

2019-2020

QUARTER 4 AND ANNUAL REPORT



REPORT PREPARED BY:
Lifeways, Inc



Executive Summary

The Western Idaho Community Crisis Center (WIDCCC) became operational on April 23, 2019. WIDCCC is a partnership between the Idaho Department of Health and Welfare (IDHW), Southwest District Health (SWDH), and Lifeways Inc. The crisis center serves adults in need of mental health and substance use disorder crisis services in Region III. The center provides stabilization and connection to community resources. Individuals can access the center for a maximum stay of 23 hours and 59 minutes. The center is open 24 hours per day, 7 days a week and 365 days a year. The center is located at 524 Cleveland Blvd., Suite 160, Caldwell, ID 83605. WIDCCC is a key part of community integration allowing immediate access and screening to those experiencing a mental health, substance use or resource need. Lifeways adheres to the Minkoff model, which leverages an interdisciplinary team to provide a preliminary medical screening, risk screening and behavioral health assessment to assess for and direct an individual to the most appropriate and cost-efficient level of care.

In the fourth quarter, the crisis center experienced an increase in access from 148 admissions in the third quarter to 205 individual admissions. Per previous reporting practices, some admissions represent individuals that were served more than one time. In managing concerns related to substance use or mental health, it is a best and safe practice for an individual to return to avoid or following a relapse or to avoid a higher level of care. The average length of stay was 12 hours and 54 minutes. WIDCCC serves the entirety of Region III, which includes: Adams, Canyon, Gem, Owyhee, Payette and Washington Counties. The first year shows 73% of the individuals accessing WIDCCC identify Canyon County as their county of residence. To address reduced access from outlying counties, ongoing outreach efforts have continued and been re-focused, with an emphasis toward not only increasing awareness and participation, but also breaking down some of the geographical barriers that present for a rural district such as Region III. 11% of individuals who accessed the crisis center, identified their primary residence as outside of Region III. Although these individuals fell outside of the service area identified for the crisis center, they were provided with access and care, keeping true to the Minkoff Model and “no wrong door” philosophy.

Medicaid/Optum continues to be reported as the leading insurance provider of individuals accessing WIDCCC. Self-referrals are the primary source for individuals seeking services. Of individuals who have responded, 25% reported not having or not having access to health insurance. While in crisis, providing accurate information can sometimes be difficult due to interfering symptoms which prevent communication or prevent trust. Presenting as an additional barrier to collecting personal information, including information related to insurance, is the fear and embarrassment that an individual may associate with the stigma of seeking behavioral health or substance use care.

Admissions

The Western Idaho Community Crisis Center is in its twelfth month of operation. These admission numbers represent the first, second, third and fourth quarter (Figure 1). WIDCCC processed a total of 205 admissions from 2/1/2020 through 4/30/2020. Of those 205 admissions, 125 were unduplicated visits. Additionally, since WIDCCC opened April 23, 2019, there have been a total of 691 admissions through the end of the fourth quarter (ending 4/30/2020). After opening, WIDCCC began receiving calls for information/resource requests and referrals, but those calls were not tracked or counted toward admission as they are often anonymous calls. In September of 2019, Lifeways was asked to add an additional data item and begin tracking these calls. From that time forward, Lifeways began tracking the calls. In the 4th quarter, the log reflects 85 calls made, received, and triaged by staff at the crisis center. We should note that during COVID 19 staff were unable to successfully document all calls due to time constraints.

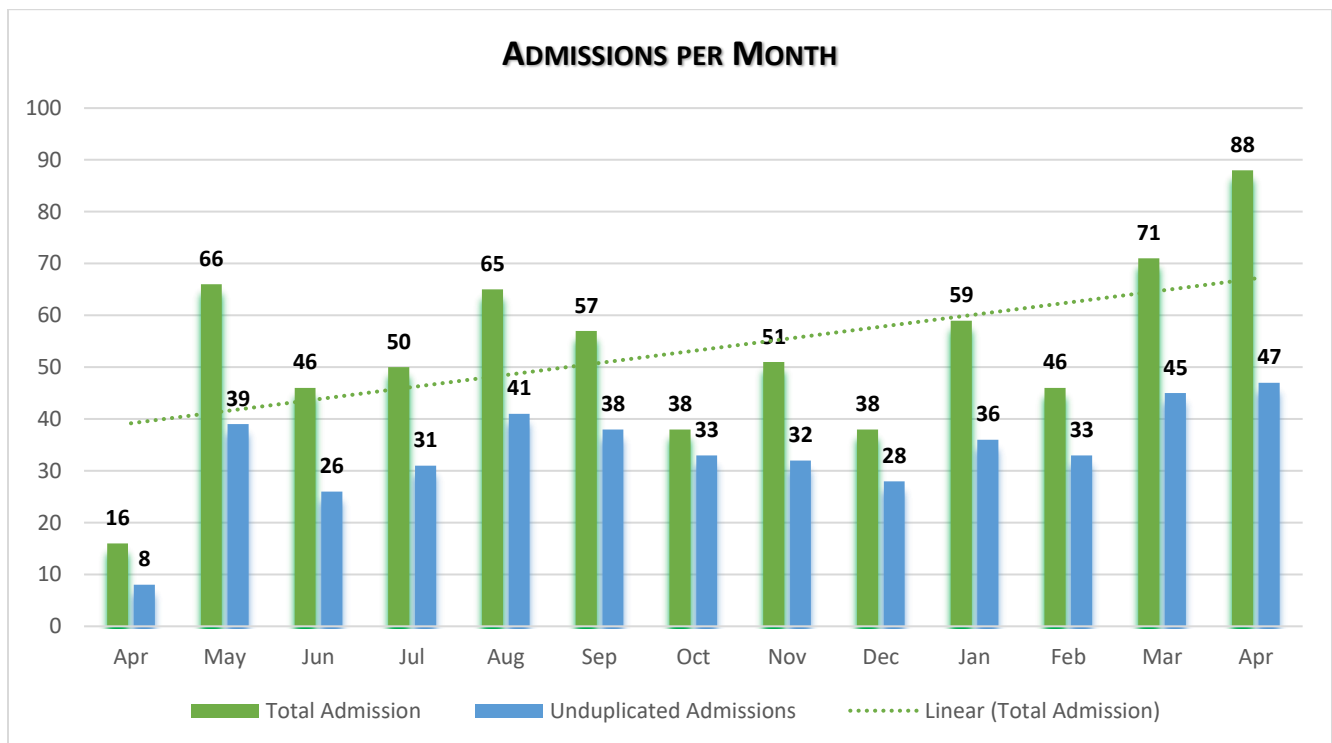


Figure 1: Admissions per Month (April 2019 – April 2020)

Demographics

The average length of stay in the fourth quarter was 12 hours and 54 minutes. The average daily census was 2.27. The number of individuals who were homeless or at risk of being homeless was 126 (61%). The number of veterans and active duty served was 8 (4%).

Canyon County continues to be the county that utilizes WIDCCC the most (Figure 2 and 3). Lifeways and SWDH continue active community outreach to the six-county region to not only promote use of this evidence-based and cost saving resource, but also to gather data regarding potential barriers preventing access to the crisis center. Outreach was disrupted in the fourth quarter due to COVID, with the cancelation of 5 specific speaking engagements targeting groups that serve at-risk and/or vulnerable populations.

Two hundred and five individuals sought services at WIDCCC in the fourth quarter, 106 of them identified as male, 95 identified as female, and 4 identified as transgendered (Figure 4 and annual info Figure 5). Annually, we have served

Sixty-five (41%) of fourth quarter WIDCCC recipients were between the ages of 25 and 34 years. Fifty-three (33%) recipients were between the ages of 35 and 44 years. (Figure 6 and annual info Figure 7. The remainder of recipients were distributed between the age groups: 18 to 24, 35 to 44, 45 to 54 years, and 65+.

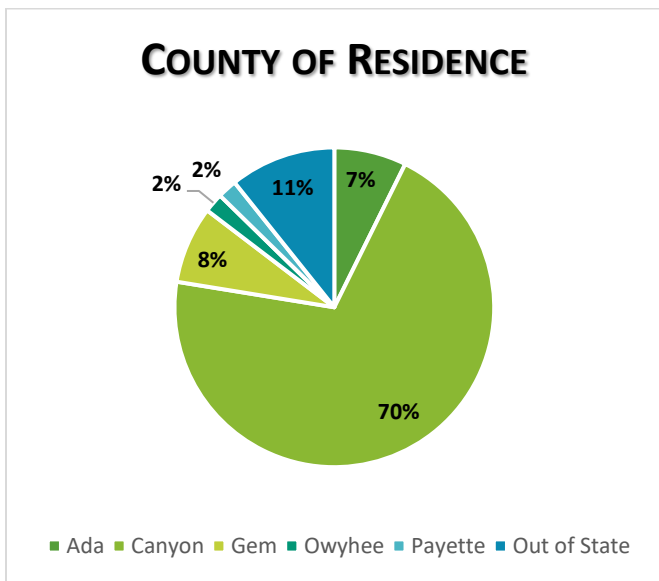


Figure 2: County of Residence for Q4 2019-2020

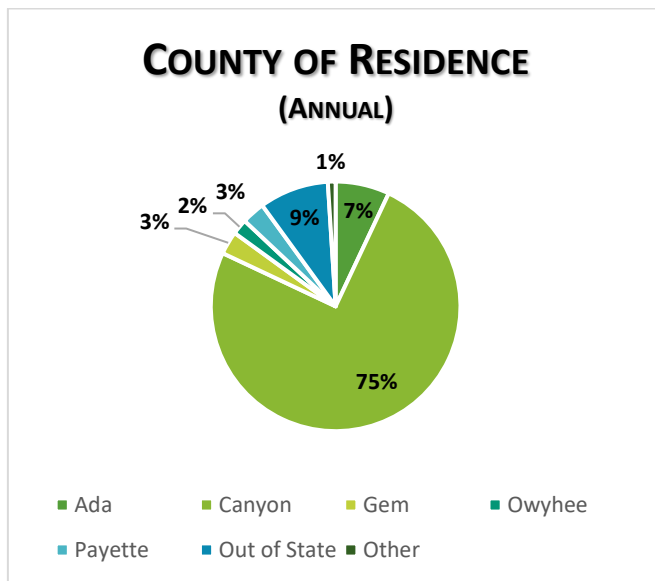


Figure 3: County of Residence for FY 2019-2020

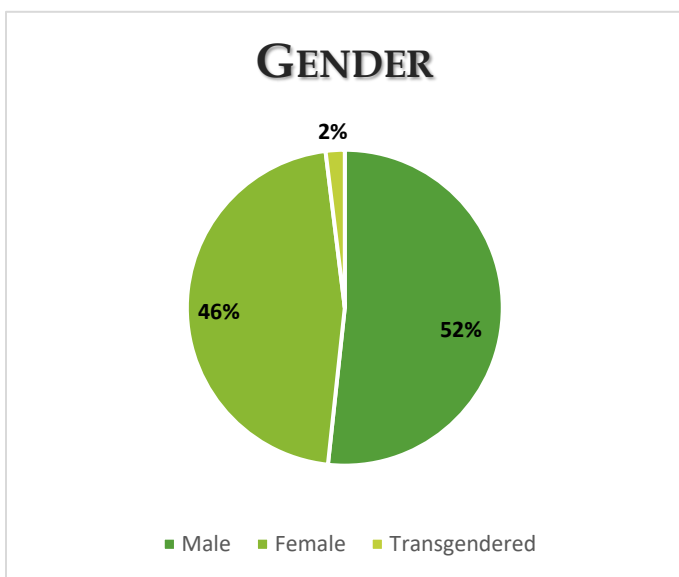


Figure 4: Gender for Q4 2019-2020

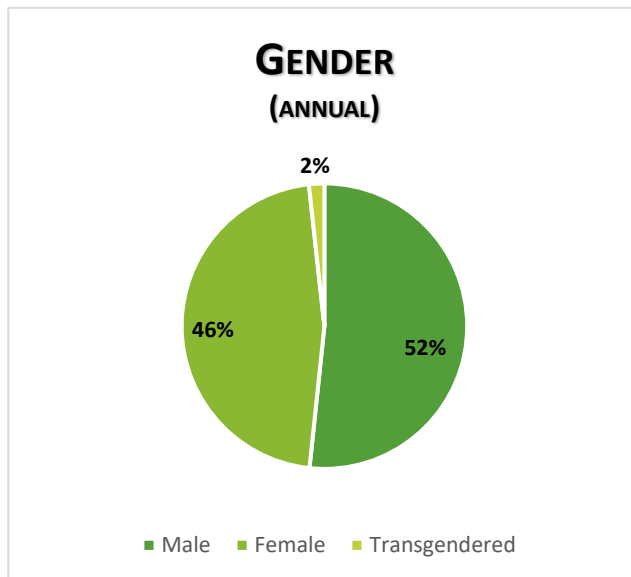


Figure 5: Gender for FY 2019-2020

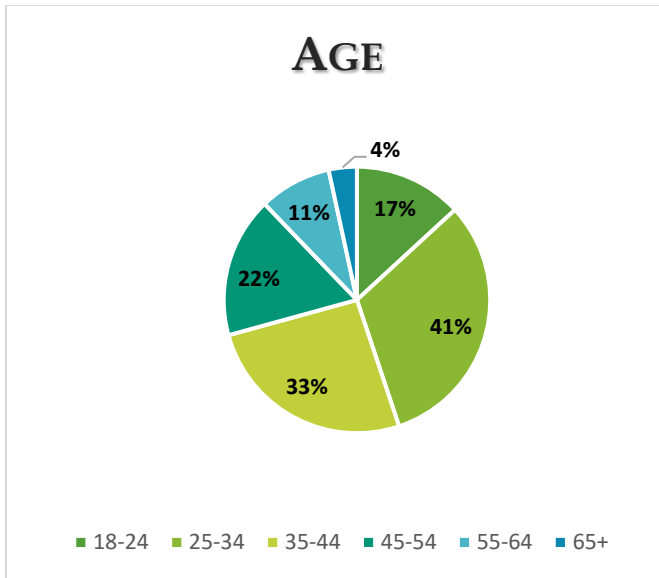


Figure 6: Age for Q4 2019-2020

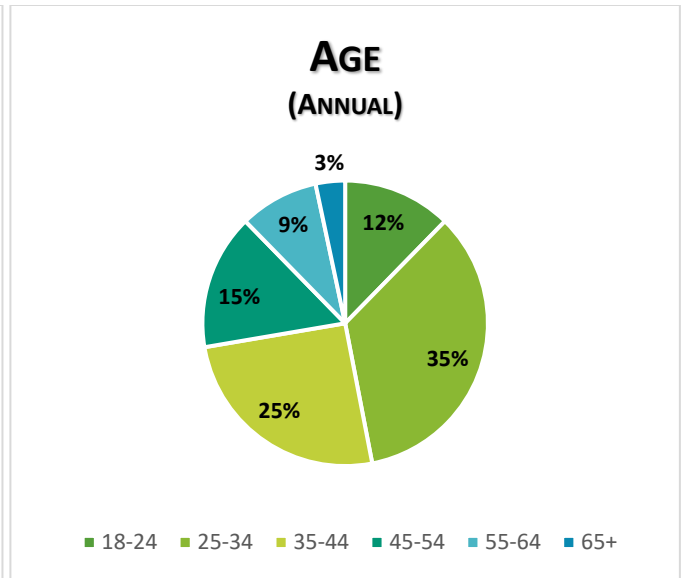


Figure 7: Age for FY 2019-2020

Diagnoses and Presenting Concerns

Individuals accessing WIDCCC are screened into five categories: mental health only, mental health and substance use, substance use only, inadequate information, or no significant mental health or substance use diagnosis (Figure 8 and annual percentages on Figure 9). WIDCCC was initially designed as a center to address crisis related to behavioral health and/or substance use concerns, “crisis” has since defined in a much broader context. Individuals requiring services to address a mental health or substance use concern may identify their presenting concern as a housing, employment, or other need (Figure 10 and annual percentages on Figure 11). A presenting concern for an individual is often the circumstance that brought them to *seek* care, not necessarily the circumstance that the care is meant to *resolve*. Allowing an individual to define their crisis, meeting a person where they are at, has value and will demonstrate cost savings for the community in the long run. This approach also contributes to reducing stigma associated with accessing the center, as well as the level of acuity that an individual will typically be forced to hit before being able to access a higher level of care.

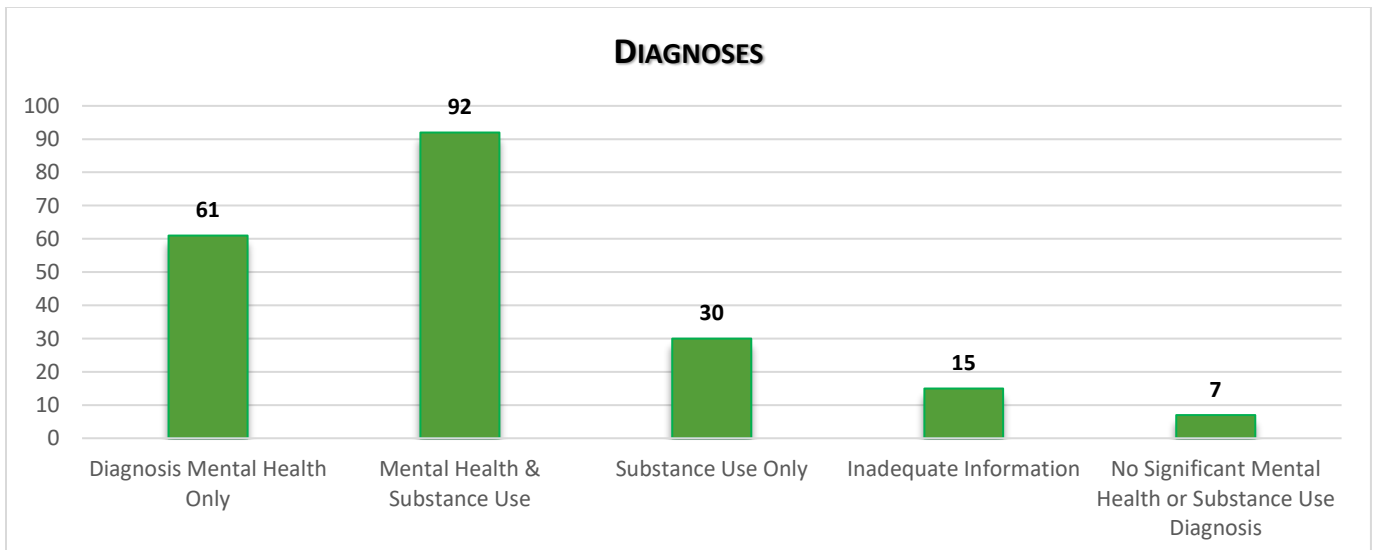


Figure 8: Diagnoses for Q4 2019-2020

DIAGNOSES (ANNUAL PERCENTAGES)

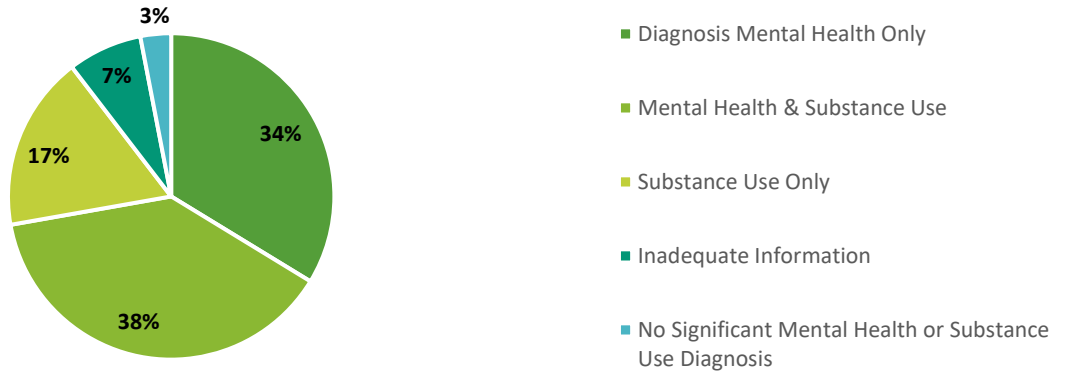


Figure 9: Diagnoses Percentages for FY 2019-2020

PRESENTING CONCERN

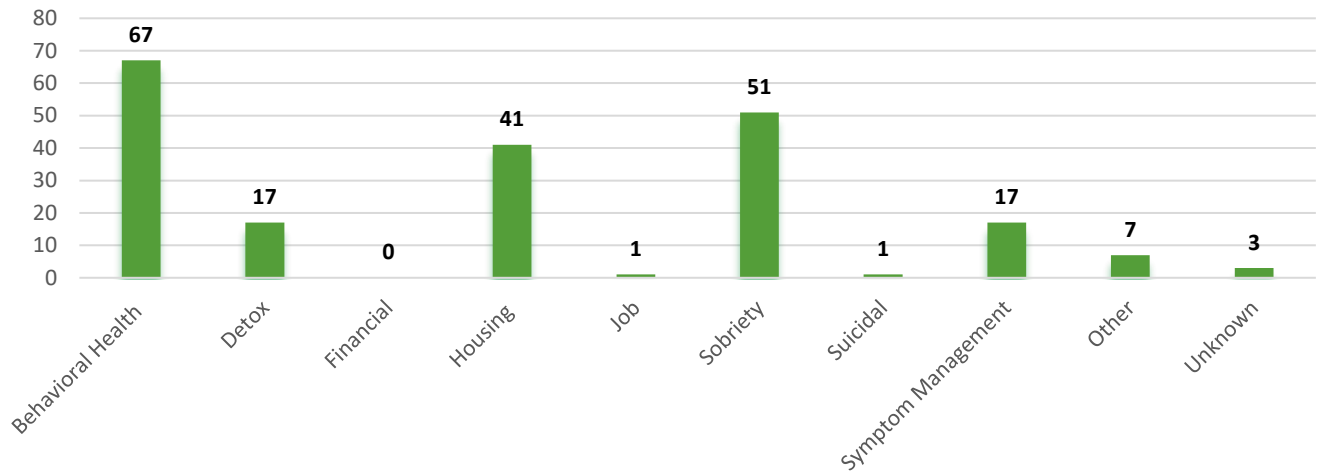


Figure 10: Presenting Concern for Q4 2019-2020

PRESENTING CONCERN (ANNUAL PERCENTAGES)

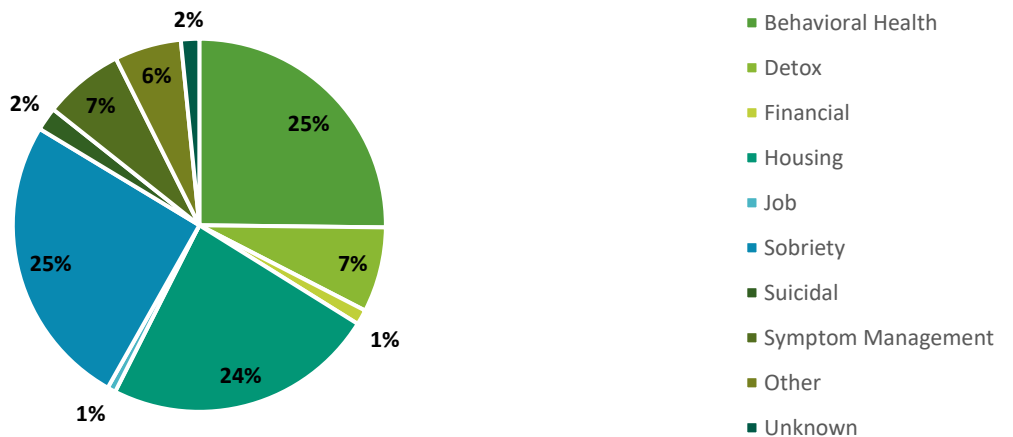


Figure 11: Presenting Concern Percentages for FY 2019-2020

Referral Sources to WIDCCC

Referral sources (Table 1 and annual percentages in Table 2) indicate how an individual learned about or was referred to WIDCCC. The data is self-reported by the individual seeking services. Individuals may identify more than one referral source.

Referral Source	
Community Mental Health Agency	31
Education/School	2
Employer/EAP	1
Family/Friend	18
Hospital	20
Legal Counsel	1
Mental Health Court	1
Other Community Organizations	10
Physician	1
Police (except court or correction agency)	8
Private Mental Health Practitioner/Psychiatrist	2
Probation/Parole	10
Self Help Group	2
Self/Guardian	79
Shelter for Homeless	1
SUD Provider	10
Unknown	8

Table 1: Referral Source Q4 2019-2020

Referral Source (Annual Percentages)	
Community Mental Health Agency	14%
Education/School	<1%
Employer/EAP	<1%
Family/Friend	10%
Hospital	9%
Legal Counsel/Mental Health Court	<1%
Other Community Organizations	4%
Other Health & Welfare Programs	2%
Physician	1%
Police (except court or correction agency)	9%
Private Mental Health Practitioner/Psychiatrist	1%
Probation/Parole	5%
Self Help Group	<1%
Self/Guardian	35%
Shelter for Homeless	1%
SUD Provider	5%
Unknown	3%

Table 2: Referral Source Percentages FY 2019-2020

Insurance Information

There are two barriers that have presented related to insurance and accessing the crisis center. One of the barriers to access is the fear of financial hardship, although outreach continues to promote WIDCCC as a cost-free intervention. Another barrier continues to be fear related to the stigma associated with accessing care (Figures 12 through 17). Insurance information is collected when accessing WIDCCC, a claim is submitted to an individual's insurance for reimbursement. When this occurs, some individuals may receive an Explanation of Benefits (EOB), which is an automatically generated document produced by an insurance company when claims are processed; however, the individual will not receive a bill for services received. The language which is contained on that EOB is framed and generated by the insurance company, not by WIDCCC or Lifeways. A goal of the collaborative organizations that make up WIDCCC is to advocate for language that would better protect the anonymity of the service accessed when sending mailed information from the individual's insurance provider.

INSURANCE STATUS

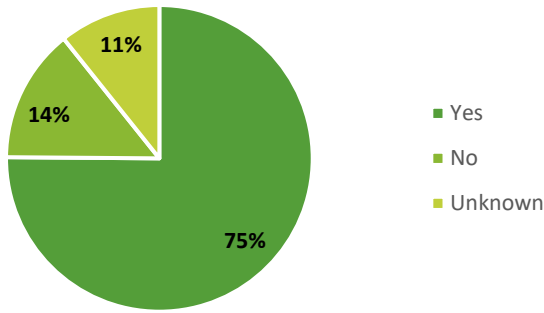


Figure 12: Insurance Status for Q4 2019-2020

INSURANCE STATUS (ANNUAL)

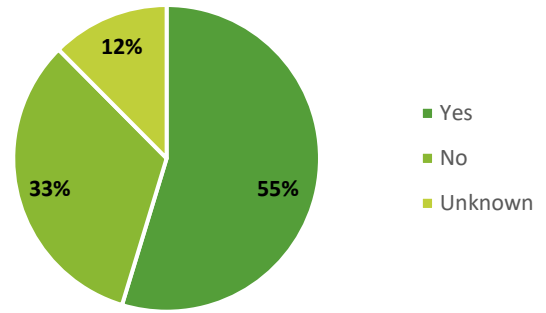


Figure 13: Insurance Status for FY 2019-2020

SELF-REPORTED INSURANCE PROVIDER

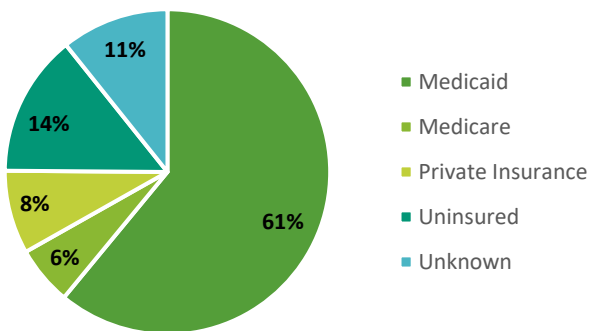


Figure 14: Self-Reported Insurance for Q4 2019-2020

SELF-REPORTED INSURANCE PROVIDER (ANNUAL)

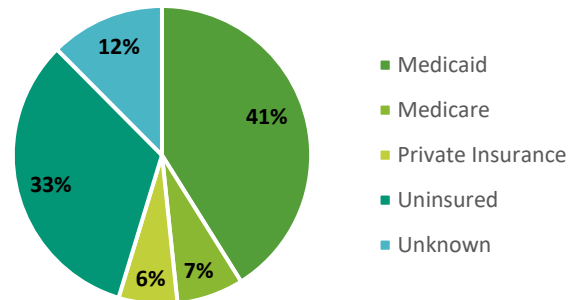


Figure 15: Self-Reported Insurance for FY 2019-2020

PRIVATE INSURANCE

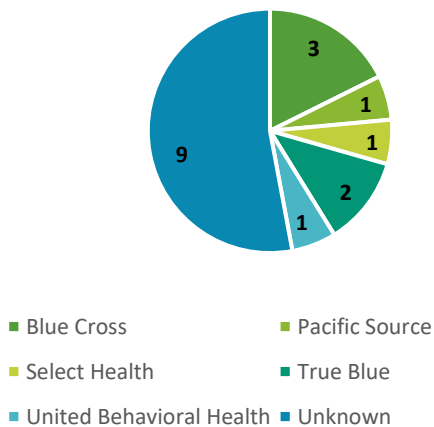


Figure 16: Private Insurance for Q4 2019-2020

PRIVATE INSURANCE (ANNUAL)

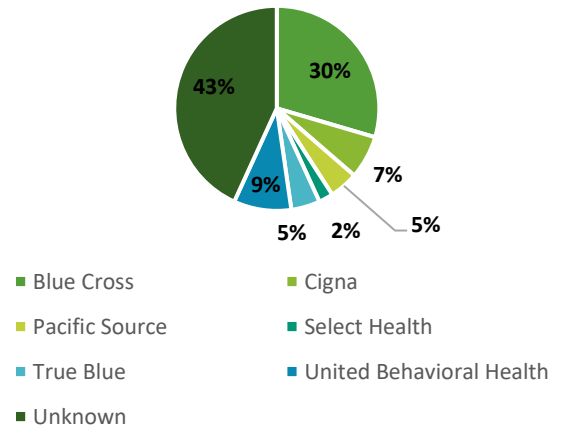


Figure 17: Private Insurance for FY 2019-2020

Cost Savings Report

In September 2019, a crisis center workgroup which had been established in March 2018 was demobilized, and the WIDCCC Advisory Committee was established in accordance with Idaho statute. An immediate focus of the committee is to research methods to gather the number of emergency medical response man hours related to behavioral health and the number of emergency department visits for behavioral health concerns that do not result in hospital admittance, as those data points are not currently available.

In discussions with local law enforcement agencies, there are no data specific to the number of hours spent with persons with behavioral health conditions. In the third quarter there were 3 law enforcement drop offs to the crisis center, resulting in an estimated savings of \$3,000. According to an estimate developed by Pathways Community Crisis Center of Southwest Idaho, it costs law enforcement an estimated \$1000 per response to behavioral health related calls. To develop this estimate, Pathways took into account the number of law enforcement officers who report to a call, dispatch, operational and administrative costs. Nampa Police Department is exploring a method to code behavioral health related calls. This would make it easier to pull calls for service and report law enforcement hours spent with persons with behavioral health conditions; however, that is only one agency in Region III.

In the fourth quarter, one individual was diverted to the crisis center, in place of jail. This provided an estimated cost savings in the fourth quarter of \$1,230 (Table 3 & 4). For fiscal year 2020, the Idaho Department of Corrections calculates the cost per inmate per day to be \$72.97. The average length of stay in Canyon County Jail is 15 days, with a daily cost of \$82, as reported by Canyon County Sherriff's Office. It cost \$312 per day to house inmates outside of the county.

Based on the State Behavioral Health Planning Council State of Mind, the average cost for each behavioral health encounter in a local emergency department is \$2,600. This rate is based on a 24-hour length of stay. In fiscal year 2018, the average length of stay was 5.72 days and in fiscal year 2019, which increased to 5.91 days and an estimated cost of \$15,340 per visit.

In the fourth quarter, 12 individuals were diverted to the crisis center, in place of local emergency departments. This provided an estimated cost savings in the fourth quarter of \$31,200 (Table 3 & 4).

Q4 Diversions	Visits	Cost/Visit	Q4 Total Cost
From Hospital	12	\$2,600	\$31,200
From Jail	1	\$82/day x 15 days	\$1,230
Law Enforcement	3	\$1,000	\$3,000
Q4 Total:			\$35,430

Table 3: Estimated Cost Savings for Q4 2019-2020

Source: Information is pulled from number of drop-offs by law enforcement and self-reported Individual surveys.

Annual Diversions	Visits	Cost/Visit	Annual Total Cost
From Hospital	43	\$2,600	\$111,800
From Jail	15	\$82/day x 15 days	\$18,450
Law Enforcement	53	\$1,000	\$53,000
Annual Total:			\$183,250

Table 4: Estimated Cost Savings for FY 2019-2020

Sustainability

In the initial planning phases of the crisis center, Southwest District Health (SWDH) and Lifeways began to plan for sustainability. Leaders from both organizations worked to bring together health insurance companies, counties, cities, local hospitals, and potential donors to discuss the importance and need of a crisis center in the community and its potential for cost savings. A workgroup was established to work on, not only opening the crisis center, but also a sustainability plan. That workgroup then demobilized and the WIDCCC Advisory Committee was established. A subcommittee now meets monthly to work toward establishing sustainability.

In August of 2019, crisis centers across Idaho received a letter from IDHW notifying of a substantial budgetary cut effective January 1, 2020, and a second on July 1, 2020. This cut appeared to include WIDCCC, in its first quarter of operation. While WIDCCC has committed to maximizing reimbursement, IDHW committed to ensuring financial support, up to the original funding outlined in the contract, in the event Medicaid billing does not make up for the reduction in contract funds.

Lifeways and SWDH continued outreach and education efforts, met with various insurance companies/payers to share research, offer tours, link with comparable programs in other states to establish an agreed upon standard of care and rate. Lifeways was able to secure a contract and day-rate from Optum Idaho. In December of 2019, WIDCCC passed the Optum Crisis Center Credentialing Audit with a score of 100% and the Treatment Record Review with a score of 100%.

Gaps, Needs and Opportunities

The WIDCCC Advisory Committee has identified messaging, outreach, stigma and transportation as barriers to accessing care. Additional subcommittees may be established to focus efforts on addressing these barriers to receiving care at the WIDCCC.

New Developments

WIDCCC emerged as a front runner in quality and ingenuity, credentialing with three insurances: Optum Idaho, Blue Cross of Idaho and IPN. WIDCCC successfully passed the first Optum Idaho audit with a 100% and had set the bar for rolling out telehealth services prior to the COVID pandemic.

In the fourth quarter, WIDCCC submitted successful billings to third party payers.

WIDCCC and Lifeways have continued to work toward problems solving the barrier of geography when it comes to improving access for outlying counties. Lifeways has accessed grant funding to provide taxi and bus vouchers to provide transportation for individuals accessing the center from outlying counties. Lifeways is currently exploring an opportunity with Uber Health to continue to work on improving ease of access to the crisis center, as well as provide an additional opportunity for community members to contribute to breaking down stigma associated with substance use, mental health and experiencing a crisis.

The fourth quarter included the COVID19 Pandemic, which required many modifications to the protocols of the WIDCCC facility as well as the facilities that individuals in crisis access. WIDCCC was part of a work group that came together to problem solve easing access that local emergency rooms may experience due to the influx that was anticipated. Additionally, the “stay at home order” required individuals that had accessed homeless shelters and had to leave for one reason or another or were fleeing domestic violence to seek out the crisis center for assistance in accessing short term crisis management. WIDCCC was able to triage, adapt and safely meet these needs to allow for local medical resources to be maintained for just that.

Referrals

Crisis center staff connect individuals who have accessed the crisis center to community resources as part of an aftercare plan. In the fourth quarter, the number of referrals to community resources was 564 (Table 5 & 6). This does not include referrals back to an established treatment provider that the individual may present with. Every individual accessing the crisis center is offered and encouraged to allow staff to assist in scheduling a follow-up appointment with a community provider in his or her community. For individuals that present without an established provider, staff attempt to offer at least three providers that are a “best fit” financially and geographically for the individual. For individuals who identify that they do not have insurance, staff are trained to assist linking/referring individuals with Medicaid enrollment as part of their case management. The number of referrals to a higher level of care was 14 (Table 7 & 8). As an additional development, WIDCCC staff have partnered with the Community Crisis Response Team through Health and Welfare to offer a check in/follow up service to individuals who are interested or would value this.

Q4 Community Resource Referrals	
Food Banks	199
Hospital	14
Housing	37
Legal Resources	3
Primary Care	12
Refused	20
Religious	0
SUD/MH	112
Suicide Hotlines	153
Support Agency	14
Vocation	0

Table 5: Community Resource Referrals Q4 2019-2020

Annual Community Resource Referrals	
Food Banks	665
Hospital	35
Housing	61
Legal Resources	5
Primary Care	23
Refused	154
Religious	4
SUD/MH	229
Suicide Hotlines	631
Support Agency	36
Vocation	2

Table 6: Community Resource Referrals FY 2019-2020

Q4 Referrals to a Higher Level of Care	
Allumbaugh House	1
Intermountain	1
Lifeways Hospital	1
WVMC	11

Table 7: Referrals to a higher level of care Q4 2019-2020

Annual Referrals to a Higher Level of Care	
Allumbaugh House	1
Intermountain	2
Lifeways Hospital	2
St. Alphonsus	1
St. Lukes	1
TRHS	1
WVMC	32

Table 8: Referrals to a higher level of care FY 2019-2020

Outcomes and Experience

407 follow-up calls were possible in the fourth quarter, to include 24-hour, 14-day, and 30-day, with permission and/or accuracy of information provided to staff. Of the individuals who answered, 92% stated they had a higher quality of life. Lifeways is examining the data element related to “unable to contact” to identify a more thorough way of capturing information for this report as well as securing a follow up contact. While “unable to contact” and “answered” technically meet the reporting requirement, a review of documentation indicates that the high volume of “unable to contact” number is actually representative of three calls that take place per individual. For example, an individual who is discharged receives three calls and three messages (if able). If the individual calls back, that is logged and charted in that individuals chart, but the “unable to contact” data is still represented in the system and visible in the reporting data. Similarly, if an individual is called twice and logged as “unable to contact” twice, but they answer on the third call and logged “answer” the two first calls are still logged. Lifeways plans to have this rectified in future reports.

Number of follow-up calls completed and the results of those calls		
Result	Number	Percentage
Unable to contact	327	80%
Answered	80	20%
Of those who answered:		
<i>Admitted to ED</i>	3	4%
<i>Arrested/Incarcerated</i>	2	3%
<i>Higher Quality of Life</i>	23	92%
<i>Individual Followed through with care plan</i>	66	83%

Table 9: Number of follow-up calls and results Q4 2019-2020

Number of follow-up calls completed and the results of those calls (Annual Percentages)	
Result	Percentage
Unable to contact	78%
Answered	22%
Of those who answered:	
<i>Admitted to ED</i>	4%
<i>Arrested/Incarcerated</i>	3%
<i>Higher Quality of Life</i>	86%
<i>Individual Followed through with care plan</i>	88%

Table 10: Percentages of follow-up calls and results FY 2019-2020

In the fourth quarter, 50 Individual Experience Surveys were completed; the average score from these surveys was 3.89 out of 4. Our annual average score was 3.84 out of 4.

INDIVIDUAL EXPERIENCE SURVEY SCORES		
	Q4	Annual
ADMISSION	Average Score	Average Score
1. Admission process was speedy.....	3.69	3.66
2. Staff was courteous during admission.....	3.91	3.88
FACILITY	Average Score	Average Score
1. The facility is comfortable.....	3.88	3.82
2. Noise level of the facility was satisfactory.....	3.88	3.80
3. Overall cleanliness of the facility was satisfactory.....	3.86	3.90
4. Overall condition of the facility was satisfactory.....	3.89	3.90
STAFF CARE	Average Score	Average Score
1. Staff treated with courtesy and respect.....	3.90	3.84
2. Staff introduced you to the facility and program.....	3.89	3.85
3. Staff were prompt in responding to your requests.....	3.94	3.86
4. Staff kept you informed about your treatment program.....	3.92	3.84
5. Staff were helpful.....	3.94	3.91
OTHER MEMBERS OF THE TREATMENT TEAM	Average Score	Average Score
1. Peer Support Specialists/Recovery Coaches were courteous and helpful.....	3.90	3.86
2. Case Managers were courteous and helpful.....	3.92	3.83
3. Emergency Medical Technicians (EMTs) were courteous and helpful.....	3.92	3.86
SOME PERSONAL ISSUES	Average Score	Average Score
1. Staff had concern for your privacy.....	3.79	3.82
2. Staff were sensitive to your language, cultural, and spiritual needs.....	3.82	3.81
3. Staff responded to concerns/complaints made during your treatment.....	3.92	3.80
DISCHARGE	Average Score	Average Score
1. Information about your plan after discharge was explained in a way you understand.....	3.96	3.87
2. You were provided clear instructions on what to do if you need help after discharge (when to seek help, whom to call, etc.).....	3.96	3.88
3. Your plan included referrals to resources and providers to continue treatment.....	3.96	3.84

Q4 Individual Comments

Some of the comments provided on the Individual Experience Surveys include:

“I appreciate everything your staff has done for me. Thank you.”

“All the staff here are amazing and a godsend. They make me feel wanted and worth a damn. Thank you.”

“Staff were extremely professional and helpful”

“Staff was amazing and they made me feel comfortable.”

“The staff was extremely kind, compassionate and understanding. They have done well at making it feel safe. Thank you.”

“My stay was amazing”

“safe haven”

“Thank you for caring”

“I really thank the staff for the help I got at my stay”

“I want to thank this program for helping people like me. I will never forget how much your help gave me hope to live sober for my son”

“EMT on admission was awesome, Peer support on duty was great, Case manager very helpful, EMT on duty 4/10 day shift was abrupt and unhelpful”

“You guys helped so much. Thank you.”

“I am grateful this place is here. It is comfortable and not like the emergency room or hospital”