



The second quarter of 2021 took on a more positive look for Region 2 as our local economy began to open. Many of our Crisis Center contacts continue to be via telephone or other “face to face” methods such as Zoom or WebEx due to client health concerns, fear, transportation issues or to expedite interventions. Isolation is part of the rural environment; however, many people have become comfortable in accessing services through electronic means during the pandemic. Crisis Center staff have been able to incorporate this new way of meeting our consumers into their method of operation.

We continue to form new partnerships with our communities and colleges. We act as consultants to community organizations, hospitals, and law enforcement. We continue to be challenged to meet the ever-changing needs in our communities and integrate behavioral health crisis services into the system of care in our area.

Reports reflect only numbers and often overlook the care and compassion that goes into every interaction with Crisis Center staff, law enforcement, hospitals, colleges, and community partners to every individual in crisis. In Region 2, the Rural Crisis Center Network (RCCN) model is truly more viable due to community support and citizen awareness.

The following reflects the countable incidences of crisis during the 2nd quarter and cumulative totals covering the 2021 reporting period.

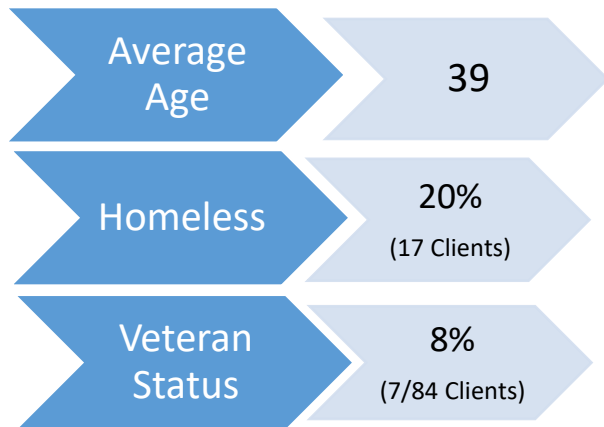
REFERRALS IN

	Walk-Ins	Telephone	Law Enforcement	Hospital	Private Practitioner
	33%	43%	14%	4%	6%
1 st Quarter	42	36	11	6	5
2 nd Quarter	27	55	19	3	7
3 rd Quarter					
4 th Quarter					
Total	69	91	30	9	12

The RCCN uses the Department of Health and Welfare WITS system as an Electronic Health Record (EHR) and gathers demographic data through the intake, assessment and treatment process with clients. The table above reflects how individuals have accessed crisis services based on the data entered into the WITS system.

During the second quarter of 2021, the RCCN served a total of 84 clients. The cumulative total of clients served for the 2021 reporting period is 165. The Crisis Centers have seen a rise in clients accessing crisis

interventions through the telephone during the second quarter. These calls are handled by master’s level clinicians and oftentimes, crisis situations are de-escalated over the phone. Risk assessment, safety planning, and follow-up are always addressed when the crisis is mediated by phone. Our staff and interns in the Moscow location have served an additional 115 individuals through follow-up care, assessment, linking to resources and transitioning our crisis center clients to community providers.



The average time spent in the Crisis Centers is 3.3 hours.

The Crisis Centers in Region 2 served a total of 84 clients during the second quarter of 2021.

During the second quarter the RCCN continues to focus on partnering with DHW Mobile Crisis team, law enforcement and community hospitals. RCCN and DHW Behavioral Health met with the County Sheriff’s staff in three counties for the purposes of prevention and education. We provided combined information to help officers quickly contact a resource to help in a crisis situation. The information shared with law enforcement included 2-sided business cards, and brochures. The presentations were interactive and allowed for questions. In addition to resources for individual deputies and county administration staff, quality control information was shared so that problems inherent in the new protocol could be resolved quickly.

Homelessness continues to be a reason for seeking services. During the entire year 2020, a total of thirty-nine individuals presented as homeless. During the first half of 2021, a total of 35 individuals reported as homeless seeking services and/or referral. This trend indicates that the homeless population who experience a behavioral health crisis could double for the current reporting year. These statistics do not necessarily indicate an increase in the transient population, but rather local residents who have experienced a crisis and as result are homeless or at risk of becoming homeless in the near future.

The RCCN is seeing more Veterans in crisis. Last year (2020) nine clients reported Veteran status. To date in 2021, that number has been surpassed and stands at 13. Our partnership with the Veteran Representative at Recovery Center in Moscow appears to be a driving force in the increase of veterans using crisis services. The Recovery Center Veteran representative consistently educates and refers Veterans to the RCCN as part of coaching, education, and prevention with that population.

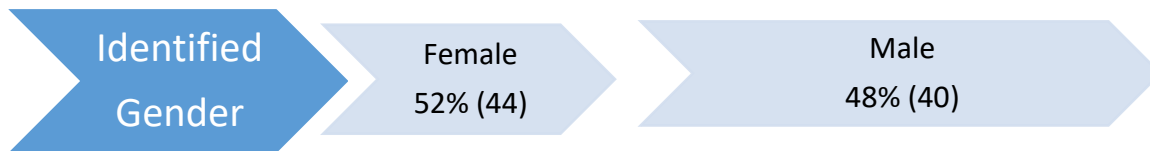
The RCCN in Moscow currently provides supervision and learning opportunities for two master’s level interns and one bachelor level intern. These individuals complete Peer Specialist and Recovery Coach training as part of their internship experience. They practice intake in the Recovery Center and refer individuals to the Crisis Center as appropriate. In the Crisis Center, they observe master’s level clinicians’ complete admission and risk assessment and provide basic case management and counseling services while the client is in the center. These interns also provide follow-up, linking to services and

counseling until the client can meet with a community provider. This allows for a positive transition for our clients in crisis. We have found that following this type of follow-up practice, decreased repeat visits to the RCCN for clients who cannot maintain psychiatric stability in the community.

REFERRALS OUT

	1 ST Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total
Community Hospital	1	0			1
Psychiatric Hospital	3	3			6
Community Mental Health	9	3			12
Home	56	62			118
Homeless	9	6			15
No Referral – Client Refused	3	10			13

Discharge information reflects the rural nature of the Region 2 geographic area, socio-economic status, and access to resources in our area. The statistics for the first half of 2021 reflect closer partnership with our local and county law enforcement. We work closely with law enforcement and our community hospitals to ensure that clients receive the level of care that is appropriate to their situation both mentally and medically. Although four individuals were ultimately referred to hospitals, it is a positive indicator of working as a caring community and finding the least restrictive alternatives for our clients. Prior to the RCCN, many of the individuals who were referred home and/or homeless have ended up in hospital. Oftentimes, referral home with follow-up case management and connection with peer support through the Crisis Centers provides time for an individual to access resources for more positive outcomes. The RCCN routinely connects clients with appropriate on-going services in the community.



During this reporting period we continue to see clients with an average age of between 35 and 45. Outliers include increasing individuals between 18 and 23 and seniors between 55 and 75. This statistic has been consistent since the centers 810opened. We continue to see an almost equal distribution of male and female clients.

DEMOGRAPHICS

The WITS EHR demographic information includes gathering unique client information including race, county of residence and insurance. These items are self-reported by the client gathered during the intake process.

The graphics below indicate that the RCCN continues to see little change in the demographic make-up of our client population. Clients who are covered by Medicaid remain statistically stable. Part of the on-going follow-up services at the centers include helping individuals connect with medical insurance appropriate for them. There is an increase in those individuals with access to Medicare, however, the RCCN does not bill for Medicare.

These demographics reflect the rural nature of our area and local socio-economic resources. The local population is primarily Caucasian and individuals seeking crisis services are primarily Caucasian. The

RCCN is still seeing several clients per month who report living out-of-state. This is happening in Clearwater and Nez Perce County primarily due to their close proximity to Montana and Washington, respectively. The RCCN continues to provide crisis interventions to these individuals and helps connect them to their local state resources.

Outreach efforts with the University of Idaho may account for the larger number of participants in Latah County. The partnership enjoyed with the Latah Recovery Center, University of Idaho Dean of Students, Counseling Center and Student Health is growing. The Recovery Center is initiating Vandal Recovery on campus and several referrals to the Crisis Center are a result of that presence on campus. In addition, as outreach to student interns continues many programs on campus have become aware of the services available. We have experienced professors referring and actually bringing students to the center.

Insurance			Race		County			
• 43	Medicaid	26%	• 127	- Caucasian	77%	• 47	- Clearwater	28%
• 11	Medicare	7%	• 7	- Other	1%	• 5	- Idaho	3%
• 3	Medi/Medi	2%	• 2	- Asian	1%	• 67	- Latah	41%
• 29	Self-Pay	18%	• 1	- Pacific Island	1%	• 2	- Lewis	1%
• 11	Blue Cross	7%	• 1	- American Indian	1%	• 34	- Nez Perce	21%
• 1	CHAMPVA	**	• 27	- Unknown/Refused	16%	• 10	- Out of State	6%
• 67	Unknown	41%						

BILLING

The RCCN continues to bill as appropriate for services. As part of this report, an explanation in the table below is necessary. The table lists the month, number of Medicaid clients served in the centers, number of those clients who are eligible for Medicaid reimbursement, the total amount of billable services provided in the centers and the total receipts received by billing OPTUM/Medicaid.

Confusion and misinterpretation may come into play when comparing the billable services with receipts. The total billable services include all services provided in the centers whether the client has a payment source or not. The receipt total is the amount of those billable services that can be re-imbursed to the RCCN. Monthly billing is dependent on providers entering client information into the WITS system. Department of Health and Welfare provides a report that identifies payor source on a weekly basis to Public Health-INCD. Billing is handled through Public Health-INCD on a regular basis.

The Rural Crisis Center Network continues to take every opportunity to seek funding opportunities to ensure sustainability.

OPTUM BILLING

	MEDICAID CLIENTS	ELIGIBLE	BILLABLE SERVICES	RECEIPT
1 st Quarter	31	11	\$7922.56	\$2352.64
2 nd Quarter	12	12	\$7540.48	\$1417.60
3 rd Quarter				
4 th Quarter				
Year to Date			\$15,463.04	\$3770.24

INTERNS

The Moscow center enjoys the services of several interns. The contribution of these individuals goes relatively unrecognized. From a statistical perspective and continuum of care systemic perspective, however, their work adds a valuable component to sustainability. Not only are they going to be adding to their respective professions, at present they are adding valuable resources for our clients and center. Individually, they must track their time and activities for University or College credit.

Intern Contribution	Clients Served	Hours
March 15 – March 31	46	110
April 1 – June 30	144	217

These hours are spent linking clients to services, and resources in the community. When there is an interim period between crisis intervention and connection in the community, these interns will provide counseling, access to peers, and warm referral for services until the client is connected in the community. These services, provided by interns are resulting in more positive outcomes for the RCCN clients.

PARTNERSHIPS

During the second quarter, the RCCN worked closely with DHW- Behavioral Health to help bring their mobile crisis concept to the community. Meeting with county Sheriff's in Nez Perce and Idaho County has forged better understanding and connections in those communities. Our double-sided card added value and is a visual attestation to how the RCCN's and DHW want to work together to provide a continuum of care for those individuals experiencing a behavioral health crisis. Continuing outreach in conjunction with DHW is planned in our other counties.

Research and planning have begun to investigate the feasibility of initiating a "Warm" line in Region 2. As the result of COVID, many of our interactions with clients are via telephone. Crisis workers have become adept at completing risk assessment, de-escalation, and safety planning via telephone. There appears to be a trend of calls that do not meet the level of care required to be labeled as a crisis. We are finding, across the Region, that there are many people who just need to talk with someone. Many of these calls are the result of isolation and fear.

Region 2 continues to monitor community need and endeavors to provide or link services to meet that need for behavioral health services across our five counties. The RCCN wants to provide education and prevention as part of its presence in Region 2. The addition of a "warm" line could fill the need for both education and prevention in the continuum of care for behavioral health clients in Region 2.