



North Sound Behavioral Health Advisory Board

Agenda

May 5, 2020

1:00 p.m. – 3:00 p.m.

Call to Order and Introductions

Revisions to the Agenda

Approval of March Minutes

Announcements

— Snohomish County Resignation – Carolann Sullivan

Brief Comments or Questions from the Public

Executive/Finance Committee Report

— Approval of April Expenditures

Executive Director's Report

Executive Director's Action Items

Old Business

— None

New Business

— Advisory Board Policy Annual Review

Report from Advisory Board Members

Reminder of Next Meeting

Adjourn



North Sound Behavioral Health Advisory Board

March 3, 2020

1:00 – 3:00

Meeting Minutes

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

Members Present:

- **Island County: Brittany Wright**
- **San Juan: Diana Porter**
- **Skagit County: Duncan West, Patti Bannister, Jere LaFollete**
- **Snohomish County: Marie Jubie, Fred Plappert, Pat O'Maley-Lanphear, Joan Bethel, Jennifer Yuen, Jack Eckrem, Carolann Sullivan**
- **Whatcom County: Arlene Feld, Mark McDonald, Kara Mitchell (Phone), Michael Massanari (Phone)**

Members Excused:

- **Island County: Chris Garden, Candy Trautman**
- **San Juan County:**
- **Skagit County: Ron Coakley**
- **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: Bea Dixon (Phone)**
- **Coordinated Care: Naomi Herrera**
- **Molina Healthcare: Kelly Anderson**
- **Community Health Plan of Washington [CHPW]: Marci Bloomquist**

Guests: Andrew Shogren, Didgwalic Wellness Center/Swinomish; Alex Jozwik, Millennium Health; Sherida Riddle Millennium Health

Pre-Meeting Training

Linda Crothers and James Dixon, North Sound BH-ASO Quality Specialist educated the board on the Medication Assisted Treatment Prescription Drug and Opioid Addiction Grant [MAT-PDOA].

Call to order and Introductions

The meeting was called to order by Chair O'Maley-Lanphear at 1:01 p.m.

Revisions to the Agenda

No revisions mentioned

Approval of February Minutes

Fred Plappert moved a motion the approval of the February 2020 meeting minutes as written, Marie Jubie seconded the motion, all were in favor, motion carried.

Announcements

- Joe spoke of the procedures the organization is taking to prepare appropriately for the Covid-19. Monitoring the recommendations from Public Health and the organization will continue to sanitize the office.
- Chair O'Maley-Lanphear brought discussion of new members appointed, how the Board can get to know one another. If members are interested in participating, they were requested to send baby pictures to Maria. Maria will collect the pictures received and to have time on the April agenda to partake in the social happening. Arlene spoke of having members take the time to speak of there background. A standing agenda item will be placed on the agenda to recognize Board anniversary dates.
- Fred spoke of the groundbreaking low barrier supportive housing in Everett.
- Arlene spoke of the Pickford Theater in Bellingham showing a film about a psychiatrist concerned about mental health illness. Arlene will be opening the event to the public.

Brief Comments from the Public

None

Executive Directors Report

Joe reported on

- Legislative and Budget Update
- Interlocal Leadership Structure (ILS)
- Regional Opioid Collaborative Planning Group
- HCA BHO Close-Out Audit
- RFI to re-procure contracts for HARSP, Pathfinder
- Monthly Crisis Performance Metrics
- Number of Non-Medicaid Persons Served

APPROVED by Advisory Board

Early Warning Signs Workgroup Update

Joe reviewed the Early Warning report.

Executive Director's Action Items

No action items were brought forth to the Board as no March Board of Directors meeting will take place.

Executive/Finance Committee Report

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

Old Business

Advisory Board Legislative Session Update

February 5-6 Pat, Ron, Marie, Chris went to Olympia to meet with at least one Representatives and Senators from each of the North Sound region legislative districts. A total of 25 scheduled appointments were made. Members spoke on the Advisory Board legislative priorities

1. Support the request in the Governor's Supplemental Budget for \$6.5 million to provide additional state General Funds to Behavioral Health Administrative Services Organizations to support crisis services and treatment for low-income persons without Medicaid coverage. The new financing structure for Integrated Managed Care and the rising costs of Involuntary Treatment Act Court hearings have resulted in a reduction in funding for behavioral health Crisis Services and behavioral health treatment for low-income persons who are not eligible for Medicaid Coverage.
2. Support the budget proviso to be sponsored by Senator Dhingra to create a separate account for involuntary treatment act judicial costs. The rising costs of involuntary treatment act judicial hearings, which are required to be reimbursed by Behavioral Health Administrative Service Organizations, has reduced the amount of general fund dollars available to support Crisis Services and behavioral health treatment for low-income persons who are not eligible for Medicaid Coverage. The proposed proviso would also establish a workgroup to make recommendations to the legislature regarding standardized guidelines for reimbursement of these costs.
3. Provide operating funds for the new Crisis Stabilization Facilities being developed by the North Sound Counties. Specifically, support the request in the Governor's Operating budget for \$380,000 to support the operating costs for the new Island County Crisis Stabilization Facility.

4. Support HB 2545 which would Apple Health Managed Care Organizations to access jail records in order to allow for the provision of treatment to inmates during confinement or after release.

Recognition was given to Maria that scheduled the appointments and got Members to the appointments on time. Lisa Hudspeth, North Sound BH-ASO Administrative Assistant III was recognized for assisting in transportation and helping Maria. Members educated legislators of the new behavioral health system and the role of the ASO. Many of the appointments were made with the Legislators in person with only a few with the Legislative Assistants.

New Business

Skagit County Candidate Vote

Jere LaFollete attended one Board meeting as a perspective member. Jere has been officially appointed to the Board to serve for Skagit county. Jere has completed the Advisory Board orientation. Marie Jubie moved a motion to vote Jere LaFollete to the Board to serve for Skagit county. Jack seconded the motion. All in favor. Motion carried. Skagit county has no vacancies. Skagit county has full occupancy of 4 seats.

North Sound BH-ASO Western State Hospital Liaison – Dr. Joseph Bigelow

Dr. Joseph Bigelow is the new North Sound BH-ASO WSH Liaison. Joseph wrote an introduction letter to the Board. Members will be able to meet Joseph during the April Advisory Board pre-meeting.

Revised code of Washington [RCW]71.24.300 and Washington Administrative Code [WAC] 182.538C.252

The new RCW language and the WAC number change were reviewed by the Board. These will be placed as a standing document in members binders under the RCW/WAC tab.

Advisory Board Bylaws Revision

Revisions reflect minor changes of the new WAC number 182-538C-252. Members will vote on the Bylaws during the April meeting.

Advisory Board Charter

Minor revisions reflecting the governing articles referenced in the Charter that were changed to the new WAC number. Vote will take place during the April meeting to adopt the revised Charter.

Advisory Board 2020 Site Tours

Members determined the two sit tours. Maria will coordinate the tours at the Smokey Point Behavioral Health Hospital and Pioneer Center North.

APPROVED by Advisory Board

19th Annual 2020 North Sound Tribal Behavioral Conference and Opioid Symposium

Members discussed various budget scenarios to allow attendance to the conference. Members interested in attending are Jennifer, Marie, Joan, Brittany, and Kara. Maria will reach out to members that were not at the meeting.

2020 Washington Behavioral Healthcare Conference

Conference will be held June 17-19 in Kennewick WA. Members discussed budget scenarios to allow attendance at the conference. Members interested in attending are Brittany and Fred. Maria will reach out to the Members that were not in attendance during the meeting. Maria will coordinate registration, lodging, transportation and meals for members attending.

Report from Advisory Board Members

None given

Reminder of Next Meeting








Tuesday, April 7, 2020 in Conference Room Snohomish

Adjourn

Chair O'Maley-Lanphear adjourned the meeting at 2:32 p.m.

APPROVED

**North Sound Behavioral Health Administrative Services Organization
Advisory Board Budget
March and April 2020**

	Total	All Conferences	Board Development	Advisory Board Expenses	Stakeholder Transportation	Legislative Session	Video Contest	Contest Support
		Project # 1	Project # 2	Project # 3	Project # 4	Project # 5	Project # 6	Project # 7
Budget	\$ 20,000.00	\$ 4,500.00	\$ 1,000.00	\$ 10,200.00		\$ 1,200.00	\$ 3,100.00	\$ 700.00
Expense	(3,424.78)			(2,668.78)		(406.00)	(350.00)	
Under / (Over) Budget	\$ 16,575.22	\$ 4,500.00	\$ 1,000.00	\$ 7,531.22	\$ -	\$ 794.00	\$ 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

**NORTH SOUND BH-ASO
 Advisory Board
 Warrants Paid
 March April 2020**

	Type	Date	Num	Name	Amount
5643300 - Advisory Board					
Supplies					
	Bill	03/03/2020	802511	Mister T's	33.70
Total Supplies					<u>33.70</u>
Travel					
	Bill	03/11/2020	84456	AA Dispatch-Yellow Cab	100.75
	Bill	03/11/2020	84007	AA Dispatch-Yellow Cab	84.00
	Bill	03/11/2020	84046	AA Dispatch-Yellow Cab	91.75
	Bill	03/17/2020	February2020	US Bank	733.45
	Bill	03/24/2020	February2020	McDonald, Mark - AdBrd	32.20
	Bill	04/14/2020	March2020	Yuen, Jennifer - AdBrd	51.80
Total Travel					<u>1,093.95</u>
Miscellaneous					
Total Miscellaneous					<u>0.00</u>
Total Advisory Board					<u>1,127.65</u>
					<u>1,127.65</u>
					<u>1,127.65</u>

Triage/Crisis Centers

The Behavioral Health Triage Facilities and Crisis Centers were initially not funded in the ASO budget for fiscal year 2020. The original BH-ASO 2020 budget prioritized fully funding the Crisis Line and Mobile Crisis Outreach Teams. Facility based crisis stabilization services were identified by counties as the 2nd priority area for funding based on the availability of resources. We now project having sufficient funding to fund the Triage Facilities and Crisis Centers for Non-Medicaid/uninsured individuals for the period of July 1, 2019 through June 30, 2020. We anticipate ASO funding will continue to be available into fiscal year July 2020-June 2021.

The contract amendments below are being presented to fund the centers for the Non-Medicaid/uninsured individuals accessing facility-based stabilization services.

The funding is based on monthly operational costs divided by the number of Non-Medicaid individuals multiplied by the number of bed days for a month. Our Senior Accountant has reviewed the proposed agency budgets and their proposed operational costs and staffing models. In his opinion, all three centers are operating lean, have cut costs, substantially reorganized operations and are well within appropriate expenses for 24x7x365 models.

The Whatcom County Triage/Sub-Acute Detox center is currently receiving state Proviso dollars to serve non-Medicaid persons of \$500,000 a year. They will be identifying the potential future shortfall in non-Medicaid funds once the new proposed 16 Bed Triage and 16 Bed Acute Withdrawal Management Facilities are open.

Snohomish County Triage Center**Summary:**

Compass Health operates the Triage Center in Snohomish County. The funding for this facility is July 2019 through June 30, 2020. For July -December 2019 the cost of services to individuals who are Non-Medicaid was \$348,000 and for January – June 2020 the proposed costs are \$280,000.

Motion #XX-XX

- North Sound BH-ASO-Compass Health-ICCN-19-20 Amendment 3 to provide funding to cover individuals who are Non-Medicaid/uninsured being served in the Triage Center in Snohomish County. 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

Skagit County Crisis Center**Summary:**

Pioneer Human Services (PHS) operates the Crisis Center in Skagit County. The Crisis Center is currently serving individuals for sub-acute withdrawal management. The funding for this facility is July 1, 2019 through June 30, 2020. For this period, the cost to serve individuals who are Non-Medicaid is estimated to be \$264,000.

Motion #XX-XX

- North Sound BH-ASO-PHS-ICN-19-20 Amendment 3 to provide funding to cover individuals who are Non-Medicaid being served in the Crisis Center. The contract term 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.

Evergreen Recovery Centers Lynnwood Withdrawal Management Facility**Summary:**

Evergreen Recovery Centers operates a Lynnwood facility providing acute withdrawal management services. As with our other facilities Evergreen has been serving individuals who are Non-Medicaid/uninsured. This motion is funding \$1,336.22 per month to cover March-June 2020 for a reduction in capacity due to COVID-19. Total cost is \$5,344.88 for the four-month period. We are currently working with Evergreen Recovery Center to estimate the cost to fund Non-Medicaid individuals served at the facility from July 2019 through June 2020.

Motion #XX-XX

- North Sound BH-ASO-Evergreen Recovery Centers-ICN-19-20 Amendment 2 to provide funding to cover loss of capacity at the Lynnwood Withdrawal Management Facility due to COVID-19. The contract term 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 Executive Director's Report

Weekly Update: May 4 – May 8, 2020

1. UPDATE ON NORTH SOUND BH ASO FACILITY CLOSURE:

- The North Sound BH-ASO facility continues to remain closed 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 have surveyed our staff to solicit their recommendations on what steps we can take to create a safe workspace once we do re-open the office.

2. COVID-19 UPDATES FROM HEALTH CARE AUTHORITY

- HCA continues to have weekly phone conferences with MCOs, ASOs, and behavioral health agencies providing updates on the state's response to the COVID-19 pandemic. Much of this is around the temporary loosening of restrictions in using tele-health technology.
- Telehealth technology is not only being used by DCR teams to conduct video evaluations but outpatient providers are now expanding the use of telehealth technology as well. MCOs report increased use of tele-health based on the claims now being submitted to them. HCA is allowing the same level of reimbursement for video treatment sessions as face-to-face sessions, and enhanced reimbursements when telehealth sessions are held on evenings and weekends.
- Behavioral Health agencies are reporting high levels of satisfaction from clients when using video sessions. For SUD Outpatient groups for example, they report higher levels of participation because clients don't have to deal with transportation challenges.
- Many questions are now being raised as to whether the federal and state government will continue to support expanded use of tele-health technology once the pandemic is over.
- Daily updates on COVID-19 information and resources for behavioral health providers are being posted on HCAs web-site at: <https://www.hca.wa.gov/information-about-novel-coronavirus-covid-19>
- Some of the resources being made available to behavioral health agencies are loaner laptops, cell phones, and Zoom licenses.
- The Apple Health Managed Care Organizations have worked with individual agencies to develop solutions that will support ongoing agency fiscal sustainability during the pandemic.

3. CRISIS SERVICES

- Our Crisis Response agencies: VOA, Compass Health, and Snohomish County Human Services, continue to remain fully operational. The DCR teams are using a combination 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.
- Both Snohomish County Human Services and Compass Health DCR teams also have the ability to conduct video ITA evaluations in jails if requested.
- There has been an increase in mobile outreach services in the last 2 weeks, but these are more similar to the level of crisis outreach services prior to COVID-19. It may be that DCR teams have now fully adapted the use of telehealth and use of PPEs to support outreaches. [See below reference to the "*Weekly Crisis Capacity Indicator Snapshot*".]

4. UPDATE ON SAMHSA COVID-19 EMERGENCY BEHAVIORAL HEALTH GRANTS

- HCA applied for, and was successful, in obtaining an “Emergency Behavioral Health Grant” from SAMHSA. The state will receive \$2 million from this grant. \$1.4 million will be distributed to the ASOs, with a large amount going to King County. However, the initial estimate is that each of the other BH-ASOs would receive about \$140,000.
- The use of these funds is restricted to more traditional behavioral health services that used “Evidence Based Practices”.
- The funds may not be available until August, so we’ll be consulting with the counties, MCOs and our providers to see the best way of targeting these funds. This will include monitoring whether we see an increase in mental health and substance use symptoms as fall-out from the disaster pandemic similar to what has been seen with other disasters.

5. FEMA CRISIS COUNSELING PROGRAM

- The State Health Care Authority has applied for funding under FEMA’s “Crisis Counseling Program”. This funding supports two different phases in a community’s disaster response program: and “Immediate Services Program” for the first 60 days and a subsequent “Regular Services Program” for up to 9 months. The funding is used to support a “Warm Line”, Crisis Counseling Teams, and community education.
- The Volunteers of America [VOA] had used this program to establish a Crisis Counseling program in response to the Oso Landslide disaster. The detailed involvement of FEMA staff and FEMA requirements made it a challenging program to administer. HCA is proposing to contract with the King County Crisis Line administered by “Crisis Connections” to stand up and manage the state COVID-19 warm line. Neither the North Sound BH-ASO nor VOA thought it was feasible to establish crisis counseling teams to serve the entire North Sound region for the first phase. We will be working with HCA and Crisis Connections to transfer callers from the state warm line to the North Sound “211” line operated by VOA. This would be the best route to connect North Sound callers to the warm line with local resources and crisis services.

6. RESEARCH ON POTENTIAL LONG-LASTING IMPACT ON BEHAVIORAL HEALTH SERVICES

- Last week, I shared a copy of the study posted on the SAMHSA website that summarizes some of the research on the subsequent psychological impacts of disaster events that lead to an increase in behavioral health problems [\[attached again\]](#).
- The North Sound BH-ASO Medical Director, Dr. Glenn Lippman, is conducting more detailed research on the impacts of disaster events that have a profile more similar to the COVID-19 pandemic and what their long term impacts are on persons with mental illness and addiction. These findings will be shared as they are pulled together.

7. NON-MEDICAID FUNDING SURVEY

- In preparation for our budget planning for FY July 2020- December 2020, we have sent a survey out to our providers soliciting ideas for other areas for funding behavioral health services to non-Medicaid/uninsured persons. Responses are due back by May 6.

8. CRISIS SERVICES REPORTS

- **Attached are 2 reports** prepared by the North Sound ASO data analyst, Dennis Regan, which help us monitor on an ongoing basis both the performance and the capacity of our Crisis Services Report.
- The first in the monthly “*North Sound Crisis Metric and Reporting*” report which summarizes both performance and activity across a wide variety of measures. The summary dashboard on page 4 shows that there has been an increase in calls to the Crisis Line during the month of March. However, both the Crisis Line and the Mobile Crisis Outreach Team continue to meet the metrics for answering calls and responding to dispatches within 2 hours.
- The 2nd report, the “*Weekly Crisis Capacity Indicator Snapshot*”, helps us and our Crisis Services agencies us to track the current capacity of the crisis services system during the COVID-19 pandemic. It shows that we are fortunate to have been able to maintain full capacity of our DCR workforce. It also shows an increase in crisis services dispatches and detentions in the last 2 week.

9. COVID WEEKLY DASHBOARD

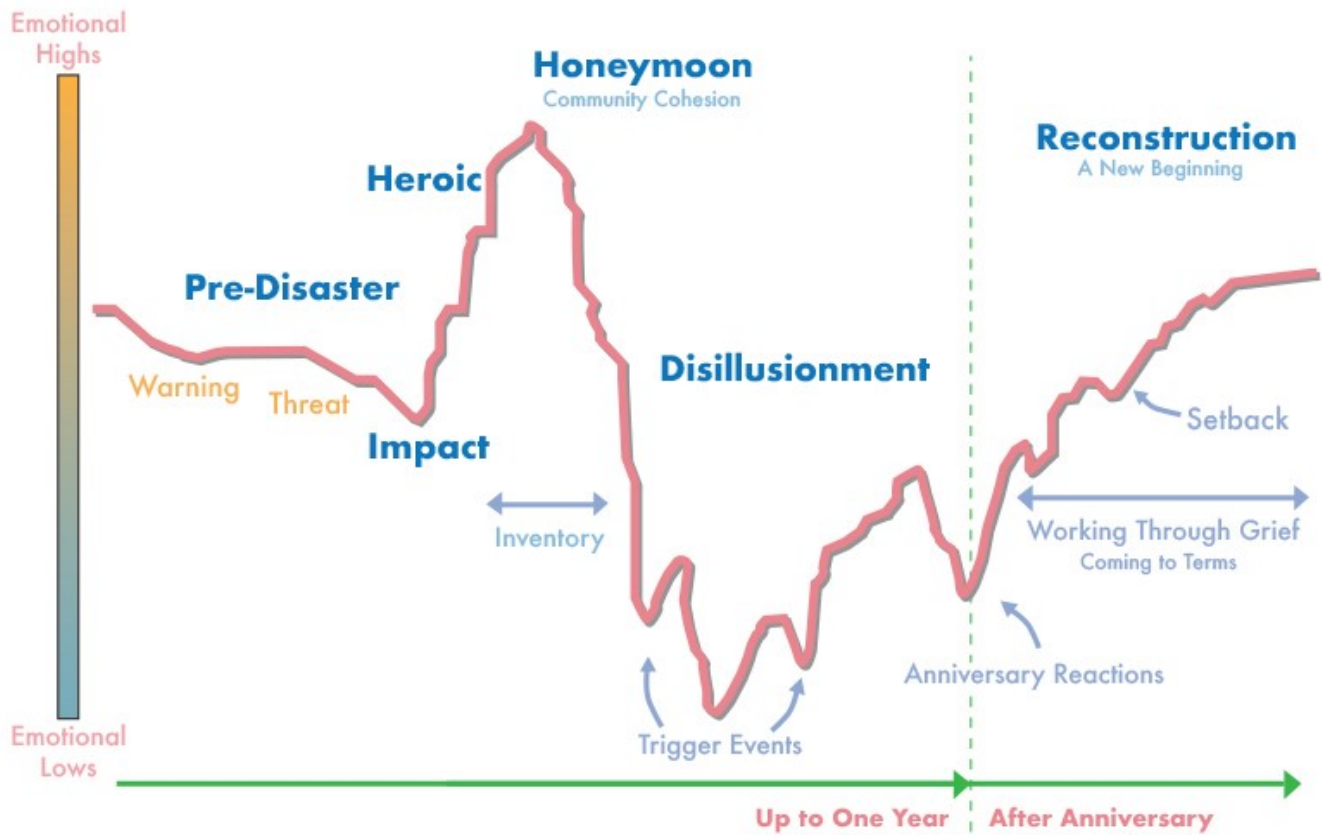
- Dennis Reagan has also been preparing and updating daily “COVID-19 Dashboards” that summarizes COVID cases and death information for each of the 5 counties
- These are now posted on our ASO website at: <https://nsbhaso.org/covid>

U.S. Department of Health & Human Services (<https://www.hhs.gov>)



(<http://www.samhsa.gov/dtac>)

Phases of Disaster



Adapted from Zunin & Myers as cited in DeWolfe, D. J., 2000. Training manual for mental health and human service workers in major disasters (<https://www.nationalservice.gov/resources/disaster-services/training-manual-mental-health-and-human-service-workers-major-disasters>) (2nd ed., HHS Publication No. ADM 90-538). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

- Phase 1, the pre-disaster phase, is characterized by fear and uncertainty. The specific reactions a community experiences depend on the type of disaster. Disasters with no warning can cause feelings of vulnerability and lack of security; fears of future, unpredicted tragedies; and a sense of loss of control or the loss of the ability to protect yourself and your family. On the other hand, disasters with warning can cause guilt or self-blame for failure to heed the warnings. The pre-disaster phase may be as short as hours, or even minutes, such as during a terrorist attack, or it may be as long as several months, such as during a hurricane season.
- Phase 2, the impact phase, is characterized by a range of intense emotional reactions. As with the pre-disaster phase, the specific reactions also depend on the type of disaster that is occurring. Slow, low-threat disasters have psychological effects that are different from those of rapid, dangerous disasters. As a result, these reactions can range from shock to overt panic. Initial confusion and disbelief typically are followed by a focus on self-preservation and family protection. The impact phase is usually the shortest of the six phases of disaster.
- Phase 3, the heroic phase, is characterized by a high level of activity with a low level of productivity. During this phase, there is a sense of altruism, and many community members exhibit adrenaline-induced rescue behavior. As a result, risk assessment may be impaired. The heroic phase often passes quickly into phase 4.
- Phase 4, the honeymoon phase, is characterized by a dramatic shift in emotion. During the honeymoon phase, disaster assistance is readily available. Community bonding occurs. Optimism exists that everything will return to normal quickly. As a result, numerous opportunities are available for providers and organizations to establish and build rapport with affected people and groups, and for them to build relationships with stakeholders. The honeymoon phase typically lasts only a few weeks.
- Phase 5, the disillusionment phase, is a stark contrast to the honeymoon phase. During the disillusionment phase, communities and individuals realize the limits of disaster assistance. As optimism turns to discouragement and stress continues to take a toll, negative reactions, such as physical exhaustion or substance use, may begin to surface. The increasing gap between need and assistance leads to feelings of abandonment. Especially as the larger community returns to business as usual, there may be an increased demand for services, as individuals and communities become ready to accept support. The disillusionment phase can last months and even years. It is often extended by one or more trigger events, usually including the anniversary of the disaster.
- Phase 6, the reconstruction phase, is characterized by an overall feeling of recovery. Individuals and communities begin to assume responsibility for rebuilding their lives, and people adjust to a new "normal" while continuing to grieve losses. The reconstruction phase often begins around the anniversary of the disaster and may continue for some time beyond that. Following catastrophic events, the reconstruction phase may last for years.



North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Crisis Calls, Triage Calls, Dispatches, Investigations and Crisis Services

Prepared By Dennis Regan 4/9/2020

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North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

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North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

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North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Executive Summary

Early Warning Metric Dashboards

North Sound Crisis Calls Period From Sep-19 To Mar-20

	crisis calls	Calls Answered	Calls LT 30 sec	Average answer	Calls
Average	2,046	1,979	1,892	0:00:13	66
Min	1,880	1,825	1,778	0:00:10	46
Max	2,173	2,114	2,060	0:00:21	100
St dev	105	104	96	0:00:04	22
Mar-20	2,566	2,461	2,353	0:00:09	105
Current Month	✖	✖	✖	✔	✔

North Sound Investigations Period From Sep-19 To Mar-20

	invest.	detentions	MH invest.	SUD invest.	MH and SUD invest.	Referred from Law Enforcement	avg dispatch response time hrs.
Average	348	150	221	14	114	35	1.3
Min	309	131	181	5	85	29	1.2
Max	381	164	248	21	141	41	1.4
Standard dev.	27	12	21	4	18	4	0.1
Mar-20	309	131	181	12	116	31	1.3
Current Month	✔	✔	✔	✔	✔	✔	✔

	Detentions and Commitments	Less Restrictive Options MH	No Detention Due to Issues	Voluntary MH Treatment	Other
Average	164	4	6	104	69
Min	141	2	1	91	61
Max	182	8	12	115	84
Standard dev.	14	2	4	8	7
Mar-20	141	3	1	96	65

Current Month

✔ ✔ ✔ ✔ ✔

✔ Inside 2 stdev
 ⚠ at 2 stdev
 ✖ outside 2 stdev

Areas outside limits

Crisis Calls metrics outside limits

Crisis Calls, Calls Answered and Calls LT 30 sec – Crisis Calls for March 2020 have jumped by ~500 calls, a 25% increase. This is the highest 1 month total since November 2015. This also drove the Calls Answered and Calls LT 30 sec metrics to exceed the 6 month average by more than 2 standard deviations.

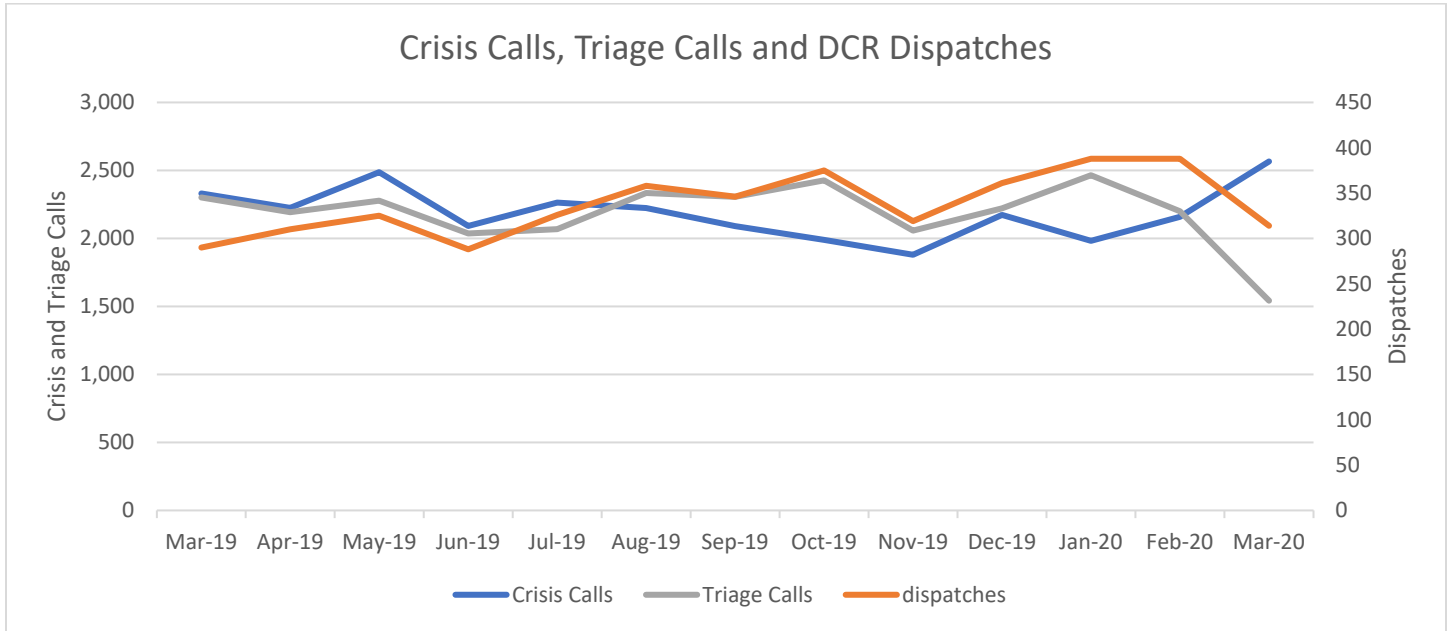
Investigation metrics outside limits

None

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Crisis Calls, Triage Calls and DCR Dispatches



Crisis Calls: Inbound public calls or outbound/follow up calls related to care management activities.

Triage Calls: Primarily used as a Professional line for triaging and coordinating Mobile Crisis Outreaches Services.

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Crisis Call Center

Volunteers of America is the contractor for crisis calls and triage calls.

The Crisis Call Center is meeting the 90% goal for calls answered in less than 30 seconds for a one year average.

The Crisis Call Center one year average is meeting the 97% internal goal for calls not abandoned as well as the contract required 5.0%. The current month is not meeting the internal 97% goal.

Crisis Calls

Period From Mar-19 To Mar-20

	Avg Monthly calls	Avg % answered < 30	Avg % abandoned
Mar-20	2,566	91.7%	4.1%
Average	2,189	92.8%	2.4%
Min	1,880	89.2%	0.9%
Max	2,566	95.0%	5.0%

Monthly Crisis Call metrics

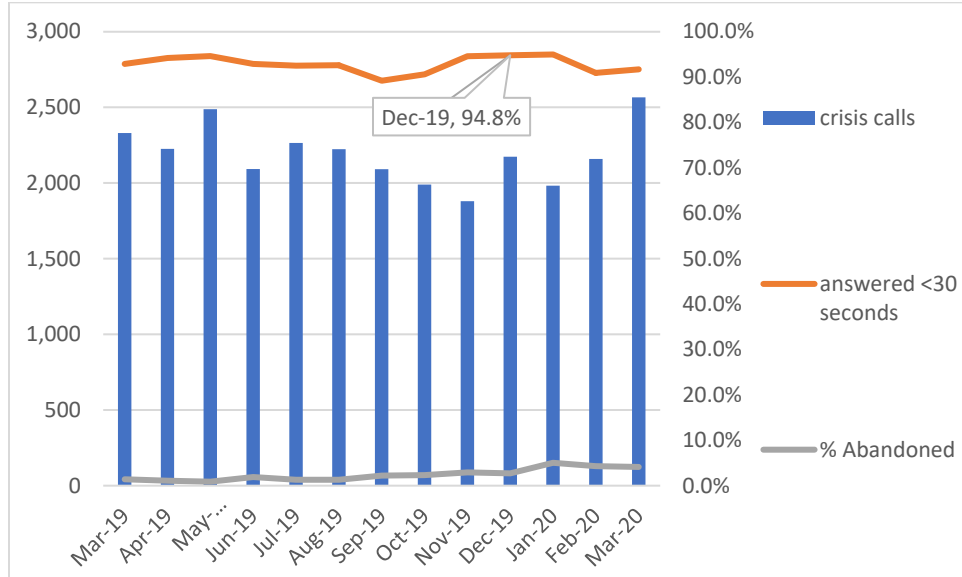
Month	crisis calls	answered <30 seconds	% Abandoned
Mar-19	2,330	92.9%	1.4%
Apr-19	2,225	94.2%	1.1%
May-19	2,487	94.6%	0.9%
Jun-19	2,092	92.9%	1.9%
Jul-19	2,264	92.5%	1.3%
Aug-19	2,223	92.6%	1.3%
Sep-19	2,091	89.2%	2.2%
Oct-19	1,989	90.6%	2.3%
Nov-19	1,880	94.6%	2.9%
Dec-19	2,173	94.8%	2.7%
Jan-20	1,982	95.0%	5.05%
Feb-20	2,159	90.9%	4.3%
Mar-20	2,566	91.7%	4.1%

The goal for calls answered in less than 30 seconds is 90%, the current month is meeting that target. The contact goal for % Abandoned is less than 5%, the current month is meeting that target.

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Crisis Calls monthly comparison



North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Triage Call Center

The Triage Call Center is tasked with providing immediate and direct contact with behavioral health professionals providing services in the region. It provides Crisis services workers and Designated Crisis Responders a direct phone link to coordinate services.

The Crisis Call Center is not meeting the 90% goal for calls answered in less than 30 seconds. The one year average is 89.4% - less than the 90% goal. The most recent month is 88.1%, not meeting the goal.

The Triage Call Center is meeting the 95% goal for calls not abandoned in the current month. The one year average is 97.1%, meeting the 95% goal.

Triage Calls

Period From Mar-19 To Mar-20

	Avg Monthly calls	Avg % answered < 30	Avg % abandoned
Mar-20	1,543	88.1%	3.8%
Average	2,187	89.4%	2.9%
Min	1,543	79.9%	1.5%
Max	2,465	93.0%	5.7%

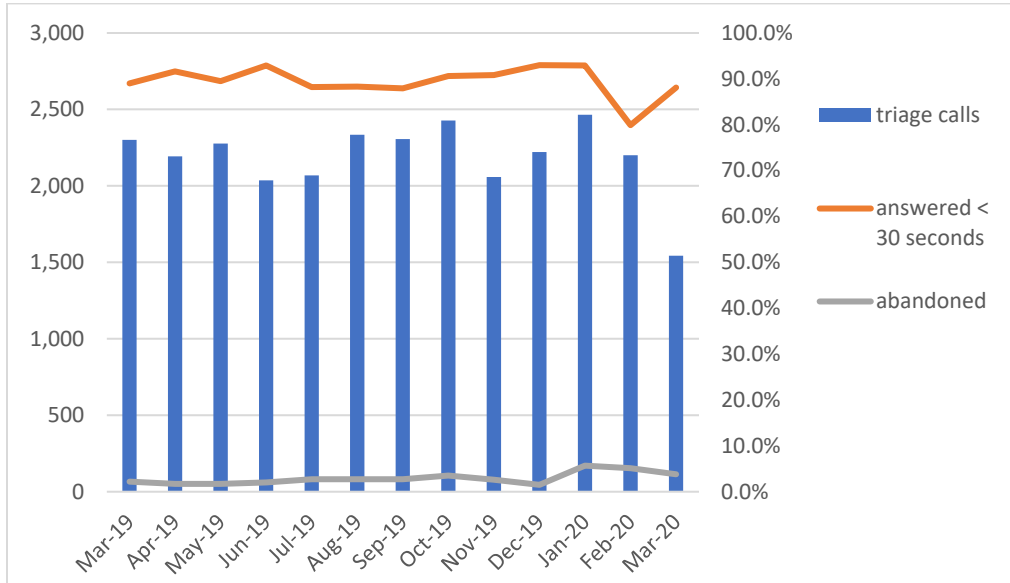
Monthly Triage Call metrics

Month	triage calls	answered < 30 seconds	abandoned
Mar-19	2,301	89.0%	2.2%
Apr-19	2,193	91.6%	1.7%
May-19	2,277	89.5%	1.7%
Jun-19	2,036	92.9%	2.0%
Jul-19	2,068	88.2%	2.7%
Aug-19	2,334	88.3%	2.7%
Sep-19	2,306	87.9%	2.7%
Oct-19	2,427	90.6%	3.5%
Nov-19	2,058	90.8%	2.6%
Dec-19	2,221	93.0%	1.5%
Jan-20	2,465	92.9%	5.7%
Feb-20	2,200	79.9%	5.1%
Mar-20	1,543	88.1%	3.8%

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

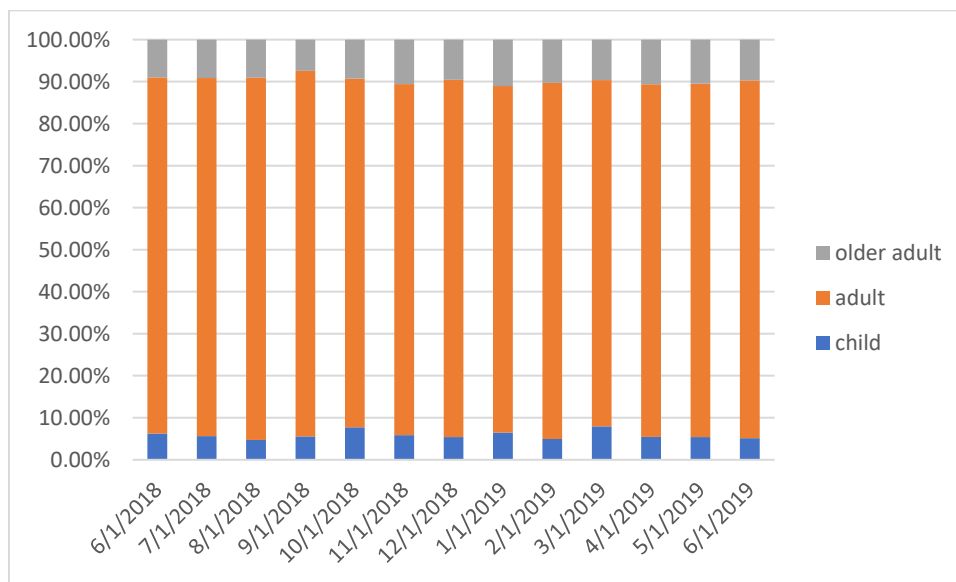
Triage Calls monthly comparison



Call Center Demographics

Age Group

For ages 0-17, 18-59 and 60+

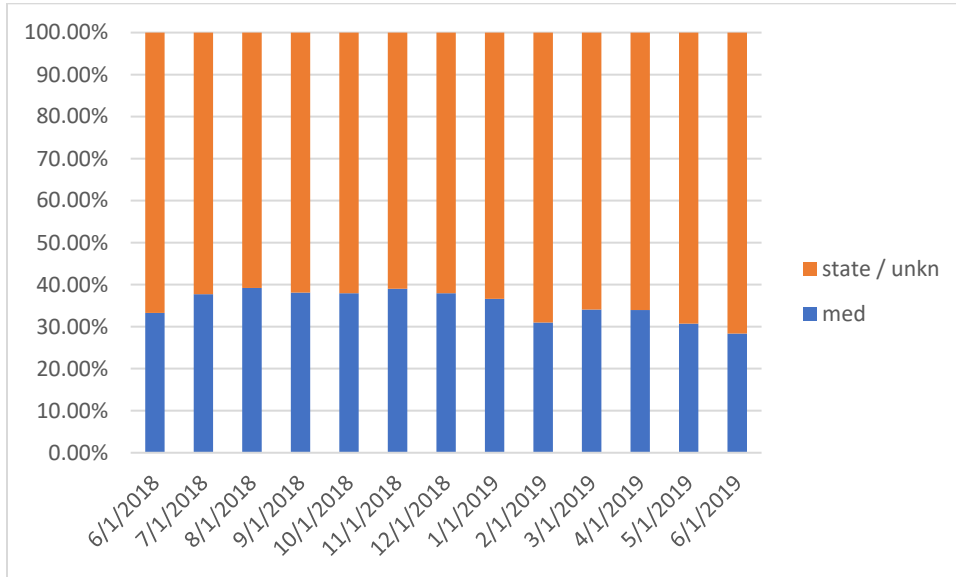


North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

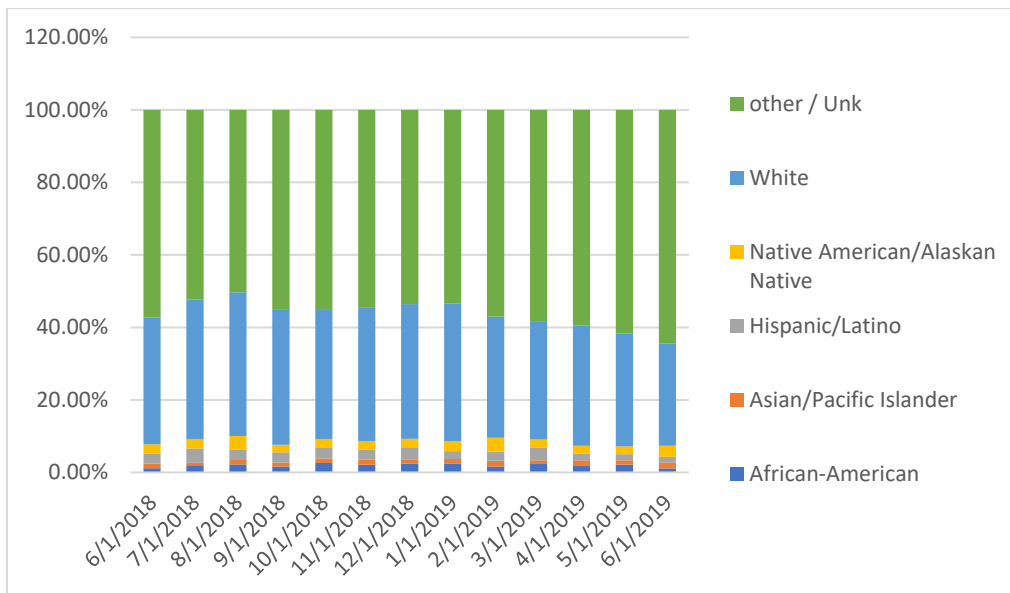
Funding Source

Med = people in the North Sound BHO payment file.



Ethnicity

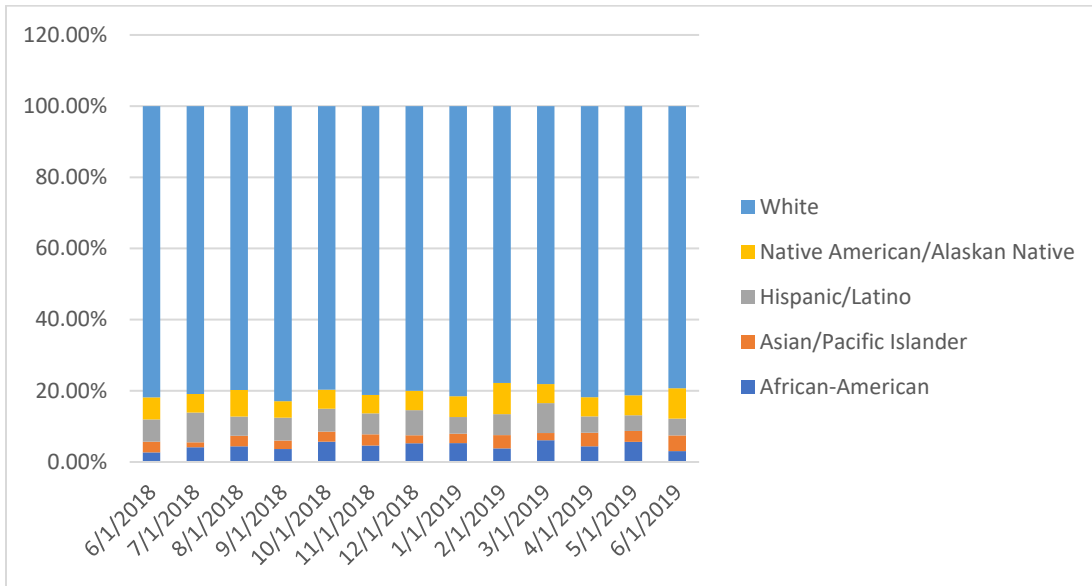
The largest group in ethnicity is other / unknown because often the ethnicity is not provided.



North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Taking out the other / unknown group

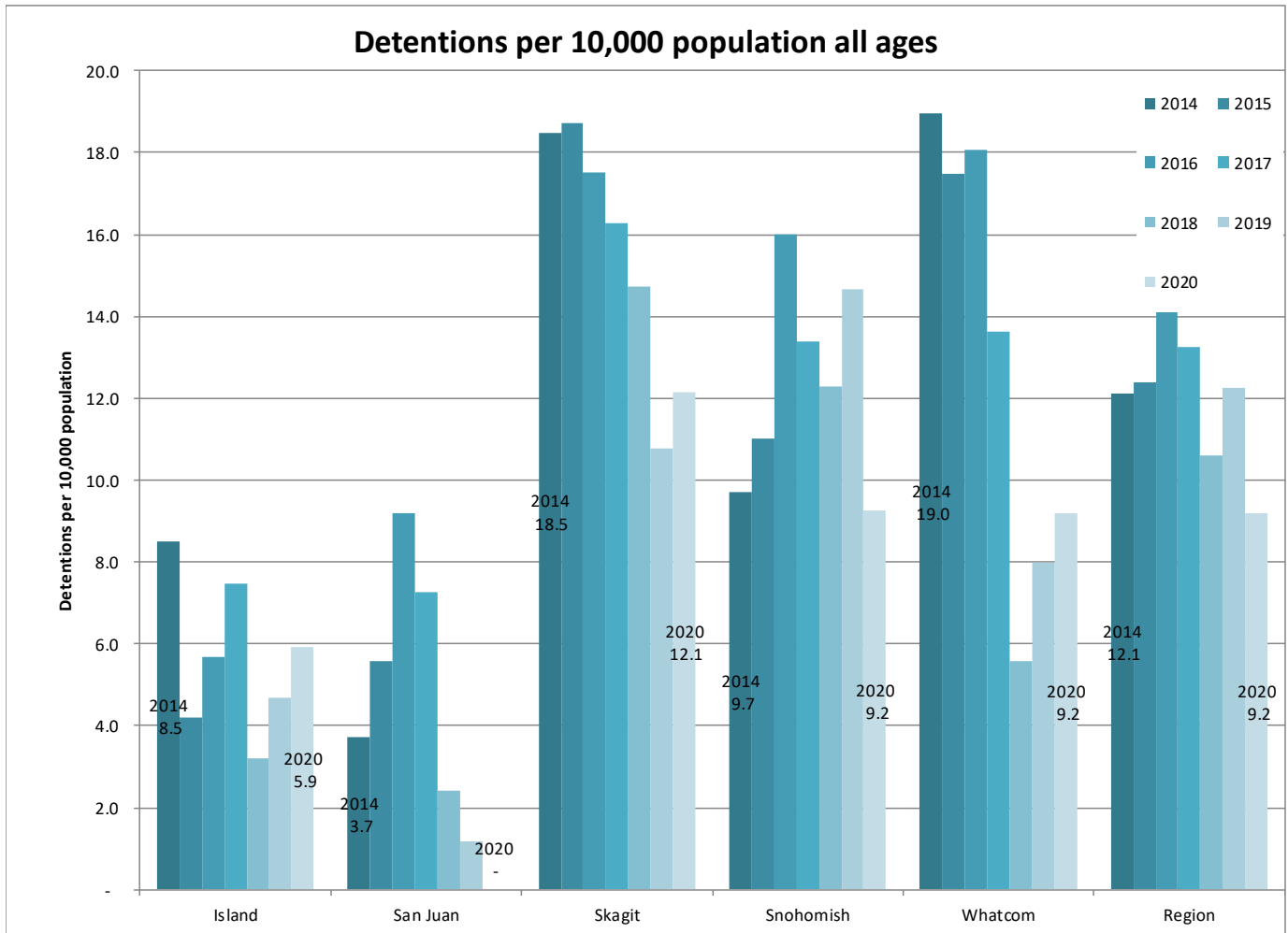


North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Dispatches, Detentions and Detention Rates

Per Capita Detention Rates

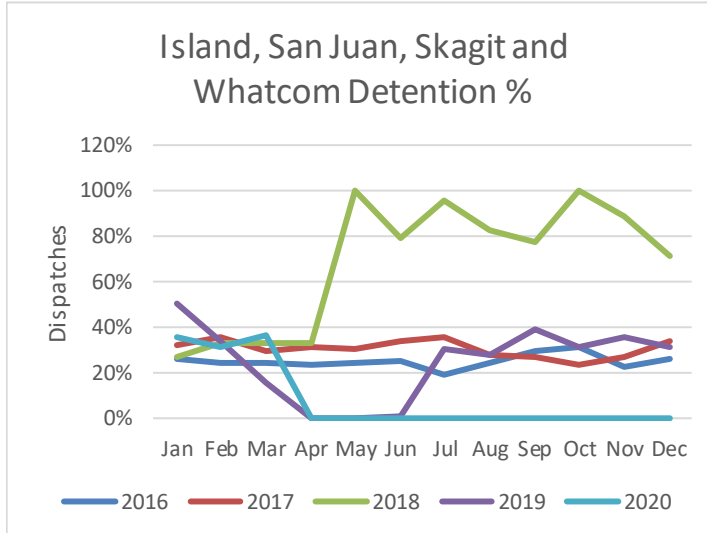
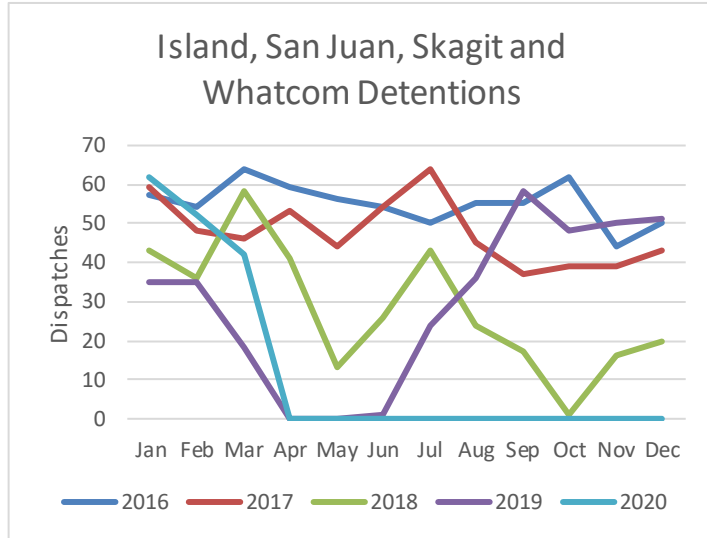
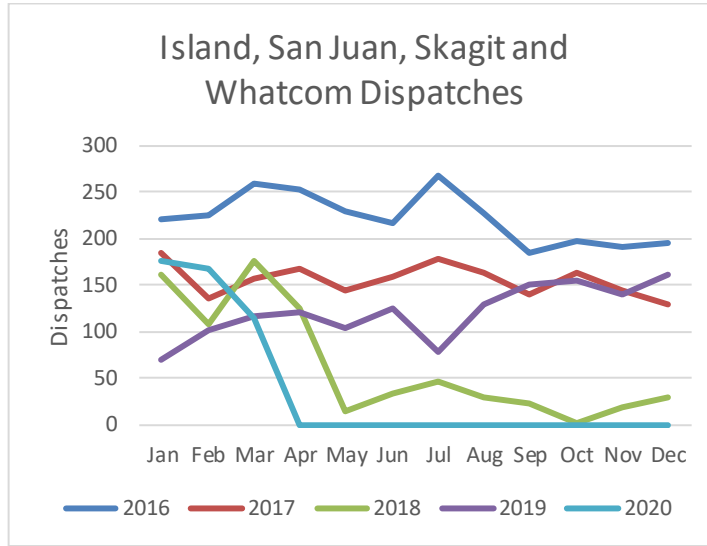


2020 is imputed based on current data available

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

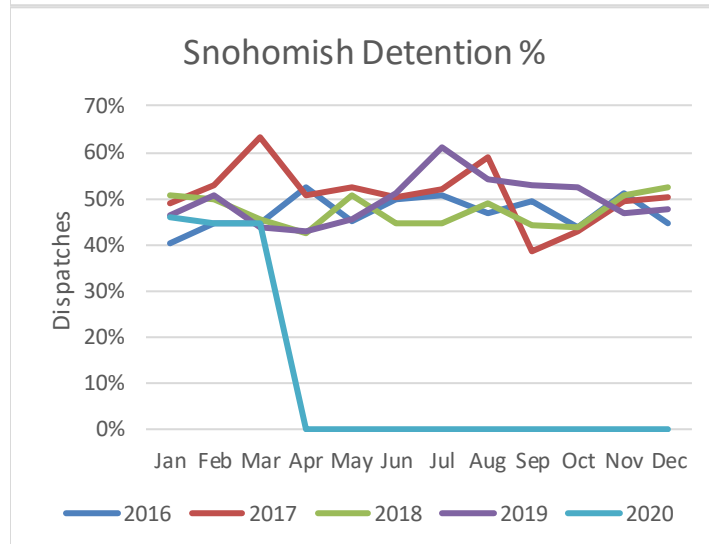
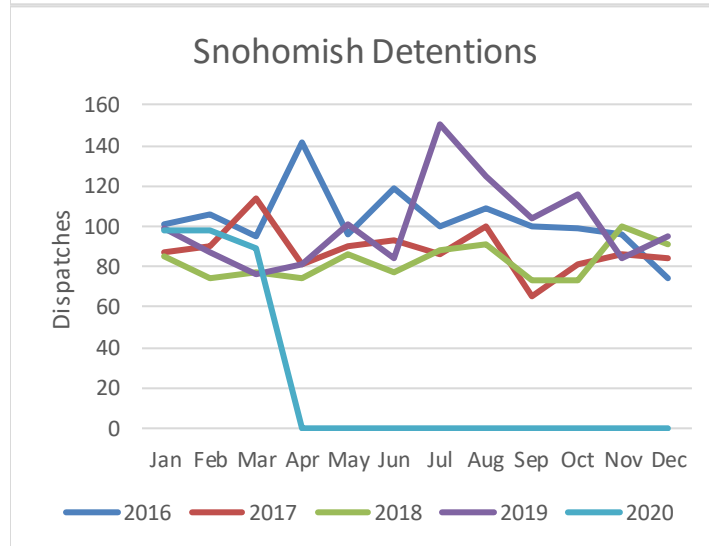
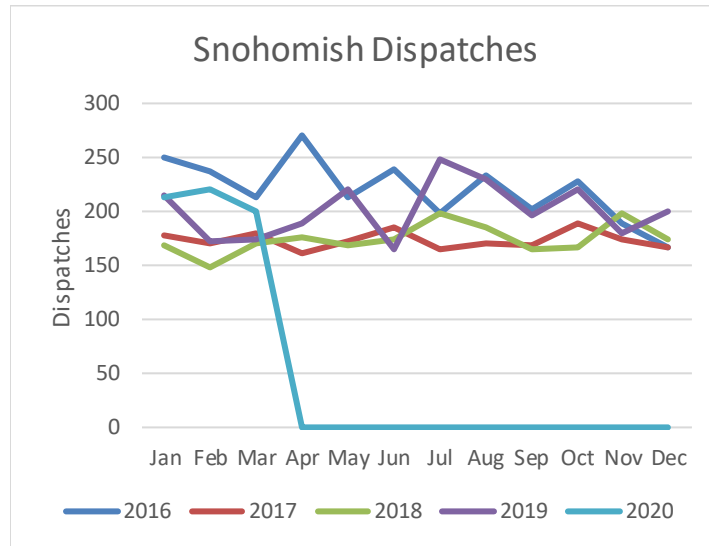
Island, San Juan, Skagit and Whatcom



North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Snohomish



North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Dispatch, Detention and Detention Rate Values

Count of Dispatches													
Island, San Juan, Skagit and Whatcom						Snohomish							
Count of dispatches month	Yea	2016	2017	2018	2019	2020	Count of dispatches month	Yea	2016	2017	2018	2019	2020
Jan		220	185	161	70	175	Jan		250	177	168	214	213
Feb		225	135	108	102	168	Feb		237	170	148	172	220
Mar		259	157	175	117	114	Mar		213	180	170	173	200
Apr		253	168	124	121	22	Apr		271	160	175	188	5
May		230	145	13	104		May		213	171	169	221	
Jun		216	158	33	124		Jun		238	185	173	164	
Jul		267	179	45	78		Jul		198	165	198	248	
Aug		228	163	29	128		Aug		233	170	185	230	
Sep		184	139	22	150		Sep		202	168	165	196	
Oct		198	164	1	154		Oct		227	189	167	221	
Nov		191	145	18	140		Nov		188	174	197	179	
Dec		194	128	28	161		Dec		166	167	173	199	
Grand Total		2,665	1,866	757	1,449	479	Grand Total		2,636	2,076	2,088	2,405	638

Count of Detentions													
Island, San Juan, Skagit and Whatcom						Snohomish							
Sum of detention month	Yea	2016	2017	2018	2019	2020	Sum of detention month	Yea	2016	2017	2018	2019	2020
Jan		57	59	43	35	62	Jan		101	87	85	99	98
Feb		54	48	36	35	52	Feb		106	90	74	87	98
Mar		64	46	58	18	42	Mar		95	114	77	76	89
Apr		59	53	41	0	13	Apr		142	81	74	81	2
May		56	44	13	0		May		96	90	86	101	
Jun		54	54	26	1		Jun		119	93	77	84	
Jul		50	64	43	24		Jul		100	86	88	151	
Aug		55	45	24	36		Aug		109	100	91	125	
Sep		55	37	17	58		Sep		100	65	73	104	
Oct		62	39	1	48		Oct		99	81	73	116	
Nov		44	39	16	50		Nov		96	86	100	84	
Dec		50	43	20	51		Dec		74	84	91	95	
Grand Total		660	571	338	356	169	Grand Total		1237	1057	989	1203	287

Detention Percents											
Island, San Juan, Skagit and Whatcom						Snohomish					
detentions / dispatches	2016	2017	2018	2019	2020	detentions / dispatches	2016	2017	2018	2019	2020
Jan	26%	32%	27%	50%	35%	Jan	40%	49%	51%	46%	46%
Feb	24%	36%	33%	34%	31%	Feb	45%	53%	50%	51%	45%
Mar	25%	29%	33%	15%	37%	Mar	45%	63%	45%	44%	45%
Apr	23%	32%	33%	0%	59%	Apr	52%	51%	42%	43%	40%
May	24%	30%	100%	0%		May	45%	53%	51%	46%	
Jun	25%	34%	79%	1%		Jun	50%	50%	45%	51%	
Jul	19%	36%	96%	31%		Jul	51%	52%	44%	61%	
Aug	24%	28%	83%	28%		Aug	47%	59%	49%	54%	
Sep	30%	27%	77%	39%		Sep	50%	39%	44%	53%	
Oct	31%	24%	100%	31%		Oct	44%	43%	44%	52%	
Nov	23%	27%	89%	36%		Nov	51%	49%	51%	47%	
Dec	26%	34%	71%	32%		Dec	45%	50%	53%	48%	
Grand Total	25%	31%	45%	25%	35%	Grand Total	47%	51%	47%	50%	45%

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Crisis System Overview

Unduplicated people served in crisis system

The table included below is an unduplicated count of people across all three crisis system services - crisis calls, investigations and crisis services. All totals are unduplicated totals of people across the subcategories.

Crisis, Investigation and Hotline Services

Unduplicated People Agency/fund source/modality	Month									
	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Undup. Total
Compass Health	174	185	208	199	229	225	227	158	42	1,249
Medicaid	81	94	111	103	119	124	117	90	20	630
Crisis Service	81	94	111	103	119	124	117	90	20	630
Non Medicaid	149	154	162	151	181	176	180	113	29	1,016
Crisis Service	77	83	90	77	89	87	96	63	20	562
Investigation	120	118	123	113	133	143	142	80	18	795
Snohomish County ICRS	284	317	412	337	340	392	341	317	84	2,093
Medicaid	56	137	182	152	138	176	132	133	35	840
Crisis Service	56	137	182	152	138	176	132	133	35	840
Non Medicaid	259	254	326	259	283	311	291	262	70	1,775
Crisis Service	224	174	206	167	180	194	192	161	37	1,287
Investigation	210	177	214	164	195	197	199	187	50	1,211
VOA Crisis Line	845	826	875	783	794	820	775	706	192	4,879
Medicaid	359	380	413	361	346	369	371	332	97	2,126
Crisis Call	359	380	413	361	346	369	371	332	97	2,126
Non Medicaid	490	453	482	429	454	456	408	377	96	2,945
Crisis Call	490	453	482	429	454	456	408	377	96	2,945
Undup. Total	1,303	1,328	1,495	1,319	1,363	1,437	1,343	1,181	318	8,221

Crisis Services in conjunction with investigation services

Documenting crisis services on the same day before and after the investigation is important to encourage and quantify the diversion and recovery work being done around investigations. Follow up services do the same for crisis services occurring the next two days. It's important to note this is a new measure and no goals or expectations have been set for it yet. All measures in this section are 7/1/2019- ytd

Same Day and Follow on Summary

	Percent of investigations with Same Day service
Compass Health	82.0%
Snohomish County ICRS	60.4%

Percent of investigations with Follow-Up service - not same day
18.1%
18.6%

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Same Day Crisis Services by County

Investigation Services not units Beginning 7/1/2019

services agency	County Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
Compass Health	135	22	429		768	1,354
No Same Day	21	3	163		57	244
Same day Crisis Service	114	19	266		711	1,110
Snohomish County ICRS				2,512		2,512
No Same Day				994		994
Same day Crisis Service				1,518		1,518

Investigation Services not units Beginning 7/1/2019

services agency	County Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
Compass Health	100.00%	100.00%	100.00%	0.00%	100.00%	35.02%
Same day Crisis Service	84.44%	86.36%	62.00%		92.58%	81.98%
No Same Day	15.56%	13.64%	38.00%		7.42%	18.02%
Snohomish County ICRS	0.00%	0.00%	0.00%	100.00%	0.00%	64.98%
Same day Crisis Service				60.43%		60.43%
No Same Day				39.57%		39.57%

Follow On Crisis Services by County

Investigation Services not units Beginning 7/1/2019

services agency	County Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
Compass Health	135	22	429		768	1,354
Follow up - not same day	23	5	48		169	245
No Follow-up	112	17	381		599	1,109
Snohomish County ICRS				2,512		2,512
Follow up - not same day				468		468
No Follow-up				2,044		2,044

Investigation Services not units Beginning 7/1/2019

services agency	County Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
Compass Health	100.00%	100.00%	100.00%	0.00%	100.00%	35.02%
Follow up - not same day	17.04%	22.73%	11.19%		22.01%	18.09%
No Follow-up	82.96%	77.27%	88.81%		77.99%	81.91%
Snohomish County ICRS	0.00%	0.00%	0.00%	100.00%	0.00%	64.98%

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Investigation Services not units Beginning 7/1/2019

services agency	County Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
Follow up - not same day				18.63%		18.63%
No Follow-up				81.37%		81.37%

North Sound Crisis Dispatch 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 (DCR's).

Current Investigation Data Used

Total Investigations/detentions/response and LE referral

month	MH invest.	SUD invest.	MH and SUD invest.	Percent SUD related
Sep-19	248	5	85	27%
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	181	12	116	41%
average	221	14	114	37%
min	181	5	85	27%
max	248	21	141	41%

Investigation Reasons

month	Detentions and Commitments	Voluntary MH Treatment	Less Restrictive Options MH	No Detention Due to Issues	Other
Sep-19	167	91	3	12	65
Oct-19	182	100	2	9	74
Nov-19	148	100	5	2	61
Dec-19	164	110	4	6	67
Jan-20	182	113	3	5	67
Feb-20	165	115	8	6	84
Mar-20	141	96	3	1	65
average	164	104	4	6	69
min	141	91	2	1	61
max	182	115	8	12	84

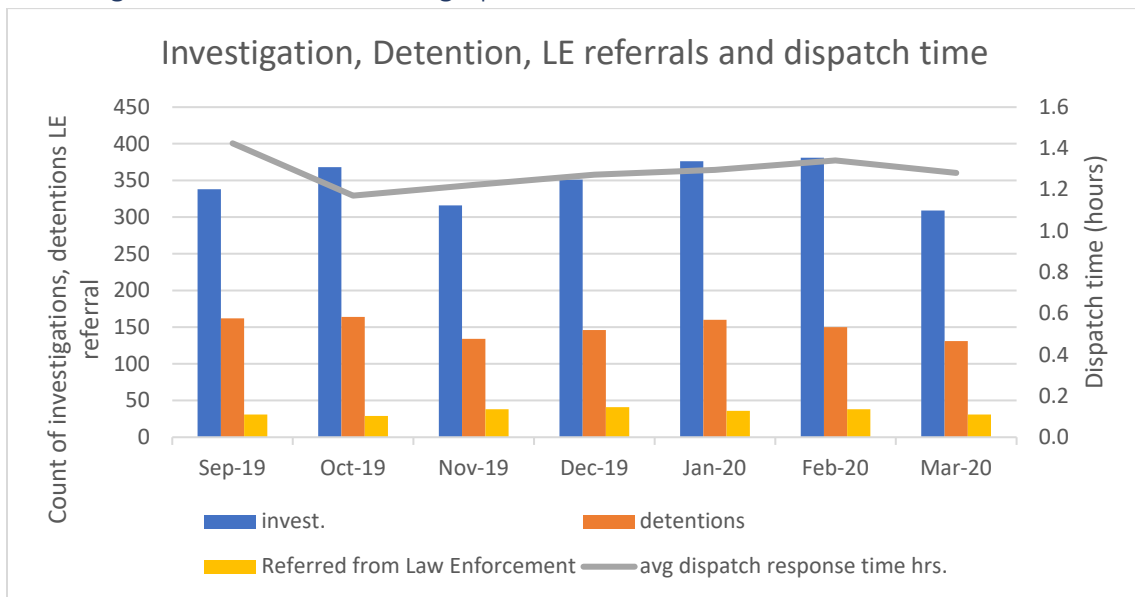
North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Investigation Outcomes

month	Detentions and Commitments	Voluntary MH Treatment	Less Restrictive Options MH	No Detention Due to Issues	Other
Sep-19	167	91	3	12	65
Oct-19	182	100	2	9	74
Nov-19	148	100	5	2	61
Dec-19	164	110	4	6	67
Jan-20	182	113	3	5	67
Feb-20	165	115	8	6	84
Mar-20	141	96	3	1	65
average	164	104	4	6	69
min	141	91	2	1	61
max	182	115	8	12	84

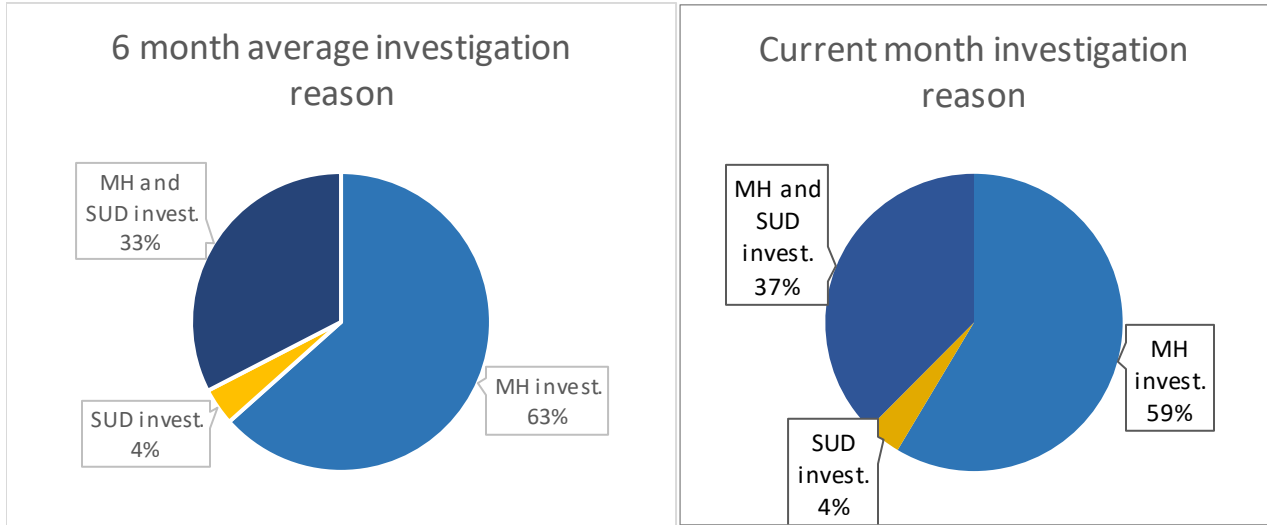
North Sound Investigation Metrics over Time graph



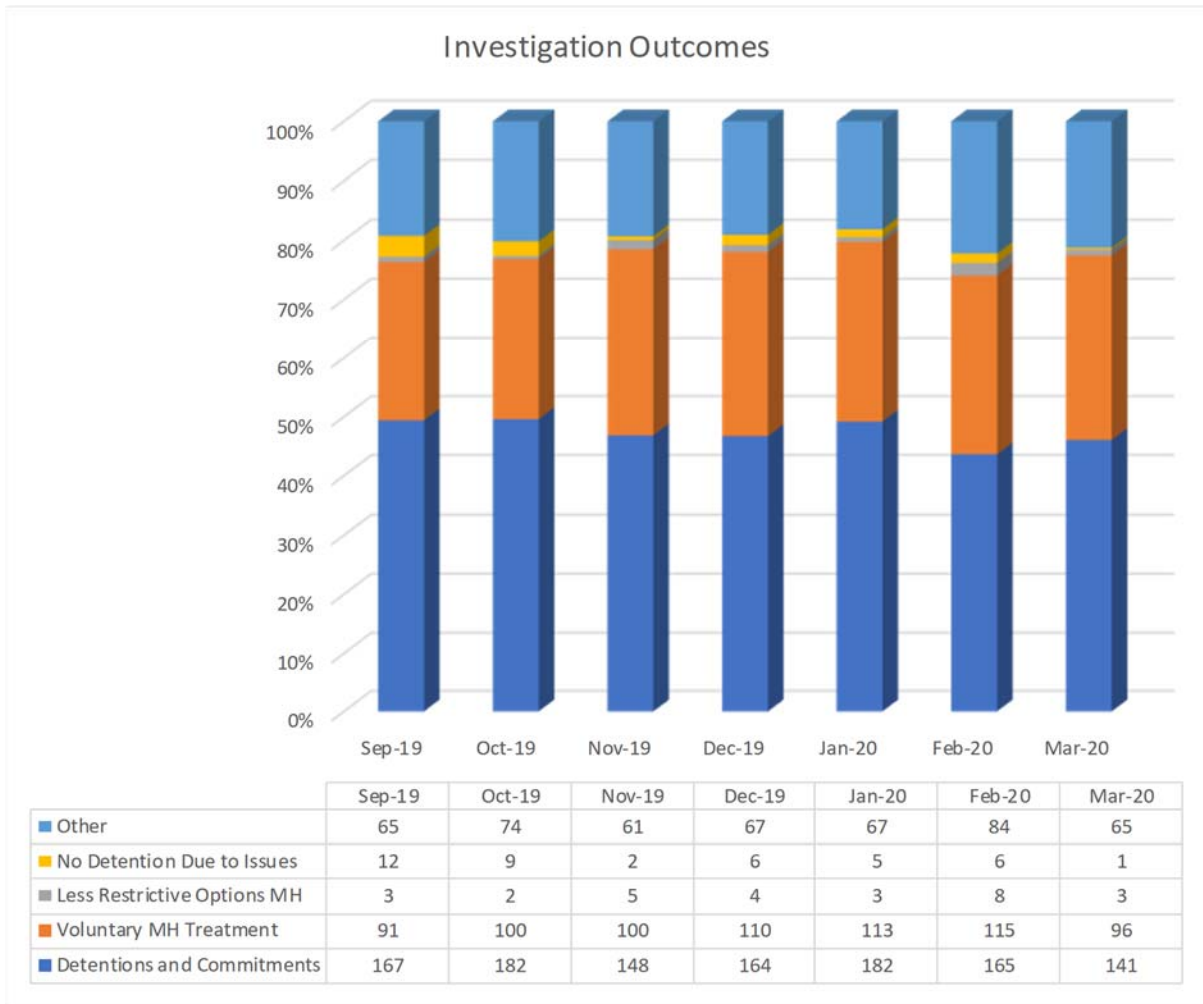
North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Investigation Reason Percentages Pie Charts



Investigation Outcomes over time percent of total chart



North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Investigation Outcome Grouping

Investigation outcomes are grouped to duplicate the investigation outcomes published by the state.

State Group	Investigation Outcome	all invest. in period
Detentions and Commitments	Detention (72 hours as identified under RCW 71.05).	1,022
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.	94
Detentions and Commitments	Non-emergent detention petition filed	13
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	8
No Detention Due to Issues	No detention - Unresolved medical issues	33
Voluntary MH Treatment	Referred to crisis triage	20
Voluntary MH Treatment	Referred to voluntary inpatient mental health services.	101
Voluntary MH Treatment	Referred to voluntary outpatient mental health services.	593
Voluntary MH Treatment	Referred to chemical dependency inpatient program	1
Voluntary MH Treatment	Referred to chemical dependency intensive outpatient program	8
Voluntary MH Treatment	Referred to acute detox	2
Other	Referred to non-mental health community resources.	20
Other	Other	463
(blank)	Did not require MH or CD services	13
	Grand Total	2,439

People with Dispatches and Detain history

Detained prior 6 months

dispatch month	unduplicated people		Grand Total	% of dispatches to people detained in prior 6 months
	DCR Dispatches to people that were: Detained in last 6 months	not detained in last 6 months		
2019	323	2,693	2,758	12%
Jan	35	207	236	15%

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

unduplicated people	DCR Dispatches to people that were:		Grand Total	% of dispatches to people detained in prior 6 months
	dispatch month	Detained in last 6 months		
Feb	24	210	232	10%
Mar	37	221	254	15%
Apr	41	225	265	15%
May	38	253	288	13%
Jun	45	221	264	17%
Jul	35	259	290	12%
Aug	28	297	319	9%
Sep	31	263	286	11%
Oct	37	282	312	12%
Nov	45	224	265	17%
Dec	47	263	305	15%
2020	136	749	836	16%
Jan	52	274	318	16%
Feb	71	254	315	23%
Mar	42	221	260	16%
Apr	2	22	24	8%
Grand Total	423	3,357	3,422	12%

Detained prior year

unduplicated people	DCR Dispatches to people that were:		Grand Total	% of dispatches to people detained in prior year
	dispatch month	Detained in prior year		
2019	404	2,592	2,758	15%
Jan	55	186	236	30%
Feb	43	190	232	23%
Mar	47	210	254	22%
Apr	65	200	265	33%
May	53	238	288	22%
Jun	53	213	264	25%
Jul	50	244	290	20%
Aug	33	292	319	11%
Sep	31	263	286	12%
Oct	37	282	312	13%

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

unduplicated people	DCR Dispatches to people that were:		Grand Total	% of dispatches to people detained in prior year	
	dispatch month	Detained in prior year			not detained in prior year
	Nov	45	224	265	20%
	Dec	47	263	305	18%
	2020	148	735	836	20%
	Jan	54	272	318	20%
	Feb	73	252	315	29%
	Mar	50	213	260	23%
	Apr	4	20	24	17%
	Grand Total	511	3,256	3,422	15%

Investigation Services

Investigation encounter services are submitted in the 837p transaction as per the current SERI and has a place of service code selected.

Investigations do not include services prior to the rights being read or after the determination has been made. Place of Service is from the applicable Place of Service code.

- From current SERI found here: <https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/service-encounter-reporting-instructions-seri>

“An evaluation by a Designated Crisis Responder (DCR) for the purpose of determining the likelihood of serious harm to self, others or gravely disabled due to a mental or substance use disorder. The DCR accepts, screens, and documents all referrals for an ITA investigation. The DCR informs the person being investigated for involuntary detention of his/her legal rights as soon as it is determined that an ITA investigation is necessary.”

Specifically excluded are:

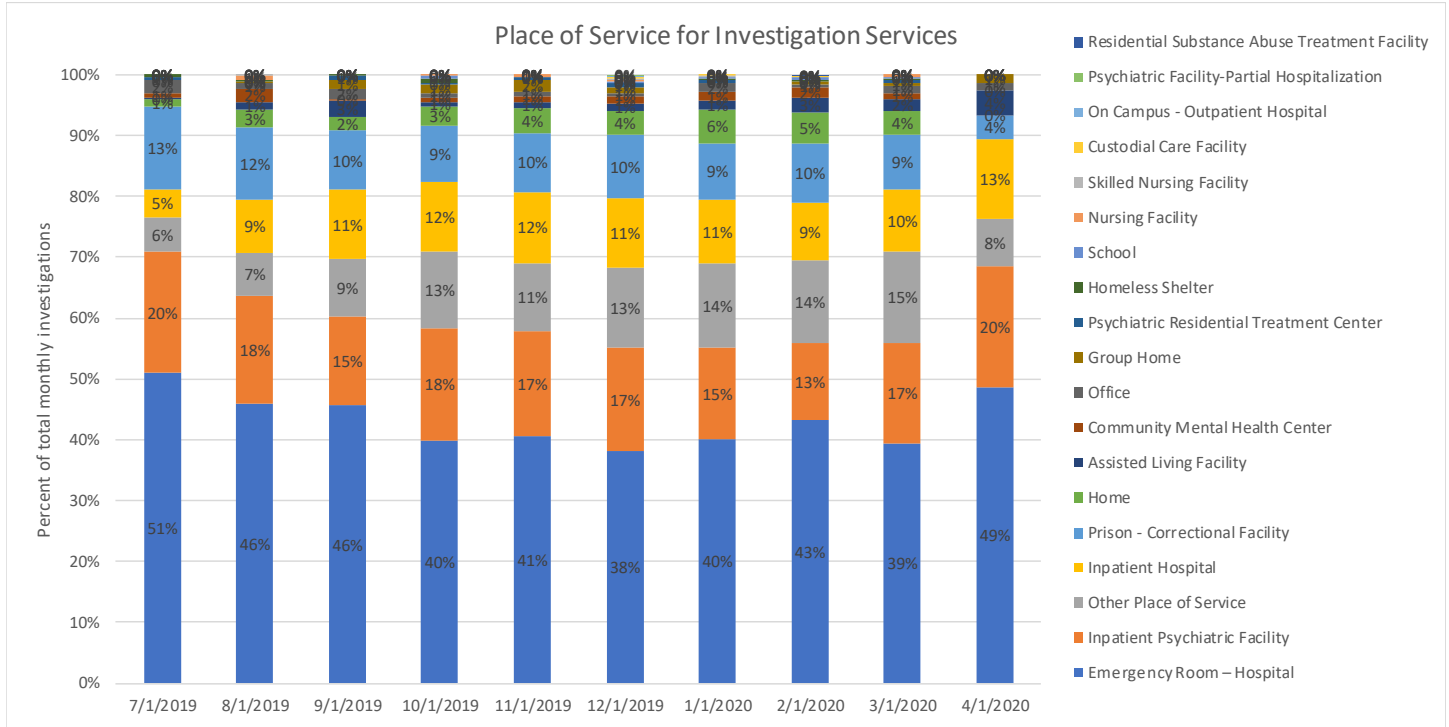
“Activities performed by a DCR that are determined not to be an investigation, include but are not limited to, crisis services and community support. These activities are reported under the appropriate service type.”

North Sound Crisis Metric and Reporting

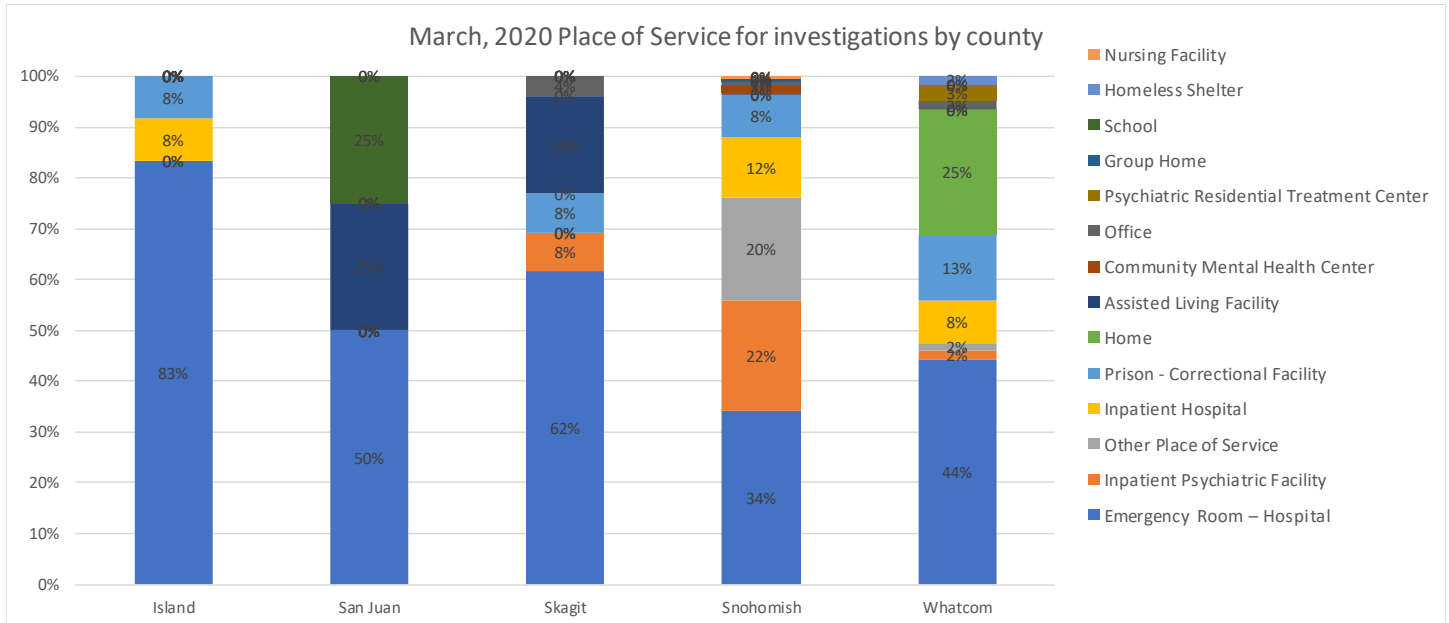
Call Center, DCR dispatch and Crisis Services

Place of Service for Investigation Services

Place of Service for Investigation compared monthly



Place of Service for Investigation compared by County for the most recent month



North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Count of place of Service by month and County

Count of Investigations Place of Service and month	county					Grand Total
	Island	San Juan	Skagit	Snohomish	Whatcom	
Emergency Room – Hospital	97	9	238	922	380	1,646
7/1/2019	10		30	87	36	163
8/1/2019	3		18	132	45	198
9/1/2019	6	1	35	113	38	193
10/1/2019	8	2	27	105	49	191
11/1/2019	12	2	17	79	44	154
12/1/2019	13	2	24	91	39	169
1/1/2020	13		37	98	44	192
2/1/2020	17		29	102	53	201
3/1/2020	10	2	16	93	27	148
4/1/2020	5		5	22	5	37
Inpatient Psychiatric Facility			21	611	5	637
7/1/2019			1	63		64
8/1/2019			3	74		77
9/1/2019			1	61		62
10/1/2019			1	86	1	88
11/1/2019			4	60	1	65
12/1/2019			2	71	1	74
1/1/2020			5	67		72
2/1/2020			2	55	1	58
3/1/2020			2	59	1	62
4/1/2020				15		15
Other Place of Service	4	4	3	399	32	442
7/1/2019			1	15	2	18
8/1/2019			1	28	2	31
9/1/2019	1			35	4	40
10/1/2019	2			52	6	60
11/1/2019		1		38	4	43
12/1/2019				55	4	59
1/1/2020		2	1	58	5	66
2/1/2020	1	1		57	4	63
3/1/2020				55	1	56
4/1/2020				6		6
Inpatient Hospital	8		17	332	35	392
7/1/2019			1	10	4	15
8/1/2019			4	28	5	37

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Count of Investigations Place of Service and month	county					Grand Total
	Island	San Juan	Skagit	Snohomish	Whatcom	
9/1/2019			1	44	3	48
10/1/2019	2		1	48	4	55
11/1/2019	1		4	36	3	44
12/1/2019	2		4	40	4	50
1/1/2020	1		1	45	4	51
2/1/2020	1		1	39	3	44
3/1/2020	1			32	5	38
4/1/2020				10		10
Prison - Correctional Facility	11	4	91	133	150	389
7/1/2019			11	11	21	43
8/1/2019	1		13	13	25	52
9/1/2019		2	11	11	17	41
10/1/2019	2		7	13	22	44
11/1/2019	3		3	16	15	37
12/1/2019			17	14	15	46
1/1/2020	2	2	15	16	9	44
2/1/2020	2		11	15	17	45
3/1/2020	1		2	23	8	34
4/1/2020			1	1	1	3
Home	8	1	15		115	139
7/1/2019					4	4
8/1/2019	1		3		8	12
9/1/2019		1	3		6	10
10/1/2019	1				14	15
11/1/2019			1		14	15
12/1/2019	2		2		14	18
1/1/2020	2		2		23	27
2/1/2020	2		4		17	23
3/1/2020					15	15
Assisted Living Facility	2	3	35	17	2	59
7/1/2019				1		1
8/1/2019			5	1		6
9/1/2019			8	3		11
10/1/2019		1	1	2		4
11/1/2019	1		3			4
12/1/2019			5			5
1/1/2020	1		2	3		6

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Count of Investigations Place of Service and month	county					Grand Total
	Island	San Juan	Skagit	Snohomish	Whatcom	
2/1/2020		1	4	5	2	12
3/1/2020		1	5	1		7
4/1/2020			2	1		3
Community Mental Health Center						42
7/1/2019				2		2
8/1/2019				9		9
9/1/2019				1		1
10/1/2019				3		3
11/1/2019				4		4
12/1/2019				5		5
1/1/2020				7		7
2/1/2020				7		7
3/1/2020				4		4
Office						42
7/1/2019				5	2	7
8/1/2019				2	2	4
9/1/2019	2			2	3	7
10/1/2019			1	2		3
11/1/2019				1	1	2
12/1/2019			1	2		3
1/1/2020			1	4	3	8
2/1/2020					3	3
3/1/2020			1	2	1	4
4/1/2020			1			1
Group Home						31
8/1/2019					1	1
9/1/2019	1			4	1	6
10/1/2019				5	2	7
11/1/2019				4	4	8
12/1/2019				2	2	4
2/1/2020				1	1	2
3/1/2020				2		2
4/1/2020				1		1
Psychiatric Residential Treatment Center						16
7/1/2019				1	1	2
9/1/2019				2	1	3
10/1/2019					2	2

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Count of Investigations Place of Service and month	county					Grand Total
	Island	San Juan	Skagit	Snohomish	Whatcom	
11/1/2019				1	1	2
12/1/2019			1	1	1	3
1/1/2020				1	1	2
3/1/2020					2	2
Homeless Shelter					9	9
7/1/2019					1	1
8/1/2019					1	1
9/1/2019					1	1
10/1/2019					3	3
1/1/2020					1	1
2/1/2020					1	1
3/1/2020					1	1
School		1	2	4		7
10/1/2019			1	1		2
12/1/2019			1			1
1/1/2020				1		1
2/1/2020				2		2
3/1/2020		1				1
Nursing Facility			1	3	3	7
8/1/2019				2	1	3
10/1/2019					1	1
11/1/2019					1	1
12/1/2019			1			1
3/1/2020				1		1
Skilled Nursing Facility	1			2		3
8/1/2019				1		1
12/1/2019				1		1
1/1/2020	1					1
Custodial Care Facility	1				1	2
12/1/2019					1	1
1/1/2020	1					1
On Campus - Outpatient Hospital					1	1
12/1/2019					1	1
Psychiatric Facility-Partial Hospitalization				1		1
12/1/2019				1		1
Residential Substance Abuse Treatment Facility				1		1
2/1/2020				1		1

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Count of Investigations Place of Service and month	county					Grand Total
	Island	San Juan	Skagit	Snohomish	Whatcom	
Grand Total	135	22	429	2,512	768	3,866

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

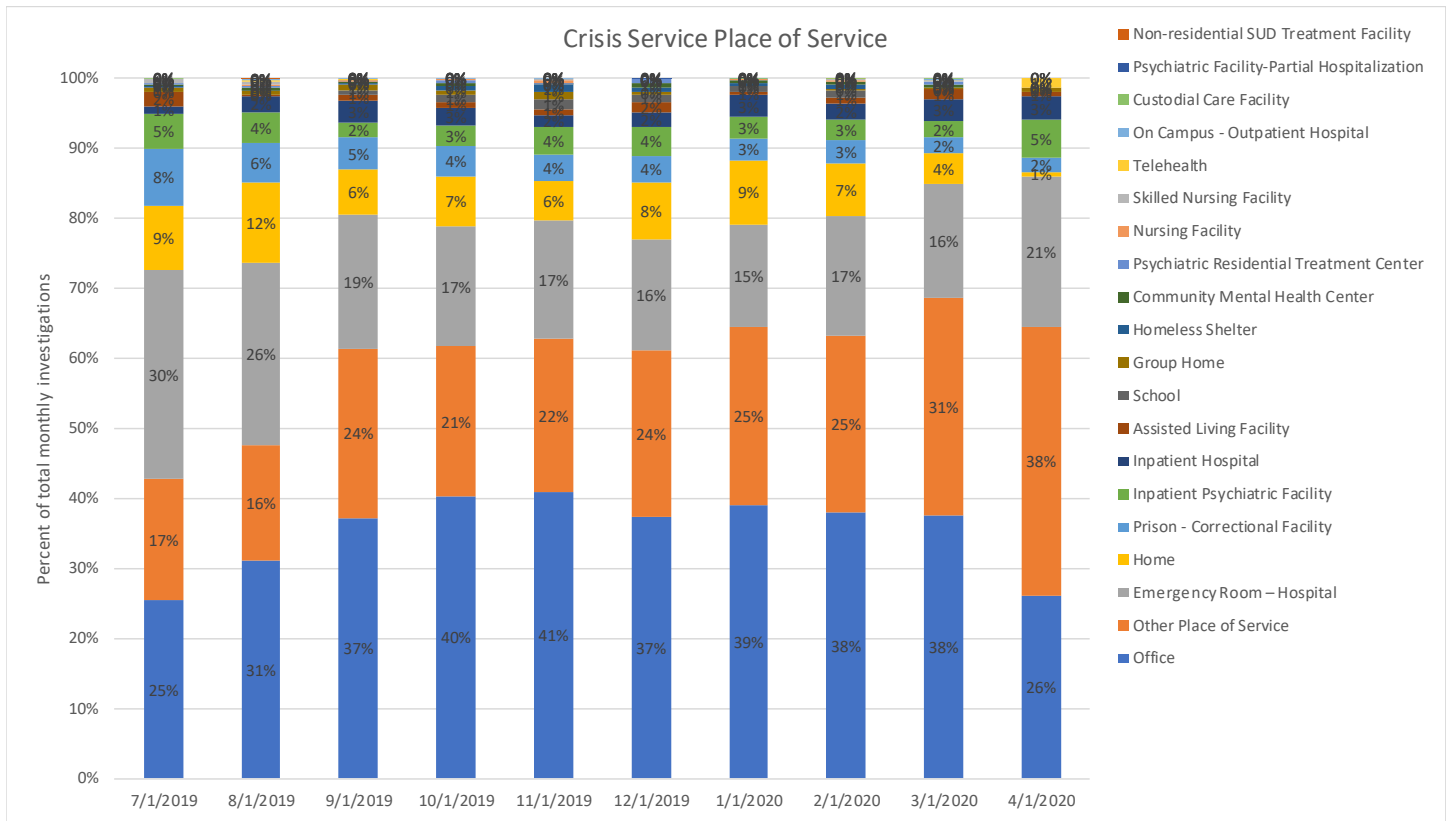
Crisis Services – not Hotline

Crisis services are submitted as service per the SERI:

“Evaluation and treatment of mental health crisis for all individuals experiencing a crisis. A mental health crisis is defined as a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of great danger or trouble, whose outcome decides whether possible bad consequences will follow.”

They include hotline calls (cpt H0030) discussed in the beginning of this report and Crisis interventions (cpt H2011), covered below

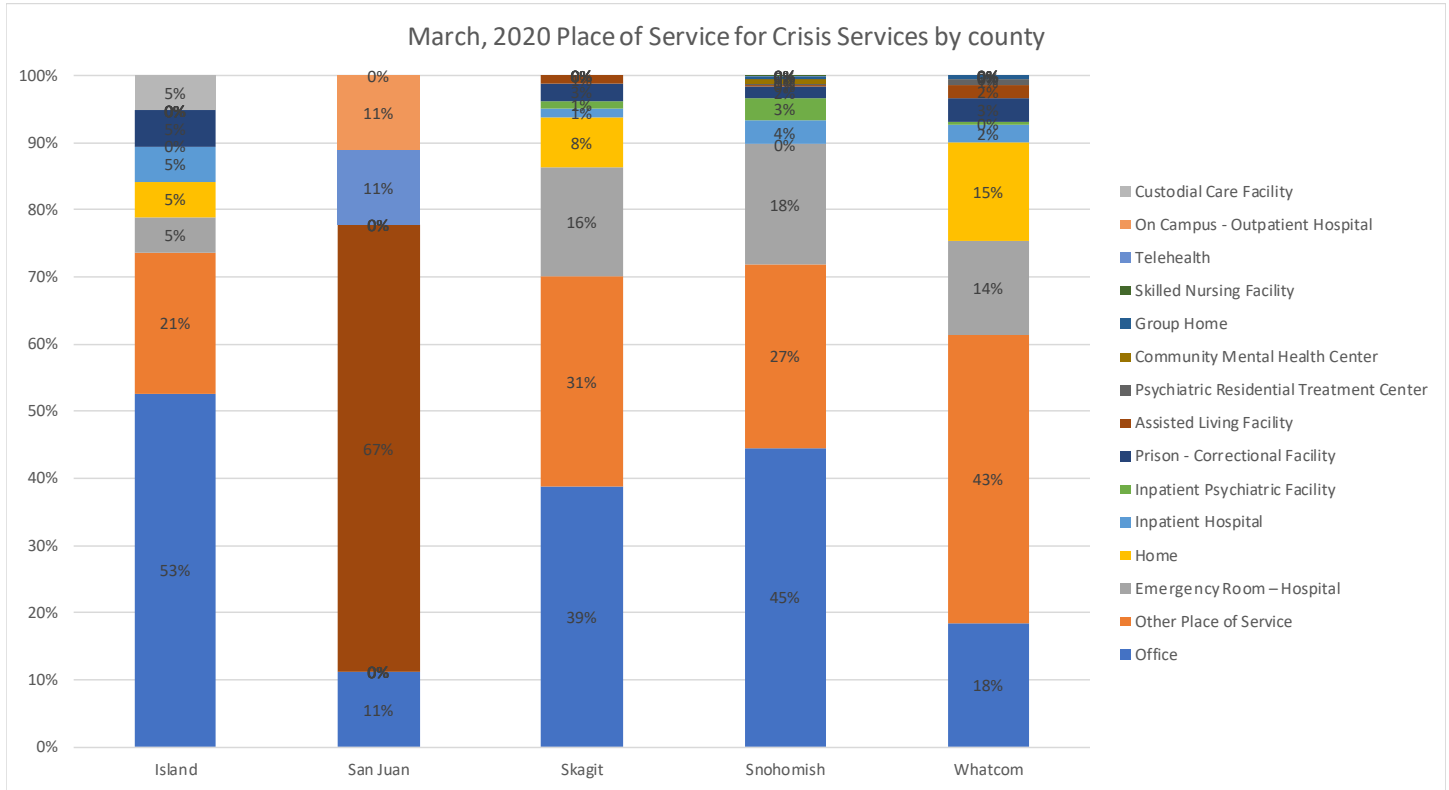
Comparison of Crisis Service Place of Service by Month



North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Comparison of Crisis Service Place of Service by County



Count of Crisis Services by month and Place of Service

Count of services place of service	Month*						Grand Total
	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	
Office	356	347	389	382	317	39	1,830
Other Place of Service	190	220	253	256	262	57	1,238
Emergency Room – Hospital	147	148	146	171	137	32	781
Home	50	74	91	75	37	1	328
Inpatient Psychiatric Facility	35	38	30	28	20	8	159
Prison - Correctional Facility	32	36	31	35	19	3	156
Inpatient Hospital	15	19	31	25	26	5	121
Assisted Living Facility	6	14	6	8	12	1	47
School	13	10	7	9			39
Homeless Shelter	9	6	5	5			25
Group Home	9	4		4	3	1	21
Community Mental Health Center	1	6	3	4	3		17
Psychiatric Residential Treatment Center	2	4	1		4		11

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Count of services place of service	Month*						Grand Total
	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	
Nursing Facility	4		1	3			8
Telehealth				1	1	2	4
On Campus - Outpatient Hospital	1	1	1		1		4
Custodial Care Facility			1	1	1		3
Skilled Nursing Facility	1			1	1		3
Psychiatric Facility-Partial Hospitalization		1					1
Grand Total	871	928	996	1,008	844	149	4,796

Count of Crisis Services by County and Place of Service

Count of Crisis Services Place of Service and month	county					Grand Total
	Island	San Juan	Skagit	Snohomish	Whatcom	
Office	100	13	366	2,090	361	2,930
7/1/2019	4		40	81	14	139
8/1/2019	3		68	114	30	215
9/1/2019	6	1	45	239	33	324
10/1/2019	9		64	303	46	422
11/1/2019	9		41	247	59	356
12/1/2019	14	4	22	243	64	347
1/1/2020	18	4	31	302	34	389
2/1/2020	23	3	24	292	40	382
3/1/2020	10	1	31	238	37	317
4/1/2020	4			31	4	39
Other Place of Service	55	22	165	1,015	625	1,882
7/1/2019	3		12	47	33	95
8/1/2019	5		12	58	39	114
9/1/2019	6	6	16	110	73	211
10/1/2019	3	1	20	140	60	224
11/1/2019	2	1	15	105	67	190
12/1/2019	5	7	9	129	70	220
1/1/2020	15	6	27	134	71	253
2/1/2020	9	1	19	119	108	256
3/1/2020	4		25	146	87	262
4/1/2020	3		10	27	17	57
Emergency Room – Hospital	67	10	137	886	372	1,472

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Count of Crisis Services Place of Service and month	county					Grand Total
	Island	San Juan	Skagit	Snohomish	Whatcom	
7/1/2019	10		23	97	34	164
8/1/2019	6		8	121	45	180
9/1/2019	14	1	19	98	35	167
10/1/2019	9	1	16	105	49	180
11/1/2019	8	3	9	84	43	147
12/1/2019	8	2	10	92	36	148
1/1/2020	4	2	17	78	45	146
2/1/2020	6	1	18	93	53	171
3/1/2020	1		13	95	28	137
4/1/2020	1		4	23	4	32
Home	14	6	96		473	589
7/1/2019	5		10		35	50
8/1/2019		1	23		56	80
9/1/2019		4	11		41	56
10/1/2019		1	11		63	75
11/1/2019	1		7		42	50
12/1/2019	1		7		66	74
1/1/2020	3		12		76	91
2/1/2020	3		9		63	75
3/1/2020	1		6		30	37
4/1/2020					1	1
Prison - Correctional Facility	5	3	71	111	135	325
7/1/2019			8	16	21	45
8/1/2019			6	11	22	39
9/1/2019	2	2	12	8	16	40
10/1/2019	2		6	16	21	45
11/1/2019		1	5	13	13	32
12/1/2019			11	13	12	36
1/1/2020			10	13	8	31
2/1/2020			9	11	15	35
3/1/2020	1		2	9	7	19
4/1/2020			2	1		3
Inpatient Psychiatric Facility			18	235	11	264
7/1/2019			1	25	1	27
8/1/2019			2	28		30
9/1/2019			2	16		18
10/1/2019			1	26	3	30
11/1/2019			3	29	3	35

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Count of Crisis Services Place of Service and month	county					Grand Total
	Island	San Juan	Skagit	Snohomish	Whatcom	
12/1/2019			5	32	1	38
1/1/2020			3	27		30
2/1/2020				26	2	28
3/1/2020			1	18	1	20
4/1/2020				8		8
Inpatient Hospital	3		11	155	29	198
7/1/2019				4	2	6
8/1/2019			3	9	4	16
9/1/2019			1	24	3	28
10/1/2019	2		2	19	4	27
11/1/2019			2	11	2	15
12/1/2019			1	16	2	19
1/1/2020			1	25	5	31
2/1/2020				23	2	25
3/1/2020	1		1	19	5	26
4/1/2020				5		5
Assisted Living Facility	3	13	7	18	34	75
7/1/2019	2	1	4	3	1	11
8/1/2019					2	2
9/1/2019				2	5	7
10/1/2019		2		4	2	8
11/1/2019	1				5	6
12/1/2019		1	1	3	9	14
1/1/2020		1		3	2	6
2/1/2020		1	1	2	4	8
3/1/2020		6	1	1	4	12
4/1/2020		1				1
School		1	8	15	32	56
9/1/2019			3		2	5
10/1/2019			2	1	9	12
11/1/2019			2	8	3	13
12/1/2019				1	9	10
1/1/2020		1		3	3	7
2/1/2020			1	2	6	9
Group Home	2		2	28	10	42
7/1/2019				3	1	4
8/1/2019				3		3
9/1/2019	1			5	1	7

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Count of Crisis Services Place of Service and month	county					Grand Total
	Island	San Juan	Skagit	Snohomish	Whatcom	
10/1/2019				6	1	7
11/1/2019				5	4	9
12/1/2019				2	2	4
2/1/2020	1		2	1		4
3/1/2020				2	1	3
4/1/2020				1		1
Homeless Shelter	1	1			32	34
7/1/2019					1	1
8/1/2019					1	1
9/1/2019					2	2
10/1/2019					5	5
11/1/2019					9	9
12/1/2019					6	6
1/1/2020		1			4	5
2/1/2020	1				4	5
Community Mental Health Center				28		28
7/1/2019				1		1
8/1/2019				3		3
9/1/2019				2		2
10/1/2019				5		5
11/1/2019				1		1
12/1/2019				6		6
1/1/2020				3		3
2/1/2020				4		4
3/1/2020				3		3
Psychiatric Residential Treatment Center				8	11	19
7/1/2019					1	1
8/1/2019				1		1
9/1/2019				1		1
10/1/2019				1	4	5
11/1/2019				1	1	2
12/1/2019				2	2	4
1/1/2020					1	1
3/1/2020				2	2	4
Nursing Facility			3		11	14
8/1/2019					2	2
9/1/2019			2			2

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Count of Crisis Services Place of Service and month	county					Grand Total
	Island	San Juan	Skagit	Snohomish	Whatcom	
10/1/2019			1		1	2
11/1/2019					4	4
1/1/2020					1	1
2/1/2020					3	3
Skilled Nursing Facility				7	1	8
7/1/2019				3		3
8/1/2019				2		2
11/1/2019				1		1
2/1/2020					1	1
3/1/2020				1		1
Telehealth		5			2	7
8/1/2019					2	2
9/1/2019		1				1
2/1/2020		1				1
3/1/2020		1				1
4/1/2020		2				2
On Campus - Outpatient Hospital		1	1		5	7
8/1/2019					1	1
9/1/2019					1	1
10/1/2019					1	1
11/1/2019			1			1
12/1/2019					1	1
1/1/2020					1	1
3/1/2020		1				1
Custodial Care Facility	1				3	4
7/1/2019					1	1
1/1/2020					1	1
2/1/2020					1	1
3/1/2020	1					1
Psychiatric Facility-Partial Hospitalization				1		1
12/1/2019				1		1
Non-residential SUD Treatment Facility				1		1
8/1/2019				1		1
Grand Total	251	75	885	4,598	2,147	7,956

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Contract Crisis Metric Summary and Report Cross Reference

Exhibit E

The ASO Contract currently has included metrics for reporting, included below is the report cross reference and current performance:

1. Crisis System Call Center Performance Metrics (one Year average included)
 - A. Ninety percent of crisis calls are answered live within thirty seconds.
 - See page 6.
 - 92.8%
 - B. Call abandonment rate of less than three percent for the crisis line.
 - See page 6.
 - 2.4% - The current month is 4.10%
 - C. Provide direct line access to all mobile crisis outreach teams for necessary support and information assistance after dispatch so no caller waits more than thirty seconds for a live answer.
 - See page 8.
 - 89.4%
2. Crisis Reporting
 - A. Call Center Reports
 - See page 9 for demographic information.
 - See page 18 for Crisis call dispatch information. Analysis of calls, callers, dispositions, origin of call (e.g., home, emergency room, community, provider), referral sources, and other relevant information to make recommendations and assist in improving the crisis response system.
 - B. Mobile Crisis Team
 - i. The number and percentage of persons referred to the program for mobile outreach, monitored monthly.
 - See Dispatches on page 15
 - ii. The number and percentage of persons successfully diverted from Emergency Rooms and/or ITA commitments, monitored quarterly.
 - See Dispatches on page 15
 - C. Other
 - i. Mobile crisis outreach dispatch, time of arrival, and disposition of response.
 - See page 18 for dispatch time
 - See page 19 for outcome
 - ii. The number of unique individuals served in the crisis system by fund source and service type on a monthly and year to date basis.
 - See Page 16
 - iii. Number of individuals who are repeat utilizers of the crisis system, monitored quarterly and year to date and compared to prior year, and reported by frequency of utilization.
 - See page 21

North Sound Crisis Metric and Reporting

Call Center, DCR dispatch and Crisis Services

Data Files and Locations used for report preparation

Detentions and Investigation specific data from ICRS contact sheets

\\w2k16-file\Staff\dennis_regan\Documents\Investigation_ICRS\Investigation_ICRS_20200407.xlsx

ASO Crisis System Data – Unique served, Same Day and Follow-on

\\w2k16-file\departments\Fiscal_DA\Payment_Computation\ASO_Crisis\ASO_Crisis_20200409.xlsx

Call Center, Triage Center and Outpatient Service data

\\w2k16-file\departments\Quality_Specialists\Reports\HCA\Crisis\CrisisData_20200409.xlsx

PDF copy of this report

\\w2k16-file\Shared\Reports\DataRequests\Crisis\NorthSound_CrisisMetrics_20200407.pdf

Word working document

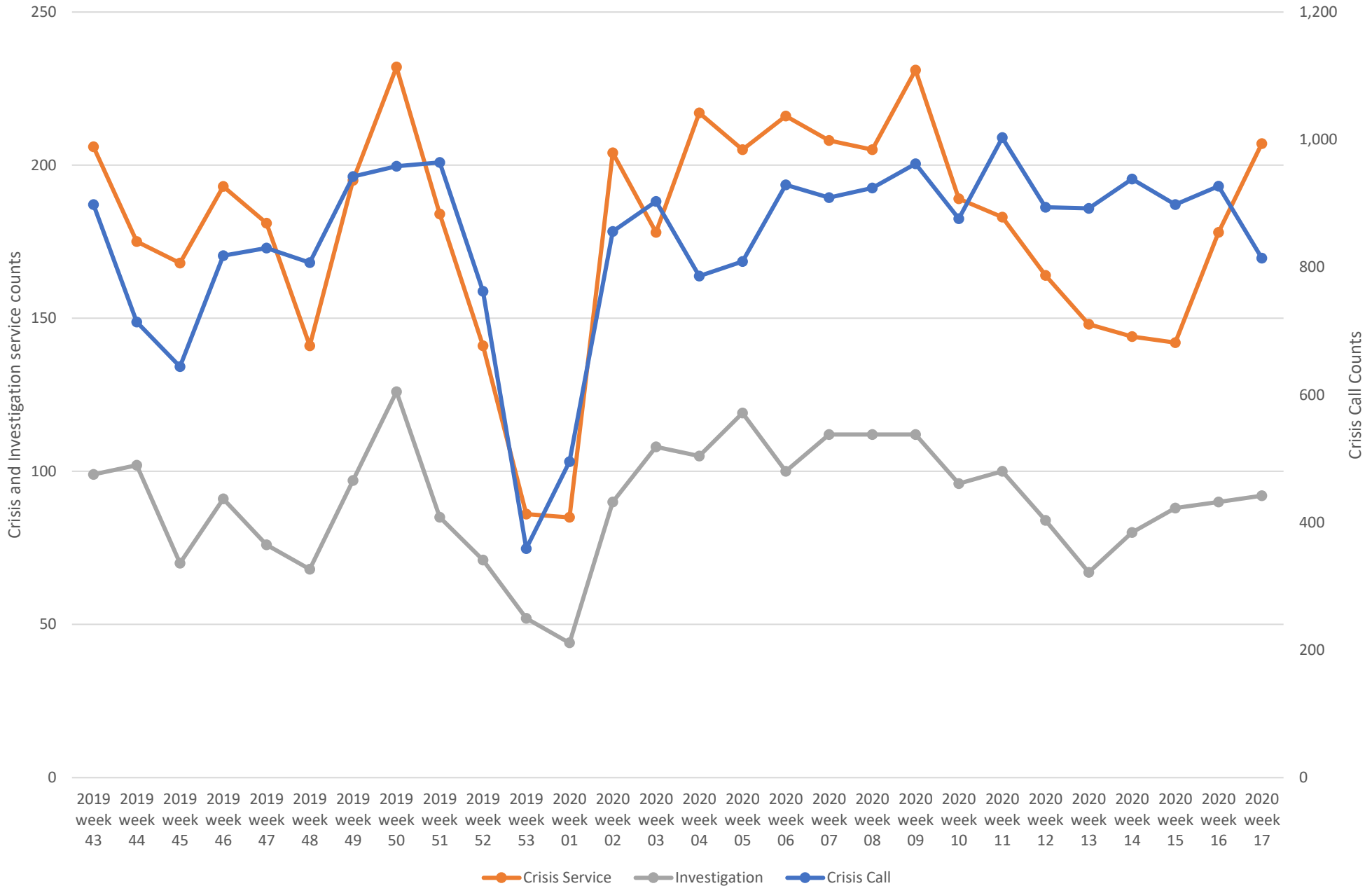
\\w2k16-file\departments\Quality_Specialists\Reports\HCA\Crisis\NorthSound_CrisisMetrics_20200407.docx



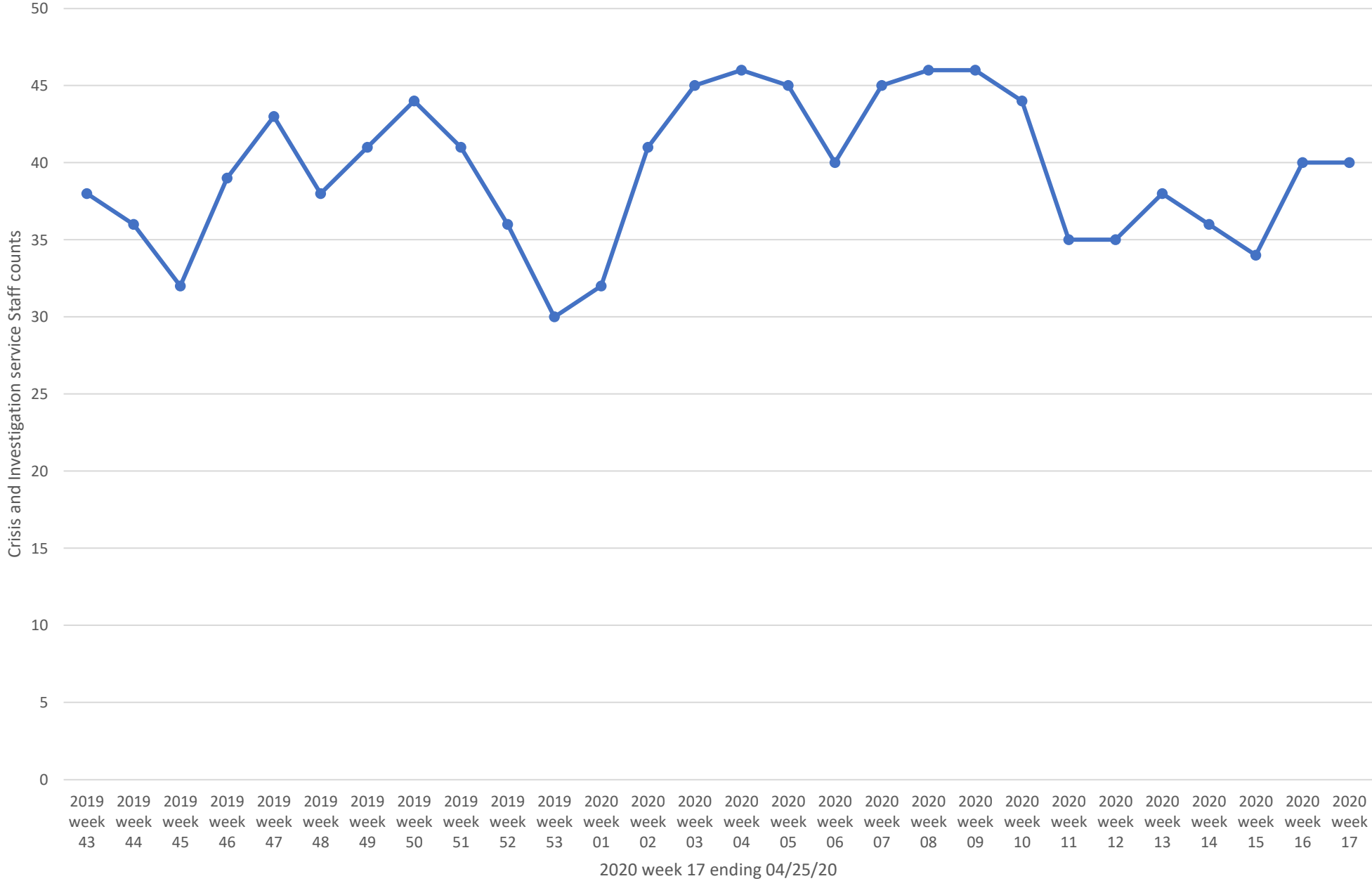
Weekly Crisis Capacity Indicator Snapshot

Page 2	Crisis Data - historical data submitted with ItxBatch date within 7 days or less - dates 10/20/19 to 04/25/20
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 10/20/19 to 04/25/20
Page 4	Average dispatch time for investigations from 10/20/19 to 04/25/20
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	North Sound BH ASO Walkaway Chart 07/01/19 to 04/29/20

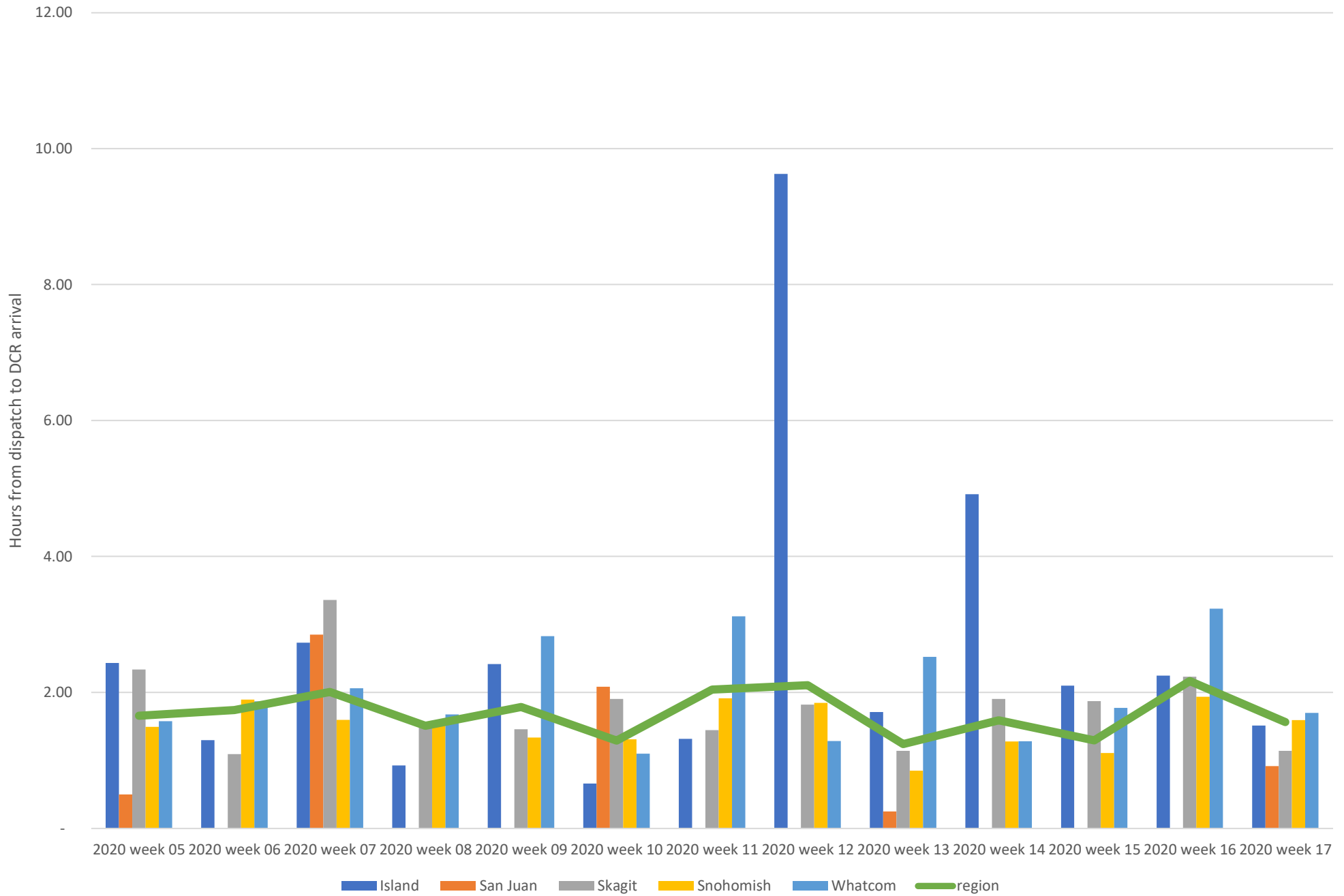
Crisis Data - historical data submitted with ItxBatch date within 7 days or less - dates 10/20/19 to 04/25/20



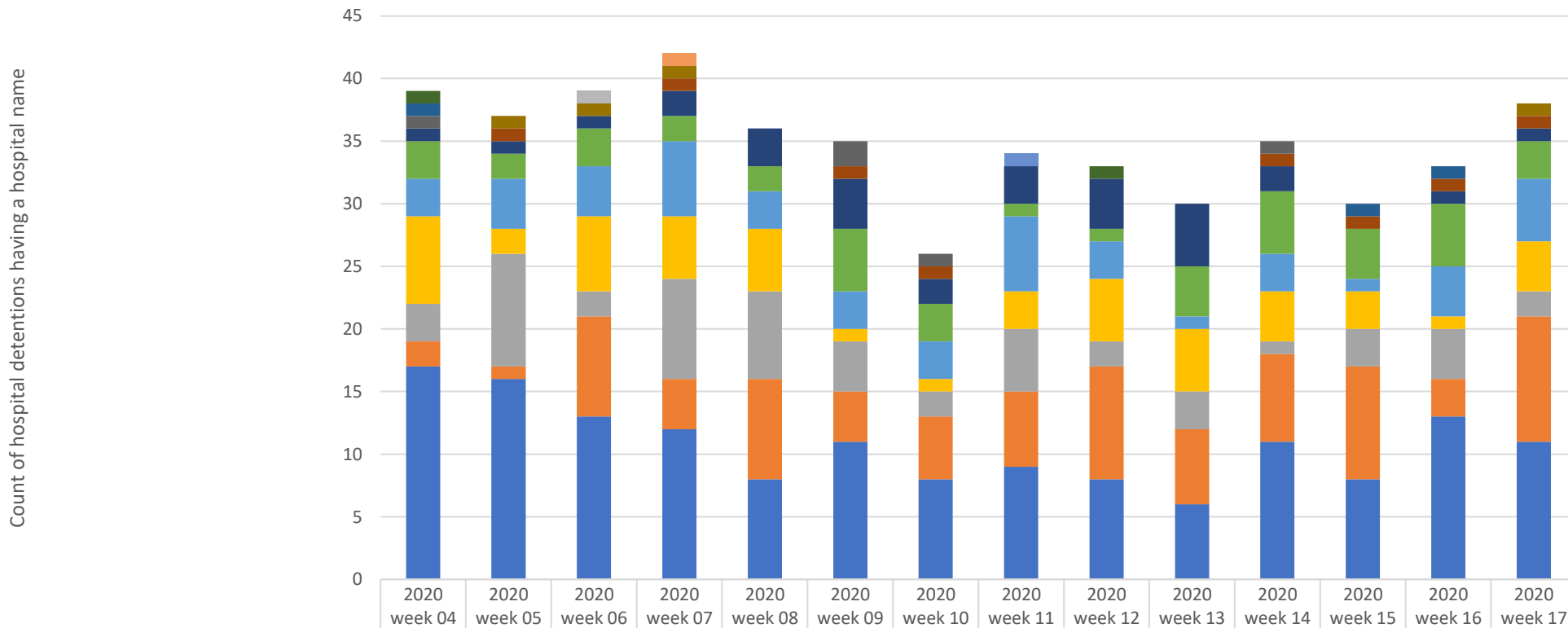
Weekly Staff Count- Only data submitted with ItxBatch date within 7 days or less of service date included.
 Staff providing Crisis or Investigation services 10/20/19 to 04/25/20



Average dispatch time for investigations from 10/20/19 to 04/25/20

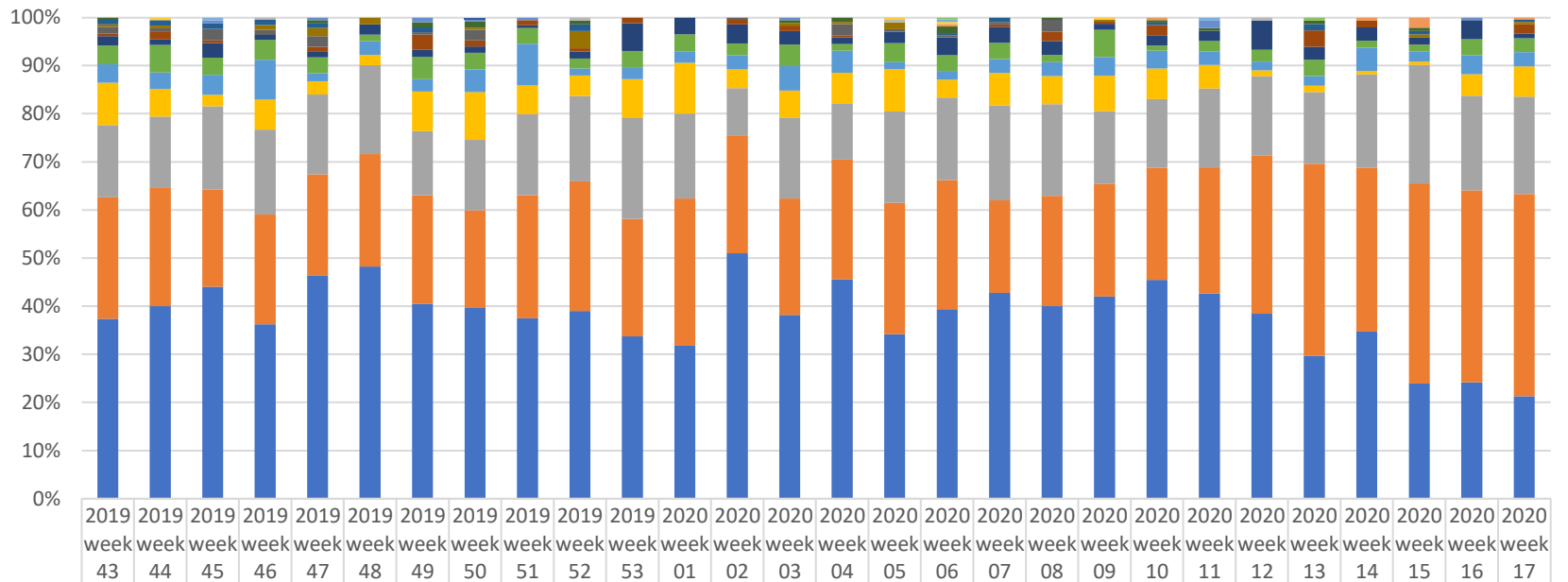


Involuntary detention locations - No adjustment has been made for timely data - recent weeks likely low



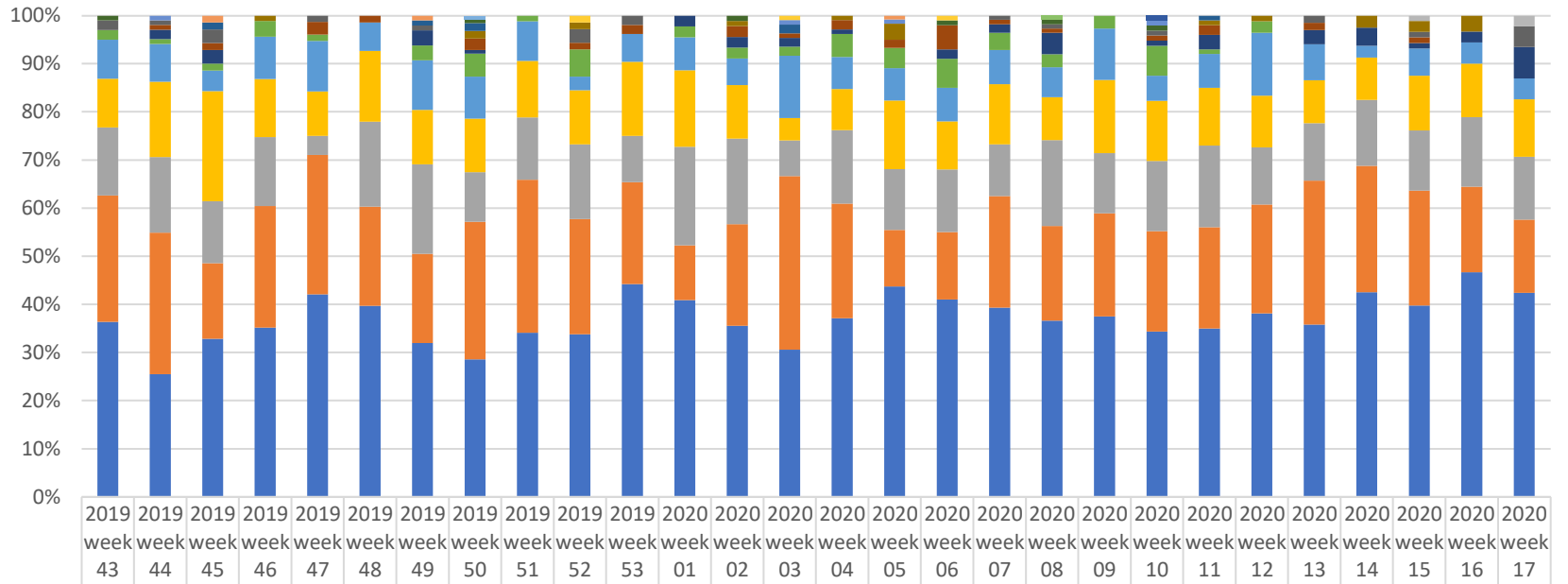
	2020 week 04	2020 week 05	2020 week 06	2020 week 07	2020 week 08	2020 week 09	2020 week 10	2020 week 11	2020 week 12	2020 week 13	2020 week 14	2020 week 15	2020 week 16	2020 week 17
Swedish Mill Creek			1											
ABHS Spokane				1										
VA Puget Sound								1						
Yakima Valley Memorial Hospital	1								1					
Cascade Behavioral Hospital - Tukwila	1											1	1	
Swedish Hospital Medical Center		1	1	1										1
ABHS Chehalis	1					2	1				1			
Fairfax Behavioral Health - Everett		1		1		1	1				1	1	1	1
Fairfax Hospital	1	1	1	2	3	4	2	3	4	5	2		1	1
Telecare - North Sound E&T	3	2	3	2	2	5	3	1	1	4	5	4	5	3
Compass - Mukilteo E&T	3	4	4	6	3	3	3	6	3	1	3	1	4	5
Skagit Valley Hospital - Mount Vernon, WA	7	2	6	5	5	1	1	3	5	5	4	3	1	4
St Joseph Hospital - Bellingham	3	9	2	8	7	4	2	5	2	3	1	3	4	2
Swedish - Edmonds	2	1	8	4	8	4	5	6	9	6	7	9	3	10
Providence Medical Center - Everett	17	16	13	12	8	11	8	9	8	6	11	8	13	11

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



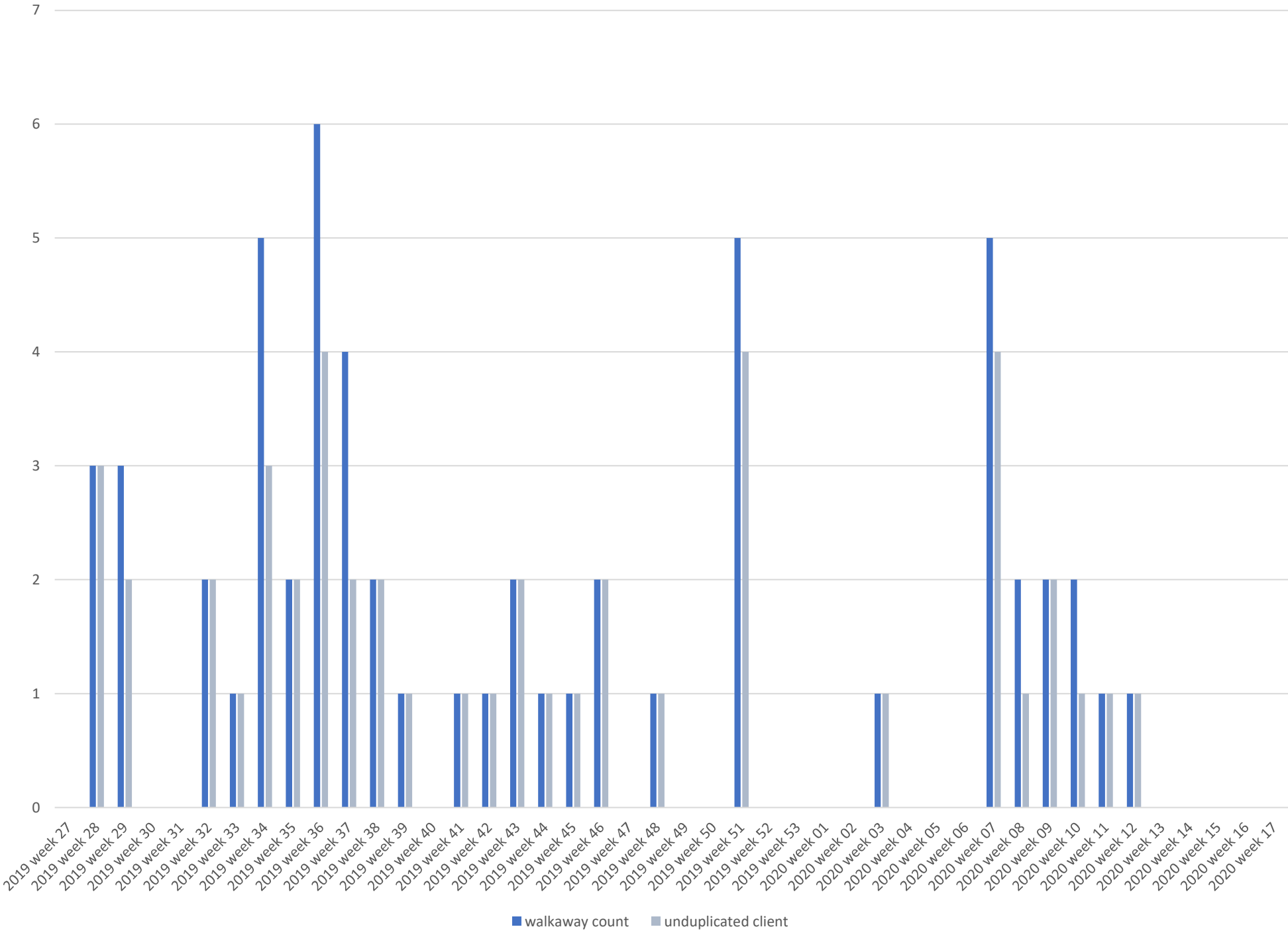
	2019 week 43	2019 week 44	2019 week 45	2019 week 46	2019 week 47	2019 week 48	2019 week 49	2019 week 50	2019 week 51	2019 week 52	2019 week 53	2020 week 01	2020 week 02	2020 week 03	2020 week 04	2020 week 05	2020 week 06	2020 week 07	2020 week 08	2020 week 09	2020 week 10	2020 week 11	2020 week 12	2020 week 13	2020 week 14	2020 week 15	2020 week 16	2020 week 17
Psych. Fac.-Partial Hosp								1																				
Custodial Care Facility																	1							1				
Skilled Nursing Facility			1														1					1						
Nursing Facility		1														1	1				1							
On Campus - Outpatient Hospital				1						1						1							1					
Telehealth																	1					1			1	3		1
Psych. Residential			1		1		2	1	1					1									3					1
Community Mental Health Center	1				1		2	3		1				1	2		3		1		1	1			1	1		
Group Home	2	2	2	2	2		2			2							1	2				1			2		1	1
Homeless Shelter	1	1		2	3	2		1		5				1	1	3					1					1		1
School	3	1	4	2	4		1	5					1		5	1	1	1	5									
Assisted Living Facility	1	3	1		2		6	3	2	1	1		2	2	1			1	4	1	4			5	2			4
Inpatient Hospital	4	2	5	2	2	3	3	3	1	2	5	3	8	5	3	5	8	7	6	3	4	4	10	4	4	2	7	2
Prison - Correctional Facility	8	10	6	8	6	2	9	8	6	3	3	3	5	8	3	8	7	7	3	13	2	4	4	5	2	2	6	6
Inpatient Psychiatric Facility	8	6	7	16	3	4	5	11	16	2	2	2	6	9	10	3	4	6	6	9	7	5	3	3	7	3	7	6
Home	18	10	4	12	5	3	16	23	11	6	7	9	8	10	14	18	8	14	12	17	12	9	2	2	1	1	8	13
Emergency Room - Hospital	31	26	29	34	30	26	26	34	31	25	18	15	20	30	25	39	37	41	39	35	27	30	27	22	28	35	35	42
Other Place of Service	52	43	34	44	38	33	44	47	47	38	21	26	50	43	54	56	58	40	47	54	44	48	54	59	49	59	71	87
Office	77	70	74	70	84	68	79	92	69	55	29	27	104	68	99	70	85	89	82	97	86	78	63	44	50	34	43	44

Place of Service -Investigations, percent of total by week



	2019 week 43	2019 week 44	2019 week 45	2019 week 46	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	
Nursing Facility																						1							
Residential SUD																				1									
Psych. Fac.-Partial Hosp								1																					
Custodial Care Facility										1				1			1												
Telehealth																											1	2	
Skilled Nursing Facility			1				1										1												
Homeless Shelter		1												1	1							1							
School	1							1					1				1		1		1								
Psych. Residential			1				1	2						2									1						
Office				1				2		1			1		1	4							1	1		2	2	3	
Group Home	2	1	2		1		1			2	1							1	1			1			1		1	4	
Community Mental Health Center		1	1		2	1		3		1	1		2	1	2	2	5	1	1		1	2		1		1			
Assisted Living Facility		2	2				3	1				1	2	2	1		2	2	5			1	3		2	3	1	2	6
Home	2	1	1	3	1		3	6	1	4		1	2	2	5	5	6	4	3	3	6	1	2						
Prison - Correctional Facility	8	8	3	8	8	4	10	11	7	2	3	3	5	14	7	8	7	8	7	12	5	7	11	5	2	5	4	4	
Inpatient Hospital	10	16	16	11	7	10	11	14	10	8	8	7	10	5	9	17	10	14	10	17	12	12	9	6	7	10	10	11	
Other Place of Service	14	16	9	13	3	12	18	13	11	11	5	9	16	8	16	15	13	12	20	14	14	17	10	8	11	11	13	12	
Inpatient Psychiatric Facility	26	30	11	23	22	14	18	36	27	17	11	5	19	39	25	14	14	26	22	24	20	21	19	20	21	21	16	14	
Emergency Room – Hospital	36	26	23	32	32	27	31	36	29	24	23	18	32	33	39	52	41	44	41	42	33	35	32	24	34	35	42	39	

North Sound BH ASO Walkaway Chart 07/01/19 to 04/29/20



Post COVID-19 Planning

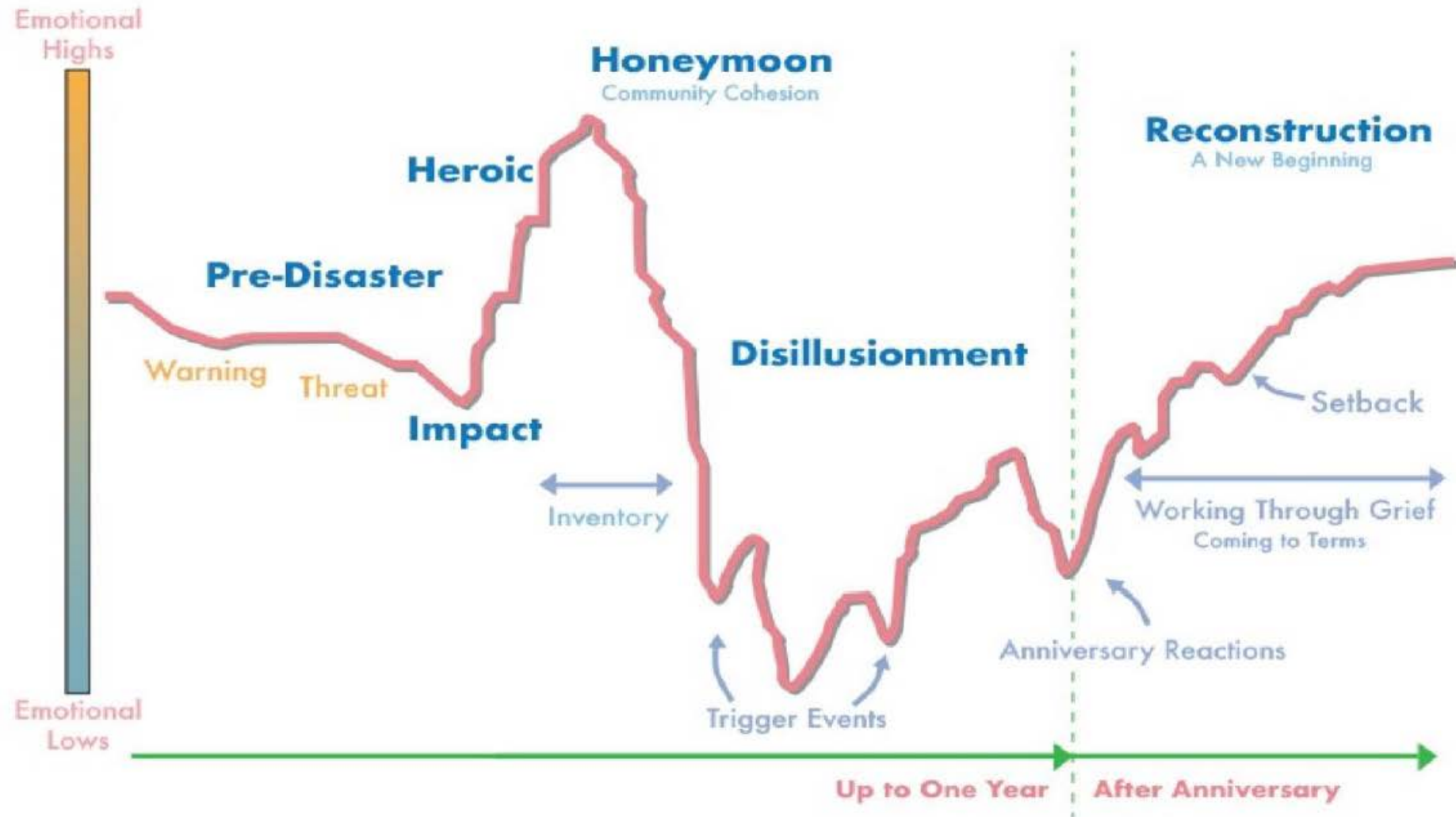
May 2020

Prepared for North Sound BH-ASO

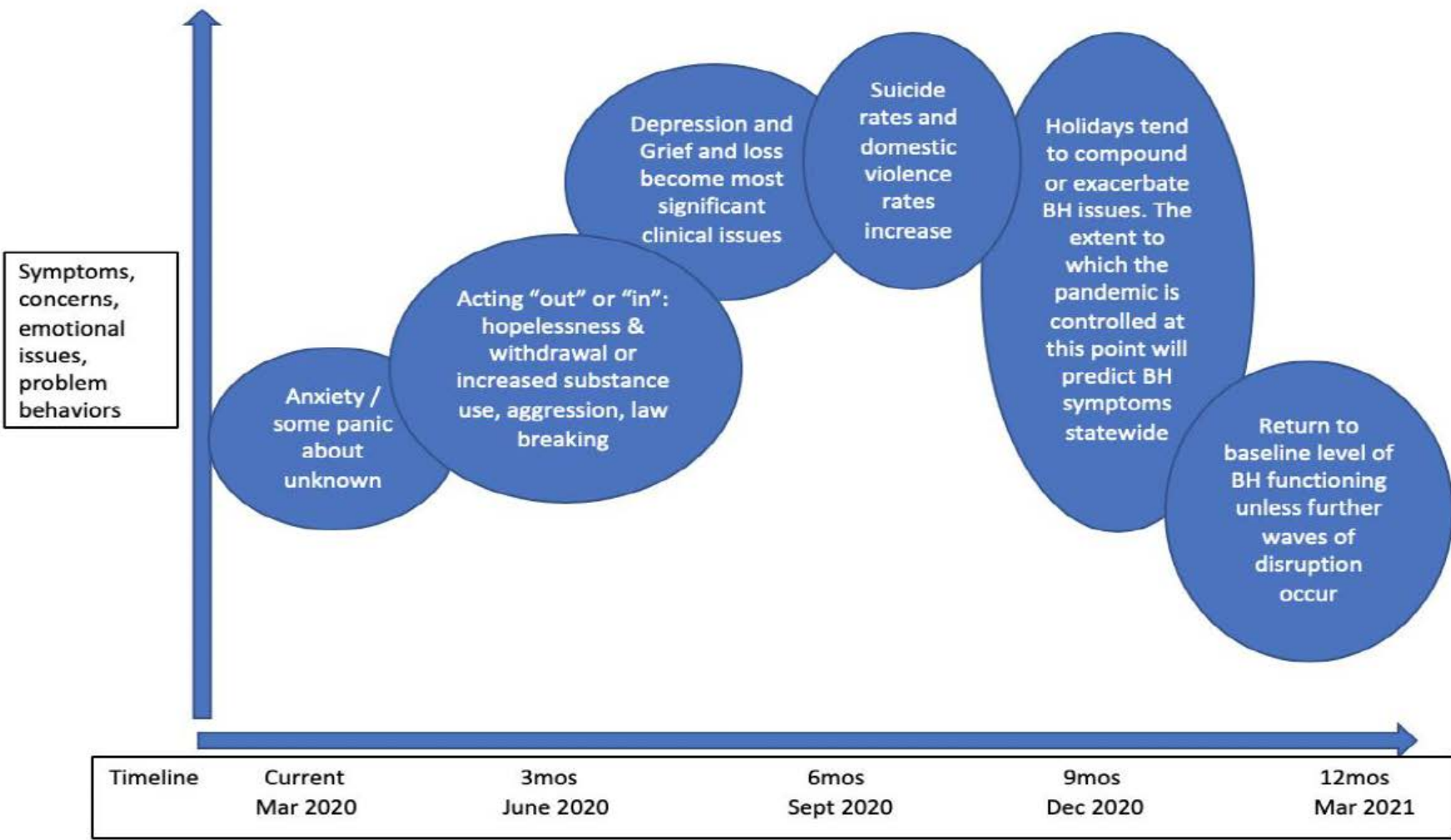
Purpose

- Look at current Models regarding Post-Pandemic Behavioral Health (BH) issues and needs
- Information from other resources
- Person specific concepts

Reactions and Behavioral Symptoms in Disasters: SAMHSA



Forecasted Behavioral Health Symptoms from COVID-19 Over Time



From Other Resources

- SARS studies: Stress levels of SARS survivors remained persistently elevated and higher than those of community control subjects 1 year after the SARS outbreak.
- BJP (2018): Although many individuals experiencing psychological distress or psychiatric disorder may not seek formal help for their symptoms, this review documents a significant degree of new morbidity affecting disaster-exposed populations.
- JAMA Internal (2020): Large scale disasters “are almost always accompanied by increases in depression, posttraumatic stress disorder (PTSD), substance use disorder, a broad range of other mental and behavioral disorders, domestic violence, and child abuse”.
- Conclusions based on certain study populations and events (eg, SARS, Katrina, 9/11) might not be generalizable to the wider public or present time.

From Other Resources

- Lancet (2020): Issues with STIGMA - Participants in several studies reported that others were treating them differently: avoiding them, withdrawing social invitations, treating them with fear and suspicion, and making critical comments.
- Multiple sources: Impact of economic recession (2008) lead to increased rates of suicide “we find that rising unemployment had a similar adverse effect on male and female suicide rates”.
- Routine medical care is deferred:
 - There has been on average a 60% decrease from pre-pandemic levels in eight hospitals in the three regions that were assessed.
 - Urgent cancer referrals have dropped by an average of 76% compared to pre-pandemic levels in the three regions.
 - MMR down 40% and DipT down 22% from Feb to April

Considerations

- Those individuals we know
- Those individuals we don't know yet
- Specific groups
 - Health care workers (HCW) and First responders
 - Elderly
 - Medically compromised
 - Post Covid Neuropsych sequelae

Those we know

People with pre-pandemic Mental Health Issues

- Possible missed appointments, scripts, doses
- Higher risks of Anxiety and PTSD like sx.
- Higher risks of SUD issues
- Greater levels of isolation
- Issues around lost supports
- Children with parents returning to work while no school or aftercare, continued disruption in schedules and routine, fear, and erosion of prior gains in treatment or school settings.

Consider

- Increase accessibility to follow up appointments
 - Increased roles for pharmacists, nurses, groups, peer supports
- Proactive outreach (telephonic, text)
- Use of PCP network
- Continued expansion of telemed
- Increased use of age appropriate stepped services^o
- Increased availability of family, youth services.

• Cohen GH, Tamrakar S, Lowe S, et al, Comparison of simulated treatment and cost-effectiveness of a stepped care case-finding intervention vs usual care for posttraumatic stress disorder after a natural disaster. *JAMA Psychiatry*. 2017;74(12):1251-1258. doi:10.1001/jamapsychiatry.2017.3037

Those We Don't Know Yet

People with pre-pandemic Mental Health Issues

- Unemployed
- Under-employed
- Family violence victims
- New onset BH issues
 - SUD
 - Mental health – depression, anxiety and PTSD related issues
 - Grief and Loss issues
- Missed or delayed medical care
- Development of *distress reactions* with associated exhibit health-risk behaviors, such as substance use, family conflict and insomnia.

Consider:

- Implementation of Stepped care or for others an EAP model of services that are problem focused, time limited and based on measured outcomes
- Ease of accessibility
- Collaboration with FQHC's and PCP's
 - Standardized screenings
 - Use of MH appointments to assess for missed medical care
- 2-1-1 service information to BH Crisis system
- Collaboration with community safety net systems (Salvation Army, Boys/Girls Clubs, Food Banks, Financial Systems)
- Extending outreach for additional delivery of Psychological First Aid or outreach°
 - Especially given minority populations and inequitable distribution of services
- Family education around how children manifest reactions to such situations.
- Maximize awareness of existing telephone supports and life lifelines (such as national [Disaster Distress Helpline](#)).

Specific Sectors

- Healthcare workers/ 1st Responders
- Elderly
- COVID recovering persons
- Address PTSD related issues (ongoing), stigma, anger and family issues. Surveillance.
- Proactive Outreach. Gatekeeper model ([Care Manag J. 2013;14\(1\):11-20](#))
- Monitoring for long term neuro-psychiatric sequelae of COVID

What we don't know

- Recurrences of COVID-19
- Impact of vaccines – hopes and disappointments
- Impact of limited Economic recovery or slow down
- Lack of Housing stability
- Long terms impact on healthcare delivery system (especially in rural settings)
- Long term impact of misinformation
- Long term impact due to Social/healthcare inequities
- And....

Compass Health Debuts Revolutionary Mobile Telehealth System to Provide Vital Mental Health and Substance Abuse Treatment During COVID-19 Social Distancing, and for Future Care

Cloud-based Compass Health Bridge platform virtually connects front-line behavioral health providers with clients in community or home settings

[Download](#)



Compass Health Bridge mobile telehealth system connects providers and clients. (Photo: Business Wire)



COMPASS
Health

May 04, 2020 12:51 PM Eastern Daylight Time

EVERETT, Wash.--([BUSINESS WIRE](#))--Today, Compass Health announced the organization-wide launch of its mobile telehealth system, Compass Health *Bridge*. The three-part system enables behavioral health professionals to connect virtually with clients in community and home settings via HIPAA-compliant, secure video chat for counseling, psychiatric evaluation and case management.

Compass Health is leading the industry in its use of integrated mobile telehealth for behavioral health care delivery on a broad scale. In fall 2019, the organization first piloted the *Bridge* system, which includes proprietary mobile devices that providers can control remotely to obtain a 300-degree view of a client's environment.

Now, spurred by COVID-19 social-distancing, Compass Health has dramatically expanded deployment of mobile telehealth, training more than 500 behavioral health professionals to deliver care remotely and enabling many clients to communicate via their own devices. The need was urgent: throughout March 2020, client participation in outpatient treatment and other services was decreasing 20 percent week-over-week as community members adhered to the state's orders to stay home.

"We are a frontline care provider to our communities' most vulnerable members, who are also at high risk of COVID-19 infection and complications," said Tom Sebastian, Compass Health CEO and president. "We also know that times of stress and uncertainty are especially challenging for those dealing with mental health and substance use disorder issues, so it's imperative for us to continue counseling and treatment. The *Bridge* system allows us to do just that—we can maintain social distancing while still serving as a lifeline for whole person health."

Compass Health will now use the *Bridge* mobile telehealth system across nearly all of its programs, including youth and family services, adult outpatient and intensive outpatient treatment, residential treatment facilities, and crisis response teams.

Additionally, the provider has deployed six *Bridge* mobile devices to emergency departments in Skagit, Island, San Juan and Whatcom counties, enabling its professionals to complete behavioral health assessments remotely. In addition to supporting safety by minimizing physical contact, this helps hospitals preserve personal protective equipment (PPE) by eliminating the need to provide it for Compass Health staff members on-site.

Compass Health's services are particularly important during the COVID-19 outbreak. Its programs support mental wellness and treatment for substance use disorders, as well as the physical health of clients who are nearly all in the high-risk group for the coronavirus and unlikely to seek care from a medical provider.

Its triage centers, crisis response teams and other services also make a direct impact on keeping individuals out of the emergency room and inpatient care settings, freeing up beds for those who need treatment for COVID-19 or other serious conditions. And, while schools are closed, the organization's youth programs help fill critical gaps for many families who typically receive special services from the education system.

Compass Health first began piloting the mobile telehealth system for select programs in fall 2019 to improve client experience and provider availability. Instead of losing time to ferry travel or hours in the car – significant challenges for an organization that operates from the foothills of the Cascade mountains to the San Juan Islands – Compass Health providers actually expanded their instances of care, using the system to virtually cross hundreds of miles to provide high-quality services for their clients.

“We've seen firsthand how *Bridge* plays a crucial role in our ability to maintain our systems of care,” said Compass Health Chief Medical Officer Camis Milam, MD. “Many of the people we serve view Compass Health professionals as their primary healthcare resources, and it's important that we continue to provide access for vulnerable members of our communities.”

The three components of the *Bridge* system, built on [Integrated Telehealth Solutions](#)' technology platform include:

- A HIPAA-compliant, cloud-based platform built on Zoom that enables secure video chat;
- Proprietary mobile devices – similar to an iPad, but with enhanced functionality – that providers or other team members can bring to clients' homes or community settings;
- A secure portal that enables providers and clients to log onto *Bridge* and interact utilizing their own Internet-enabled mobile devices, laptops or desktops.

One way clients can access care is through the *Bridge* mobile units. Compass Health team members bring the devices to clients, who then begin their medical appointments in their homes, schools or other community settings rather than having to meet at Compass Health offices. Once logged on, providers interface with clients from their office or primary location, remotely controlling the device's 300-degree camera to observe the client's physical appearance and environment.

In response to the COVID-19 outbreak, the Compass Health team quickly added capacity to the *Bridge* system that allows clients to use their own devices to log onto the system using a secure link to connect with their provider. With the help of funding partners Verdant Health Commission, EverTrust Foundation, Office of Crime Victim Advocacy, Children's Advocacy Centers of Washington, and others, Compass Health was able to expand access to its essential services, making the system available to more than 5,000 clients in a matter of days.

“How we care for behavioral health and physical health is rapidly changing, and our 500-plus Compass Health providers quickly adopted and trained on this system to better respond to current circumstances,” said Stacey Alles, chief operating officer at Compass Health. “We’ve seen the impact of using innovations to advance whole person health across our organization, and we know this will make a huge difference in the communities we serve.”

In addition to leveraging *Bridge* for enhanced client experience, the Compass Health team has also utilized the system to support clinical supervision and management and team communication. With a footprint that crosses five counties, *Bridge* allows staff members to meet virtually and align on treatment plans or changes in medication.

“For many healthcare consumers, it’s commonplace to use mobile telehealth for non-urgent medical issues,” Sebastian said. “However, these systems are still underutilized in the behavioral health space. We’re excited to pioneer *Bridge* and demonstrate the ways that our team members innovate and embrace technology to serve our clients when and where they need us.”

More information about the *Bridge* system be found at Compass Health’s dedicated webpage at www.compasshealth.org/telehealth. For those interested in learning more about Compass Health’s community efforts or supporting their vision for whole person health, visit www.compasshealth.org.

About Compass Health

Compass Health is Northwest Washington’s behavioral healthcare leader. A community-based healthcare agency, Compass Health integrates behavioral health and medical care services to form a key section of the community safety net and serve clients and others in need of care and support. From comprehensive mental health treatment to crisis prevention and intervention, supportive housing, children’s services, community education and much more, the non-profit organization serves people of all ages throughout Snohomish, Skagit, Island, San Juan, and Whatcom counties.

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