support once housed, such as housing case management.

Motion #XX-XX

- North Sound BH-ASO-SABG-Brigid Collins-19-20 Amendment 2 providing funding for the period of July 1, 2020 through December 31, 2020. The contract term of the contract is July 1, 2019 through June 30, 2020 with an automatic one-year renewal on July 1, 2020 based on continued compliance with the terms of the contract.
- North Sound BH-ASO-SABG-CCS NW-19-20 Amendment 2 providing funding for the period of July 1, 2020 through December 31, 2020. The contract term of the contract is July 1, 2019 through June 30, 2020 with an automatic one-year renewal on July 1, 2020 based on continued compliance with the terms of the contract.
- North Sound BH-ASO-Evergreen Recovery Centers-SABG-19-20 Amendment 3 providing funding for the period of July 1, 2020 through December 31, 2020. The contract term of the contract is July 1, 2019 through June 30, 2020 with an automatic one-year renewal on July 1, 2020 based on continued compliance with the terms of the contract.

Snohomish County Juvenile Treatment Services

Summary:

This contract provides treatment for youth involved in the criminal justice system for the period of January 1, 2020 through December 31, 2020.

Motion #XX-XX

- North Sound BH-ASO-Snohomish County Superior Court-20 to provide treatment services to youth involved in the criminal justice system. The contract term of the contract is January 1, 2020 through December 31, 2020 with an automatic one-year renewal on January 1, 2021 based on continued compliance with the terms of the contract.

Regional Ombuds Services

Summary:

This amendment provides funding for the period of July 1, 2020 through December 31, 2020 for regional Ombuds Services. A portion of the costs are covered by the Managed Care Organizations for services provided to Medicaid members.

Motion #XX-XX

- North Sound BH-ASO-Ombuds-20 Amendment 1 providing funding for the period of July 1, 2020 through December 31, 2020. The contract term of the contract is January 1, 2020 through December 31, 2020 with an automatic one-year renewal on January 1, 2021 based on continued compliance with the terms of the contract

End~

North Sound BH ASO Executive Director's Report

June 2, 2020

1. UPDATE ON NORTH SOUND BH ASO FACILITY CLOSURE:

- The North Sound BH-ASO facility continues to remain closed at least through the end of June except for limited administrative functions.
- We will continue to assess our ability to more fully re-open the facility based on current guidelines from the Governor and local Health Departments.
- We are reviewing a series of recommendations from our staff, public health and the CDC on what steps we can take to create a safe workspace once we do re-open the office.

2. CRISIS SERVICES

- Our Crisis Services Agencies continue to maintain full capacity for Crisis Response.
- The DCR teams continue to use of video evaluations for ITA assessments in the 4 northern counties and face to face evaluations in Snohomish County with the use of Personal Protective Equipment.
- Our Monthly “**North Sound Early Warning Report**” [attached] summarizes both activity levels and performance for the Crisis Line and Mobile Crisis Outreach Teams up **through the month of April**. Some key metrics are:
 - ✓ Calls to the Crisis Line are high but within the average for the last 6 months. Average answer time is good [page 2]. Abandonment rate is up at the target level of 5% [page 4]
 - ✓ Crisis Services investigations are within average range but detentions are high. Dispatch time remains under 2 hours [page 3].
- The “**Weekly Crisis Capacity Indicator Report**” [attached] summarizes weekly crisis data up to May 23. According to the weekly report:
 - ✓ Crisis Calls and Crisis Outreach Services [includes both ITA investigations as well as other Crisis Outreach Services] climbed steadily starting at the end of April. Again, this trend is partially in keeping with a normal seasonal trend, but if these numbers continue to climb we may be seeing the beginning of a COVID impact;
 - ✓ The availability of the DCR workforce fortunately remains largely intact;
 - ✓ Placements were being accepted at all of the hospitals we routinely use;
 - ✓ There is an increase in the use of telehealth for ITA investigations.
- At the **Crisis Services Leadership** meeting on May 28, additional information was provided on the impact of COVID:
 - ✓ Although the number of calls to the Crisis Line had not yet increased as a direct result of COVID, the level of stress and anxiety among a number of callers was a result of COVID;
 - ✓ Calls to the “211” line have almost doubled directly as a result of problems people are experiencing as a result of COVID. Many of these calls are related to problems with housing and meeting essential needs. There is a concern that once the eviction moratoriums end, problems with housing will skyrocket.
 - ✓ Persons being served in Compass’ intensive treatment programs, such as PACT, Intensive Outpatient, and WISe are beginning to show definite signs of stress related to COVID.

3. PLANNING FOR COVID-19 LONG TERM BEHAVIOAL HEALTH IMPACTS

- Last month, Dr. Glenn Lippman presented his findings and recommendations regarding the potential behavioral health impacts of the COVID-19 pandemic. The Department of Health is also conducting an ongoing behavioral health impact analysis. **Attached is the most recent version from May 15.**
- Some of their key predictions are that there will be :
“...a surge in behavioral health symptoms across the state, which is a trend likely to continue. This surge will present differently based on the stage of the pandemic, the effectiveness of the overall response effort, and the populations being impacted. A second or third pandemic wave will dramatically change this forecast, as outlined in the scenarios that follow...Ongoing behavioral health impacts in Washington will likely be seen in phases, peaking around 6-9 months post initial-outbreak. This will likely coincide with a potential second wave of infections, in a pattern consistent with previous pandemics.”

4. NEW TRUEBLOOD SETTLEMENT DOLLARS

- Last month, we just found out that all ASOs will be receiving additional “misdemeanor diversion funds” to provide services to persons who are part of the Trueblood target population, i.e., persons who have had two competency evaluation court orders in the last 2 years. These funds were allocated by the legislature but are separate from the “Trueblood” settlement projects.
- We will work with our counties to discuss the best way to target these.

5. COVID WEEKLY DASHBOARD

- Dennis Reagan, our Data Analyst, has been preparing and updating daily “COVID-19 Dashboards” that summarizes COVID cases and death information for each of the 5 counties
- These are now posted on our ASO website at: <https://nsbhaso.org/covid>

6. BILL WHITLOCK

- We learned last Friday, that Bill Whitlock, our long-time Fiscal Officer, died on May 28 from cancer. He will be sorely missed.



North Sound Early Warning Report

Crisis Calls and Investigations

Behavioral Health System Indicators generated by North Sound BH ASO

Prepared By Dennis Regan 5/12/2020

NORTH SOUND BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION

301 Valley Mall Way, Suite 110, Mt. Vernon, WA 98273

360.416.7013 | 800.864.3555 | F: 360.416.7017

www.nsbhaso.org

North Sound Early Warning Report

Crisis Calls and Investigations

Table of Contents

| | |
|---|----|
| Executive Summary..... | 2 |
| Early Warning Metric Dashboards | 2 |
| Areas outside limits..... | 2 |
| Crisis Calls metrics outside limits | 2 |
| Investigation metrics outside limits | 2 |
| Detailed Data Discussion..... | 3 |
| North Sound Crisis Call Metrics..... | 3 |
| Current Crisis Call Data Used | 3 |
| North Sound Call Center Metrics over time Graph..... | 4 |
| Long term Call Center model | 4 |
| North Sound Investigation Metrics | 5 |
| Current Investigation Data Used..... | 6 |
| North Sound Investigation Metrics over Time graph..... | 7 |
| Investigation Reason Percentages Pie Charts | 7 |
| Investigation Outcomes over time percent of total chart | 8 |
| Investigation Outcome Grouping..... | 8 |
| Definitions | 10 |

North Sound Early Warning Report

Crisis Calls and Investigations

Executive Summary

The North Sound Interlocal Leadership Structure developed the Early Warning System Workgroup to bring local and state stakeholders together to develop a system of metrics that will provide early warning about significant changes associated with the Crisis System.

Early Warning Metric Dashboards

North Sound Crisis Calls Period From Oct-19 To Apr-20

| | crisis calls | Calls Answered | Calls LT 30 sec | Average answer | Calls |
|---------------|--------------|----------------|-----------------|----------------|-------|
| Average | 2,125 | 2,049 | 1,973 | 0:00:13 | 76 |
| Min | 1,880 | 1,825 | 1,778 | 0:00:09 | 46 |
| Max | 2,566 | 2,461 | 2,353 | 0:00:21 | 105 |
| St dev | 222 | 209 | 195 | 0:00:04 | 24 |
| Apr-20 | 2,326 | 2,226 | 2,079 | 0:00:14 | 100 |
| Current Month | ✔ | ✔ | ✔ | ✔ | ✔ |

North Sound Investigations Period From Oct-19 To Apr-20

| | invest. | detentions | MH invest. | SUD invest. | MH and SUD invest. | Referred from Law Enforcement | avg dispatch response time hrs. |
|---------------|---------|------------|------------|-------------|--------------------|-------------------------------|---------------------------------|
| Average | 345 | 152 | 215 | 15 | 115 | 34 | 1.3 |
| Min | 310 | 132 | 182 | 11 | 95 | 25 | 1.2 |
| Max | 381 | 175 | 238 | 21 | 141 | 41 | 1.3 |
| Standard dev. | 29 | 15 | 18 | 3 | 16 | 5 | 0.1 |
| Apr-20 | 314 | 175 | 208 | 11 | 95 | 25 | 1.3 |
| Current Month | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ |

| | Detentions and Commitments | Less Restrictive Options MH | No Detention Due to Issues | Voluntary MH Treatment | Other |
|---------------|----------------------------|-----------------------------|----------------------------|------------------------|-------|
| Average | 167 | 4 | 4 | 102 | 68 |
| Min | 142 | 2 | 1 | 80 | 44 |
| Max | 185 | 8 | 9 | 115 | 87 |
| Standard dev. | 16 | 2 | 3 | 11 | 12 |
| Apr-20 | 185 | 3 | 2 | 80 | 44 |
| Current Month | ✔ | ✔ | ✔ | ✔ | ✔ |

- ✔ Inside 2 stdev
- ⚠ at 2 stdev
- ✘ outside 2 stdev

Areas outside limits

Crisis Calls metrics outside limits

None

Investigation metrics outside limits

None

North Sound Early Warning Report

Crisis Calls and Investigations

Detailed Data Discussion

North Sound Crisis Call Metrics

North Sound Crisis call data is captured by Volunteers of America (VOA) and submitted to North Sound ASO.

Current Crisis Call Data Used

The current data used for the dashboard is below:

| Month | crisis calls | Calls Answered | Calls LT 30 sec | Average answer time (sec) | Calls Abandoned | Abandoned percent |
|---------|--------------|----------------|-----------------|---------------------------|-----------------|-------------------|
| Oct-19 | 1,989 | 1,943 | 1,802 | 0:00:10 | 46 | 2.3% |
| Nov-19 | 1,880 | 1,825 | 1,778 | 0:00:10 | 55 | 2.9% |
| Dec-19 | 2,173 | 2,114 | 2,060 | 0:00:16 | 59 | 2.7% |
| Jan-20 | 1,982 | 1,882 | 1,883 | 0:00:10 | 100 | 5.0% |
| Feb-20 | 2,159 | 2,066 | 1,963 | 0:00:21 | 93 | 4.3% |
| Mar-20 | 2,566 | 2,461 | 2,353 | 0:00:09 | 105 | 4.1% |
| Apr-20 | 2,326 | 2,226 | 2,079 | 0:00:14 | 100 | 4.3% |
| average | 2,125 | 2,049 | 1,973 | 0:00:13 | 76 | 3.6% |
| min | 1,880 | 1,825 | 1,778 | 0:00:09 | 46 | 2.3% |
| max | 2,566 | 2,461 | 2,353 | 0:00:21 | 105 | 5.0% |

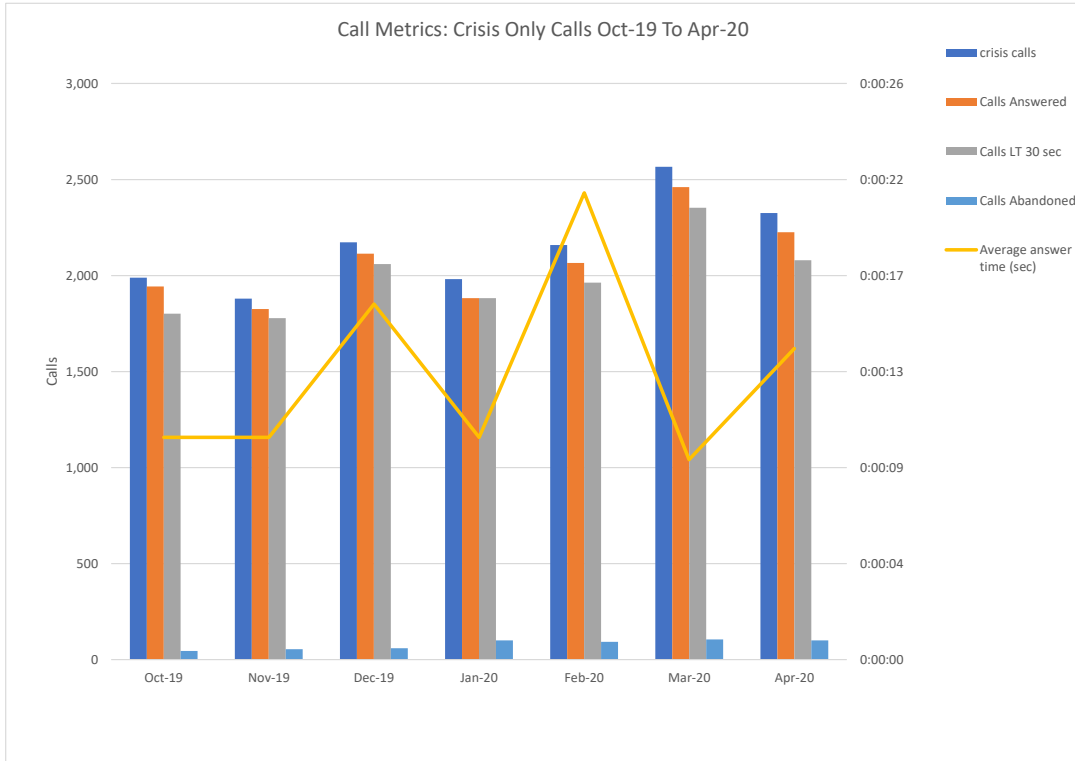
Current monthly data is highlighted for further review if it is outside 2 standard deviations of the 6 month period prior to the month. Currently, all metrics are inside of limits.

North Sound Early Warning Report

Crisis Calls and Investigations

North Sound Call Center Metrics over time Graph

North Sound Crisis call metrics are presented below with answer time plotted as a line on top



Long term Call Center model

The graph below models the previous 6 months of data with a regression based on the 12 months to model the predicted total of calls. This is presented to allow for controlling some variability in the particular month and is not included in the more basic dashboard values. High and Low values are at the 95-percentile range. The adjust R-squared of the model used was .77 and all monthly variable had a p value far smaller than .05.

North Sound Early Warning Report

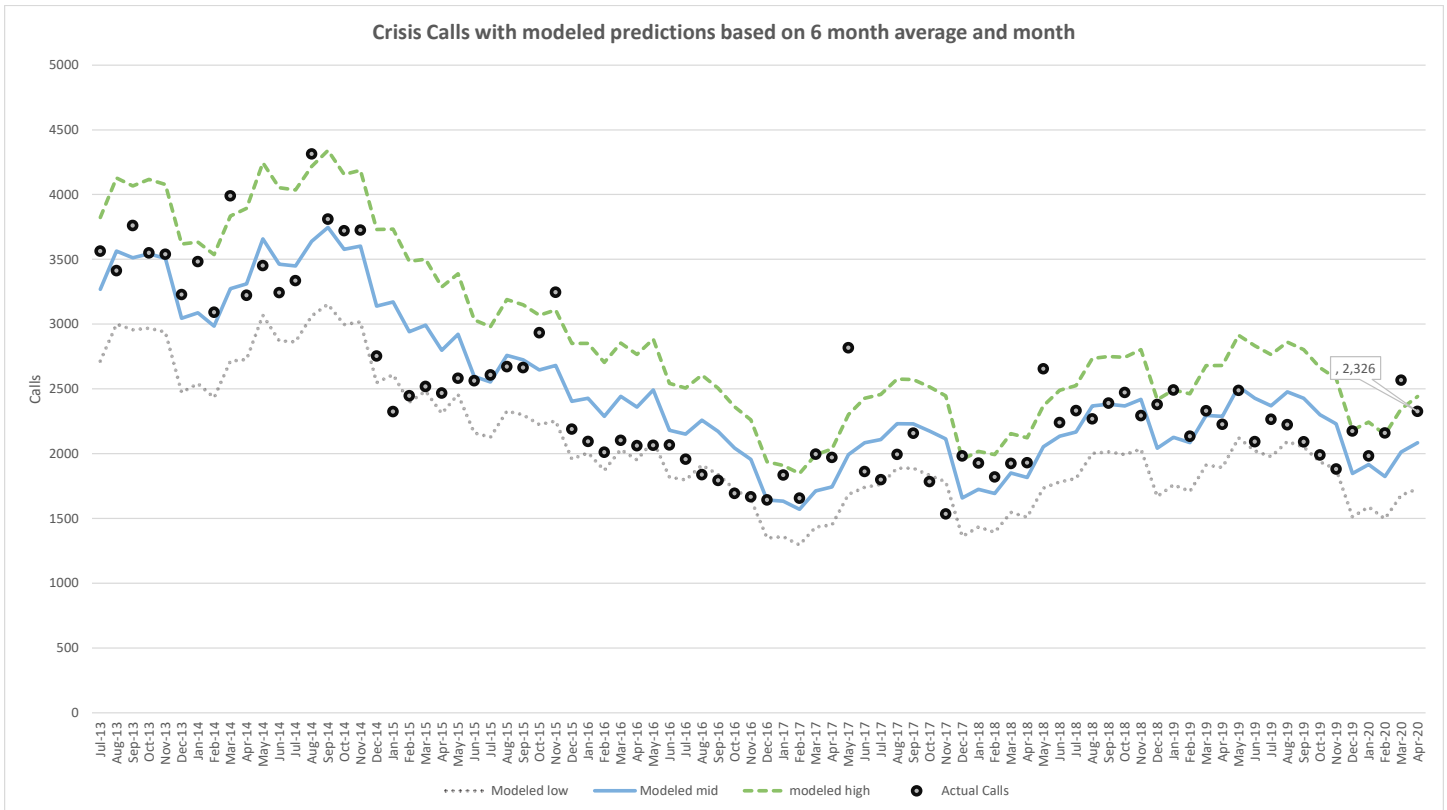
Crisis Calls and Investigations

SUMMARY OUTPUT

| Regression Statistics | |
|-----------------------|-------------|
| Multiple R | 0.882476441 |
| R Square | 0.778764669 |
| Adjusted R Square | 0.735944927 |
| Standard Error | 356.9969644 |
| Observations | 75 |

| ANOVA | | | | | |
|------------|----|----------|----------|----------|----------------|
| | df | SS | MS | F | Significance F |
| Regression | 12 | 27814579 | 2317882 | 18.18705 | 5.54E-16 |
| Residual | 62 | 7901704 | 127446.8 | | |
| Total | 74 | 35716283 | | | |

| | Coefficients | Standard Error | t Stat | P-value | Lower 95% | Upper 95% |
|---------------|--------------|----------------|----------|----------|-----------|-----------|
| Intercept | 162.5109422 | 175.0512 | 0.928362 | 0.35682 | -187.411 | 512.4333 |
| X Variable 1 | 0.833670174 | 0.077884 | 10.70395 | 1.01E-15 | 0.677982 | 0.989359 |
| X Variable 2 | 0.807583011 | 0.079085 | 10.21163 | 6.6E-15 | 0.649495 | 0.965671 |
| X Variable 3 | 0.904219852 | 0.081431 | 11.10409 | 2.23E-16 | 0.741441 | 1.066999 |
| X Variable 4 | 0.90457982 | 0.083888 | 10.78323 | 7.47E-16 | 0.736891 | 1.072269 |
| X Variable 5 | 1.020314029 | 0.085977 | 11.86729 | 1.33E-17 | 0.848448 | 1.19218 |
| X Variable 6 | 0.967657273 | 0.08668 | 11.16353 | 1.79E-16 | 0.794386 | 1.140929 |
| X Variable 7 | 0.962987621 | 0.086001 | 11.19746 | 1.58E-16 | 0.791075 | 1.1349 |
| X Variable 8 | 1.02618902 | 0.085152 | 12.05132 | 6.79E-18 | 0.855973 | 1.196405 |
| X Variable 9 | 0.99776255 | 0.082737 | 12.05939 | 6.6E-18 | 0.832373 | 1.163152 |
| X Variable 10 | 0.958410516 | 0.081445 | 11.76762 | 1.91E-17 | 0.795605 | 1.121216 |
| X Variable 11 | 0.9436368 | 0.080305 | 11.75072 | 2.03E-17 | 0.78311 | 1.104163 |
| X Variable 12 | 0.806632062 | 0.080172 | 10.06127 | 1.18E-14 | 0.646371 | 0.966894 |



2,236 is inside the high predicted range.

North Sound Investigation Metrics

The North Sound Investigation data is captured in the North Sound ASO data system through the ICRS contact sheet data submitted by Designated Crisis Responders.

North Sound Early Warning Report

Crisis Calls and Investigations

Current Investigation Data Used

Total Investigations/detentions/response and LE referral

| month | invest. | detentions | avg dispatch response time hrs. | Referred from Law Enforcement | detention percent |
|---------|---------|------------|---------------------------------|-------------------------------|-------------------|
| Oct-19 | 368 | 164 | 1.2 | 29 | 45% |
| Nov-19 | 316 | 134 | 1.2 | 38 | 42% |
| Dec-19 | 351 | 146 | 1.3 | 41 | 42% |
| Jan-20 | 376 | 160 | 1.3 | 36 | 43% |
| Feb-20 | 381 | 150 | 1.3 | 38 | 39% |
| Mar-20 | 310 | 132 | 1.3 | 31 | 43% |
| Apr-20 | 314 | 175 | 1.3 | 25 | 56% |
| average | 345 | 152 | 1.3 | 34 | 44% |
| min | 310 | 132 | 1.2 | 25 | 39% |
| max | 381 | 175 | 1.3 | 41 | 56% |

Investigation Reasons

| month | MH invest. | SUD invest. | MH and SUD invest. | Percent SUD related |
|---------|------------|-------------|--------------------|---------------------|
| Oct-19 | 238 | 21 | 109 | 35% |
| Nov-19 | 202 | 15 | 99 | 36% |
| Dec-19 | 226 | 14 | 111 | 36% |
| Jan-20 | 220 | 15 | 141 | 41% |
| Feb-20 | 231 | 16 | 134 | 39% |
| Mar-20 | 182 | 12 | 116 | 41% |
| Apr-20 | 208 | 11 | 95 | 34% |
| average | 215 | 15 | 115 | 38% |
| min | 182 | 11 | 95 | 34% |
| max | 238 | 21 | 141 | 41% |

Investigation Outcomes

| month | Detentions and Commitments | Voluntary MH Treatment | Less Restrictive Options MH | No Detention Due to Issues | Other |
|---------|----------------------------|------------------------|-----------------------------|----------------------------|-------|
| Oct-19 | 182 | 100 | 2 | 9 | 75 |
| Nov-19 | 148 | 100 | 5 | 2 | 61 |
| Dec-19 | 164 | 110 | 4 | 6 | 67 |
| Jan-20 | 182 | 113 | 3 | 5 | 73 |
| Feb-20 | 165 | 115 | 8 | 6 | 87 |
| Mar-20 | 142 | 96 | 3 | 1 | 68 |
| Apr-20 | 185 | 80 | 3 | 2 | 44 |
| average | 167 | 102 | 4 | 4 | 68 |
| min | 142 | 80 | 2 | 1 | 44 |

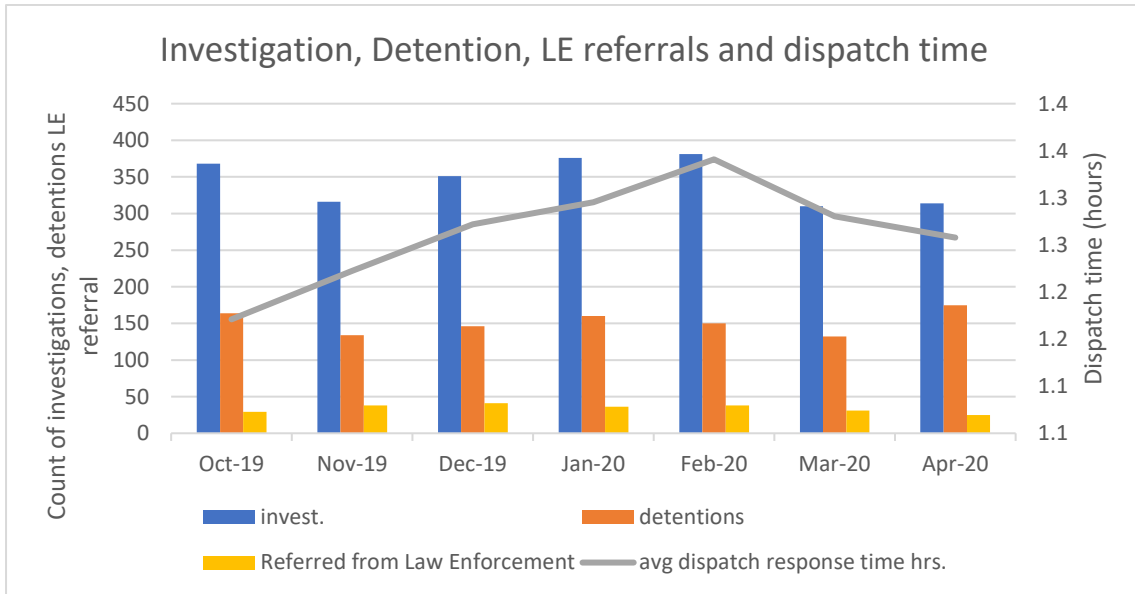
North Sound Early Warning Report

Crisis Calls and Investigations

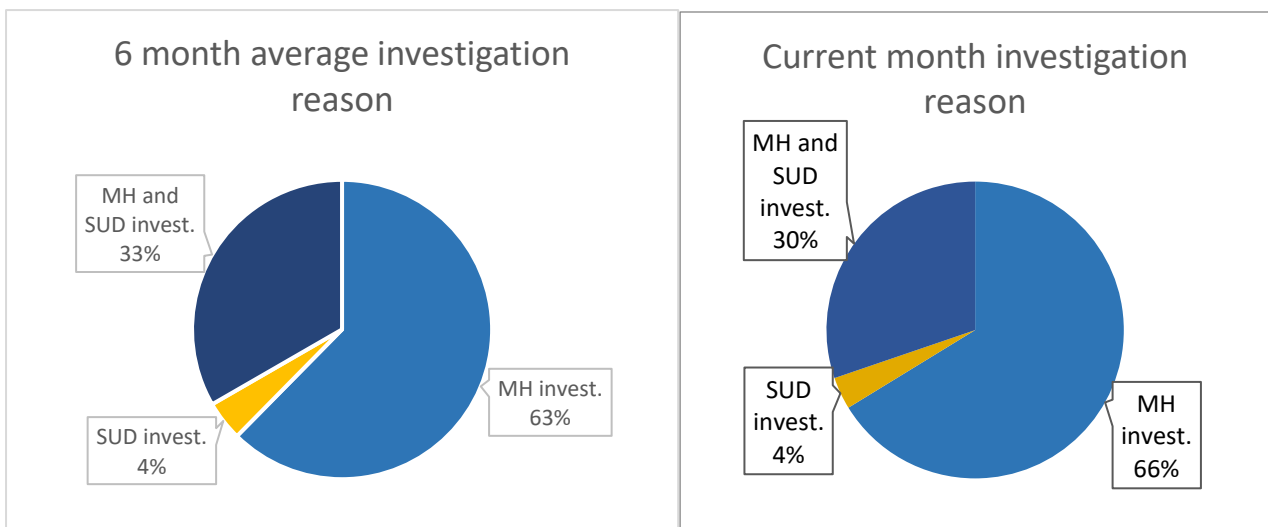
| month | Detentions and Commitments | Voluntary MH Treatment | Less Restrictive Options MH | No Detention Due to Issues | Other |
|-------|----------------------------|------------------------|-----------------------------|----------------------------|-------|
| max | 185 | 115 | 8 | 9 | 87 |

Current monthly data would be highlighted for review if it was outside 2 standard deviations of the data in the period 1 year prior, no category in the current month is.

North Sound Investigation Metrics over Time graph



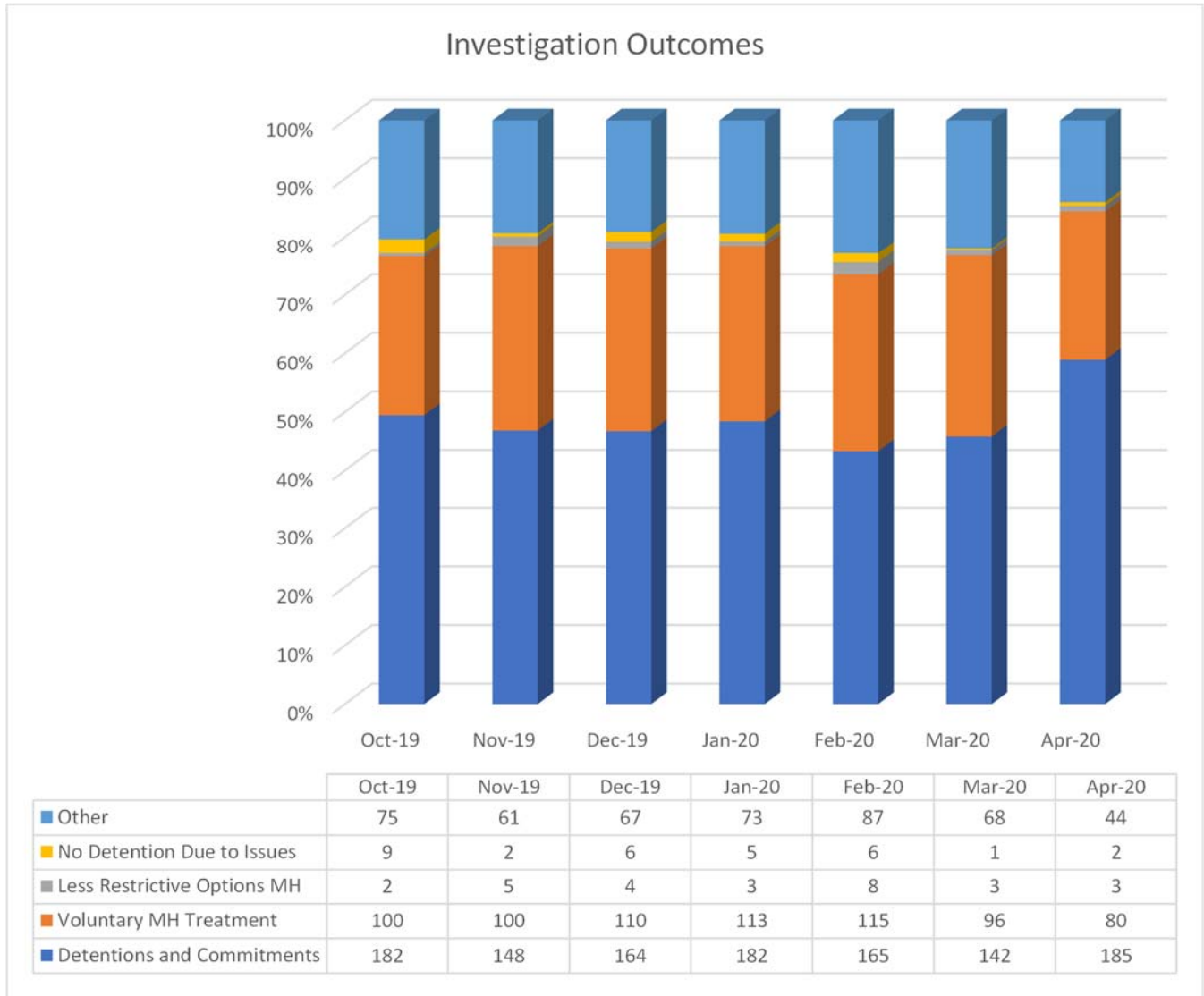
Investigation Reason Percentages Pie Charts



North Sound Early Warning Report

Crisis Calls and Investigations

Investigation Outcomes over time percent of total chart



Investigation Outcome Grouping

Investigation outcomes are grouped to duplicate the investigation outcomes published by the state. The table below includes all dispatches for the period included in the report.

| State Group | Investigation Outcome | all invest. in period |
|----------------------------|---|-----------------------|
| Detentions and Commitments | Detention (72 hours as identified under RCW 71.05). | 1,036 |
| Detentions and Commitments | Detention to Secure Detox facility (72 hours as identified under 71.05) | 20 |
| Detentions and Commitments | Returned to inpatient facility/filed revocation petition. | 95 |
| Detentions and Commitments | Non-emergent detention petition filed | 17 |

North Sound Early Warning Report

Crisis Calls and Investigations

| State Group | Investigation Outcome | all invest. in period |
|-----------------------------|---|--------------------------|
| Less Restrictive Options MH | Filed petition - recommending LRA extension. | 28 |
| No Detention Due to Issues | No detention - E&T provisional acceptance did not occur within statutory timeframes | 5 |
| No Detention Due to Issues | No detention - Unresolved medical issues | 26 |
| Voluntary MH Treatment | Referred to crisis triage | 16 |
| Voluntary MH Treatment | Referred to voluntary inpatient mental health services. | 99 |
| Voluntary MH Treatment | Referred to voluntary outpatient mental health services. | 587 |
| Voluntary MH Treatment | Referred to chemical dependency inpatient program | 1 |
| Voluntary MH Treatment | Referred to chemical dependency intensive outpatient program | 9 |
| Voluntary MH Treatment | Referred to acute detox | 2 |
| Other | Referred to non-mental health community resources. | 23 |
| Other | Other | 436 |
| Other | Did not require MH or CD services | 16 |
| | Grand Total | 2,416 |

North Sound Early Warning Report

Crisis Calls and Investigations

Definitions

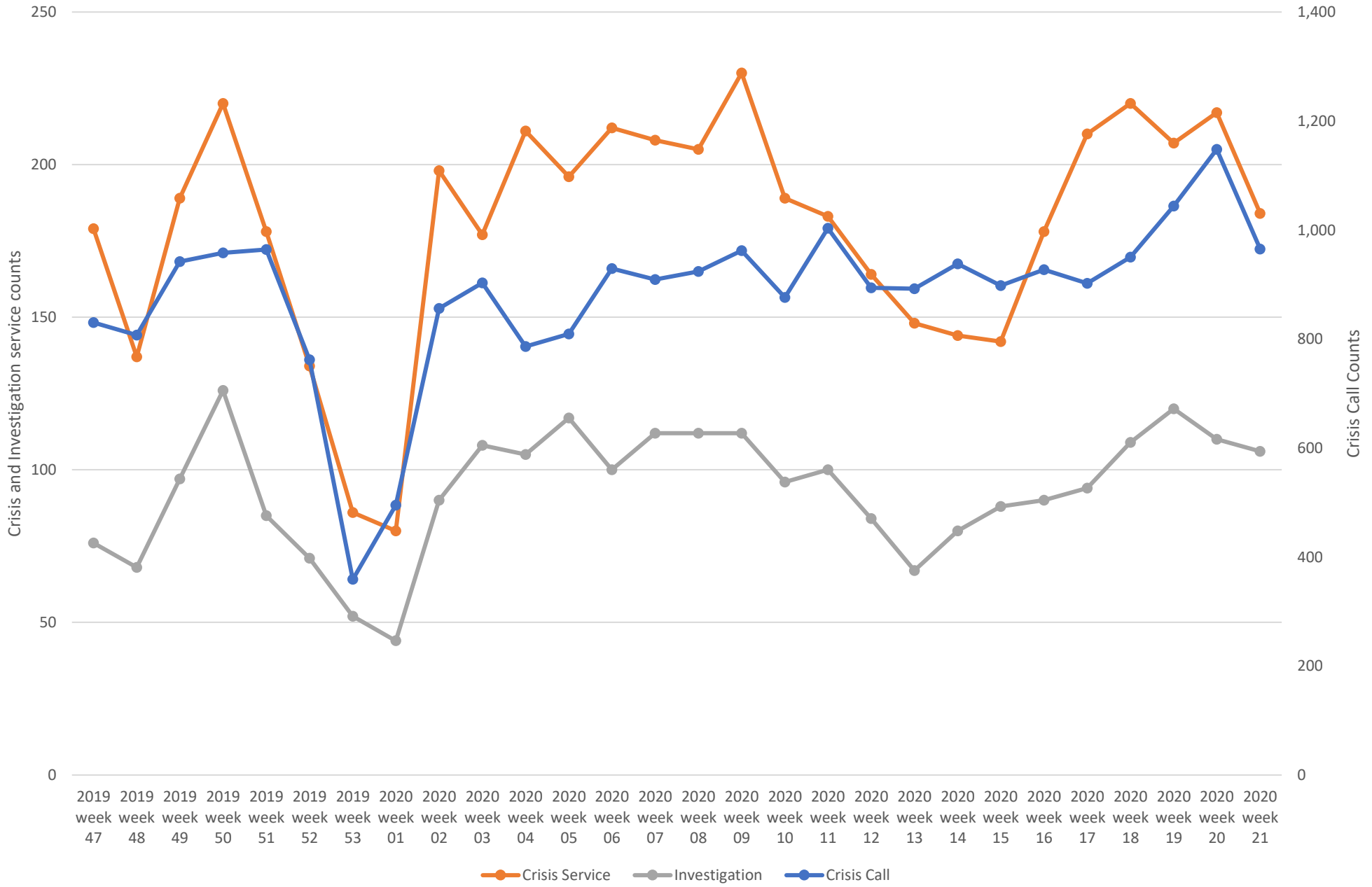
| | |
|-----------------------------------|---|
| ○ crisis calls | Count of crisis calls received by VOA |
| ○ Calls Answered | Count of crisis calls answered by VOA |
| ○ Calls LT 30 sec | Count of crisis calls answered in less than 30 seconds |
| ○ Average answer time (sec) | Sum of time to answer divided by total calls answered |
| ○ Calls Abandoned | Count of calls not answered |
| ○ Abandoned percent | Count of calls abandoned divided by total calls |
| ○ invest. | Count of DCR dispatches where the rights are read |
| ○ detentions | Count of investigations where the outcome is 72 hr detention to inpatient or secure detox |
| ○ avg dispatch response time hrs. | Time of DCR contact minus dispatch time expressed in hours - from the ICRS contact sheet |
| ○ Referred from Law Enforcement | Dispatch referred by Law Enforcement as recorded by VOA |
| ○ detention percent | Count of detentions divided by count of investigations |
| ○ MH invest. | Investigation primarily mental health |
| ○ SUD invest. | Investigation primarily substance use |
| ○ MH and SUD invest. | Investigation having mental health and substance use |
| ○ Percent SUD related | SUD investigation plus |
| ○ Detentions and Commitments | Investigation outcome is detention or LRO revocation |
| ○ Voluntary MH Treatment | Investigation outcome is voluntary outpatient treatment |
| ○ Less Restrictive Options MH | Investigation outcome is LRO extension |
| ○ No Detention Due to Issues | Investigation outcome is not detention due to medical or non-acceptance by inpatient facility |
| ○ Other | Investigation outcome is referred to non-mental health resources or other. |



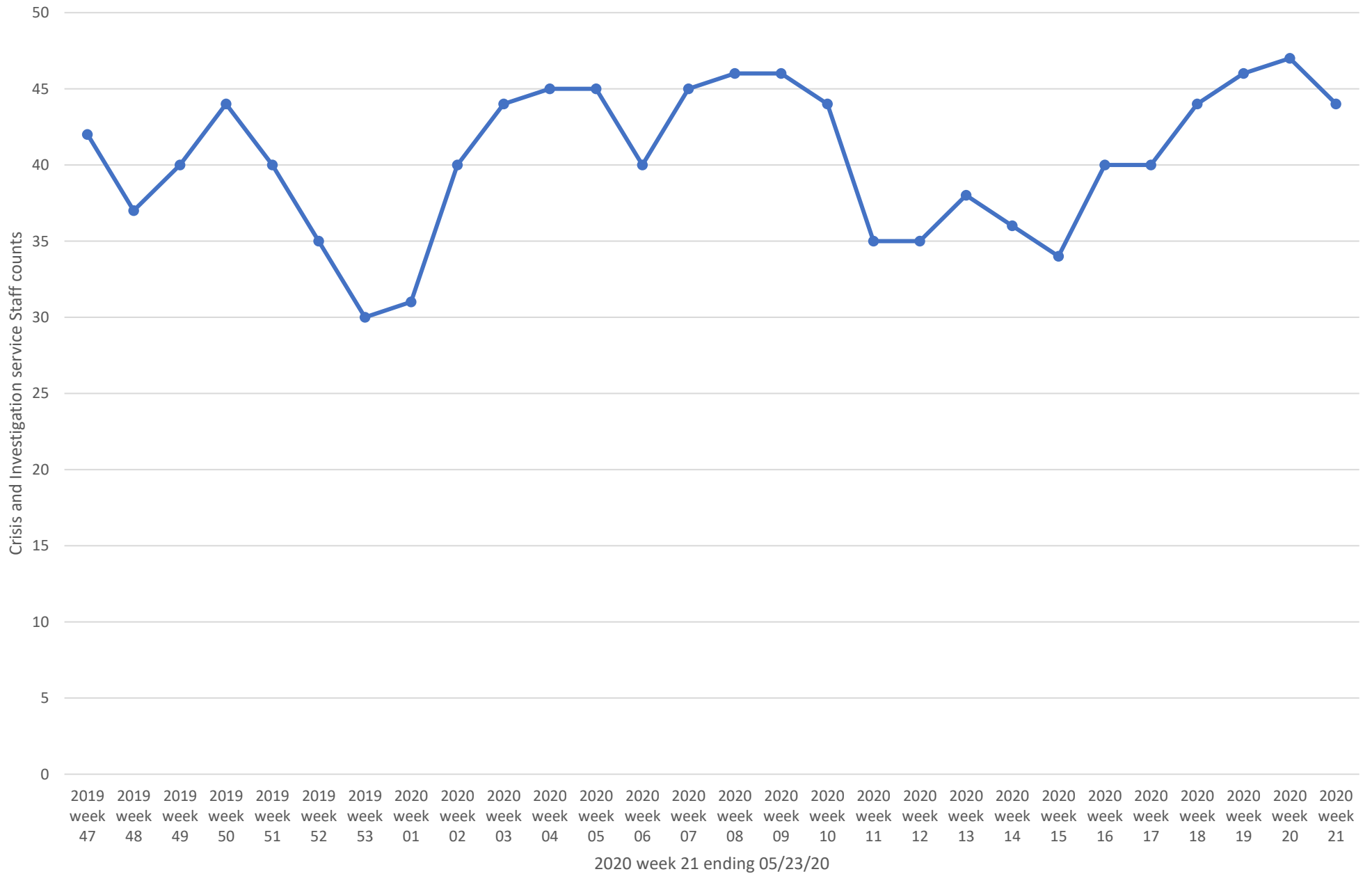
Weekly Crisis Capacity Indicator Snapshot

| | |
|--------|--|
| Page 2 | Crisis Data - historical data submitted with ItxBatch date within 7 days or less - dates 11/17/19 to 05/23/20 |
| Page 3 | Weekly Staff Count- Only data submitted with ItxBatch date within 7 days or less of service date included. Staff providing Crisis or Investigation services 11/17/19 to 05/23/20 |
| Page 4 | Average dispatch time for investigations from 11/17/19 to 05/23/20 |
| Page 5 | Involuntary detention locations - No adjustment has been made for timely data - recent weeks likely low |
| Page 6 | Place of Service -Crisis Services, percent of total by week |
| Page 7 | Place of Service -Investigations, percent of total by week |
| Page 8 | Telehealth only, crisis and investigation services from 02/09/20 to 05/23/20 |
| Page 9 | New COVID-19 Cases Reported Weekly per 100,000 population - 03/30/20 to 05/27/20 |

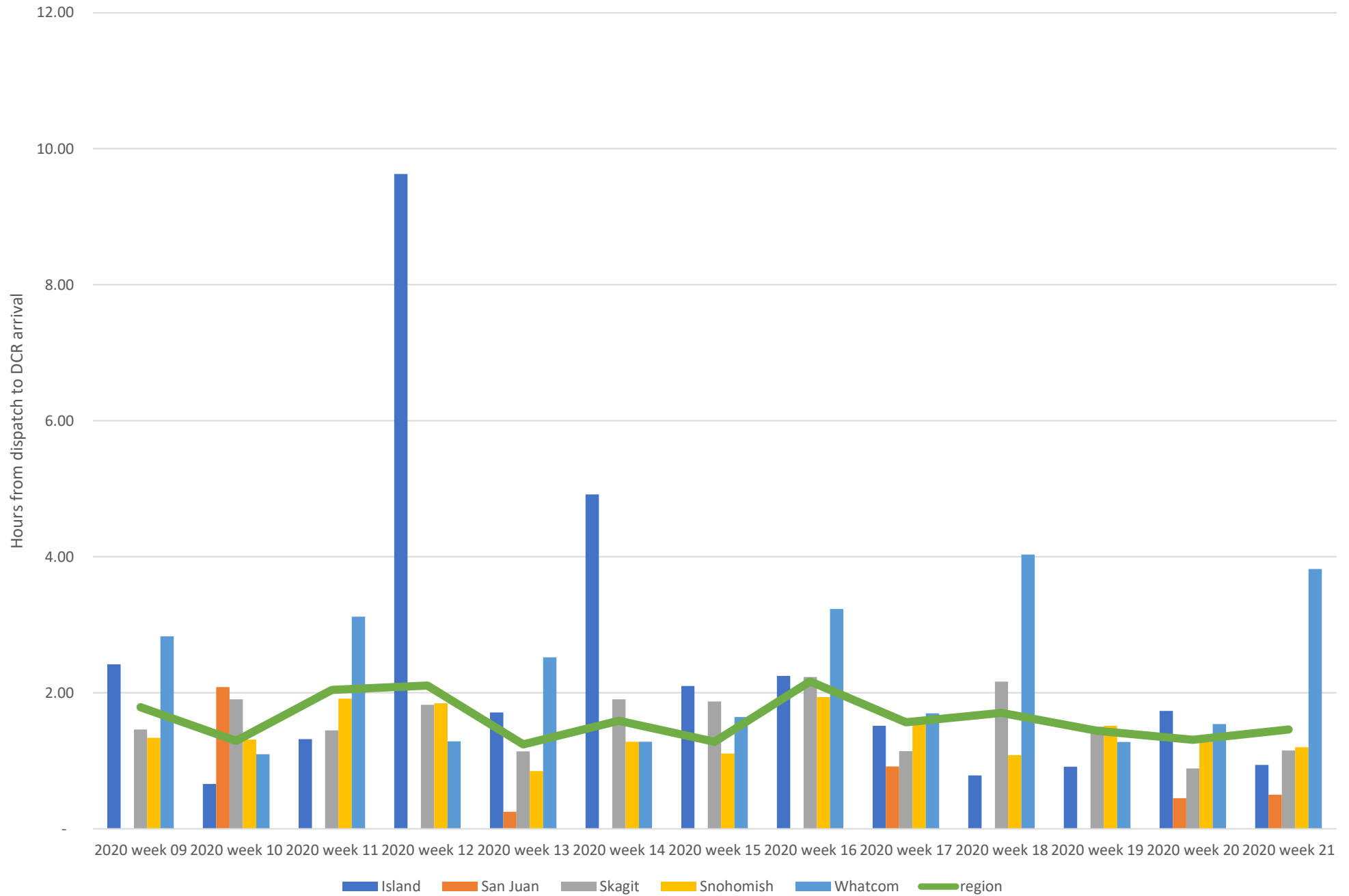
Crisis Data - historical data submitted with ItxBatch date within 7 days or less - dates 11/17/19 to 05/23/20



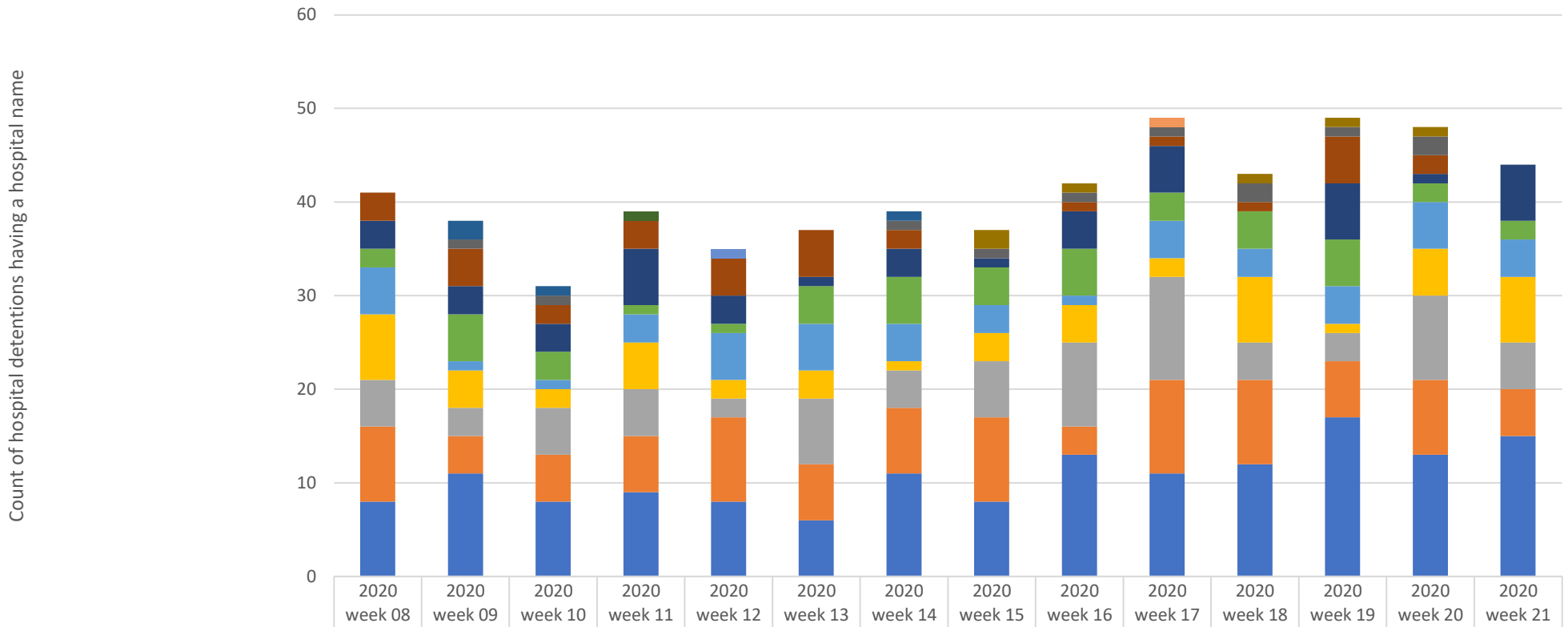
Weekly Staff Count- Only data submitted with ItxBatch date within 7 days or less of service date included. Staff providing Crisis or Investigaion services 11/17/19 to 05/23/20



Average dispatch time for investigations from 11/17/19 to 05/23/20

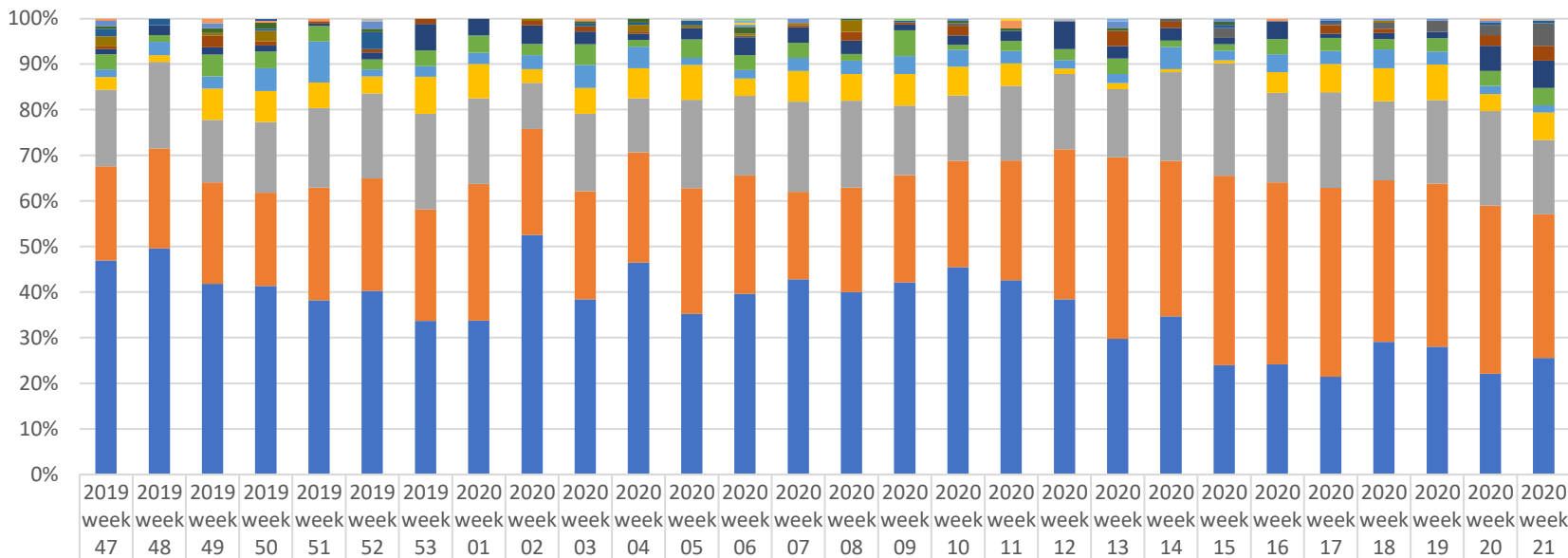


Involuntary detention locations - No adjustment has been made for timely data - recent weeks likely low



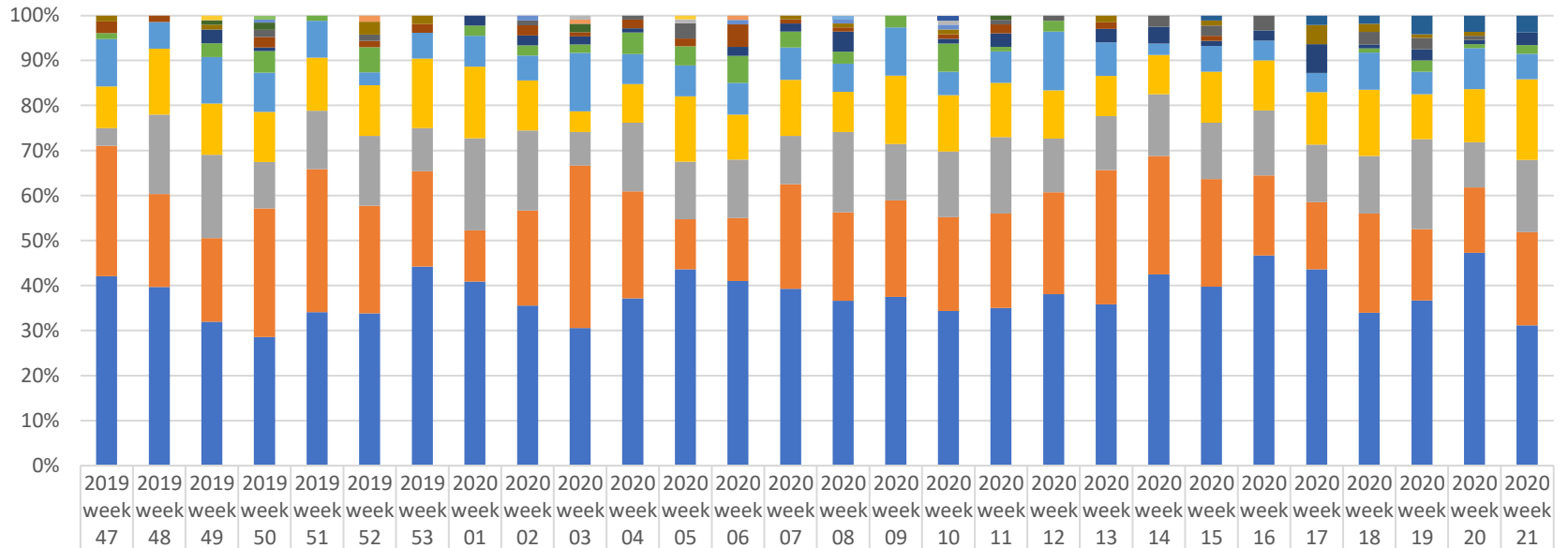
| | 2020 week 08 | 2020 week 09 | 2020 week 10 | 2020 week 11 | 2020 week 12 | 2020 week 13 | 2020 week 14 | 2020 week 15 | 2020 week 16 | 2020 week 17 | 2020 week 18 | 2020 week 19 | 2020 week 20 | 2020 week 21 |
|---------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Swedish - Seattle | | | | | | | | | | 1 | | | | |
| Yakima Valley Memorial Hospital | | | | | 1 | | | | | | | | | |
| VA Puget Sound | | | | 1 | | | | | | | | | | |
| ABHS Chehalis | | 2 | 1 | | | | 1 | | | | | | | |
| Cascade Behavioral Hospital - Tukwila | | | | | | | | 2 | 1 | | 1 | 1 | 1 | |
| Fairfax Behavioral Health - Everett | | 1 | 1 | | | | 1 | 1 | 1 | 1 | 2 | 1 | 2 | |
| Fairfax | 3 | 4 | 2 | 3 | 4 | 5 | 2 | | 1 | 1 | 1 | 5 | 2 | |
| Compass - Mukilteo E&T | 3 | 3 | 3 | 6 | 3 | 1 | 3 | 1 | 4 | 5 | | 6 | 1 | 6 |
| Telecare - North Sound E&T | 2 | 5 | 3 | 1 | 1 | 4 | 5 | 4 | 5 | 3 | 4 | 5 | 2 | 2 |
| Affiliated Health (Skagit) | 5 | 1 | 1 | 3 | 5 | 5 | 4 | 3 | 1 | 4 | 3 | 4 | 5 | 4 |
| St. Joseph Hospital - Bellingham | 7 | 4 | 2 | 5 | 2 | 3 | 1 | 3 | 4 | 2 | 7 | 1 | 5 | 7 |
| Smokey Point Behavioral Hospital | 5 | 3 | 5 | 5 | 2 | 7 | 4 | 6 | 9 | 11 | 4 | 3 | 9 | 5 |
| Swedish - Edmonds | 8 | 4 | 5 | 6 | 9 | 6 | 7 | 9 | 3 | 10 | 9 | 6 | 8 | 5 |
| Providence - Everett | 8 | 11 | 8 | 9 | 8 | 6 | 11 | 8 | 13 | 11 | 12 | 17 | 13 | 15 |

Place of Service -Crisis Services, percent of total by week



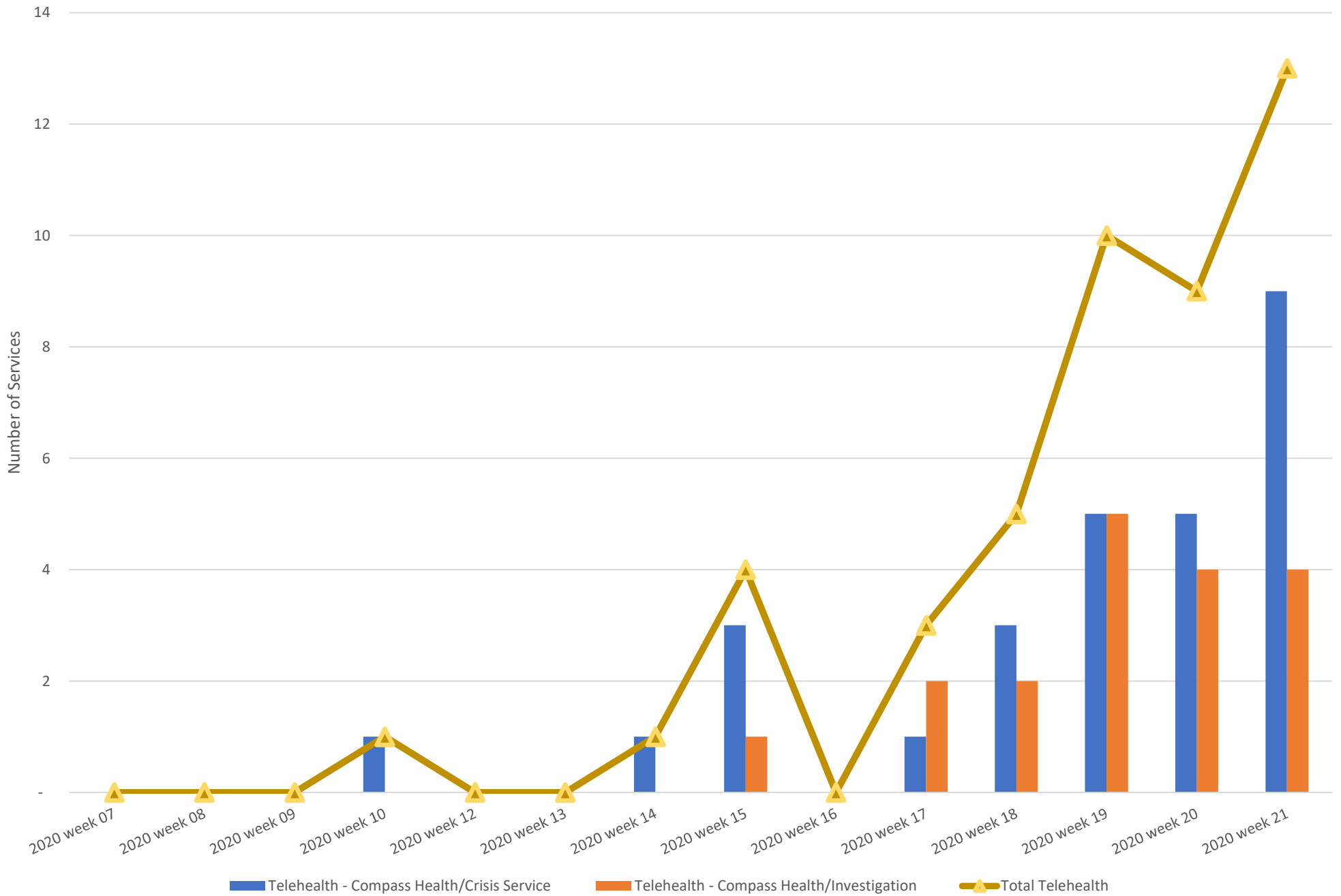
| | 2019 week 47 | 2019 week 48 | 2019 week 49 | 2019 week 50 | 2019 week 51 | 2019 week 52 | 2019 week 53 | 2020 week 01 | 2020 week 02 | 2020 week 03 | 2020 week 04 | 2020 week 05 | 2020 week 06 | 2020 week 07 | 2020 week 08 | 2020 week 09 | 2020 week 10 | 2020 week 11 | 2020 week 12 | 2020 week 13 | 2020 week 14 | 2020 week 15 | 2020 week 16 | 2020 week 17 | 2020 week 18 | 2020 week 19 | 2020 week 20 | 2020 week 21 | |
|---------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---|
| Psych. Fac.-Partial Hosp | | | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nursing Facility | | | | | | | | | | | | 1 | | | | 1 | | | | | 1 | | | | | | | | |
| Custodial Care Facility | | | | | | | | | | | | | 1 | | | | | | | | 1 | | | | | | | | |
| Skilled Nursing Facility | | | | | | | | | | | | | 1 | | | | | 1 | | | | | | | | | | | |
| On Campus - Outpatient Hospital | | | | | | 1 | | | | | | 1 | | | | | | | 1 | | | | | | | | | 1 | |
| Psych. Residential | 1 | | 2 | 1 | 1 | | | | | 1 | | | | | | | | 3 | | | | | | 1 | | | | 1 | |
| Group Home | 2 | 2 | | | | 2 | | | | | | | 1 | 2 | | | | | | | 2 | | 1 | | 1 | 1 | 1 | 1 | |
| Community Mental Health Center | 1 | | 2 | 3 | | 1 | | | | 1 | 2 | | 3 | | 1 | | 1 | 1 | | 1 | | 1 | | | 1 | | | | |
| Homeless Shelter | 3 | 2 | | 1 | | 5 | | | | 1 | 1 | 2 | | | | 1 | | | | | | 1 | | 1 | | | | 1 | |
| School | 4 | | 1 | 5 | | | | | 1 | | 3 | 1 | 1 | 1 | 5 | | | | | | | | | | | 1 | | | |
| Telehealth | | | | | | | | | | | | | 1 | | | | 1 | | | | | 1 | 3 | | 1 | 3 | 5 | 5 | 9 |
| Assisted Living Facility | 1 | | 5 | 2 | 1 | 1 | 1 | | 2 | 2 | 1 | | | 1 | 4 | 1 | 4 | | | | 5 | 2 | | | 4 | 2 | | 5 | 6 |
| Inpatient Hospital | 2 | 3 | 3 | 3 | 1 | 2 | 5 | 3 | 8 | 5 | 3 | 5 | 8 | 7 | 6 | 3 | 4 | 4 | 10 | 4 | 4 | 2 | 7 | 2 | 3 | 3 | 12 | 11 | |
| Prison - Correctional Facility | 6 | 2 | 9 | 8 | 6 | 3 | 3 | 3 | 5 | 8 | 3 | 8 | 7 | 7 | 3 | 13 | 2 | 4 | 4 | 5 | 2 | 2 | 6 | 6 | 5 | 6 | 7 | 7 | |
| Inpatient Psychiatric Facility | 3 | 4 | 5 | 11 | 16 | 2 | 2 | 2 | 6 | 9 | 10 | 3 | 4 | 6 | 6 | 9 | 7 | 5 | 3 | 3 | 7 | 3 | 7 | 6 | 9 | 6 | 4 | 3 | |
| Home | 5 | 2 | 13 | 15 | 10 | 5 | 7 | 6 | 6 | 10 | 14 | 15 | 8 | 14 | 12 | 16 | 12 | 9 | 2 | 2 | 1 | 1 | 8 | 13 | 16 | 16 | 8 | 11 | |
| Emergency Room – Hospital | 30 | 26 | 26 | 34 | 31 | 25 | 18 | 15 | 20 | 30 | 25 | 38 | 37 | 41 | 39 | 35 | 27 | 30 | 27 | 22 | 28 | 35 | 35 | 44 | 38 | 38 | 45 | 30 | |
| Other Place of Service | 37 | 30 | 42 | 45 | 44 | 33 | 21 | 24 | 46 | 42 | 51 | 54 | 55 | 40 | 47 | 54 | 44 | 48 | 54 | 59 | 49 | 59 | 71 | 87 | 78 | 74 | 80 | 58 | |
| Office | 84 | 68 | 79 | 91 | 68 | 54 | 29 | 27 | 104 | 68 | 98 | 69 | 84 | 89 | 82 | 97 | 86 | 78 | 63 | 44 | 50 | 34 | 43 | 45 | 64 | 58 | 48 | 47 | |

Place of Service -Investigations, percent of total by week

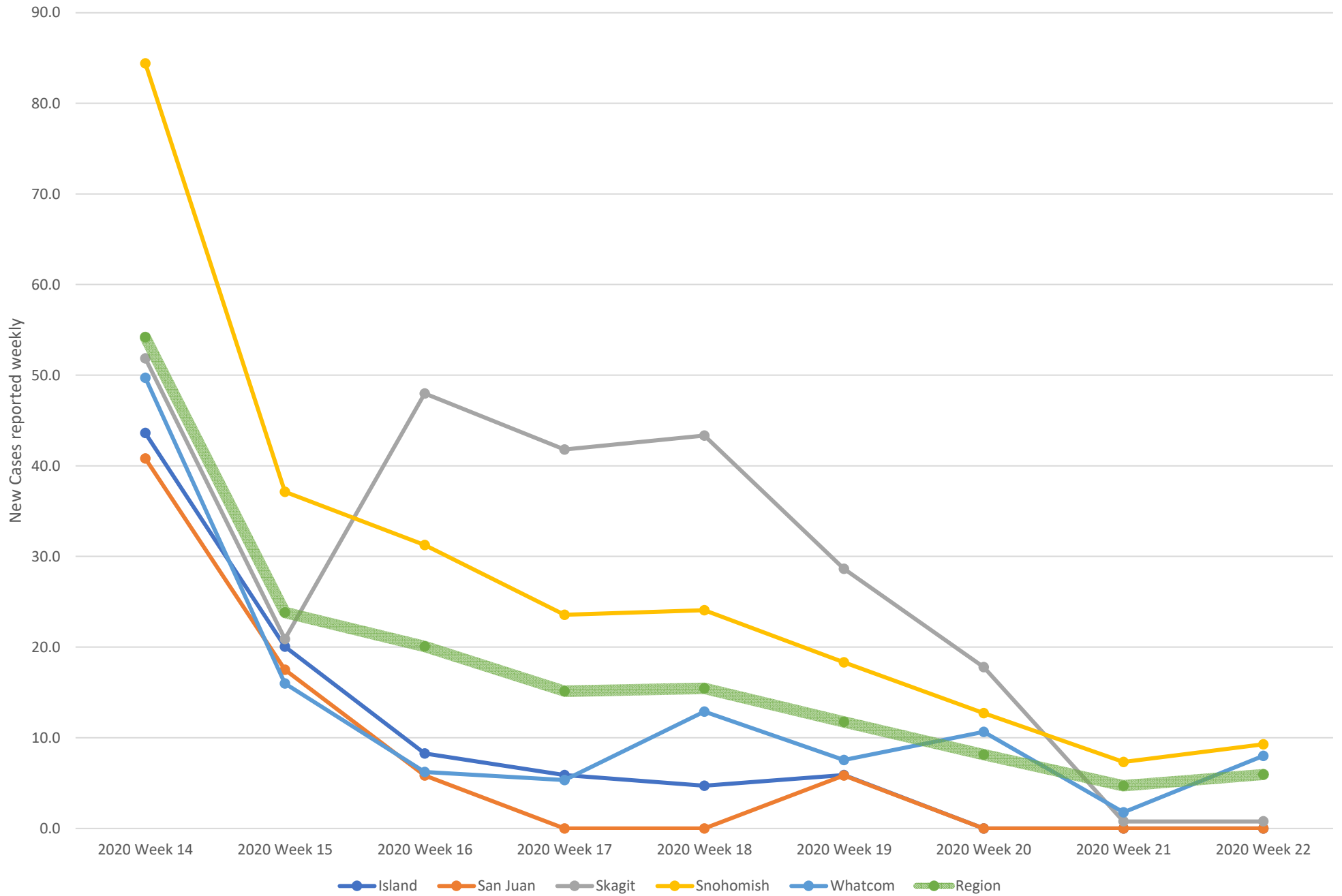


| | 2019 week 47 | 2019 week 48 | 2019 week 49 | 2019 week 50 | 2019 week 51 | 2019 week 52 | 2019 week 53 | 2020 week 01 | 2020 week 02 | 2020 week 03 | 2020 week 04 | 2020 week 05 | 2020 week 06 | 2020 week 07 | 2020 week 08 | 2020 week 09 | 2020 week 10 | 2020 week 11 | 2020 week 12 | 2020 week 13 | 2020 week 14 | 2020 week 15 | 2020 week 16 | 2020 week 17 | 2020 week 18 | 2020 week 19 | 2020 week 20 | 2020 week 21 | |
|--------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---|
| Nursing Facility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Psych. Fac.-Partial Hosp | | | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residential SUD | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | |
| Skilled Nursing Facility | | | 1 | | | | | | | | | 1 | | | | | | | | | | | | | | | | | |
| Homeless Shelter | | | | | | | | | | 1 | | 1 | | | | | | 1 | | | | | | | | | | | |
| Custodial Care Facility | | | | | | 1 | | | | 1 | | | 1 | | | | | | | | | | | | | | | | |
| School | | | | 1 | | | | | 1 | | | | 1 | | 1 | | 1 | | | | | | | | | | | | |
| Psych. Residential | | | 1 | 2 | | | | | | | 2 | | | | | | | | 1 | | | | | | | | | | |
| Telehealth | | | | | | | | | | | | | | | | | | | | | | | 1 | | 2 | 2 | 5 | 4 | 4 |
| Group Home | 1 | | 1 | | | 2 | 1 | | | | | | | 1 | 1 | | 1 | | | | 1 | | 1 | | 4 | 2 | 1 | 1 | |
| Office | | | | 2 | | 1 | | | 1 | | 1 | 4 | | | | | | 1 | 1 | | 2 | 2 | 3 | | 3 | 3 | 1 | | |
| Community Mental Health Center | 2 | 1 | | 3 | | 1 | 1 | | 2 | 1 | 2 | 2 | 5 | 1 | 1 | | 1 | 2 | | 1 | | 1 | | | | | | | |
| Assisted Living Facility | | | 3 | 1 | | | | | 1 | 2 | 2 | 1 | | 2 | 2 | 5 | | 1 | 3 | | 2 | 3 | 1 | 2 | 6 | 1 | 3 | 1 | 3 |
| Home | 1 | | 3 | 6 | 1 | 4 | | | 1 | 2 | 2 | 5 | 5 | 6 | 4 | 3 | 3 | 6 | 1 | 2 | | | | | | 1 | 3 | 1 | 2 |
| Prison - Correctional Facility | 8 | 4 | 10 | 11 | 7 | 2 | 3 | 3 | 5 | 14 | 7 | 8 | 7 | 8 | 7 | 12 | 5 | 7 | 11 | 5 | 2 | 5 | 4 | 4 | 9 | 6 | 10 | 6 | |
| Inpatient Hospital | 7 | 10 | 11 | 14 | 10 | 8 | 8 | 7 | 10 | 5 | 9 | 17 | 10 | 14 | 10 | 17 | 12 | 12 | 9 | 6 | 7 | 10 | 10 | 11 | 16 | 12 | 13 | 19 | |
| Other Place of Service | 3 | 12 | 18 | 13 | 11 | 11 | 5 | 9 | 16 | 8 | 16 | 15 | 13 | 12 | 20 | 14 | 14 | 17 | 10 | 8 | 11 | 11 | 13 | 12 | 14 | 24 | 11 | 17 | |
| Inpatient Psychiatric Facility | 22 | 14 | 18 | 36 | 27 | 17 | 11 | 5 | 19 | 39 | 25 | 13 | 14 | 26 | 22 | 24 | 20 | 21 | 19 | 20 | 21 | 21 | 16 | 14 | 24 | 19 | 16 | 22 | |
| Emergency Room – Hospital | 32 | 27 | 31 | 36 | 29 | 24 | 23 | 18 | 32 | 33 | 39 | 51 | 41 | 44 | 41 | 42 | 33 | 35 | 32 | 24 | 34 | 35 | 42 | 41 | 37 | 44 | 52 | 33 | |

Telehealth only, crisis and investigation services from 02/09/20 to 05/23/20



New COVID-19 Cases Reported Weekly per 100,000 population - 03/30/20 to 05/27/20



Statewide High-Level Analysis of Forecasted Behavioral Health Impacts from COVID-19

SUMMARY

Purpose

This document provides a brief overview of the potential statewide, behavioral health impacts from COVID-19. The intent of this document is to communicate the potential impacts of the outbreak to response planners and behavioral health organizations, public and private, so they can adequately prepare.

Bottom Line Up Front

- The COVID-19 pandemic is considered a ‘natural disaster’ and as such, this document is heavily informed by research on disaster recovery and response.
- The behavioral health impacts from the COVID-19 outbreak and related government actions have to-date caused a surge in behavioral health symptoms across the state, which is a trend likely to continue. This surge will present differently based on the stage of the pandemic, the effectiveness of the overall response effort, and the populations being impacted. A second or third pandemic wave will dramatically change this forecast, as outlined in the scenarios that follow. This forecast will be updated monthly to reflect changes in baseline data.
- Ongoing behavioral health impacts in Washington will likely be seen in phases, peaking around 6-9 months post initial-outbreak.^{1,2} This will likely coincide with a potential second wave of infections, in a pattern consistent with previous pandemics.

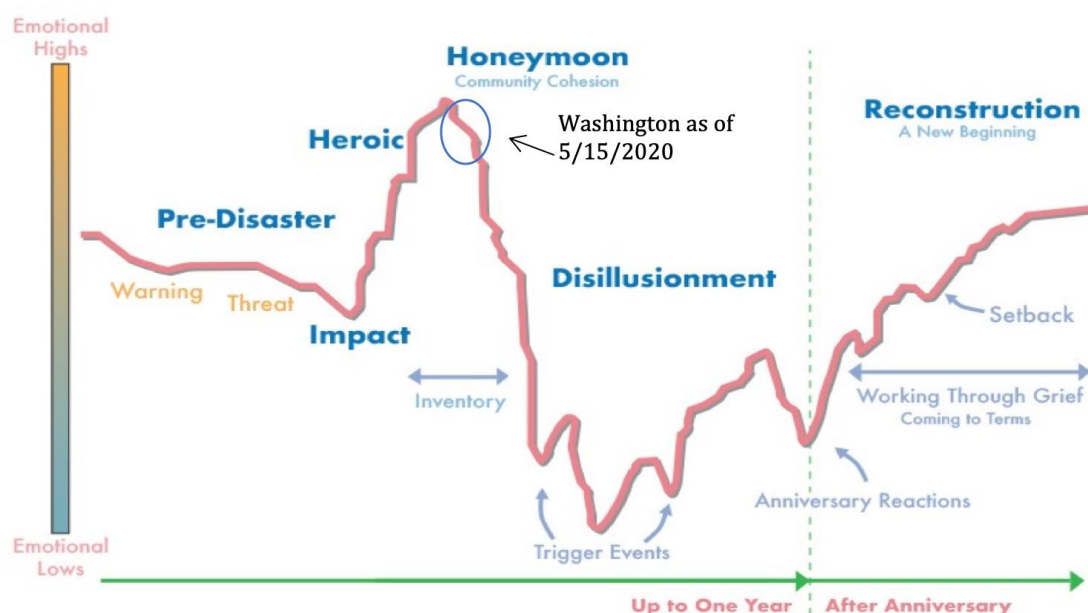
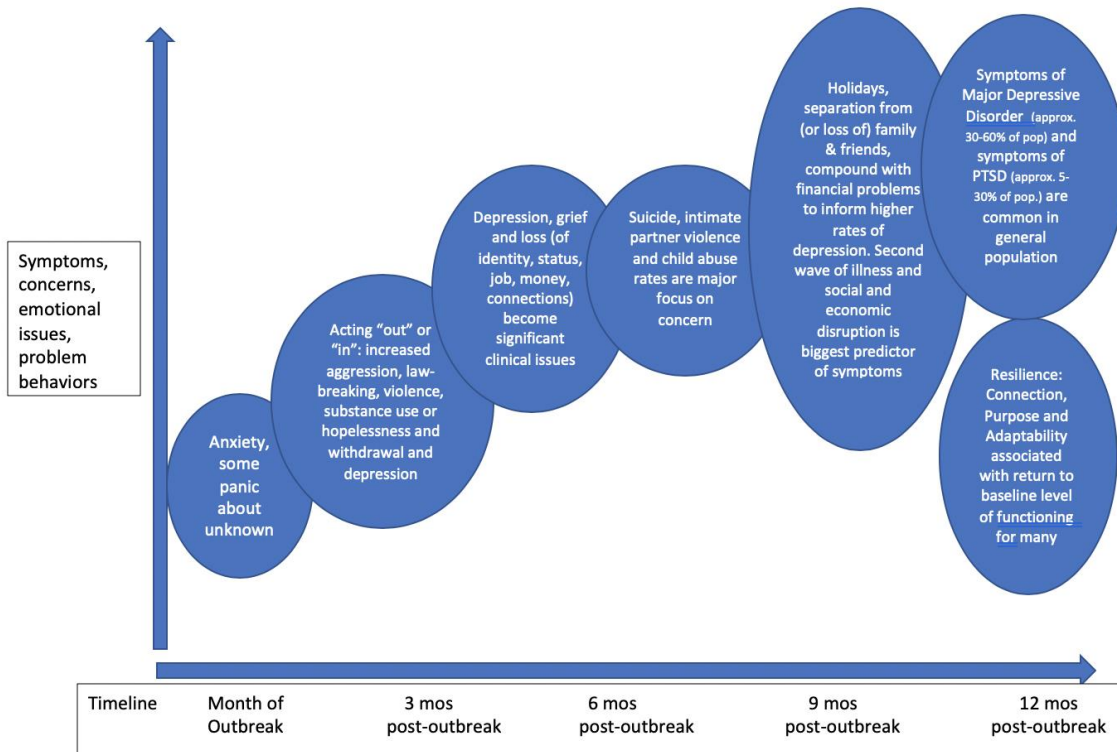


Figure 1. Reactions and Behavioral Symptoms in Disasters: SAMHSA
<https://www.samhsa.gov/dtac/recovering-disasters/phases-disaster>

Initial Forecast of Behavioral Health Symptoms (Without Additional Waves)



NOTE: Where people start on this chart is strongly predicted by their baseline level of functioning BEFORE the outbreak / pandemic

Figure 2.

- In Washington, the highest risk of suicide will likely occur between October and December 2020. This is consistent with known cycles of disaster response patterns. Seasonal affective disorder exacerbates mental health challenges at that time of year due to increased hours of darkness and inclement weather, as does the occurrence of winter holidays, which are often an emotionally and financially difficult time of year for many people.
- Outreach and support strategies need to be tailored based on the current phase of the incident and the target population. Resources exist to inform outreach and support strategies. Additional resources to support these efforts are currently under development.
- Efforts should focus on activating/augmenting existing community supports to increase social connections, which reduces behavioral health symptoms, and encouraging active coping skills among target audiences.
- An eventual return to baseline levels of functioning for **many** people should occur around 12-14 months post-initial outbreak, **assuming that the potential second wave of the pandemic is stabilized by that time, in terms of both social and economic disruptions, and a sense of the "new normal" is underway.**

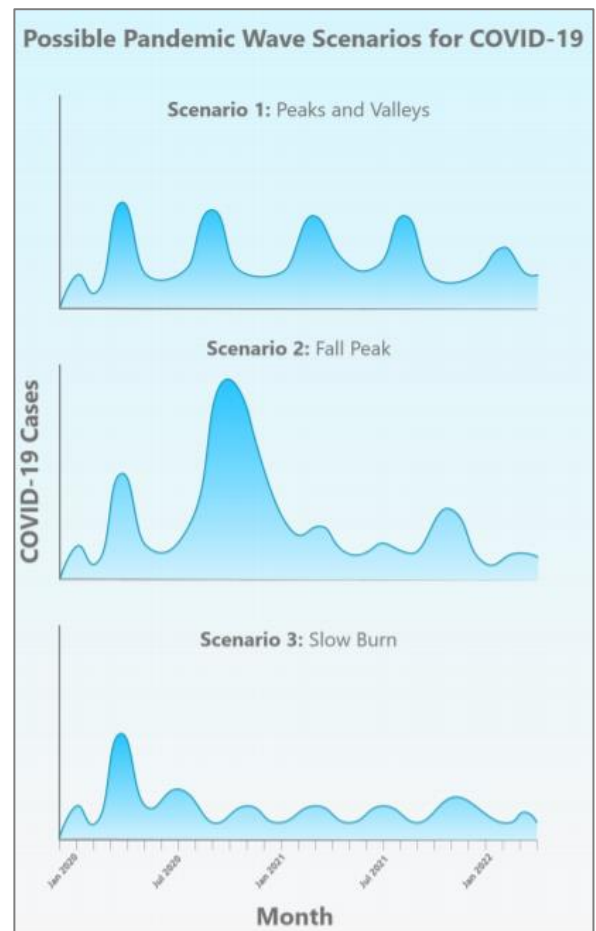
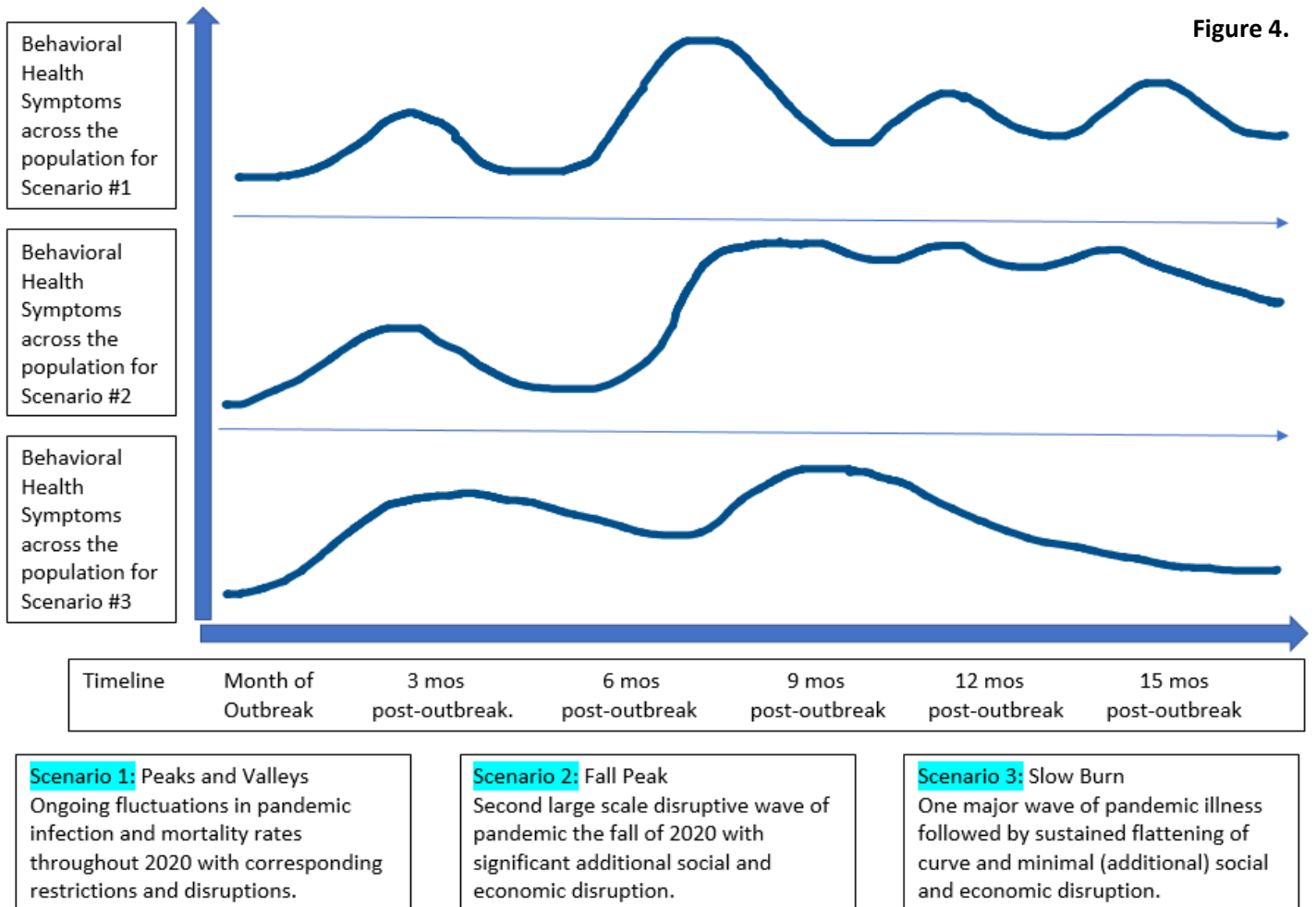


Figure 3.

- There are three different scenarios for the future of the COVID-19 pandemic as we move into summer and fall, some of which are consistent with what occurred during past influenza pandemics (see Figure 3).³ The behavioral health symptom projections that follow are based on the different scenarios and their corresponding behavioral health impacts.

Forecasted Behavioral Health Symptoms, Based on COVID-19 Wave Scenarios



Key Things to Know

What sort of impacts are we expecting?

- Approximately 650,000 Washingtonians were receiving treatment for behavioral health needs prior to the COVID19 outbreak.
- Approximately 700,000 Washingtonians have mental health concerns, but were NOT receiving services prior to the outbreak.
- Approximately 10% to 33% of individuals experience symptoms of acute stress (such as negative thoughts, sadness, intrusive dreams or memories, avoidance, insomnia or hypersomnia, headaches & stomach aches) within one month after the impact phase of a disaster or critical incident. In Washington, for the Puget Sound area specifically, that timeline begins mid-March 2020.^{4,5,6}
- While Only 4% to 6% of people typically develop symptoms of PTSD after a disaster (equivalent to 380,000 individuals in Washington), *this number can vary quite a bit depending on the type of disaster*, and is often higher amongst first responders and medical personnel if the disaster is more chronic, widespread, children are hurt or injured, and burnout is likely.^{5,6,6}

- Rates of PTSD have been much higher (10-35%) in some places more directly impacted by a critical incident (NYC on 9/11).⁷ We are anticipating that although rates of PTSD may not reach such critical levels in Washington State, **rates of depression are likely to be much higher (perhaps 30-60% of the general population, which is equivalent to 2.25 million to 4.5 million people in Washington State⁷) due to the chronic and ongoing social and economic disruption in people’s lives as a result of the COVID-19 pandemic.** This is a much higher rate than is typical after a ‘natural disaster’ where there is a single impact point in time.
- A significant number of COVID-19 positive individuals require critical care, a trend consistent across China (7-26% of cases), Italy (5-12%), and the United States (5-12%).⁸ Of those individual receiving critical care, up to 75% also require mechanical ventilation.^{9,10} Current literature reports the prevalence rate of PTSD in patients post-mechanical ventilation is 10% to 30%.^{11,12,13}
- For Washington State, where mortality rates are so strongly related to nursing homes, and the vast majority of people in the general population have not been directly threatened by the illness itself, behavioral health concerns are much more anchored in changes in lifestyle, fears about the unknown, financial worries, loss of income or livelihood, and loss of connection with others.
- **Impact of Unemployment:** Suicide rates are highly influenced by unemployment rates.^{14,15,16} For every percentage point increase in unemployment rates (i.e., 1%), there is a 1.6% increase in suicide rates.¹⁵ In Washington, approximately 1,283 people die from suicide annually. If unemployment rates increase by 5% (rates similar to the Great Recession in the late 2000’s), that means we will see approximately 103 additional people die by suicide.¹⁶ If unemployment increases by 20% (rates similar to the Great Depression in the 1930’s), that’s approximately 412 additional people who will die by suicide in Washington.
- **Approximately half of the individuals who experience a behavioral health diagnosis will develop a substance-related disorder, and vice versa.**¹⁷
 - As a result, we can expect substance-related symptoms and disorders to increase as behavioral health symptoms and disorders increase.
- During disasters, individuals may have difficulty accessing their prescribed medication, which could lead them to seek alternatives. Relatedly, quarantine policies mean that peer support groups for both substance-related disorders and behavioral health disorders are inaccessible via traditional means.
 - Healthcare providers should anticipate an increase in substance-use as a possible disaster reaction, and should suggest both healthy alternatives for coping, and sources of support.
- Based on population data for Washington, and known cycles of common psychological responses to disasters, **we can reasonably expect that between TWO to THREE MILLION Washingtonians will experience behavioral health symptoms over the next three to six months. Symptoms of depression will likely be the most common, followed by anxiety and acute stress.** These symptoms will likely be strong enough to cause significant distress or impairment for most people in this group.

What does this look like over time?

- **Behavioral health symptoms will likely present in phases:**^{1,2}
 - We can reasonably expect that behavioral health symptoms including anxiety, trouble sleeping, stomach aches, and headaches will be consistent in the general population in the summer months of 2020.
 - Behavioral symptoms associated with “acting out” (aggression, law breaking, significantly increased domestic child abuse, intimate partner violence, and substance use) or “acting in” (voluntary isolation, non-participation, blunted emotional expression) are likely to increase from three to six months post-outbreak. Weekly surveys of state law enforcement agencies indicate that domestic violence offenses were up 17%, while other select offenses were down

25% (see Figure 5).^{*18} However, these data only represent approximately 29% of law enforcement agencies and, based on data from previous disasters, it is likely that – even among reporting agencies – the true number of domestic violence cases is significantly higher.

- Depression rates and symptoms, along with suicides, are increasing dramatically at the current time with the potential of peaking in the fall and winter of 2020. For the general population, this is due to a particularly hard combination of:
 - The Disillusionment phase of disaster recovery (when people recognize that things will not be returning to the way they once were)
 - The season (holidays as well as limited daily sunlight)
 - Long term effects of financial losses or concerns on sense of hope
 - A second wave of illness resulting in large-scale social and economic disruption
- An eventual return to pre-morbid baseline levels of functioning by February or March 2021 is anticipated for many people, depending on the level of disruption caused by the potential for a second wave of illness in the fall of 2020 or winter of 2021.^{1,2}
- In scenarios where multiple waves of pandemic occur (see scenarios 1 and 2 above), a “Trauma Cascade” is likely. For behavioral health, this means that the recurrence of a traumatic event (in this case, a second or third wave of significant illness and/or restriction) inhibits the natural ability of people to recover to baseline levels of functioning. Symptoms increase and are compounded rather than having an opportunity to be actively managed.

How do we begin preparing?

- Behavioral health systems, providers, and public messaging teams should be mindful of the following strategies to maximize the impact of their efforts:
 - Primary efforts for the next 3-6 months should be focused on activating community supports to increase social connections (and thus reducing behavioral health symptoms) and encouraging the development of ACTIVE coping skills amongst the general public to reduce symptoms of depression.
 - Communication about **preparation** necessary for multiple phases or waves of pandemic (the potential for additional school closures, social distancing measures, and restrictions in the fall) will help to reduce acute behavioral health symptoms for people when a second wave of illness occurs.
 - There should be a psychoeducational emphasis on the disaster response cycle so that people are informed about what they may expect, and they do not pathologize a normal response to an abnormal situation.
- The typical response to disaster is RESILIENCE, rather than disorder.^{1,4} Resiliency can be increased by:¹⁹

^{*}The number of law enforcement agencies submitting offense counts varies from week to week: April 6-12 (n=84), April 13-19 (n=80), April 20-26 (n=78), April 27-May 3 (n=80); among the 85 agencies that submitted counts for at least one week, 74 agencies submitted counts for all four weeks. In addition to counts of domestic violence, law enforcement agencies were only asked to submit counts of the following (select) offenses: Murder, assault, robbery, burglary, theft, destruction of property, weapons offenses, and animal cruelty.

Domestic violence and other select offenses*, April 6 - May 3 (2020 vs. 2019)

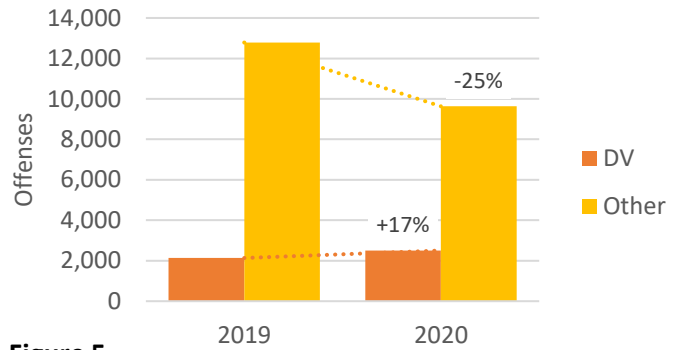


Figure 5.

- Focus on developing social CONNECTIONS big or small
- Reorienting and developing a sense of PURPOSE
- Becoming adaptive and psychologically FLEXIBLE
- Focusing on HOPE
- Resilience is something that can be intentionally taught, practiced, and developed for people across all age groups.
- Community support groups, lay volunteers, law enforcement, first responders, and all manner of social organizations and clubs are resources that can be developed to help reduce behavioral health symptoms for the general population, and should be leveraged to take pressure off depleted or unavailable professional medical and therapeutic resources throughout 2020.

Background Data and Analysis

Mental Illness, Behavioral Health Diagnoses, and Demographics

National prevalence rates for mental and behavioral health diagnoses^{20,21}

Generalized Anxiety Disorder = approximately 1% of adolescents, 2.9% adults (6.06 million nationally)

Panic Attacks = 11.2% of adults (23.40 million)

Panic Disorder = approximately 2-3% of adolescents and adults (4.18 million)

Mood Disorders = approximately 9.7% of adults²¹ (20.27 million)

Depression = 12.7% in WA, 41.1% of whom received mental health services²²

Annual suicide rates = approximately 17 per 100,000²³

Post-Traumatic Stress Disorder: 3.5% of adults nationally²⁰

Substance-Related Disorder prevalence

National prevalence rates for substance-related disorders^{20,21,24}

Alcohol Use Disorder = approximately 4.6% of adolescents, 8.5% of adults

Cannabis Use Disorder = approximately 2.3% of adolescents, 5% of young adults, and 0.8% of adults

Opioid Use Disorder = approximately 0.6% of adolescents, 1.1% of young adults, and 0.8% of adults

Population of WA: Approx. 7.5488 Million

Percentages with baseline Serious Mental Illness (2017 most recent):

Adults 18 and over = 5.3%²² (or 400,044 people)

Young adults from 18-25 = 6.2%²² (or 29,014)

Percentage of adults 18 and over with ANY mental illness who received treatment in Washington (2017 most recent) = 45.6% (approximately 650,000 people or 8% of the total population of WA)²²

Developed by Washington State Department of Health's Behavioral Health Strike Team, authored by: Kira Mauseth, Ph.D.; Stacy Cecchet, Ph.D., ABPP., Matt Brickell, Psy.D, and Tona McGuire, Ph.D.

References

1. Substance Abuse and Mental Health Services Administration. (2015, August). Supplemental research bulletin - Issue 5: Traumatic stress and suicide after disasters. SAMHSA. https://www.samhsa.gov/sites/default/files/dtac/srb_sept2015.pdf
2. Centers for Disease Control and Prevention. (2018, December 6). The continuum of pandemic phases. CDC. <https://www.cdc.gov/flu/pandemic-resources/planning-preparedness/global-planning-508.html>
3. Moore, K.A., Lipstich, D. P., Barry, J.M., and Osterholm, M.T. (2020) COVID-19: The CIDRAP Viewpoint Part 1: The Future of the COVID-19 Pandemic: Lessons Learned from Pandemic Influenza
4. Bonanno, G. A. (2004). Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive After Extremely Aversive Events? *American Psychologist*, 59(1), 20–28. <https://doi.org/10.1037/0003-066X.59.1.20>
5. Fran H., Norris, Matthew J., Friedman & Patricia J., Watson (2002) 60,000 Disaster Victims Speak: Part II. Summary and Implications of the Disaster Mental Health Research, *Psychiatry*, 65:3, 240-260, DOI: 10.1521/psyc.65.3.240.20169
6. Makwana N. (2019). Disaster and its impact on mental health: A narrative review. *Journal of family medicine and primary care*, 8(10), 3090–3095. https://doi.org/10.4103/jfmpe.jfmpe_893_19
7. Bonnano, G.A., Galea, S., Bucchiarelli, A., & Vlahov, D. (2006). Psychological Resilience after disaster: New York City in the aftermath of the September 11th terrorist attack. *Psychological Science*, 17(3): 181-6.
8. Anesi, G.L. & Manaker, S. (2020) Coronavirus disease 2019 (COVID-19): Critical care issues. Retrieved from: https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19-critical-care-issues?source=related_link
9. Bhatraju, P.K., Ghassemieh, B.J., Nichols, M., Kim, R., Jerome, K.R., Nalla, A.K., Greninger, A.L., Pipavath, S., Wurfel, M.M., Evans, L., Kritek, P.A., West, R.E., et al. (2020). Covid-19 in Critically Ill Patients in the Seattle Region. *New England Journal of Medicine*. doi: 10.1056/NEJMoa2004500 Retrieved from: <https://www.nejm.org/doi/pdf/10.1056/NEJMoa2004500?articleTools=true>
10. Namendys-Silva SA (202). Respiratory support for patients with COVID-19 infection. *The Lancet*, 8. doi: 10.1016/ S2213-2600(20)30110-7
11. Battle, C. E., James, K., Bromfield, T., & Temblett, P. (2017). Predictors of post-traumatic stress disorder following critical illness: A mixed methods study. *Journal of the Intensive Care Society*, 18(4), 289–293. doi: 10.1177/1751143717713853
12. Girard, T. D., Shintani, A. K., Jackson, J. C., Gordon, S. M., Pun, B. T., Henderson, M. S., Dittus, R. S., Bernard, G. R., & Ely, E. W. (2007). Risk factors for post-traumatic stress disorder symptoms following critical illness requiring mechanical ventilation: a prospective cohort study. *Critical care (London, England)*, 11(1), R28. doi: 10.1186/cc5708
13. Jubran, A., Lawm, G., Duffner, L. A., Collins, E. G., Lanuza, D. M., Hoffman, L. A., & Tobin, M. J. (2010). Post-traumatic stress disorder after weaning from prolonged mechanical ventilation. *Intensive care medicine*, 36(12), 2030–2037. doi: 10.1007/s00134-010-1972-8
14. Pew Research Center, April 2020, "About Half of Lower-Income Americans Report Household Job or Wage Loss Due to COVID-19"
15. Phillips, Julie A. "Suicide and the Great Recession of 2007–2009: The Role of Economic Factors in the 50 U.S. States." *Social Science & Medicine*. 116 (2014): 22-31.

-
16. Meadows Mental Health Policy Institute (2020). COVID-19 Response Briefing: Mental Health and Substance Use Disorder Impacts of a COVID-19 Economic Recession. Retrieved from: <https://www.texasstateofmind.org/uploads/whitepapers/COVID-MHSUDIImpacts.pdf>
 17. Kelly T.M, Daley D.C. Integrated Treatment of Substance Use and Psychiatric Disorders. Soc Work Public Health. 2013; 28(0): 388-406. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3753025/>
 18. 2019-2020 Comparison of Criminal Offense Reports for the Weeks of April 6-12, April 13-19, April 20-26, and April 27-May 3. Washington Association of Sheriffs and Police Chiefs. Obtained directly via email correspondence.
 19. Hobfoll, S. E., Watson, P. J., Bell, C. C., Bryant, R., Brymer, M. J., Friedman, M. J., Ursano, R. J. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry Interpersonal & Biological Processes*, 70(4), 283-315.
 20. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA: American Psychiatric Association, 2013
 21. Harvard Medical School, 2007. National Comorbidity Survey (NCS). (2017, August 21). Retrieved from <https://www.hcp.med.harvard.edu/ncs/index.php>. Data Table 2: 12-month prevalence DSM-IV/WMH-CIDI disorders by sex and cohort.
 22. Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Washington, Volume 5: Indicators as measured through the 2017 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services. HHS Publication No. SMA-19-Baro-17-WA. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2019.
 23. Center for Disease Control and Prevention. National Center for Health Statistics, Stats of the State of Washington. Retrieved from: <https://www.cdc.gov/nchs/pressroom/states/washington/washington.htm>
 24. Center for Disease Control and Prevention. 2018 Annual Surveillance Report of Drug-Related Risks and Outcomes. Retrieved from: <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf>