Introduction

Welcome

Introductions

Consent Agenda
  October Minutes
  November Agenda
Partner Updates

• Managed Care Organizations

• Community Based Organizations

• Clinical Partners
Announcements

• Amendments to the MOU – align with activity changes due to COVID-19

• Reporting – Due November 4th

• WPCC Presentation sign-up
  • Thank you: AHP, Cascade Medical, CBHA, GrIS, CMC, FHC, CC
Announcements

Value-Based Care Virtual Summit

Featuring Keynote Speaker: Donald Berwick, MD, MPP FRCP

Brought to you by:

Thursday, Nov 12, 2020
8:30 AM – 11:30 AM PST

Register: https://www.eventbrite.com/e/value-based-care-summit-tickets-116948314557
Chronic Disease, Mental Illness & Substance Use Increase – Health Care Visits Decline
CHRONIC DISEASES IN AMERICA

6 IN 10 Adults in the US have a chronic disease

4 IN 10 Adults in the US have two or more

THE LEADING CAUSES OF DEATH AND DISABILITY
and Leading Drivers of the Nation’s $3.3 Trillion in Annual Health Care Costs

- HEART DISEASE
- CANCER
- CHRONIC LUNG DISEASE
- STROKE
- ALZHEIMER'S DISEASE
- DIABETES
- CHRONIC KIDNEY DISEASE

You are NOT ALONE

Millions of people are affected by mental illness each year. Across the country, many people just like you work, perform, create, compete, laugh, love and inspire every day.

1 in 5 U.S. adults experience mental illness
1 in 25 U.S. adults experience serious mental illness
17% of youth (6-17 years) experience a mental health disorder

12 MONTH PREVALENCE OF COMMON MENTAL ILLNESSES (ALL U.S. ADULTS)

- Schizophrenia: 1%
- Borderline Personality Disorder: 1%
- Bipolar Disorder: 3%
- Anxiety Disorders: 19%
- Depression: 7%
- Obsessive Compulsive Disorder: 1%
- Post-traumatic Stress Disorder: 4%

12 MONTH PREVALENCE OF ANY MENTAL ILLNESS (ALL U.S. ADULTS)

- of all adults: 19%
- of Asian adults: 15%
- of black adults: 16%
- of Hispanic or Latinx adults: 17%
- of white adults: 20%
- of American Indian or Alaska Native adults: 22%
- of adults who report mixed/multiracial: 27%
- of lesbian, gay and bisexual adults: 37%

Source: www.name.org/mhstats
COVID-19 ASSOCIATED HOSPITALIZATION RELATED TO UNDERLYING MEDICAL CONDITIONS

FACTORS THAT INCREASE COMMUNITY SPREAD AND INDIVIDUAL RISK

CROWDED SITUATIONS
CLOSE / PHYSICAL CONTACT
ENCLOSED SPACE
DURATION OF EXPOSURE

RISK FOR HOSPITALIZATION IF YOU HAVE ANY OF THESE CONDITIONS AND GET COVID-19 COMPARED TO PEOPLE WITHOUT THE CONDITION(S).

- Asthma: 1.5x
- Hypertension (BMI ≥ 30): 3x
- Obesity: 3x
- Diabetes: 4x
- Chronic Kidney Disease: 4.5x
- Severe Obesity (BMI ≥ 40): 4.5x
- 2 Conditions*: 5x
- 3 or More Conditions*: 5x

*Conditions include asthma, obesity, diabetes, chronic kidney disease, severe obesity, coronary artery disease, history of stroke and COPD.

Data has shown that racial and ethnic minority groups with the referenced conditions are at even higher risk for severe COVID-19 illness. Race and ethnicity are risk markers for other underlying conditions that impact health—including socioeconomic status, access to health care, and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).

ACTIONS TO REDUCE RISK OF COVID-19

- Wearing a mask
- Social distancing (6 ft goal)
- Hand hygiene
- Cleaning and disinfection

ALTHOUGH RISK GENERALLY INCREASES WITH AGE, ALL INDIVIDUALS SHOULD ROUTINELY TAKE ACTIONS TO REDUCE RISK OF INFECTION AND AVOID ACTIVITIES THAT INCREASE COMMUNITY SPREAD.

C5319360-A 08/08/2020
# COVID-19 Hospitalization and Death by Age

## Factors That Increase Community Spread and Individual Risk

<table>
<thead>
<tr>
<th>Rate ratios compared to 18-29 year olds</th>
<th>0-4 years</th>
<th>5-17 years</th>
<th>18-29 years</th>
<th>30-39 years</th>
<th>40-49 years</th>
<th>50-64 years</th>
<th>65-74 years</th>
<th>75-84 years</th>
<th>85+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOSPITALIZATION</strong>¹</td>
<td>4x lower</td>
<td>9x lower</td>
<td>Comparison Group</td>
<td>2x higher</td>
<td>3x higher</td>
<td>4x higher</td>
<td>5x higher</td>
<td>8x higher</td>
<td>13x higher</td>
</tr>
<tr>
<td><strong>DEATH</strong>²</td>
<td>9x lower</td>
<td>16x lower</td>
<td>Comparison Group</td>
<td>4x higher</td>
<td>10x higher</td>
<td>30x higher</td>
<td>90x higher</td>
<td>220x higher</td>
<td>630x higher</td>
</tr>
</tbody>
</table>

## Actions to Reduce Risk of COVID-19

1. **Wearing a Mask**
2. **Social Distancing (6 ft goal)**
3. **Hand Hygiene**
4. **Cleaning and Disinfection**

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## COVID-19 Cases, Hospitalization, and Death by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate Ratios Compared to White, Non-Hispanic Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>2.8x higher</td>
</tr>
<tr>
<td>or Alaska Native, Non-Hispanic persons</td>
<td></td>
</tr>
<tr>
<td>Asian, Non-Hispanic persons</td>
<td>1.1x higher</td>
</tr>
<tr>
<td>Black or African American, Non-Hispanic</td>
<td>2.6x higher</td>
</tr>
<tr>
<td>persons</td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino persons</td>
<td>2.8x higher</td>
</tr>
</tbody>
</table>

### Factors That Increase Community Spread and Individual Risk

- **Crowded Situations**
- **Close/Physical Contact**
- **Enclosed Space**
- **Duration of Exposure**

### Actions to Reduce Risk of COVID-19

- **Wearing a Mask**
- **Social Distancing** (6 ft goal)
- **Hand Hygiene**
- **Cleaning and Disinfection**

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**Race and ethnicity are risk markers for other underlying conditions that impact health — including socioeconomic status, access to health care, and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).**

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1. **Data source:** COVID-19 case-level data reported by state and territorial jurisdictions. Case-level data include about 80% of total reported cases. Numbers are unadjusted rate ratios.


3. **Data source:** NCHS Provisional Death Counts (https://www.cdc.gov/nchs/nvsr/COVID19/index.htm, accessed 08/06/20). Numbers are unadjusted rate ratios.

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Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic

 Seriously considered suicide in last 30 days (10.7%)

 Higher prevalence among:

- 18-24 year olds (25.5%)
- Hispanic (18.6%)
- Black (15.1%)
- Self-reported unpaid caregivers for adults (30.7%)
- Essential workers (21.7%)
ED visit relative count for psychological distress that had increased...and is among the highest seen since week 25

...no statistical warnings or alerts, though those over 65 years of age had increased representation.
• “...increase in relative reported ED visits” vs 2019 “somewhat consistent downtrend...”

• “...may be an effect of convergence as case counts are returning what would be expected during this time of year.”
• “...pattern of fluctuations has continued, with a marked increase in Emergency Department visits for suicide attempts throughout the state.”

• “...increases have slowed in terms of week-over-week increases...”

• Statistical warning for those who were identified as African American
• “...been a very slight decrease in relative visits for all drug related visits as compared to last year.”

• “...age groups are trending down in opioid related ED visits over the past four weeks...”

• “...other drug visits has shown slight increases in those aged 45-64”
Graph 5: Relative Count of emergency department visits for alcohol-related visits in Washington, by week: 2020 vs. 2019 (Source: CDC ESSENCE)

- “...alcohol-related relative visits...show a slight decrease as compared to earlier weeks...”
**September 16—28:**
“...suggest an increase of 16% in anxiety, and 36% in feelings of depression

**September 2–14:**
“....inverse relationship between:
- age and frequency of depression symptoms” (feeling down, depressed, or hopeless at least most days)
  - 38% 18-29 year olds
  - 16% 50+ year old
  - 5% 80+ year olds
- Household income and frequency of depression symptoms
  - 28% Loss of employment (10% more likely) vs 18% with no loss
- Ethnicity
  - 32% identify as multiracial (non-Hispanic) vs 22% rest of adults

Note: For the period of 7/21–8/19, census data was not available and thus, any trends during this point are an artifact of analysis.

• “Monthly cannabis tax collections in the first half of 2020 were consistently higher than in 2019”

• “Changes in year-over-year monthly beer and wine tax collections (combined) have fluctuated, they are generally increasing…”

• “…federal background checks, while fluctuating over the last several months, have seen a 6% decrease for the month of July, with a two-month trend that has led to an 11% decrease as compared to the same period last year.”

Delay or Avoidance of Medical Care Because of COVID-19–Related Concerns

Includes:
- Urgent or emergency care (12%)
- Routine care (32%)

More Prevalent among
- Unpaid caregivers for adults
- Individuals with 2+ underlying conditions
- Uninsured
- Black & Hispanic adults
- Young adults (18-24 years old)
- Individuals with disabilities

4 in 10 U.S. adults reported avoiding medical care because of concerns related to COVID-19.

Even during the COVID-19 pandemic, people who experience a medical emergency should seek care without delay.

CDC.GOV

“BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON”
Vaccines Administered to Children 0 through 2 Years Old in Washington
Chart Compares Average Number in 2015-2019 with 2020

<table>
<thead>
<tr>
<th>Month</th>
<th>AVG 2015-2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>146,488</td>
<td>141,125</td>
</tr>
<tr>
<td>February</td>
<td>122,624</td>
<td>114,633</td>
</tr>
<tr>
<td>March</td>
<td>134,815</td>
<td>98,811</td>
</tr>
<tr>
<td>April</td>
<td>117,046</td>
<td>90,138</td>
</tr>
</tbody>
</table>

Data source: WA State Immunization Information System; all vaccines reported as of 5/6/2020

Vaccines Administered to People 0 through 18 Years Old in Washington
Chart Compares Average Number in 2015-2019 with 2020

<table>
<thead>
<tr>
<th>Month</th>
<th>AVG 2015-2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>JANUARY</td>
<td>237,215</td>
<td>241,836</td>
</tr>
<tr>
<td>FEBRUARY</td>
<td>195,488</td>
<td>190,448</td>
</tr>
<tr>
<td>MARCH</td>
<td>205,085</td>
<td>143,052</td>
</tr>
<tr>
<td>APRIL</td>
<td>175,817</td>
<td>101,611</td>
</tr>
</tbody>
</table>

Data source: WA State Immunization Information System; all vaccines reported as of 5/5/2020

Small Discussion Questions

What are you seeing in your practice?

Are you stratifying your data to understand who has been avoiding care?
  • Examples:
    • Immunization rates
    • Preventive Care
    • Chronic Disease Management
    • Case Management

What strategies has your organization implemented to recall patients
Washington Listens

Providing support to the people of Washington during the COVID-19 outbreak and recovery
What is Washington Listens?

• Washington Listens is a crisis counseling program funded through FEMA and SAMHSA

• We built it to be a support program to help anyone in Washington who has been impacted by the outbreak.

• The support is anonymous and is provided by trained support specialists.

• The services are designed to support people and help them build resilience in the face of the COVID-19 disaster.
### Crisis Counseling Program Timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 22</td>
<td>Presidential disaster declaration</td>
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<tr>
<td></td>
<td>Start of 60 day CCP</td>
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<tr>
<td></td>
<td><strong>Immediate Services Program (ISP)</strong> implementation</td>
</tr>
<tr>
<td>April 5</td>
<td>ISP application due</td>
</tr>
<tr>
<td>April 22</td>
<td>Final notice of award</td>
</tr>
<tr>
<td>May 21</td>
<td><strong>Original program end date before 30 Day Extension</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Regular Services Program (RSP)</strong> 9 month duration</td>
</tr>
<tr>
<td>Oct 5</td>
<td>Beginning of RSP</td>
</tr>
<tr>
<td></td>
<td>RSP through July</td>
</tr>
<tr>
<td></td>
<td>Final notice of award</td>
</tr>
<tr>
<td></td>
<td>RSP application due</td>
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<td>RSP application due</td>
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</table>
Immediate Services Program (ISP) – 1st phase

- $2.1 million from FEMA for ISP
- Stand up statewide support line for Washington residents to provide non-clinical interventions to provide support and referrals to services

Contracted partners

<table>
<thead>
<tr>
<th>Crisis Connections</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frontier Behavioral Health</strong> – Spokane Region</td>
</tr>
<tr>
<td><strong>American Indian Community Center (AICC)</strong> – Spokane Region</td>
</tr>
<tr>
<td><strong>Colville Tribes</strong> – North Central</td>
</tr>
<tr>
<td><strong>Peer WA</strong> – King</td>
</tr>
<tr>
<td><strong>Yakama Nation</strong> – Greater Columbia</td>
</tr>
</tbody>
</table>
Regular Services Program (RSP) – 2nd phase

Stand up statewide support line for Washington residents to provide non-clinical interventions to provide support and referrals to services, and do community based outreach

Contracted partners

<table>
<thead>
<tr>
<th>Crisis Connections</th>
<th>Community Integrated Health Services – Great Rivers</th>
<th>Thurston Mason Region – working to identify provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian Community Center – Serving AI/AN in Eastern Washington</td>
<td>Recovery Café – King</td>
<td>North Sound- Issued RFI</td>
</tr>
<tr>
<td>Okanogan Behavioral HealthCare – North Central</td>
<td>Yakama Nation – Greater Columbia</td>
<td>Pierce Region – Issued RFI</td>
</tr>
<tr>
<td>Colville Tribes – North Central</td>
<td>Comprehensive Healthcare – Greater Columbia</td>
<td>SW Region – working on identifying provider</td>
</tr>
<tr>
<td>Frontier Behavioral Health – Spokane</td>
<td>Peer WA – King</td>
<td></td>
</tr>
</tbody>
</table>

Frontier Behavioral Health – King
What services does Washington Listens provide?

• Washington Listens provides
  • Supportive listening and assistance to anyone feeling stressed due to the outbreak.
  • Resource connection
  • Support groups, educational groups
  • Tips to improve self management during the outbreak
  • Community outreach
How do I access Washington Listens?

• Call us at our support line number
  • 833-681-0211

• Or at our website
  • Walistens.org
If you’re experiencing stress from COVID-19, call us today.

Washington Listens is a 24/7 confidential support line.
Washington Listens is free, confidential, and staffed by trained professionals.

wAListens.org
1-833-681-0211

Si siente estrés debido a la COVID-19, llámenos hoy mismo.

Washington Escucha es una línea de apoyo y un programa de asesoramiento, apoyo y confidencialidad para personas que padecen de estrés por COVID-19 o que necesitan hacerse cargo de sus seres queridos que padecen estrés debido a la COVID-19.

WAListens.org
1-833-681-0211

“BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON”
Sometimes it helps to just talk it out.

Washington Listens is a free and confidential support line and outreach program for Washington State residents. The service provides non-clinical support and resources to people experiencing isolation due to COVID-19.

It can help you:
- Learn more about your options
- Talk to a non-clinical counselor
- Get help finding resources in your area

WAListens.org
1-833-681-0211 (M-F 7am-10pm; Sat-Sun 9am-6pm)

A veces hablar con alguien ayuda.

Washington Listens es una línea de apoyo y un programa de apoyo gratuito y confidencial para los residentes del estado de Washington. El servicio ofrece apoyo y recursos a las personas que sufren desde el aislamiento debido a la COVID-19.

Puedes ayudar a:
- Hablar con un consejero
- Obtener ayuda para encontrar recursos en tu área

WAListens.org
1-833-681-0211 (M-F 7am-10pm; Sat-Sun 9am-6pm)
Discussion
Next meeting: December 7th