



**Quarter 4
& Annual
2021-2022**



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 of this year, the crisis center experienced a slight decrease in access from 390 admissions in the third quarter to 320 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 13 minutes. WIDCCC serves the entirety of Region III, which includes: Adams, Canyon, Gem, Owyhee, Payette and Washington Counties. The fourth quarter shows 85% of the individuals accessing WIDCCC identify Canyon County as their county of residence. To address the more limited WIDCCC utilization from outlying counties, ongoing outreach efforts have continued, specifically targeting the access and transportation barriers that present for a rural district with the geographical spread experienced in Region III. WIDCCC is currently expanding transportation options by creating new contracts with additional vendors. Following the termination of the IROC Grant, WIDCCC renewed the contract with Victory Medical Transport and coordinated with SWDH around adding transportation as a line-item to the invoices sent out to SWDH. This will allow for continued rural outreach to surrounding areas in Region III. Almost 3 percent of the 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 the responses provided by consumers, 28% 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 reported concern related to “shame” and “embarrassment” that consumers may associate with the stigma of seeking behavioral health or substance use care. In order to bypass this barrier, WIDCCC will be looking into incorporating PDAP to verify Medicaid status for each admission to the center.

Admissions

The Western Idaho Community Crisis Center is through the third year of operation. The following admission numbers represent a rolling calendar (Figure 1). WIDCCC processed a total of 320 admissions from 1/1/2022 through 3/31/2022. Of those 320 admissions, 154 were unduplicated visits. It is worth noting that through a majority of 2020 and into 2021, many of the resources that individuals were traditionally referred to as part of a discharge, were not accessible due in part from closures in response to the COVID-19 Pandemic. During the fourth quarter, the men's rescue mission in Nampa opened back up, however, they are only accepting individuals who are on probation or parole and can't leave the county, or individuals experiencing homelessness who are employed full-time with proof of employment. As of April 2022, the men's rescue mission in Nampa has officially closed their doors and they are referring individuals to Boise shelters. The Valley Women and Children's shelter is the only available homeless shelter in Region III. The WIDCCC staff also receive general information calls related to accessing the center for a friend, family member or loved one. In the fourth quarter, the call log reflects 300 calls (not including calls to begin an admission or trouble-shoot access) 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, much higher census and staff exposures which resulted in running a tighter staffing pattern.

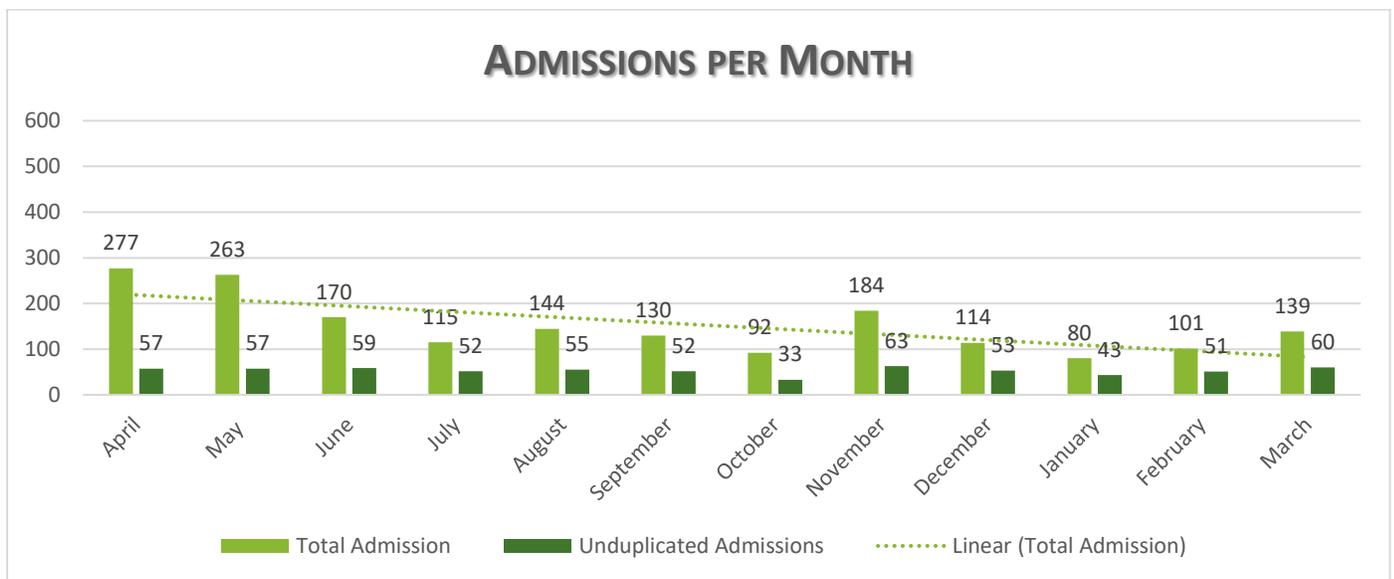


Figure 1: Admissions per Month (April 2021 – March 2022 rolling 12 months)

Demographics

The average length of stay in the fourth quarter was 12 hours and 13 minutes. The average daily census was 3.58. The number of individuals who were homeless or at risk of being homeless was 239 (75%). The number of identified veterans served was 25 (8%). Canyon County continues to lead access of WIDCCC with the highest frequency (Figure 2). Lifeways and SWDH have continued 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. WIDCCC will be reaching out to rural hospitals across Reg. III in order to provide education and insight into WIDCCC's mission, and to promote continuity of care for individuals being referred. Outreach in the past has been disrupted due to COVID, however, we will be seeking to incorporate certain hospital staff into our virtual community meetings (e.g. CIT meeting). As of April 2022, social workers from West Valley Medical Center, St. Luke's and St. Alphonsus Nampa

have been incorporated into the CITC meetings. This will allow for improved coordination and continuity of care for individuals experiencing BH/SUD crises in the community. The addition of these individuals to the CITC meetings was facilitated through the Canyon County Sequential Mapping Conference which WIDCCC participated in. WIDCCC has been fortunate to have great partners in community providers as well as in the support of the Region III Behavioral Health Board.

Three hundred and twenty individuals sought services at WIDCCC in the fourth quarter, 194 of them identified as male, 123 identified as female, 1 identified as transgendered, and 2 individuals declined a response (Figure 3).

Ninety-two (29%) of fourth quarter WIDCCC recipients were between the ages of 25 and 34 years. Eighty-two (26%) recipients were between the ages of 35 and 44 years. (Figure 4). The remainder of recipients were distributed between the age groups: 18 to 24 years, 45 to 54, 55 to 64, and 65+.

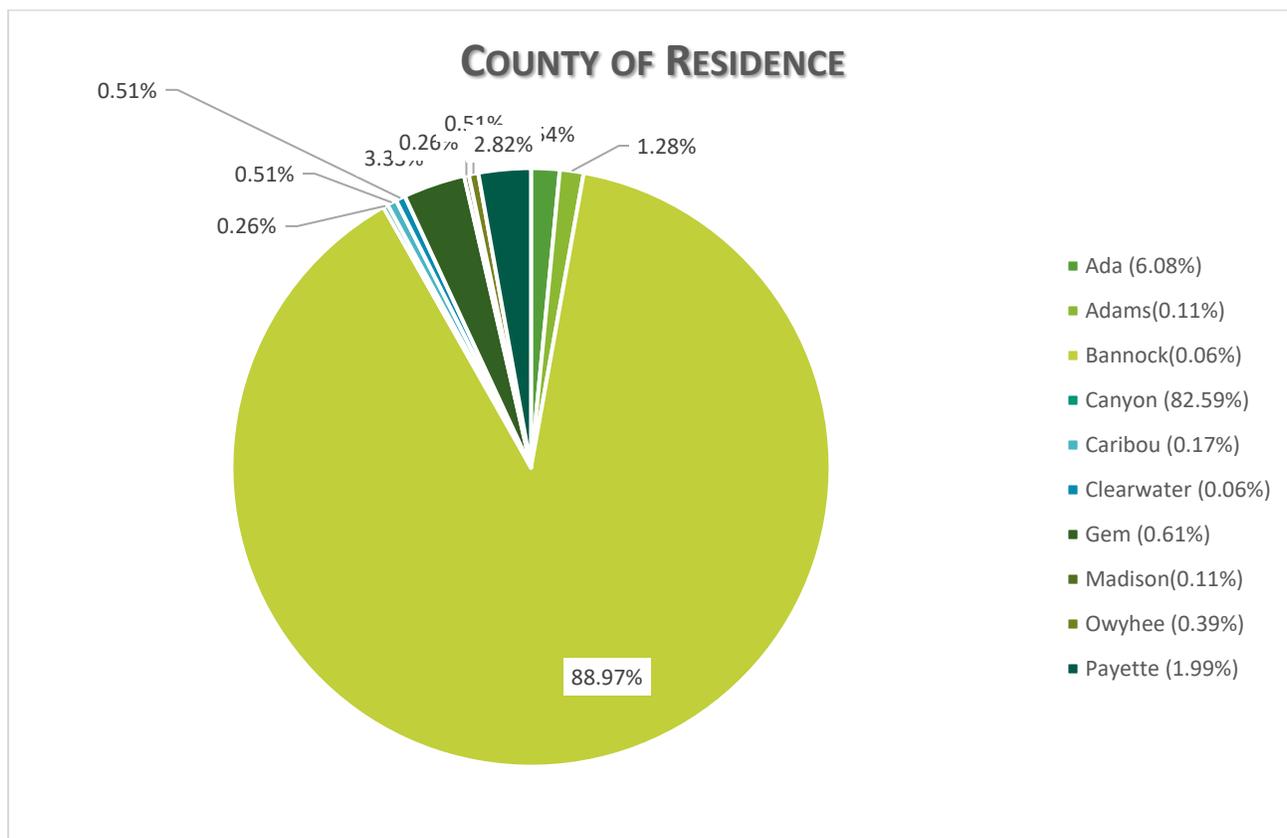


Figure 2: County of Residence for Q4 2021-2022

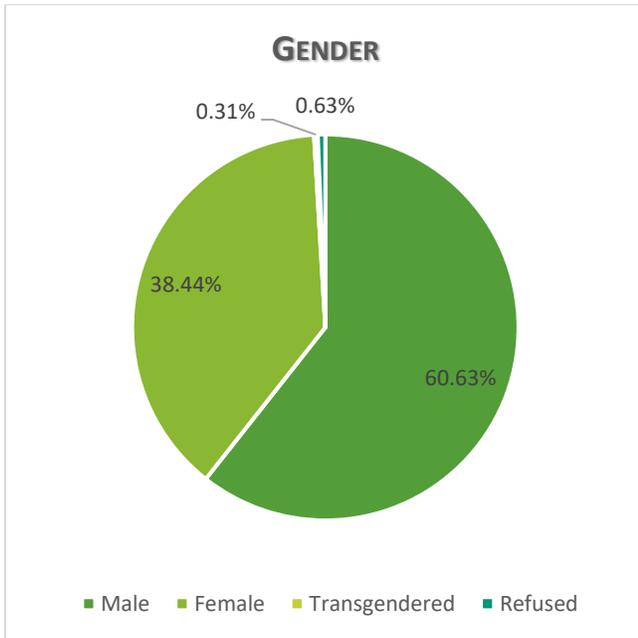


Figure 3: Gender for Q4 2021-2022

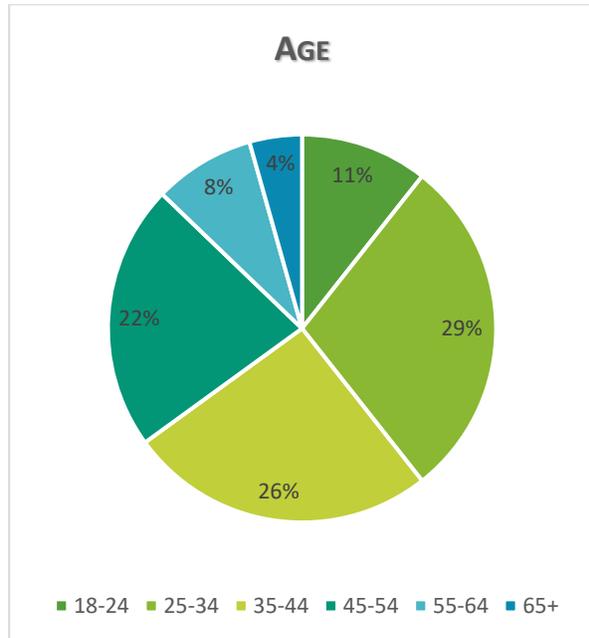


Figure 4: Age for Q4 2021-2022

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 5). 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 6). 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 has demonstrated 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 and cost to the community and system that an individual is often required to meet before being able to access a higher level of care.

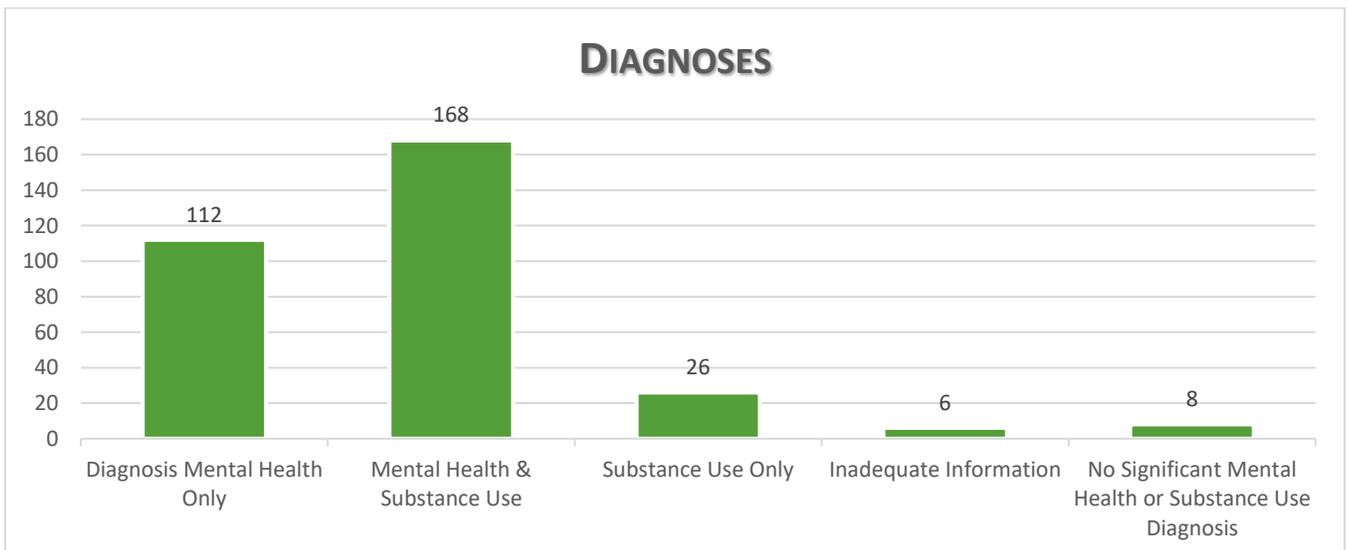


Figure 5: Diagnoses for Q4 2021-2022

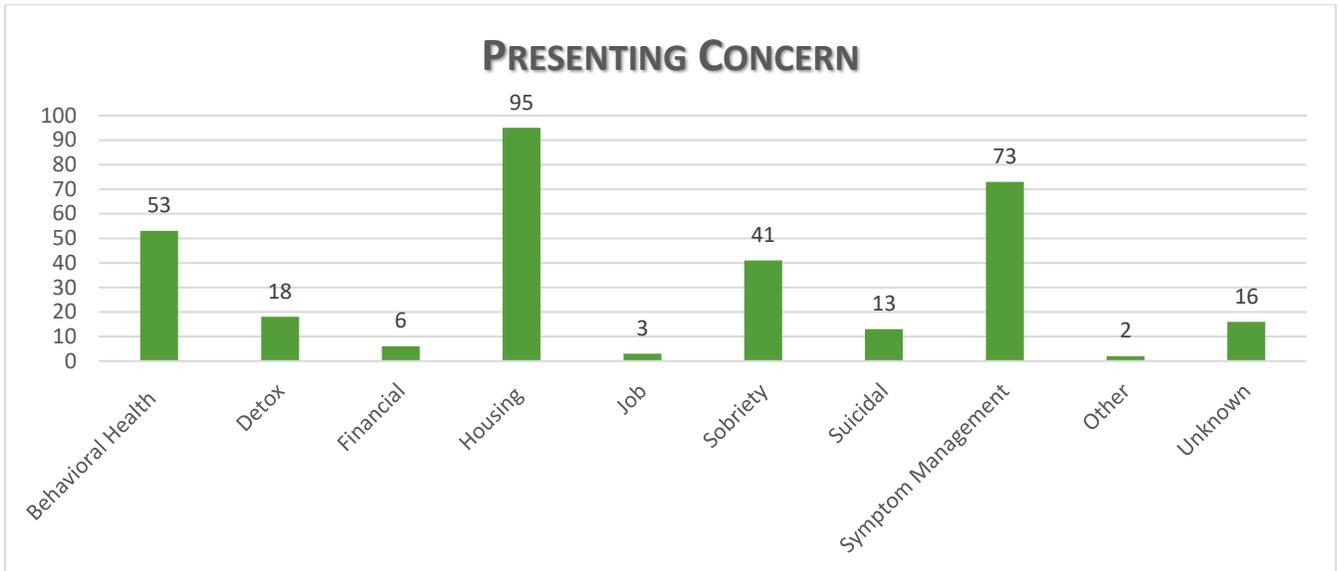


Figure 6: Presenting Concern for Q4 2021-2022

Referral Sources to the WIDCCC

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

Referral Source			
Community Mental Health Agency	16	Police (except court or correction agency)	14
Department of Corrections	1	Probation/Parole	17
Employer/EAP	1	Self Help Group	1
Family/Friend	19	Self/Guardian	208
Hospital	28	SUD Provider	2
Other Community Organizations	11	SUD Provider	2

Table 1: Referral Source Q4 2021-2022

Insurance Information

While the last year has brought WIDCCC an overall increase in utilization, two barriers continued to be experienced by patrons or potential patrons. One of the barriers to access is the fear of financial hardship, although outreach continues to promote WIDCCC as a cost-free intervention.

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.

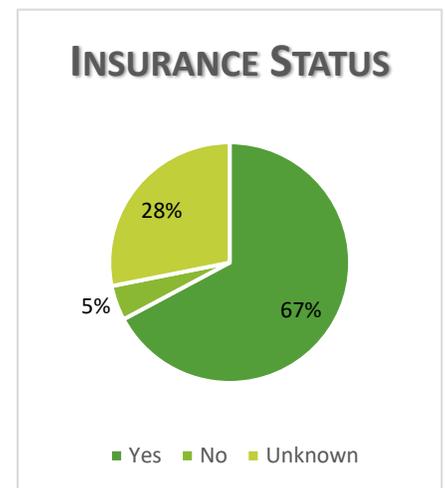


Figure 7: Insurance Status

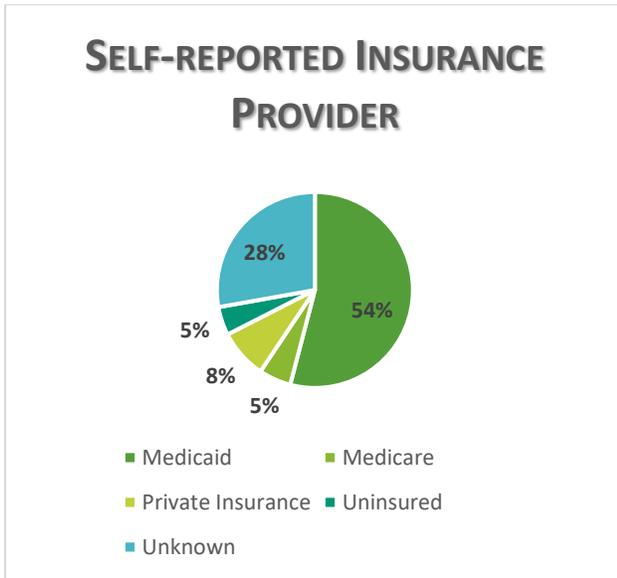


Figure 8: Self-Reported Insurance

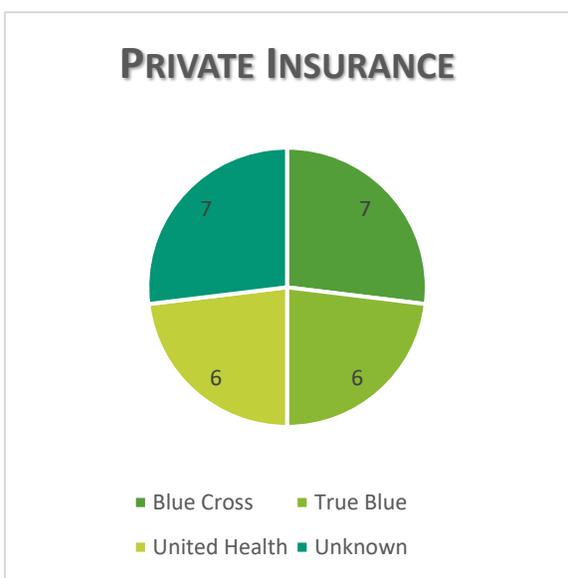


Figure 9: Private Insurance

Presently, local law enforcement agencies report that there are no data specific to the number of hours spent with persons with behavioral health conditions. In the fourth quarter there were 14 law enforcement drop offs to the crisis center, resulting in an estimated savings of \$14,000 (Table 2). 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, twelve individuals were diverted to the crisis center, in place of jail. This provided an estimated cost savings in the fourth quarter of \$14,760 (Table 2). 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, 28 individuals were diverted to the crisis center, in place of local emergency departments. This provided an estimated cost savings in the fourth quarter of \$72,800 (Table 2).

Diversions	Visits	Cost/Visit	Total Cost
From Hospital	28	\$2,600	\$72,800
From Jail	12	\$82/day x 15 days	\$14,760
Law Enforcement	14	\$1,000	\$14,000
Total:			\$101,560

Table 2: Estimated Cost Savings
 Source: Information is pulled from number of drop-offs by law enforcement and self-reported Individual surveys.

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%.

The crisis center has since gathered additional paneling with insurances and secured funding to cover the cost of services rendered from counties within Region III.

In order for the Crisis Center to reach 50% of funding through reimbursement, a daily census average of 9 was the goal. Over the last 9 months, census averages and reimbursement received have successfully brought us to that goal.

In addition, there has been a work group created with SWDH, WIDCCC, IDHW, Lifeways, and other community partners. The focus of this workgroup is to ensure the continued sustainability for the crisis center related to referrals, services provided, and potential grant funding that could be applied for. Outreach to local community partners is being done with law enforcement, hospitals, the Veteran's Administration, and other community agencies to ensure census averages will continue to grow. Applying for and potentially being awarded grants at either state or federal level is also being researched. It is the hope that these efforts will help the WIDCCC become fully sustainable. In the fourth quarter, WIDCCC submitted the annual as well as the sustainability report to the State of Idaho. Medicaid continues to be the leading source of funding for the crisis center.

Gaps, Needs and Opportunities

The WIDCCC Advisory Committee has identified messaging, outreach, stigma and transportation as barriers to accessing care. With the emergence of COVID, the Advisory Committee has assisted and weighed in on opportunities to secure additional materials (PPE and infection control materials) and/or funding required to maintain the safety and health of all accessing the center.

Additional subcommittees may be established to focus efforts on addressing these barriers to receiving care at the WIDCCC.

In partnership with Region III DHW Division of Behavioral Health, WIDCCC is coordinating to problem solve around issues related to accessing higher level of care for individuals in need of acute psychiatric hospitalization. Depending upon the circumstance, behavioral health units (BHU's) may require a client to receive medical clearance from a medical provider before said client can access a BHU. This requires WIDCCC to refer such individuals to the ED before they can transition to higher level psychiatric care. This has resulted in difficulties for clients who are attempting to access a BHU with the help of WIDCCC. DHW is exploring whether they would be able to handle medical clearance, in-house, to divert such individuals away from the ED.

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 set the bar for rolling out telehealth services prior to the COVID pandemic.

In the third quarter of 2020, 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, bus vouchers, and secure transportation to provide transportation for individuals accessing the center from outlying counties. For individuals that have Optum Idaho funding, the use of MTM, the provider for transportation for the State of Idaho, has also been utilized increasingly.

In the last quarter, Lifeways explored 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 cost of this endeavor was unrealistic to provide ongoing, cost-effective access for outlying counties.

The past year, experiencing the COVID19 Pandemic, has 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. During, the "stay at home order" individuals that had historically accessed homeless shelters found that the shelters were either restricted or unable to accept them for one reason or another. This was especially true for males in the Canyon County region as the homeless shelters were closed. Reduced access to community resources and increased community stressors, such as fleeing domestic violence to seek out the crisis center for assistance, has been extremely helpful for clients 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.

The fourth quarter has required that ongoing safety measures remain in place, as well as additional staff to mitigate the increased utilization and potential for call outs due to exposures. Regarding service provisions, the fourth quarter saw WIDCCC bring case management services in-house. Additionally, an administrative assistant was hired, in-house, in order to monitor documentation practices and correct errors which have acted as barriers to accurate data collection in the past.

Referrals

Crisis center staff connect individuals who have accessed the crisis center to community resources as part of the aftercare plan. In the fourth quarter, the number of referrals to community resources was 964 (Table 3). 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 22. 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.

Community Resource Referrals	
Employment Services	4
Food Banks	320
Health Insurance	1
Hospital	38
Housing	24
Legal Resources	3
Primary Care	0
Refused	20
Religious	1
SUD/MH	64
Suicide Hotlines	320
Support Agency	10
Other	5

Table 3: Community resource referrals Q4 2021-2022

Referrals to a Higher Level of Care	
Cottonwood Creek	2
Intermountain	1
Lifeways Hospital	4
St. Alphonsus	3
West Valley Medical Center	27
Other	1

Table 4: Referrals to a higher level of care Q4 2021-2022

Outcomes and Experience

11 follow-up calls were possible with permission and/or accuracy of information provided to staff.

Number of follow-up calls completed and the results of those calls		
Result	Number	Percentage
Unable to contact	6	55%
Answered	5	45%
Of those who answered:		
<i>Admitted to ED</i>	0	0%
<i>Arrested/Incarcerated</i>	0	0%
<i>Higher Quality of Life (30-day follow-up call only)</i>	0	0%
<i>Individual Followed through with care plan</i>	3	60%

Table 5: Number of follow-up calls and results Q4 2021-2022

Annual Information

In the 2021-2022 fiscal year, WIDCCC served 1,809 clients and 635 were unduplicated. The average daily census was 4.96 with the average hours of stay equating to 16 hours and four minutes. The majority of clients resided in Canyon County (82.59%) but we also had clients from 17 other Idaho counties and some from out of state (Figure 10). Most of the clients identified themselves as male (68.71%) (Figure 11). The average age range for WIDCCC clients is 45-54 (25.98%) but we serve clients any from the age of 18 to over 65 (Figure 12). Over half of the clients who seek services through WIDCCC have co-diagnosis (55.78%) and 31.18% have a diagnosis of mental health only (Figure 13). Clients come to WIDCCC form many reasons, but the top two presenting concerns relate to housing (26.42%) and symptom management (22.61%) (Figure 14). Sixty-one percent of our clients state that they have insurance (Figure 15) with the main insurance coverage being Medicaid/Optum (Figure 16). Blue Cross Blue Shield is the most common private insurance when clients supply us with their information (Figure 17). By diverting clients away from the emergency rooms and jails, WIDCCC has provided an estimated cost savings of nearly one million dollars in this fiscal year. In this fiscal year, 179 Individual Experience Surveys were completed; the average score from these surveys was 3.50 out of 4.

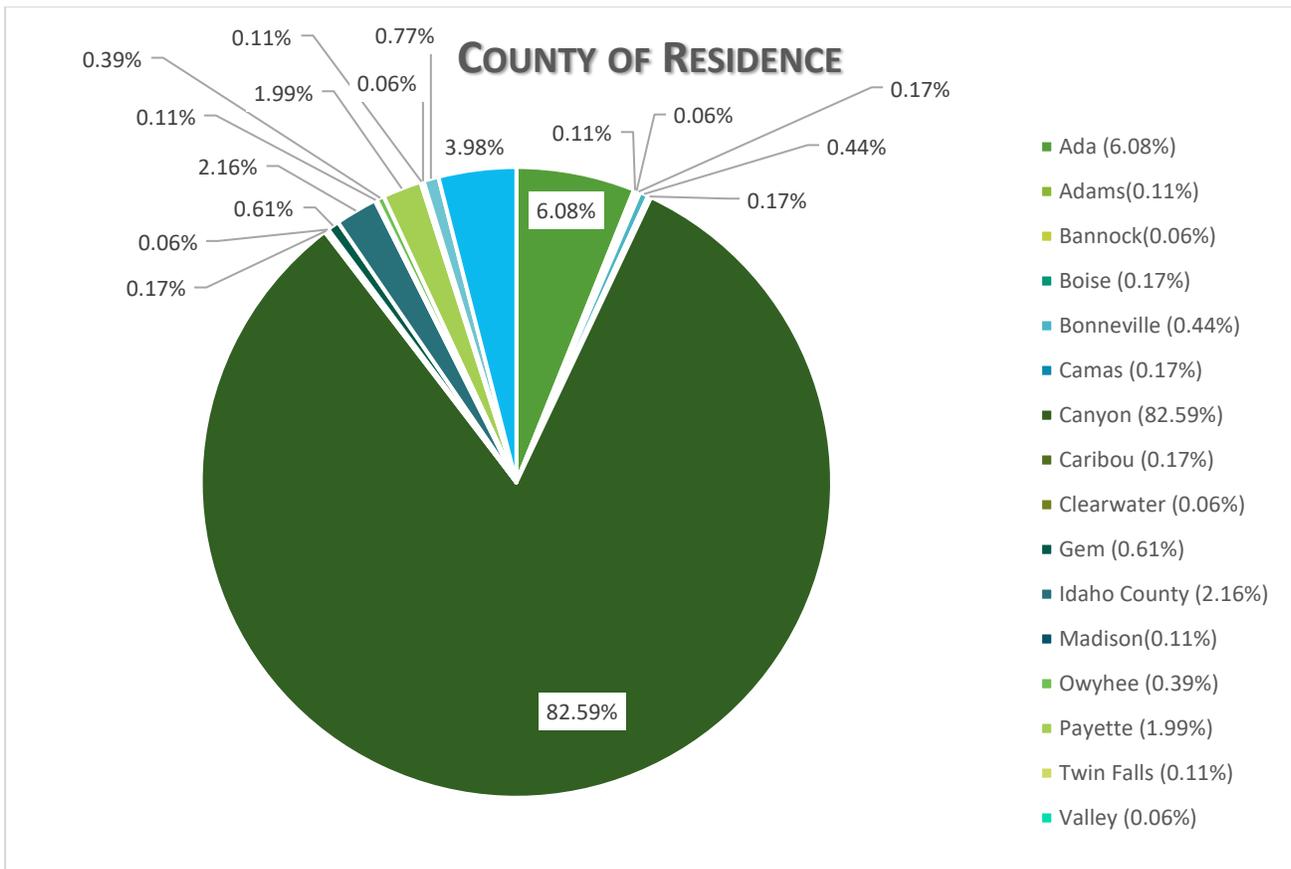


Figure 10: County of Residence for FY 2021-2022

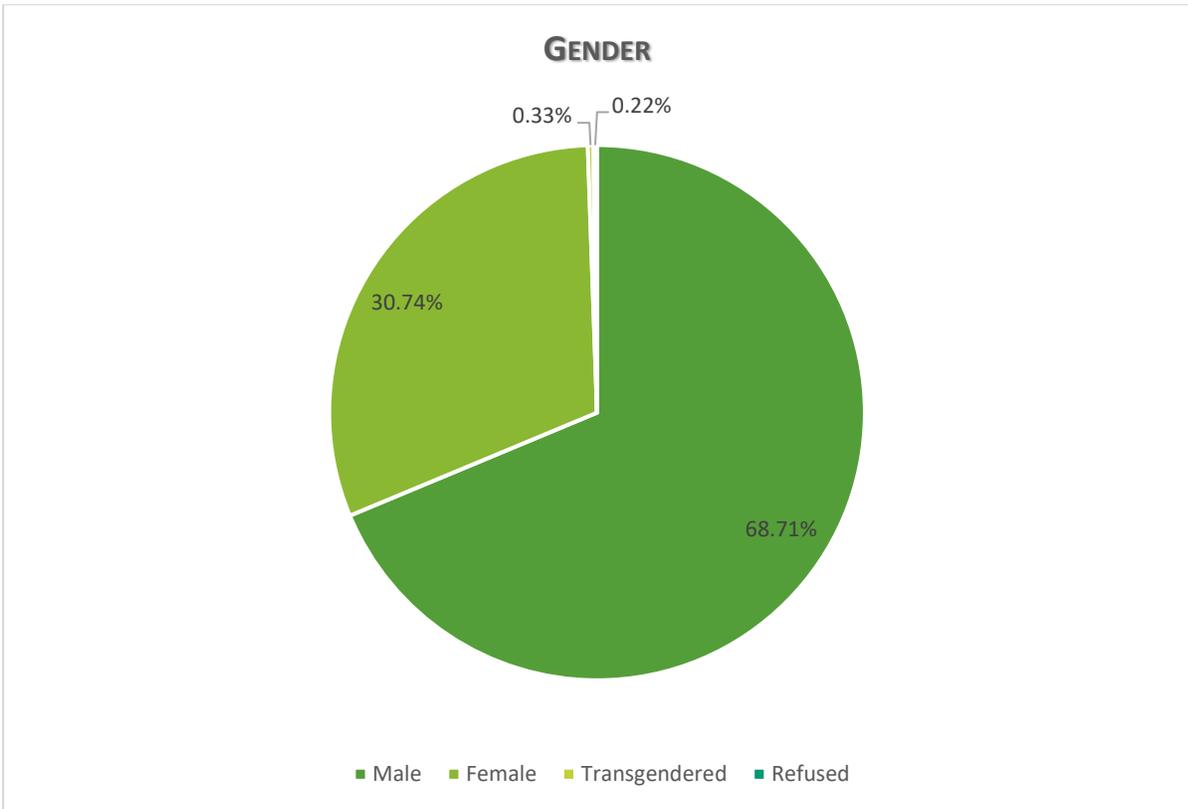


Figure 11: Gender for FY 2021-2022

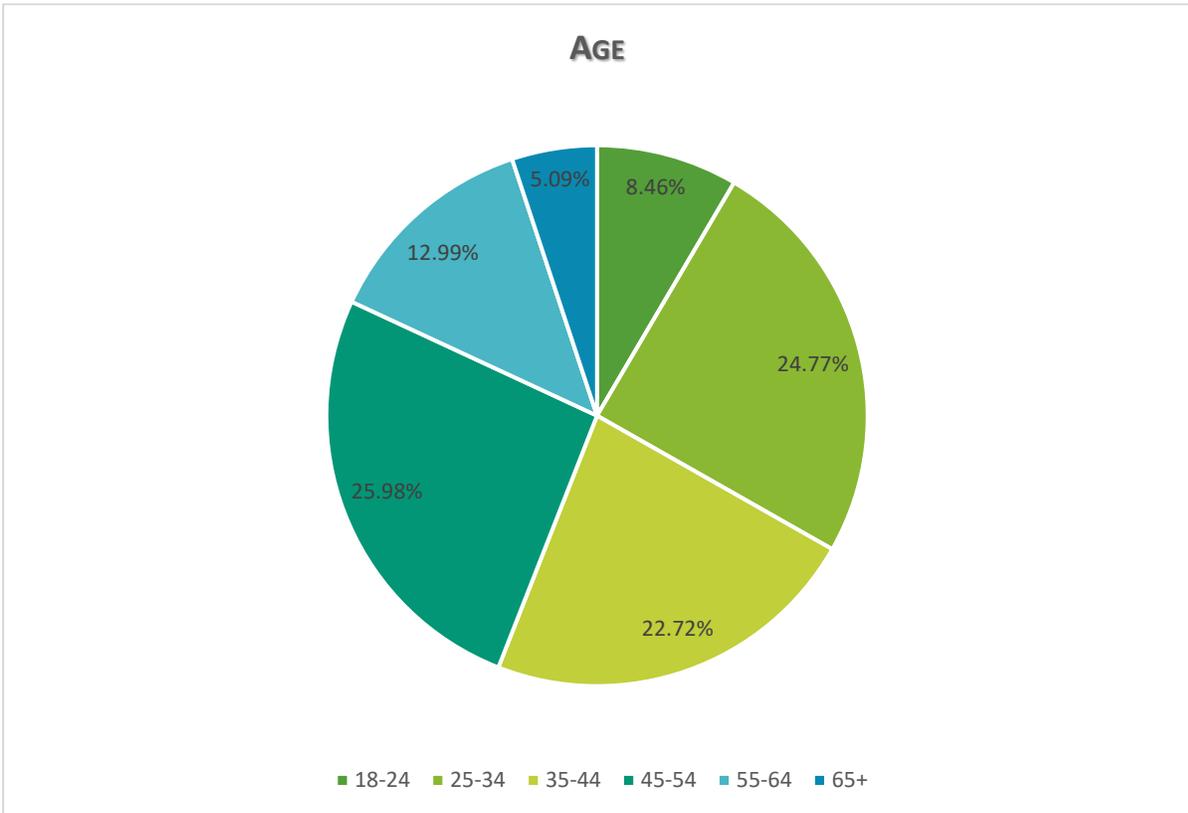


Figure 12: Age for FY 2021-2022

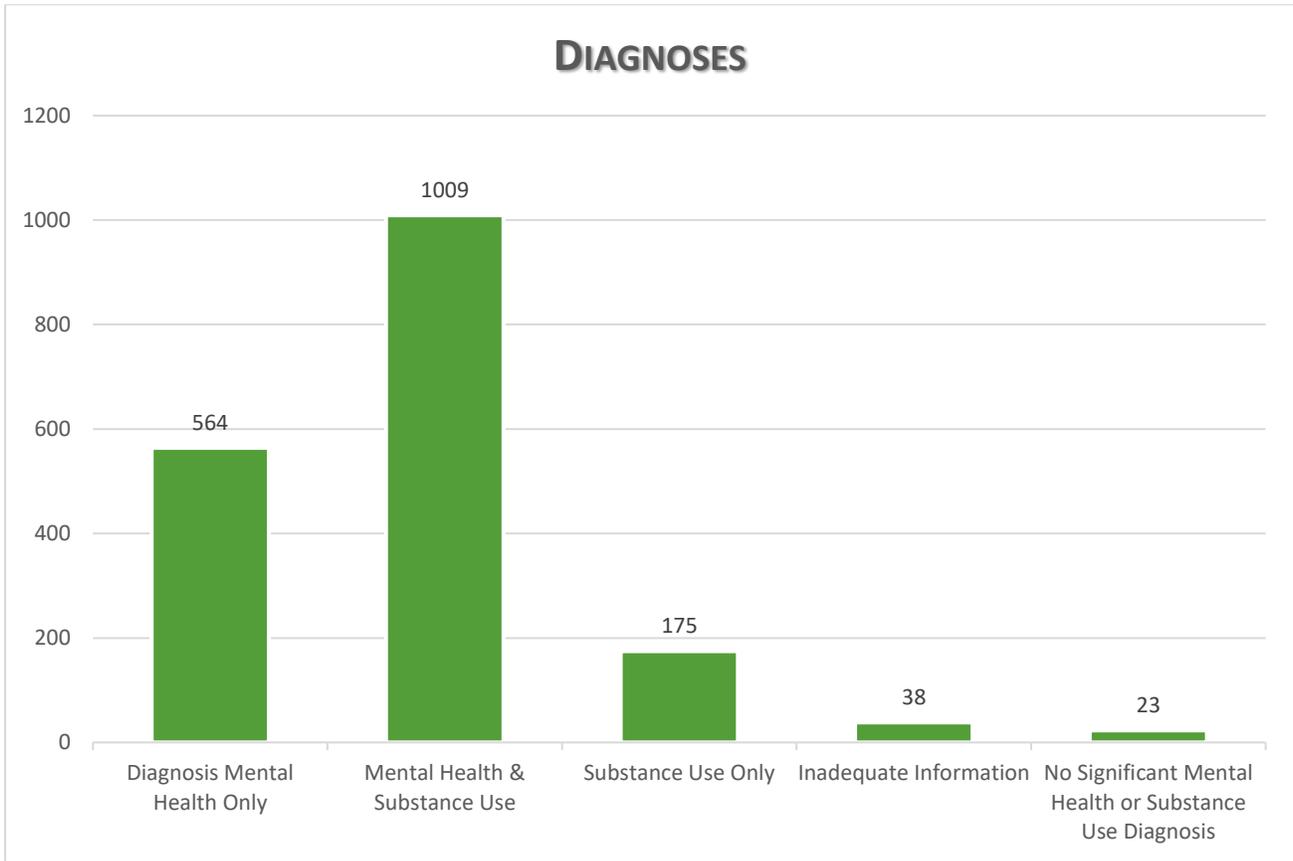


Figure 13: Diagnoses for FY 2021-2022

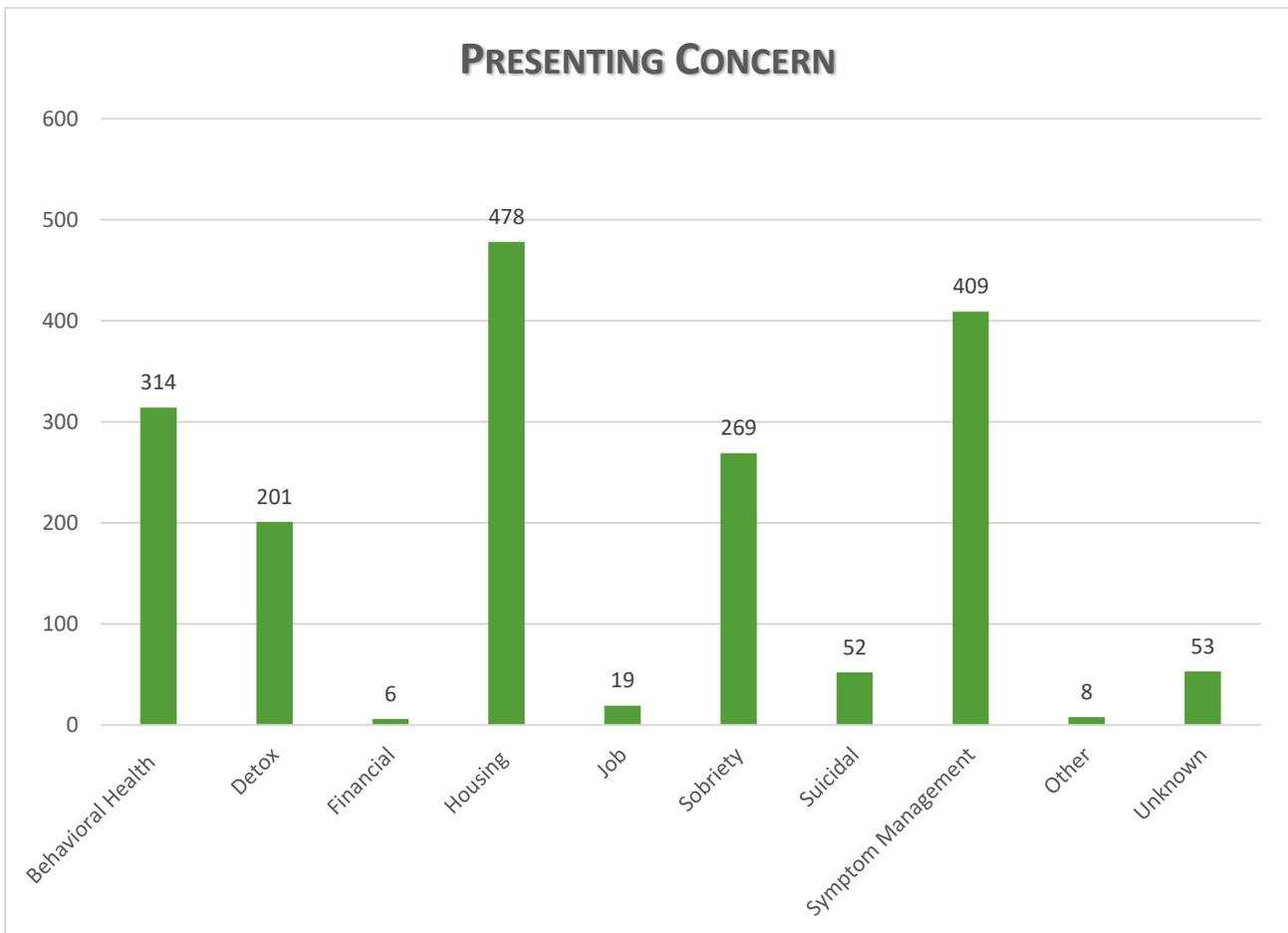


Figure 14: Presenting concerns for FY 2021-2022

INSURANCE STATUS

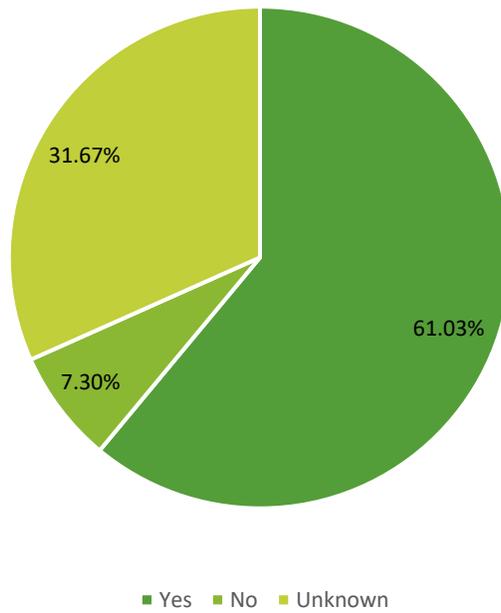


Figure 15: Insurance Status FY 2021-2022

SELF-REPORTED INSURANCE PROVIDER

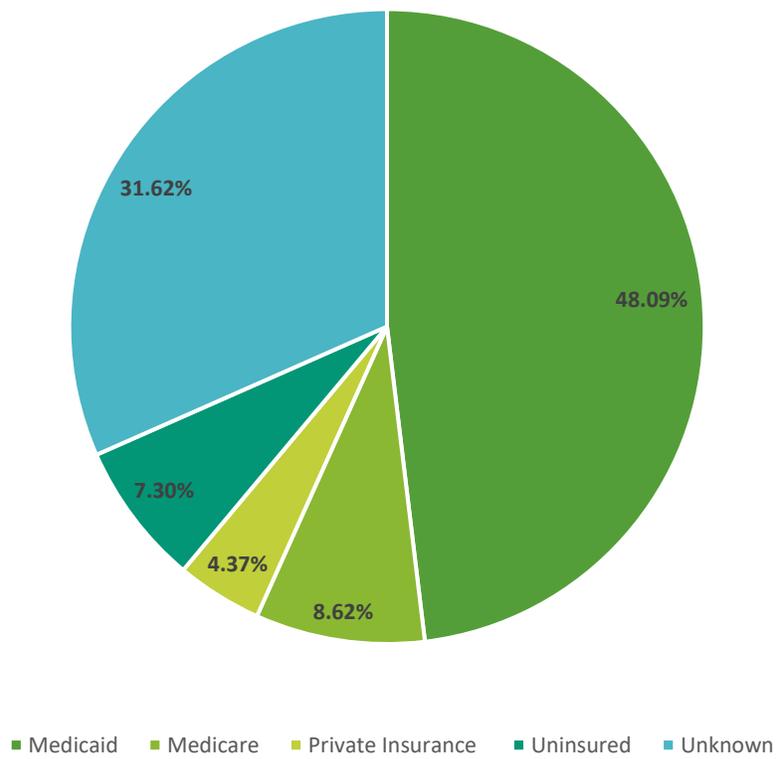
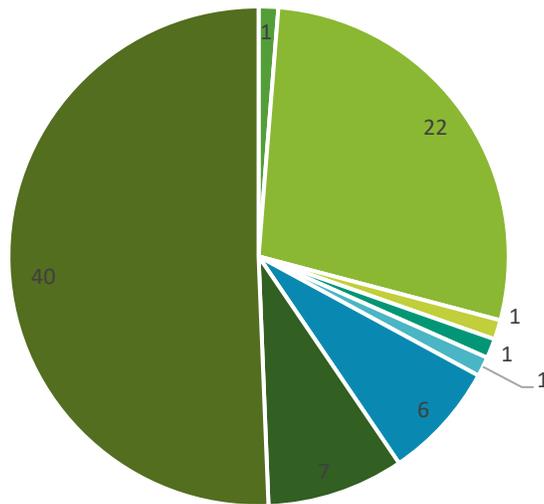


Figure 16: Self-Reported Insurance Provider FY 2021-2022

PRIVATE INSURANCE



■ Aetna
 ■ Blue Cross
 ■ Cigna
 ■ HealthShare
 ■ Pacific Source
 ■ True Blue
 ■ United Behavioral Health
 ■ Unknown

Figure 17: Private Insurance FY 2021-2022

Diversions	Visits	Cost/Visit	Total Cost
From Hospital	317	\$2,600	\$824,200
From Jail	57	\$82/day x 15 days	\$70,100
Law Enforcement	102	\$1,000	\$102,000
Total:			\$996,310

Figure 18: Estimated Cost Savings

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

INDIVIDUAL EXPERIENCE SURVEY SCORES

ADMISSION	Average Score
1. Admission process was speedy.....	3.15
2. Staff was courteous during admission.....	3.59
FACILITY	Average Score
1. The facility is comfortable.....	3.51
2. Noise level of the facility was satisfactory.....	3.36
3. Overall cleanliness of the facility was satisfactory.....	3.46
4. Overall condition of the facility was satisfactory.....	3.53
STAFF CARE	Average Score
1. Staff treated with courtesy and respect.....	3.65
2. Staff introduced you to the facility and program.....	3.49
3. Staff were prompt in responding to your requests.....	3.50
4. Staff kept you informed about your treatment program.....	3.50

5. Staff were helpful..... **3.59**

OTHER MEMBERS OF THE TREATMENT TEAM **Average Score**

1. Peer Support Specialists/Recovery Coaches were courteous and helpful..... **3.36**

2. Case Managers were courteous and helpful..... **3.51**

3. Emergency Medical Technicians (EMTs) were courteous and helpful..... **3.58**

SOME PERSONAL ISSUES **Average Score**

1. Staff had concern for your privacy..... **3.49**

2. Staff were sensitive to your language, cultural, and spiritual needs..... **3.56**

3. Staff responded to concerns/complaints made during your treatment..... **3.52**

DISCHARGE **Average Score**

1. Information about your plan after discharge was explained in a way you understand..... **3.48**

2. You were provided clear instructions on what to do if you need help after discharge (when to seek help, whom to call, etc.)..... **3.51**

3. Your plan included referrals to resources and providers to continue treatment..... **3.54**