



June 2022  
DOH 821-157-02

## Regional Behavioral Health Impact, Capacity, and Community Resilience Reports

Communities throughout Washington are moving toward a recovery phase of the response to the COVID-19 pandemic. These quarterly reports present a regionally focused look at key behavioral health indicators and measures of community resilience.

### What is community resilience?

Community resilience is a measure of the sustained capacity of individuals and communities to absorb and respond, endure and overcome, and recover and recuperate from economic, health, and social adverse contexts and environments. The recovery of individuals and communities is determined by the community's vulnerability and capacity to overcome and recuperate from the impact of this context or environment, and in this case, the pandemic.

### Purpose

This report summarizes data analyses conducted by the COVID-19 Behavioral Health Group's Impact & Capacity Assessment Task Force. These analyses assess the impacts of the COVID-19 pandemic on mental health and potential for substance use issues among Washingtonians, as well as behavioral health care capacity considerations. Evaluating impact and capacity can help responders and public health jurisdictions plan mitigation strategies and facilitate disaster preparedness to reduce the potential impact of adverse contexts – thus drawing upon and strengthening community resilience.

### Structure of Reports

To align with existing healthcare initiatives and designations, Washington's 39 counties are grouped into regions as follows:

- [Region 1: Adams, Ferry, Lincoln, Pend Oreille, Spokane, & Stevens counties](#)
- [Region 2: Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, & Wahkiakum counties](#)
- [Region 3: Pierce county](#)
- [Region 4: Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, & Yakima counties](#)
- [Region 5: King county](#)
- [Region 6: Chelan, Douglas, Grant, & Okanogan counties](#)
- [Region 7: Island, San Juan, Skagit, Snohomish, & Whatcom counties](#)
- [Region 8: Clallam, Jefferson, & Kitsap counties](#)
- [Region 9: Clark, Klickitat, & Skamania counties](#)
- [Appendix](#)

# Region 1: Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens counties

## Key Takeaways

- For Region 1, visit volumes have appeared to trend back to levels more typical of care-seeking behavior before COVID-19, and therefore, rates may be converging with previous years' rates. Comparisons of one year to another should be interpreted with caution.
  - In the most recent reporting period ([CDC Week 4](#)<sup>1</sup> (week of January 29, 2022), the relative reported rate of ED visits for all indicators (psychological distress,<sup>1</sup> suspected suicide attempt,<sup>2</sup> all drug<sup>3</sup>-related, alcohol-related, suicidal ideation, and homelessness<sup>4</sup>) have decreased as compared to the previous reporting period (CDC Week 3 (week of January 22, 2022).
  - In terms of statistical<sup>5</sup> warnings and alerts for ED visits<sup>5</sup>:
    - psychological distress<sup>1</sup>, suicidal ideation, suspected suicide attempts<sup>2</sup>, all drug<sup>3</sup>-and-alcohol related: no statistical<sup>5</sup> warnings and alerts were issued for 2022, to date, and
    - homelessness<sup>4</sup>: statistical<sup>5</sup> alerts were issued for CDC Week 45 (week of November 13, 2021) and CDC Week 46 (week of November 14, 2021).
- For Region 1, December 2021 showed a 49.5% month-over-month decrease of inpatient community hospital discharges of patients with diagnoses of behavioral, mental, and neurodevelopmental disorders.
- For Region 1, December 2021 showed a 51% month-over-month decrease of telehealth behavioral health services use claims.
- Since its inception in July 2020, a total of 941 WA Listens individual encounters have been completed for Region 1.
- Since January 2020, the average BH-ASO monthly call volume (excluding hang ups, wrong number, and messages) was 76,742 for Region 1.
- For further information about data including operationalizations and limitations, please review the [Appendix](#) for further guidance.

## Community Resilience

The United States Census Bureau provides Community Resilience Estimates (CREs) at the census tract level classifying what percent of residents have 0, 1-2, or 3+ risk factors. The CREs model individual and household characteristics for Washington state, and each county within Washington state, in efforts to facilitate disaster preparedness by detecting communities (and more specifically, counties) where capacity and resources may successfully reduce and mitigate the potential impact of adverse contexts, in this case, the pandemic.

Furthermore, the CRE shows how, following a disaster, the heterogeneous outcomes are dependent on each community's individual and household characteristics. Accounting for these characteristic differences in terms of the capacity to recover from disasters is imperative for disaster preparedness, as

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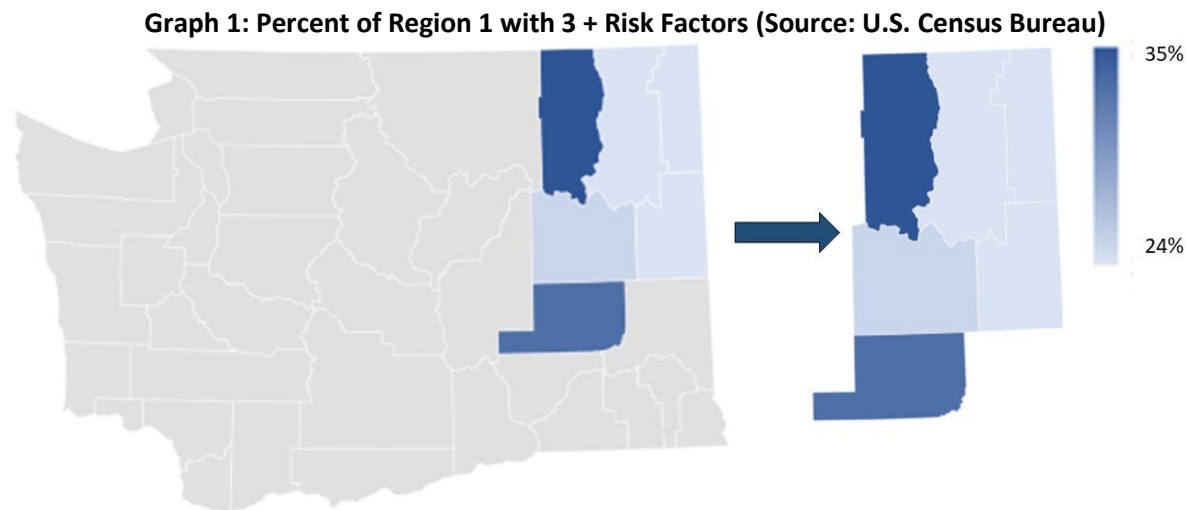
<sup>1</sup> <https://ndc.services.cdc.gov/wp-content/uploads/W2021-22.pdf>

this can enable response planners and any organization responding to or helping to mitigate the behavioral health capacity considerations during the COVID-19 pandemic to effectively employ and deploy resources and to strategize for future disasters.

In comparison, for Washington state, the CRE is 23% of people who had 0 risk factors, 52% who had 1 – 2 risk factors, and 25% who had 3 or more risk factors. The regional CRE is calculated by averaging each county's CRE within this region. For Region 1, the CRE includes 22% of people who had 0 risk factors, 50% who had 1 – 2 risk factors, and 28% who had 3 or more risk factors. Graph 1 presents the percentage of Region 1 with 3 or more risk factors.

For Region 1, the CRE for each county is:

State	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
Washington	23%	52%	25%
Region	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
1	22%	50%	28%
County	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
Adams	11% (+/- 5%)	56% (+/- 8%)	33% (+/- 7%)
Ferry	19% (+/- 6%)	46% (+/- 8%)	35% (+/- 7%)
Lincoln	29% (+/- 6%)	46% (+/- 7%)	25% (+/- 6%)
Pend Oreille	26% (+/- 6%)	49% (+/- 7%)	24% (+/- 6%)
Spokane	21% (+/- 5%)	55% (+/- 7%)	24% (+/- 6%)
Stevens	27% (+/- 6%)	49% (+/- 7%)	24% (+/- 6%)

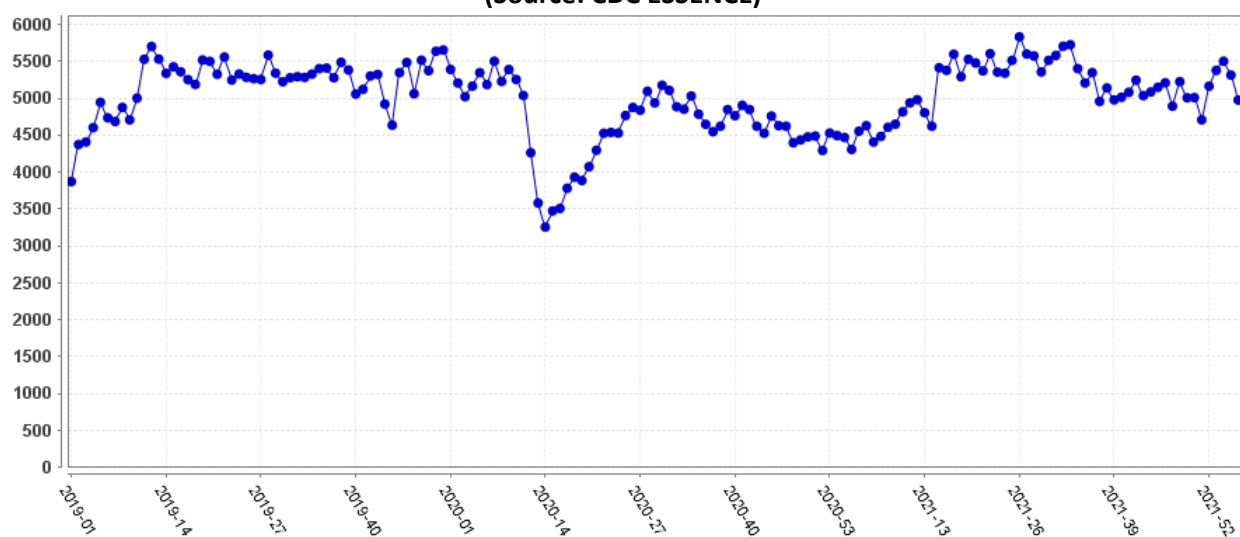


## All ED Visits

Graph 2 presents the weekly count of all ED visits in Region 1. For Region 1, similar to the overall Washington state count of all ED visits, a drop of ED visits was present in Region 1 for CDC Week 13 of 2020 (week of April 3) which aligns with the “Stay Home, Stay Healthy” order from March 23, 2020. However, visit volumes have appeared to trend back to levels more typical of care-seeking behavior before COVID-19, and therefore, rates *may be* converging with previous years’ rates. **Comparisons of one year to another should be interpreted with caution.**

Because the volume of visits across care settings varied widely during 2020, 2021, and to date in 2022, rates presented in this report may not reflect the true magnitude and direction of trends for behavioral health conditions and should be interpreted cautiously.

**Graph 2: Weekly count of all ED visits in Region 1, by week: 2019, 2020, 2021, and 2022 to date**  
(Source: CDC ESSENCE)



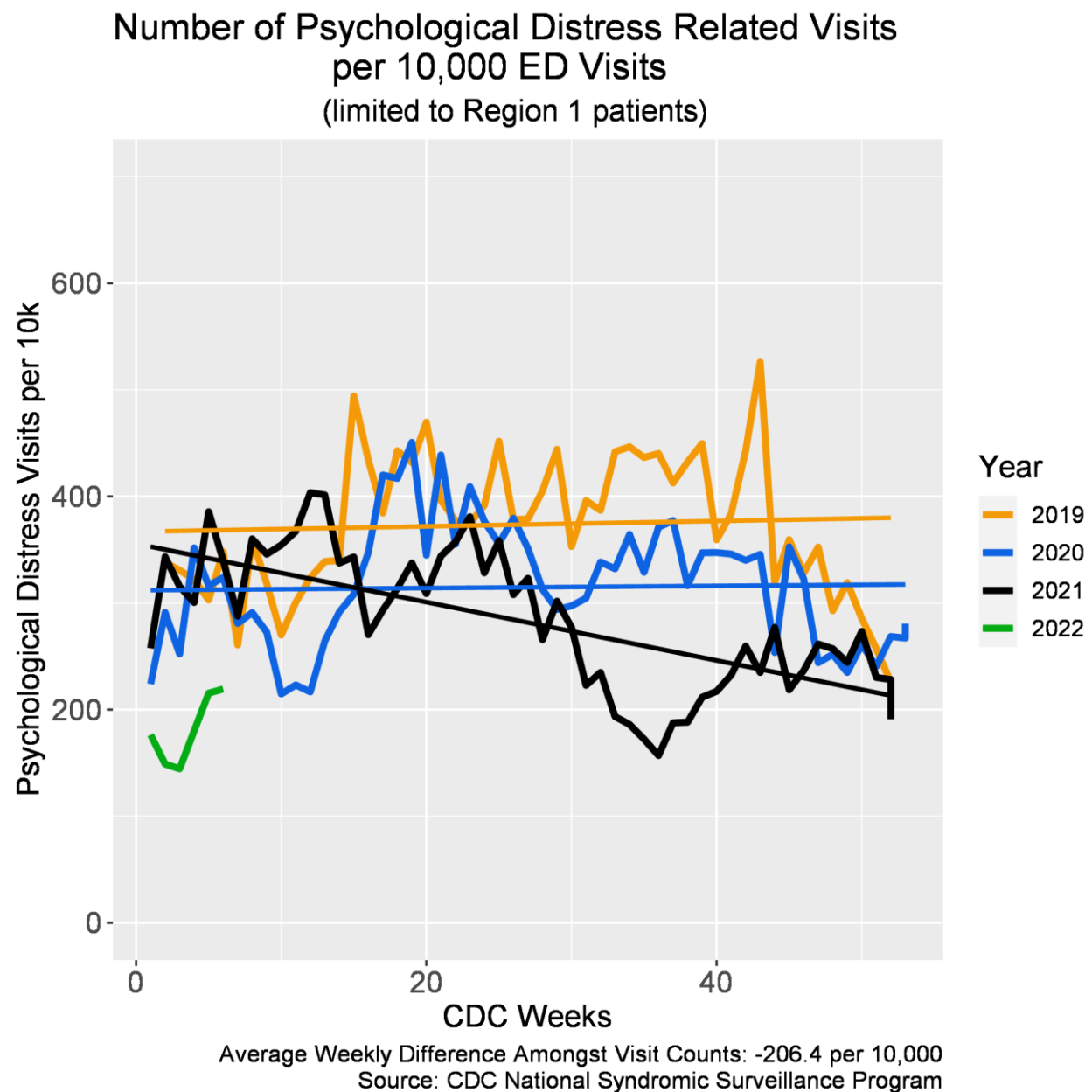
Caution should be taken as the steep drop in total ED visits could skew data for any type of ED visit. Changes in consistency of facility data submission may also impact ED visit volume.



## Psychological Distress

The relative reported ED visit count for **psychological distress**<sup>1</sup> for Region 1 is presented in Graph 3. Trend analysis revealed a decrease in 2021 ED visits for **psychological distress**<sup>1</sup>. Due to limited data points for 2022, trend analysis was not evaluated for 2022 at this time. Specific to Region 1, statistical<sup>5</sup> alerts or warnings were not issued, to date, since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with one statistical<sup>5</sup> alert in 2021: CDC Week 49 (week of December 11, 2021). Since the last reporting period (CDC Week 44, week of November 6, 2021), no statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

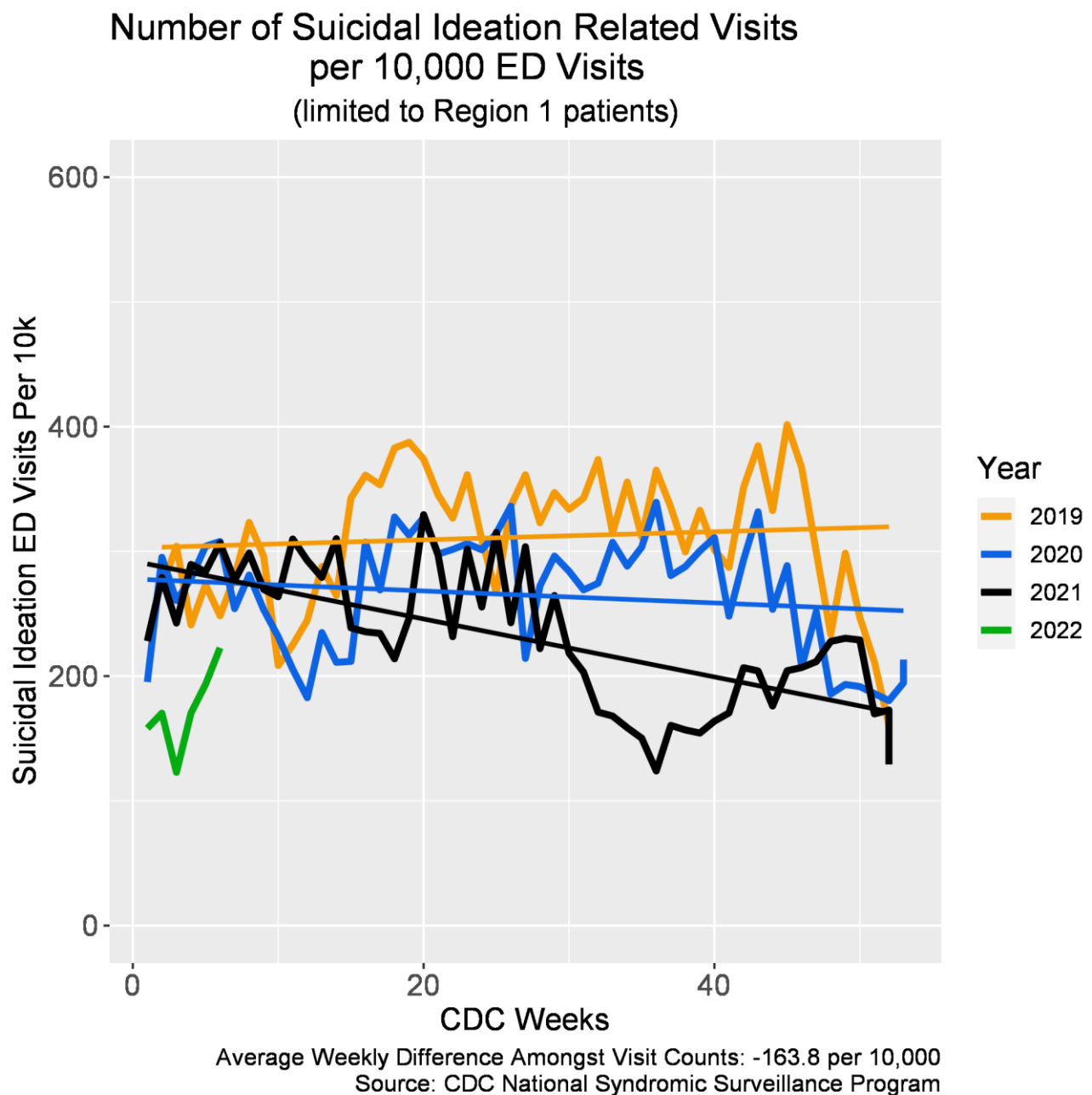
**Graph 3: Relative count of ED visits for psychological distress<sup>1</sup> in Region 1, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Suicidal Ideation

The relative reported ED visit count **for suicidal ideation** for Region 1 is presented in Graph 4. Trend analysis revealed a decrease in 2021 ED visits for suicidal ideation. Due to limited data points for 2022, trend analysis was not evaluated for 2022 at this time. Specific to Region 1, statistical<sup>5</sup> warnings and alerts were not issued, to date, since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with no statistical<sup>5</sup> alerts or warnings since the last reporting period (CDC Week 44, week of November 6, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

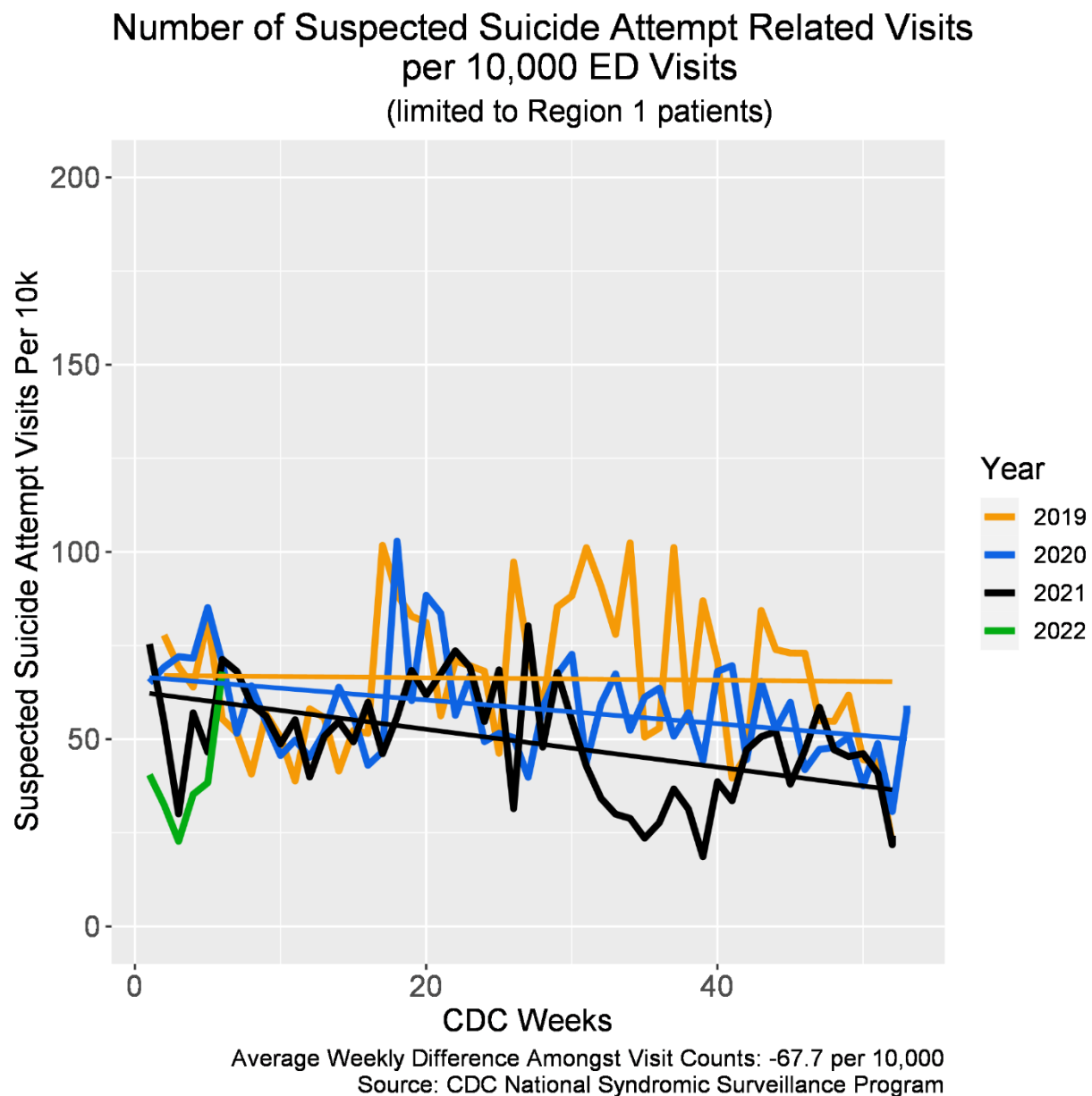
**Graph 4: Relative count of ED visits for suicidal ideation in Region 1, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Suspected suicide attempt

The relative reported ED visit count for **suspected suicide attempt**<sup>2</sup> for Region 1 is presented in Graph 5. Trend analysis revealed a decrease in 2021 ED visits for **suspected suicide attempt**<sup>2</sup>. Due to limited data points for 2022, trend analysis was not evaluated for 2022 at this time. Specific to Region 1, statistical<sup>5</sup> warnings and alerts were not issued, to date, since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with statistical<sup>5</sup> alerts for CDC Week 45 (week of November 13, 2021) and CDC Week 46 (week of November 14, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

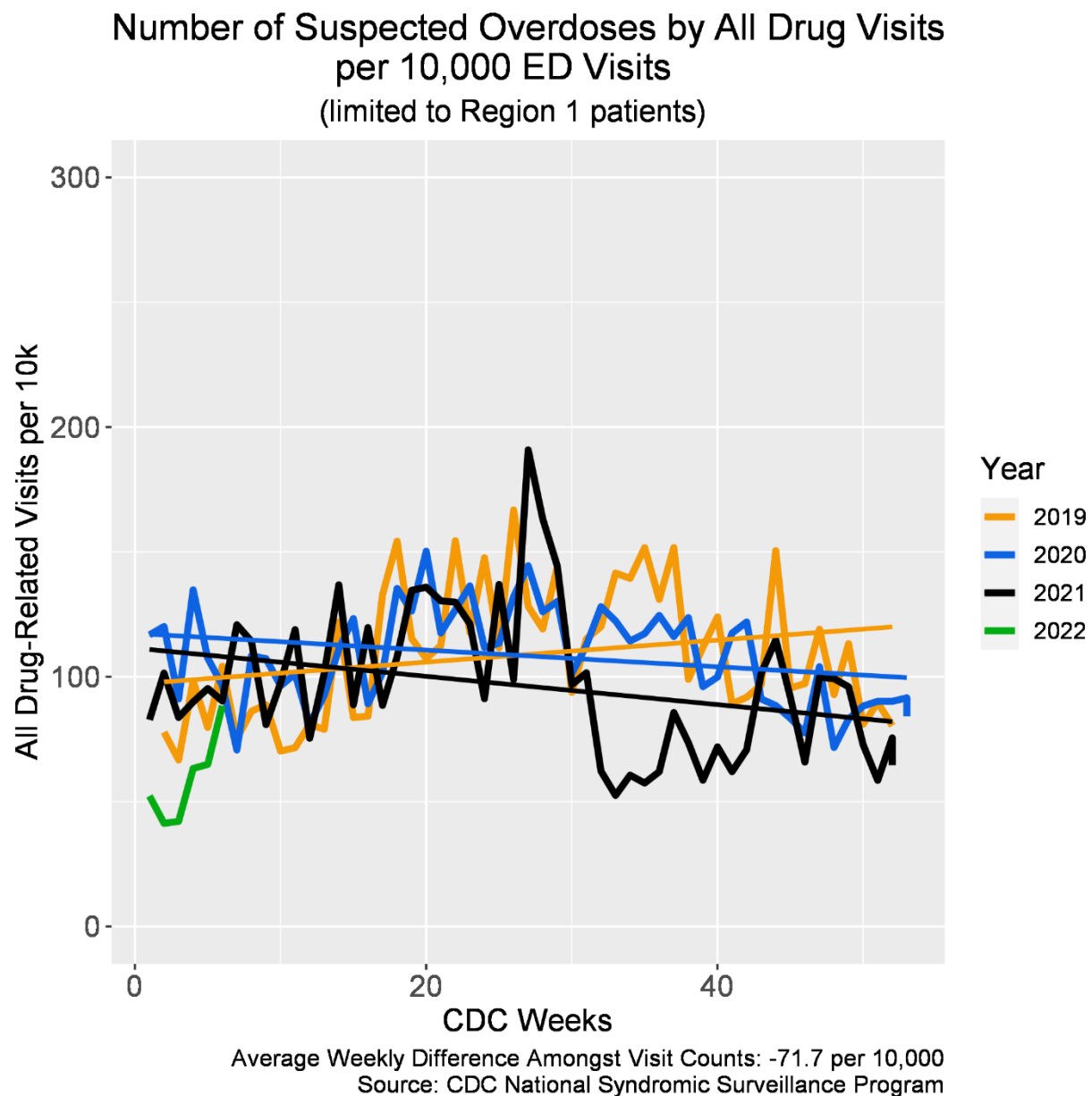
**Graph 5: Relative count of ED visits for suspected suicide attempt<sup>2</sup> in Region 1, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Substance Use – Drug Overdose

The relative reported rate of all drug<sup>3</sup>-related ED visits for Region 1 is presented in Graph 6. Trend analysis revealed a decrease in 2021 for all drug<sup>3</sup>-related ED visits. Due to limited data points for 2022, trend analysis was not evaluated for 2022 at this time. Specific to Region 1, statistical<sup>5</sup> warnings and alerts were not issued, to date, since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with a statistical<sup>5</sup> alert for CDC Week 45 (week of November 13, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

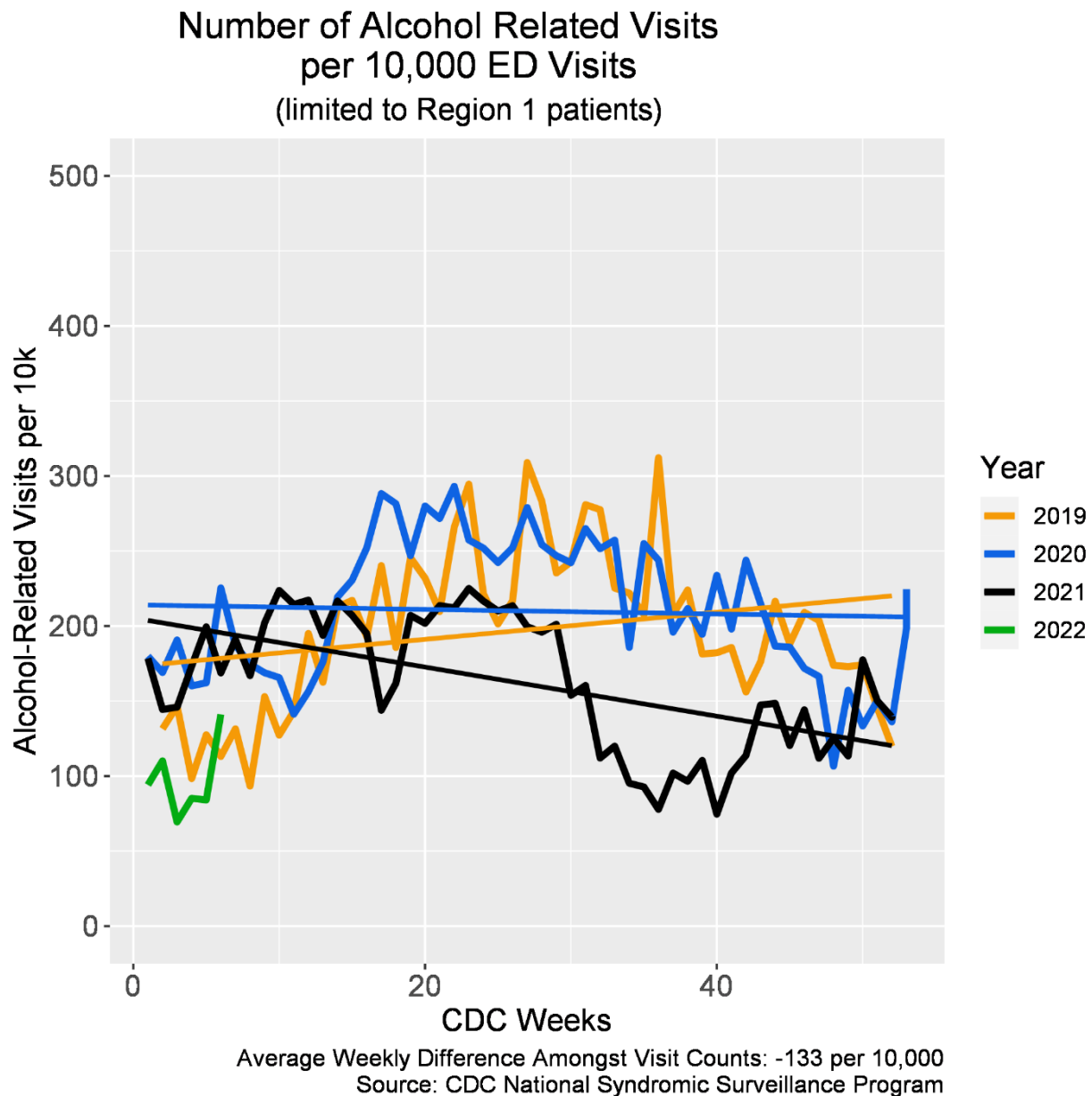
**Graph 6: Relative count of all drug<sup>3</sup>-related ED visits overall in Washington and Region 1, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Substance Use – Alcohol-Related Emergency Visits

The relative reported rate of alcohol-related ED visits for Region 1 is presented in Graph 7. Trend analysis revealed a decrease in 2021 for alcohol-related ED visits. Due to limited data points for 2022, trend analysis was not evaluated for 2022 at this time. Specific to Region 1, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with a statistical<sup>5</sup> alert for CDC Week 45 (week of November 13, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

**Graph 7: Relative count overall of alcohol-related ED visits in Washington and Region 1, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**

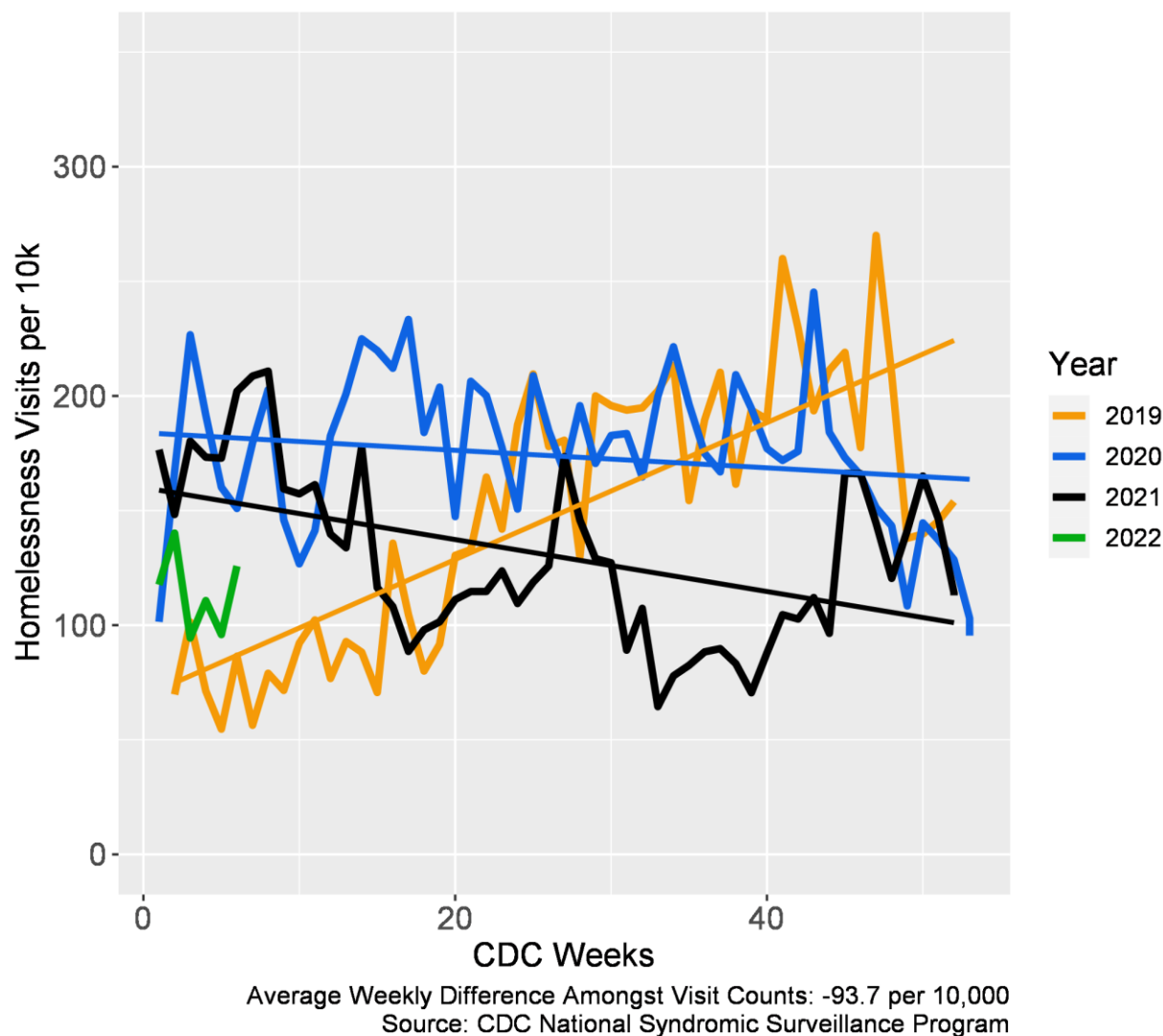


## Homelessness

The relative reported ED visit count for homelessness<sup>4</sup> for Region 1 is presented in Graph 8. Trend analysis revealed a decrease in 2021 ED visits for homelessness<sup>4</sup>; due to limited data points for 2022, trend analysis was not evaluated for 2022 at this time. Specific to Region 1, a statistical<sup>5</sup> alert was issued CDC Week 45 (week of November 13, 2021) and CDC Week 46 (week of November 14, 2021) since the last reporting period (CDC Week 44 (week of October 31, 2021)). In comparison, the overall Washington population presented with a statistical<sup>5</sup> alert for CDC Week 45 (week of November 13, 2021); no statistical<sup>5</sup> warnings or alerts were issued for 2022, to date.

**Graph 8: Relative count overall of ED visits for homelessness<sup>4</sup> in Washington and Region 1, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**

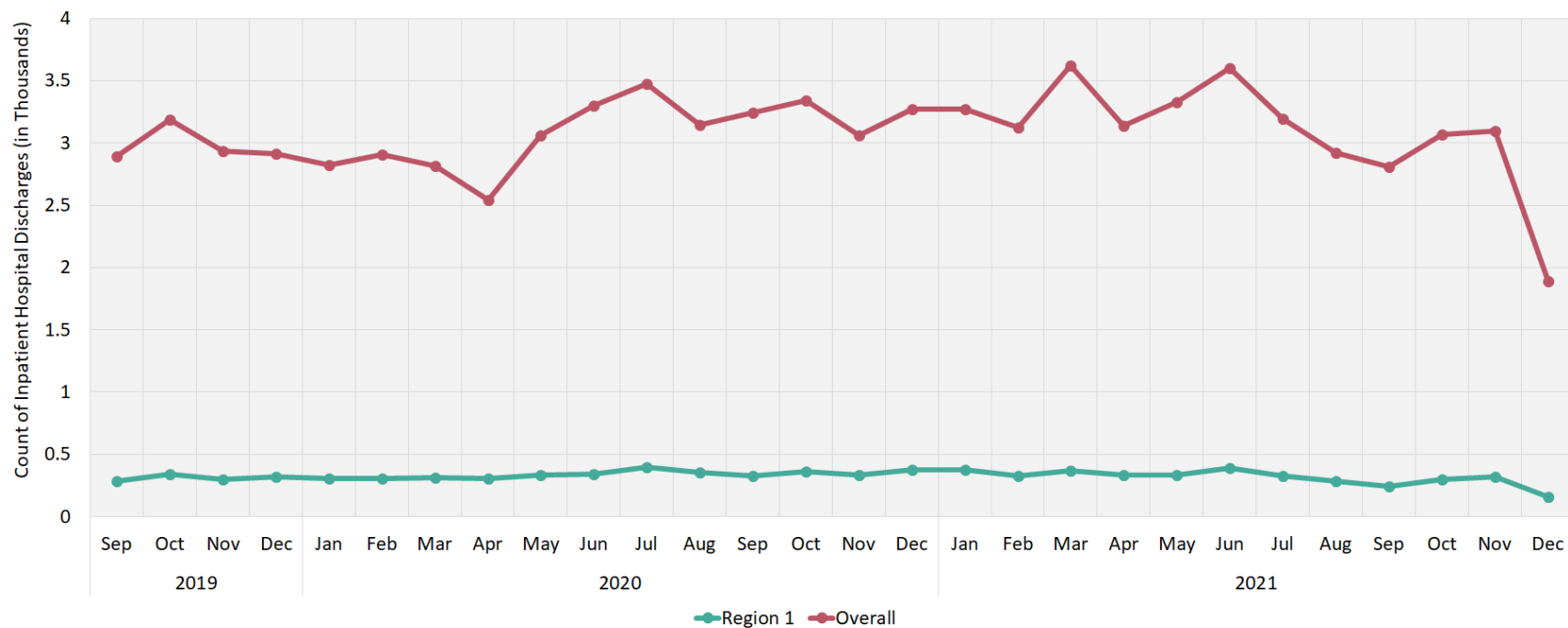
**Number of ED visits for BH related symptoms and reported homelessness Visits per 10,000 ED Visits (limited to Region 1 patients)**



## Inpatient Community Hospital Discharges

The [Comprehensive Hospital Abstract Reporting System \(CHARS\)](#)<sup>6</sup> collects information on inpatient and observation patient community hospital stays. Caution should be taken when reviewing data, as the “Stay Home, Stay Healthy” order (March 2020) may have impacted hospital discharge data for both inpatient and observation patients. Only mental, behavioral, and neurodevelopmental disorders were evaluated (i.e., primary diagnoses included only ICD-10 F-codes).<sup>7</sup> For Region 1, the most recent reporting period (December 2021) showed a 49.5% decrease of inpatient community hospital discharges for mental, behavioral, and neurodevelopmental disorders (Graph 9) as compared to the previous month.

**Graph 9: Count of Inpatient Community Hospital Discharges for Mental, Behavioral, and Neurodevelopmental Disorders overall, for Washington and Region 1, by month (Source: DOH)**

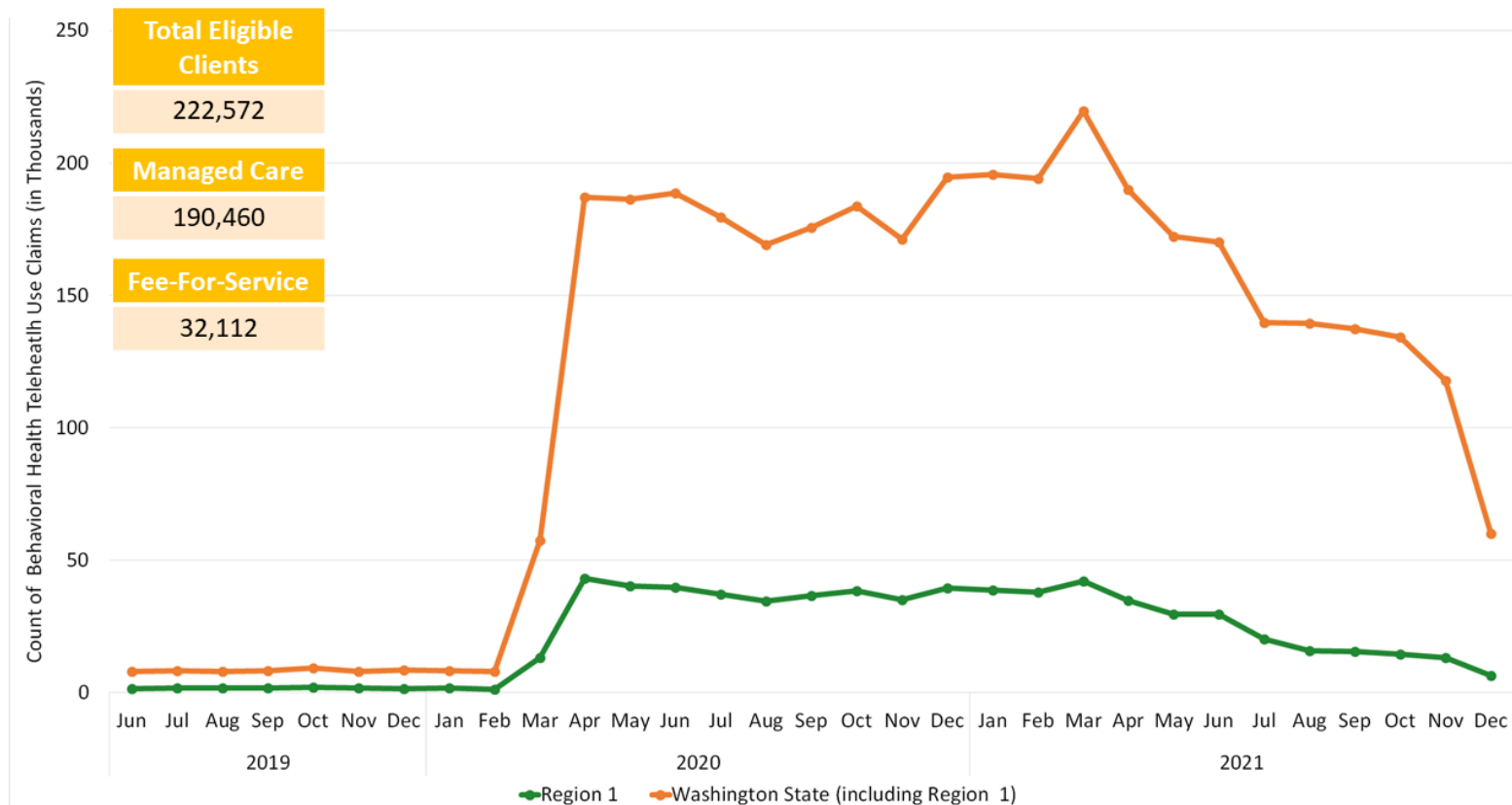


**Note:** Due to time lag, data might not be fully mature. While non-WA residents can discharge from a WA community hospital, only WA residents were included in the analysis. Only F-codes as primary diagnoses were included in the analysis.

## Telehealth Use for Washington State Medicaid Clients

Telehealth (phone and videoconferencing) claims use for Washington Medicaid clients is collected by the Washington State Health Care Authority (HCA). Graph 10 provides a count of telehealth behavioral health services use claims. It is important to note the limited use of telehealth in Medicaid clients prior to the COVID-19 pandemic (March 2020), which could explain the significant increase in March and April 2020 (237.6%). Caution should be taken when reviewing data as the “Stay Home, Stay Healthy” order may have impacted telehealth use. Additionally, due to the significant demand for telehealth, several changes were made to policies, coverage, and implementation that could impact this data. For Region 1, the most recent reporting period (December 2021) showed a 51% decrease of telehealth behavioral health services use claims compared to the previous month.

**Graph 10: Count of telehealth behavioral health use claims for Region 1 Medicaid clients, by month (Source: HCA)**



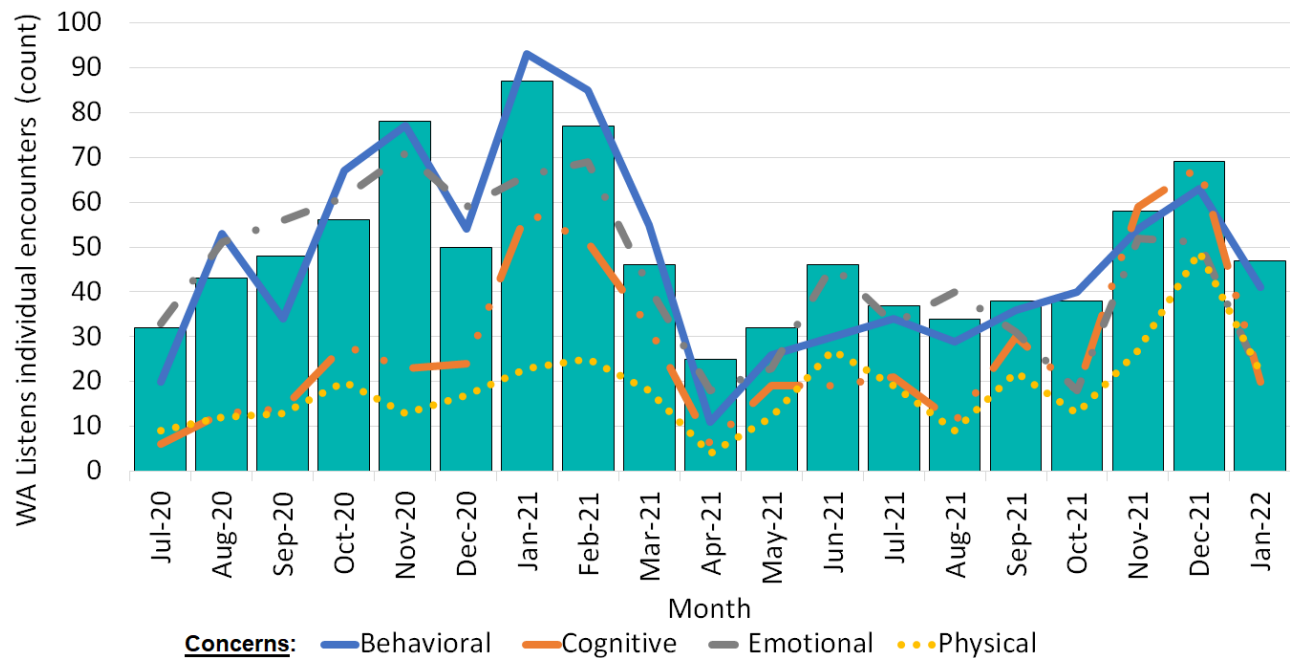
**Note:** Due to missing or suppressed data, results may be underreported.



## Telephonic Support Lines – Service Volume

[Washington \(WA\) Listens<sup>8</sup>](#) is a free, anonymous service that offers non-clinical behavioral health support for both individual and group encounters. Additionally, WA Listens provides referral information to local resources based on the needs expressed. Since its inception in July 2020, a total of 941 WA Listens individual encounters have been completed (Graph 11) for Region 1. For **race, age, and gender** information on **individual encounters**, see Table 1.

**Graph 11: Total count of WA Listens individual calls and concerns, by month (Source: HCA)**



Note: Individuals can call about more than one concern, including multiple of the same type. **Due to data collection issues, August 2021 – January 2022 data may be underreported.**

**Table 1: Race, age, and gender of WA Listen’s survivors (Source: HCA)**

Gender	Count (%)
Female	522 (55.9%)
Male	446 (47.8%)
Transgender	15 (1.7%)

Race	Count (%)
Other	37 (4.0%)
White	627 (67.2%)
Did not report	10 (1.1%)

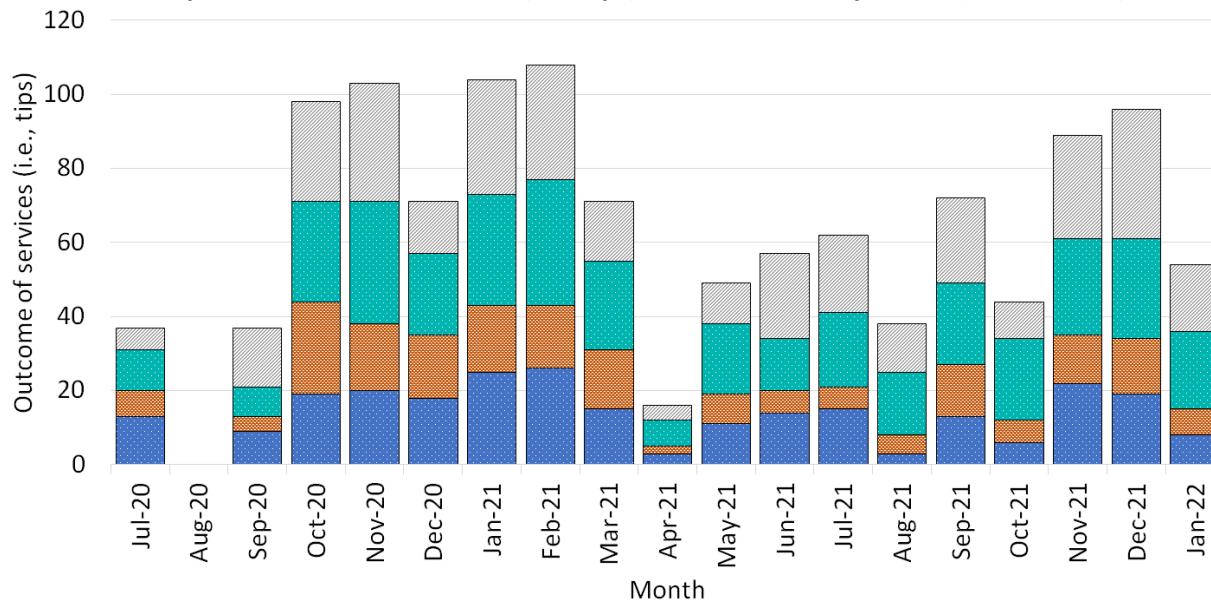
Age	Count (%)
< = 17	20 (2.1%)
18 – 39	183 (19.6%)
40 – 64	647 (69.3%)
> = 65	133 (14.3%)

<a href="#">Population (U.S. Census, April 1, 2010)</a>	%
White	88%
Black or African American	1%
Asian	1%
American Indian & Alaska Native	6%
Native Hawaiian & Other Pacific Islander	0%
Hispanic or Latino	15%

Note: Gender, age, and race are not mutually exclusive (individual can report more than 1 gender, age, and race). Due to low Ns, some categories could not be reported.

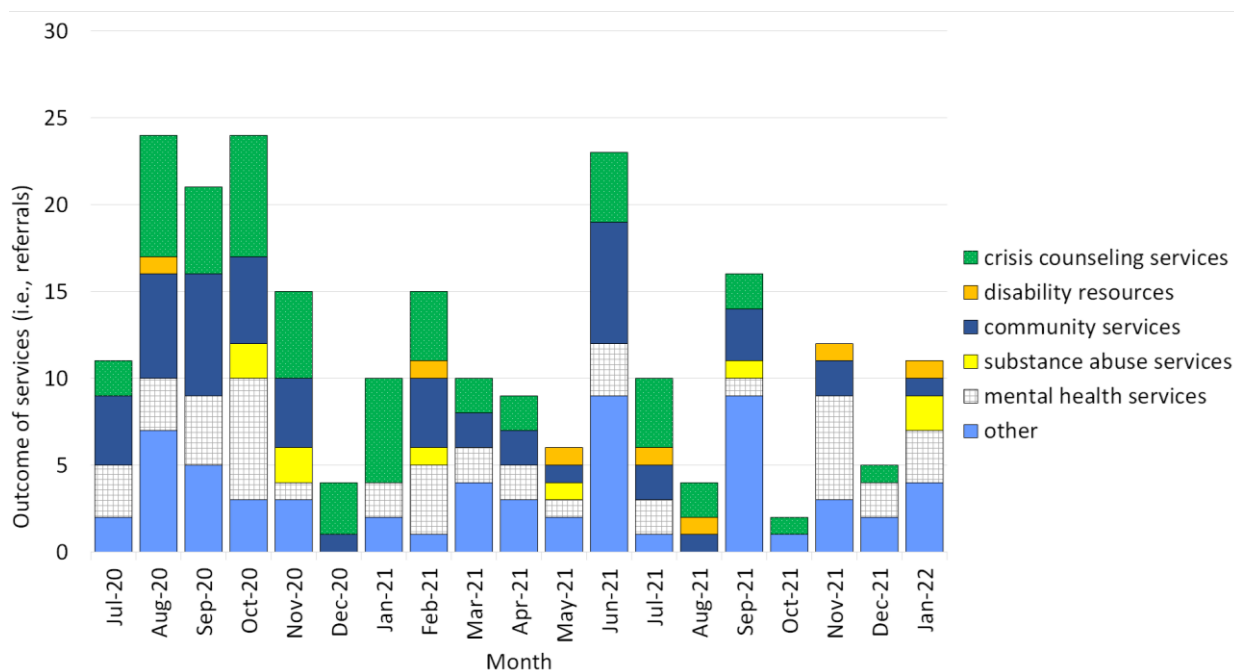
In January 2022, calls for **physical concerns** decreased by 55.1%, **emotional concerns** decreased by 58.8%, **cognitive concerns** decreased by 70.6%, and **behavioral concerns** decreased by 34.9% (Graph 11). For **outcomes from services** (e.g., tips and referrals), see Graphs 12 and 13.

**Graph 12: Outcome of services (i.e., tips) for WA Listens, by month (Source: HCA)**



Note: Tips are not mutually exclusive (i.e., individuals can receive more than one tip). **Due to data collection issues, August 2021 – January 2022 data may be underreported.**

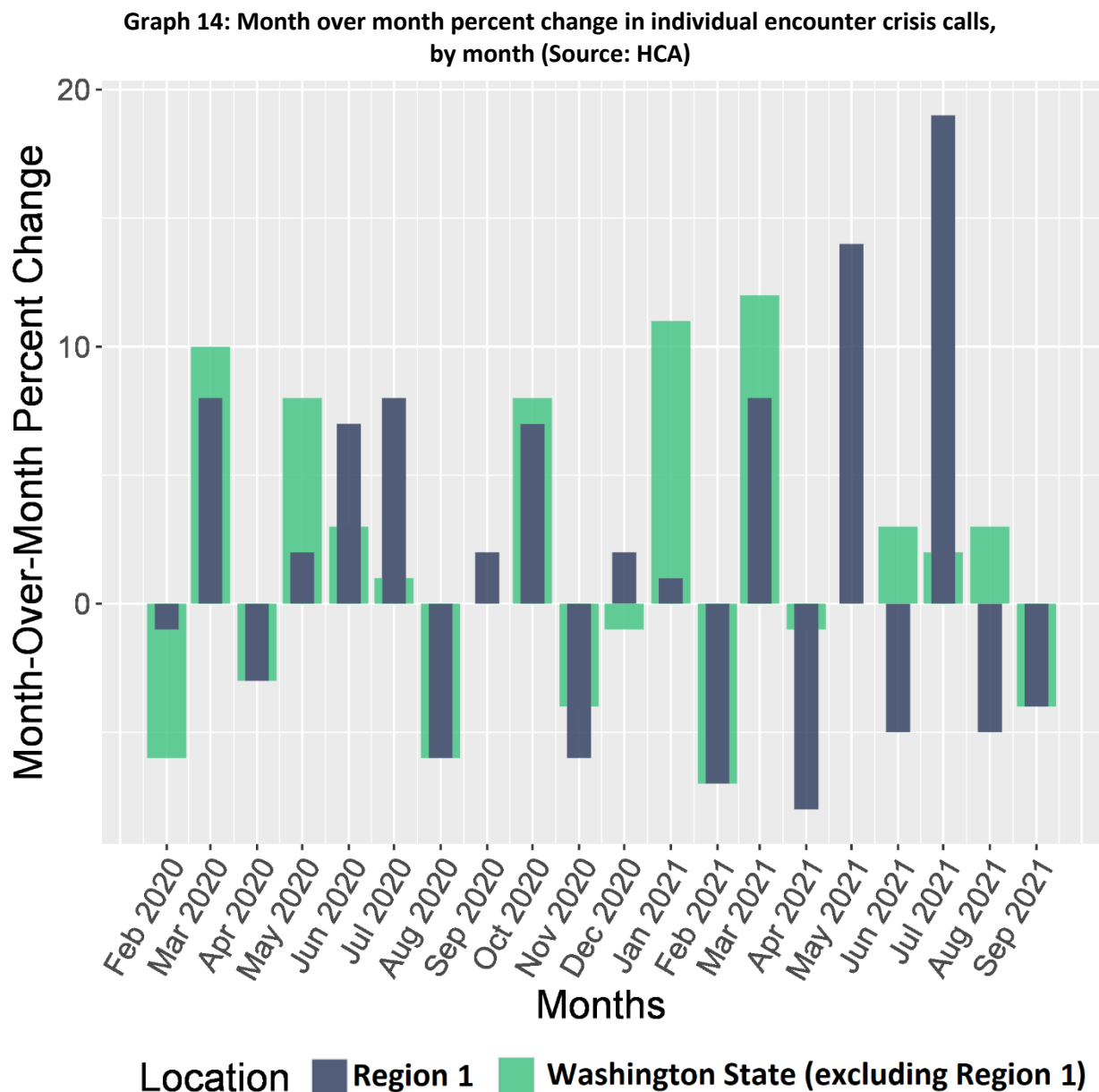
**Graph 13: Outcome of services (i.e., referrals) for WA Listens, by month (Source: HCA)**



Note: Referrals are not mutually exclusive (i.e., individuals can receive more than one referral). **Due to data collection issues, August 2021 – January 2022 may be underreported.**

## Crisis System of Care

The crisis system of care completed by [behavioral health administrative service organizations](#)<sup>9</sup> (BH-ASOs) provides regional [crisis line](#)<sup>10</sup> support that serves as the entry point or *front door* to crisis services. This includes support, initial risk assessment, and referral to appropriate follow up services, if needed. Graph 14 provides data on month over month percentage change in crisis system utilization during 2020 and 2021 to date.



Since January 2020, the average monthly call volume (excluding hang ups, wrong number, and messages) was 76,742 for Region 1. The most recent month, September 2021, presented with a 4% decrease of all individual crisis calls for Region 1.

## Region 2: Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, and Wahkiakum counties

### Key Takeaways

- For Region 2, visit volumes have appeared to trend back to levels more typical of care-seeking behavior before COVID-19, and therefore, rates may be converging with previous years' rates. Comparisons of one year to another should be interpreted with caution.
  - In the most recent reporting period ([CDC Week 4](#)<sup>2</sup>, week of January 29, 2022), the relative reported rate of ED visits for psychological distress<sup>1</sup> and suspected suicide attempts<sup>2</sup> have decreased while drug<sup>3</sup>-related, alcohol-related, suicidal ideation, and homelessness<sup>4</sup> have increased compared to the previous reporting period (CDC Week 3, week of January 22, 2022).
  - In terms of statistical<sup>5</sup> warnings and alerts for ED visits<sup>5</sup>:
    - psychological distress<sup>1</sup>: a statistical<sup>5</sup> warning was issued for CDC Week 45 (week of November 13, 2021),
    - suspected suicide attempts<sup>2</sup>: a statistical<sup>5</sup> warning was issued for CDC Week 46 (week of November 14, 2021),
    - all drug<sup>3</sup>-related: a statistical<sup>5</sup> alert was issued for CDC Week 49 (week of December 11, 2021),
    - homelessness<sup>4</sup>: a statistical<sup>5</sup> warning was issued for CDC Week 51 (week of December 19, 2021) and a statistical<sup>5</sup> alert was issued for CDC Week 52 (week of December 26, 2021), and
    - suicidal ideation and alcohol-related visits: no statistical<sup>5</sup> warnings and alerts were issued for 2022 to date.
- For Region 2, December 2021 showed a 30.0% month-over-month decrease of inpatient community hospital discharges of patients with diagnoses of behavioral, mental, and neurodevelopmental disorders.
- For Region 2, December 2021 showed a 53% month-over-month decrease of telehealth behavioral health services use claims.
- Since its inception in July 2020, a total of 1,558 WA Listens individual encounters have been completed for Region 2.
- Since January 2020, the average BH-ASO monthly call volume (excluding hang ups, wrong number, and messages) was 107,709 for Region 2.
- For further information about data including operationalizations and limitations, please review the [Appendix](#) for further guidance.

### Community Resilience

The United States Census Bureau provides Community Resilience Estimates (CREs) at the census tract level classifying what percent of residents have 0, 1-2, or 3+ risk factors. The CREs model individual and household characteristics for Washington state, and each county within Washington state, in efforts to

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<sup>2</sup><https://ndc.services.cdc.gov/wp-content/uploads/W2021-22.pdf>

facilitate disaster preparedness by detecting communities (and more specifically, counties) where capacity and resources may successfully reduce and mitigate the potential impact of adverse contexts, in this case, the pandemic.

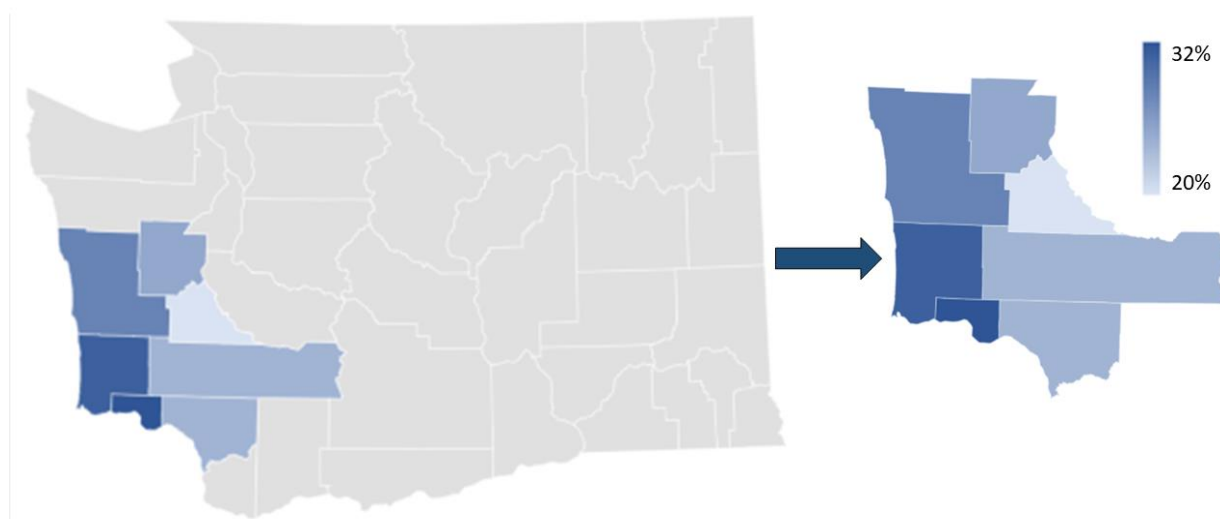
Furthermore, the CRE shows how, following a disaster, the heterogenous outcomes are dependent on each community's individual and household characteristics. Accounting for these characteristic differences in terms of the capacity to recover from disasters is imperative for disaster preparedness, as this can enable response planners and any organization responding to or helping to mitigate the behavioral health capacity considerations during the COVID-19 pandemic to effectively employ and deploy resources and to strategize for future disasters.

In comparison, for Washington state, the CRE is 23% of people who had 0 risk factors, 52% who had 1-2 risk factors, and 25% who had 3 or more risk factors. The regional CRE is calculated by averaging each county's CRE within this region. For Region 2, the CRE includes 25% of people who had 0 risk factors, 49% who had 1-2 risk factors, and 26% who had 3 or more risk factors. Graph 15 presents the percentage of Region 2 with 3 or more risk factors.

For Region 2, the CRE for each county is:

State	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
Washington	23%	52%	25%
Region	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
2	25%	49%	26%
County	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
Cowlitz	22% (+/- 6%)	54% (+/- 7%)	24% (+/- 6%)
Grays Harbor	20% (+/- 6%)	52% (+/- 7%)	28% (+/- 6%)
Lewis	28% (+/- 6%)	48% (+/- 7%)	24% (+/- 6%)
Mason	27% (+/- 6%)	48% (+/- 7%)	25% (+/- 6%)
Pacific	21% (+/- 6%)	47% (+/- 7%)	31% (+/- 6%)
Thurston	30% (+/- 6%)	51% (+/- 7%)	20% (+/- 6%)
Wahkiakum	25% (+/- 8%)	43% (+/- 10%)	32% (+/- 9%)

**Graph 15: Percent of Region 2 with 3 + Risk Factors (Source: US Census Bureau)**

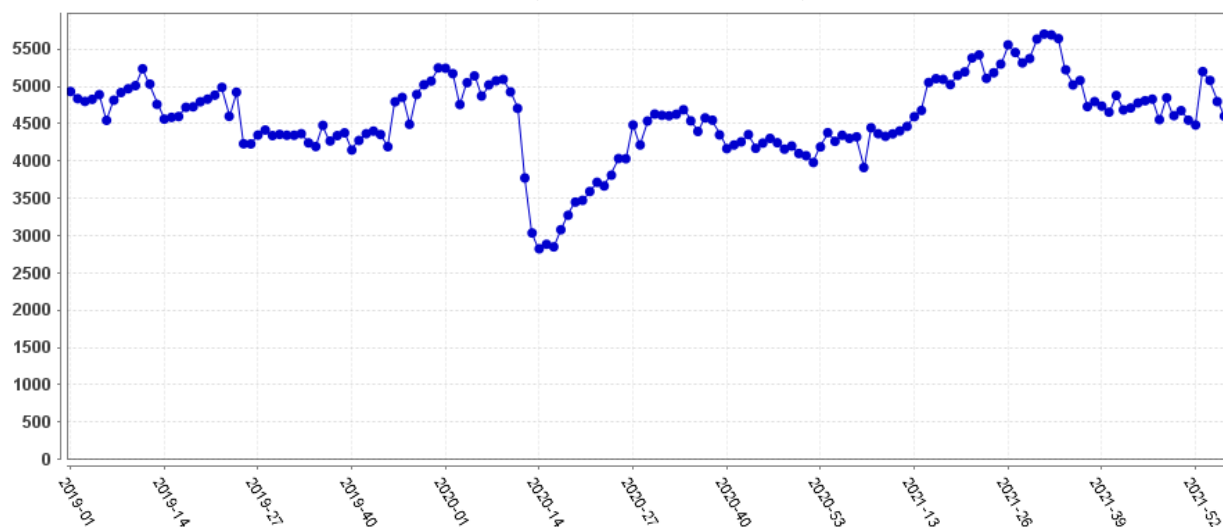


## All ED Visits

Graph 16 presents the weekly count of all ED visits in Region 2. For Region 2, similar to the overall Washington state count of all ED visits, a drop of ED visits was present in Region 2 for CDC Week 13 (week of April 3, 2020) which aligns with the “Stay Home, Stay Healthy” order from March 23, 2020. However, visit volumes have appeared to trend back to levels more typical of care-seeking behavior before COVID-19, and therefore, rates *may be* converging with previous years’ rates. **Comparisons of one year to another should be interpreted with caution.**

Because the volume of visits across care settings varied widely during 2020, 2021, and to date in 2022, rates presented in this report may not reflect the true magnitude and direction of trends for behavioral health conditions and should be interpreted cautiously.

**Graph 16: Weekly count of all ED visits in Washington Region 2, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**

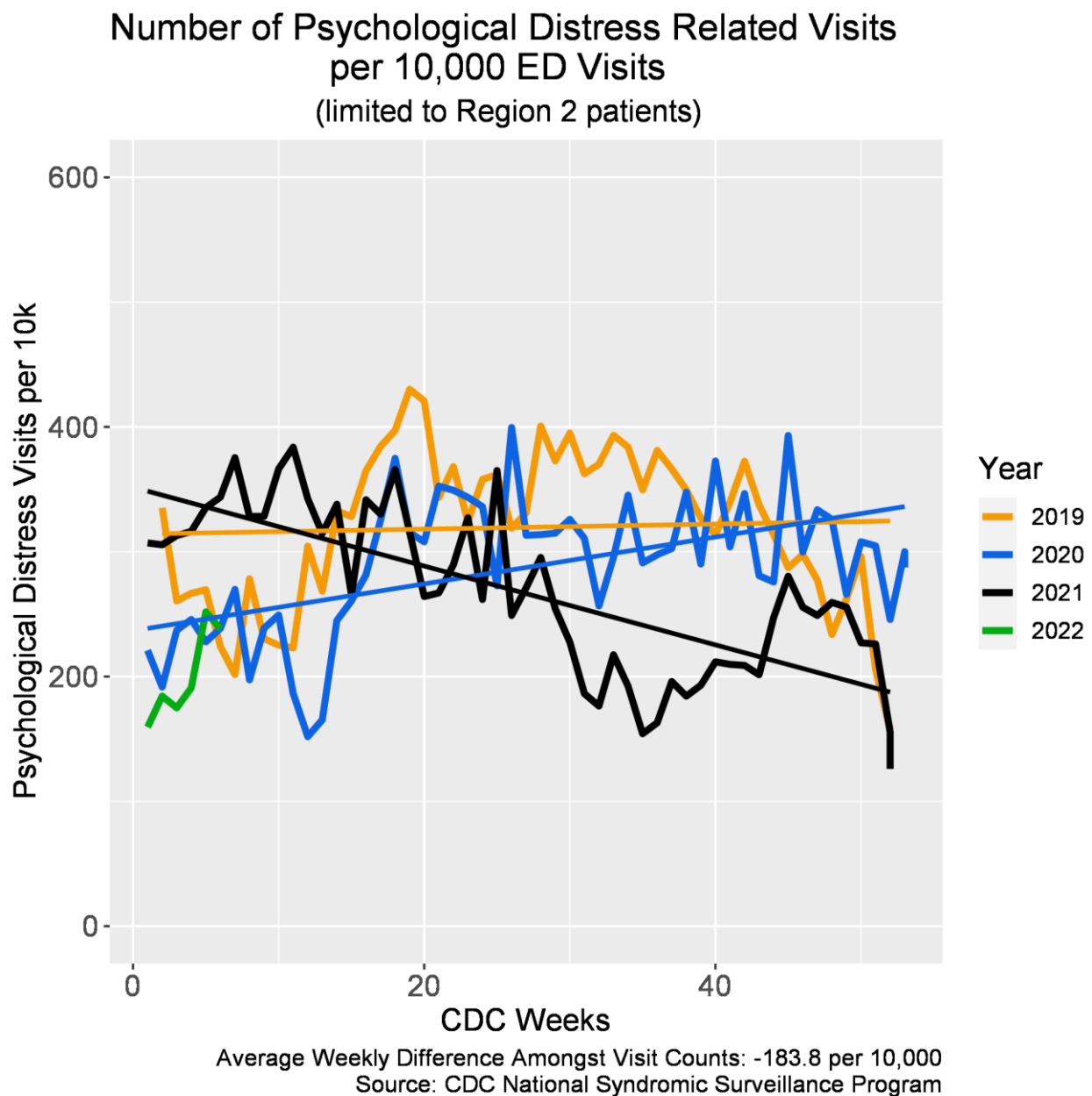


Caution should be taken as the steep drop in total ED visits could skew data for any type of ED visit. Changes in consistency of facility data submission may also impact ED visit volume.

## Psychological Distress

The relative reported ED visit count for **psychological distress**<sup>1</sup> for Region 2 is presented in Graph 17. Trend analysis revealed a decrease in 2021 ED visits for **psychological distress**<sup>1</sup>; due to limited data points for 2022, trend analysis was not evaluated for 2022 at this time. Specific to Region 2, a statistical<sup>5</sup> warning was issued for CDC Week 45 (week of October 7, 2021). In comparison, the overall Washington population presented with one statistical<sup>5</sup> alert in 2021 in CDC Week 49 (week of December 11, 2021). Since the last reporting period (CDC Week 44, week of November 6, 2021), no statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

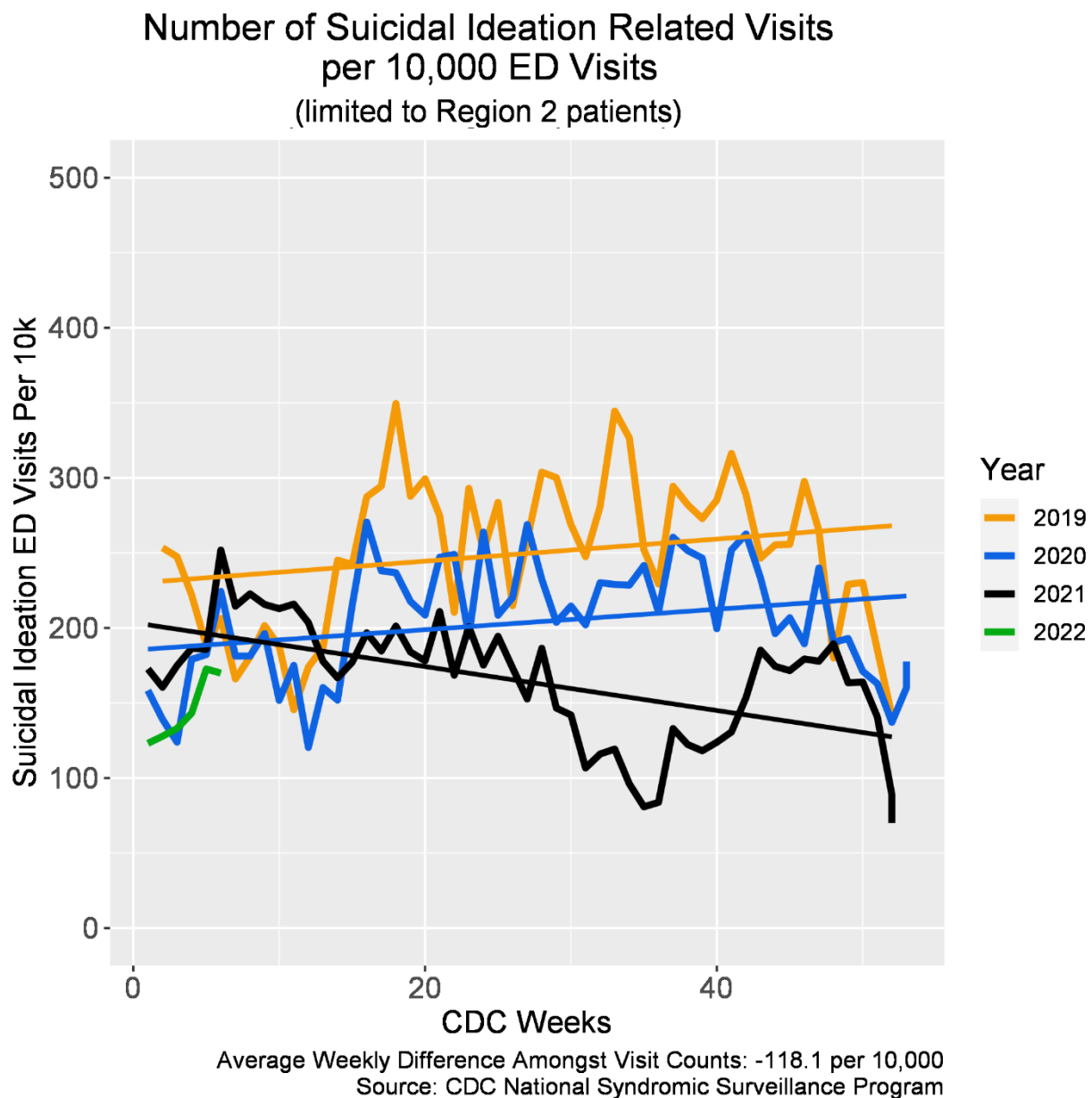
**Graph 17: Relative count of ED visits for psychological distress<sup>1</sup> in Washington Region 2, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Suicidal Ideation

The relative reported ED visit count **for suicidal ideation** for Region 2 is presented in Graph 18. Trend analysis revealed a decrease in 2021 ED visits for suicidal ideation; due to limited data points for 2022, trend analysis was not evaluated for 2022 at this time. Specific to Region 2, no statistical<sup>5</sup> alerts or warnings were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with no statistical<sup>5</sup> alerts or warnings since the last reporting period (CDC Week 44, week of November 6, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

**Graph 18: Relative count of ED visits for suicidal ideation in Washington Region 2, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**

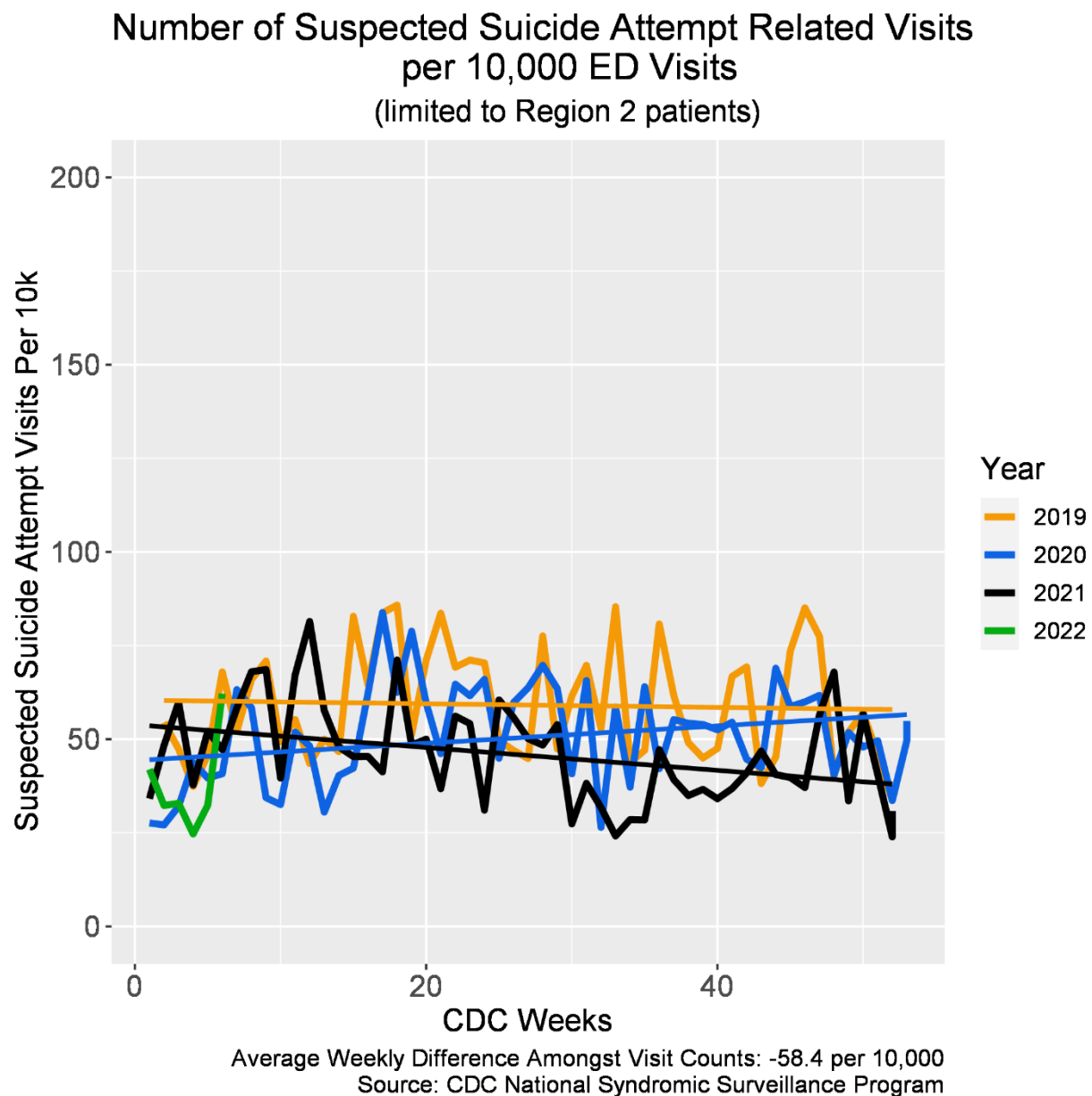




## Suspected suicide attempts

The relative reported ED visit count for **suspected suicide attempts**<sup>2</sup> for Region 2 is presented in Graph 19. Trend analysis revealed a decrease in 2021 ED visits for **suspected suicide attempts**<sup>2</sup>. Due to limited data points for 2022, trend analysis was not evaluated for 2022 at this time. Specific to Region 2, a statistical<sup>5</sup> warning was issued for CDC Week 46 (week of November 14, 2021) since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with statistical<sup>5</sup> alerts for CDC Week 45 (week of November 13, 2021), and CDC Week 46 (week of November 14, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

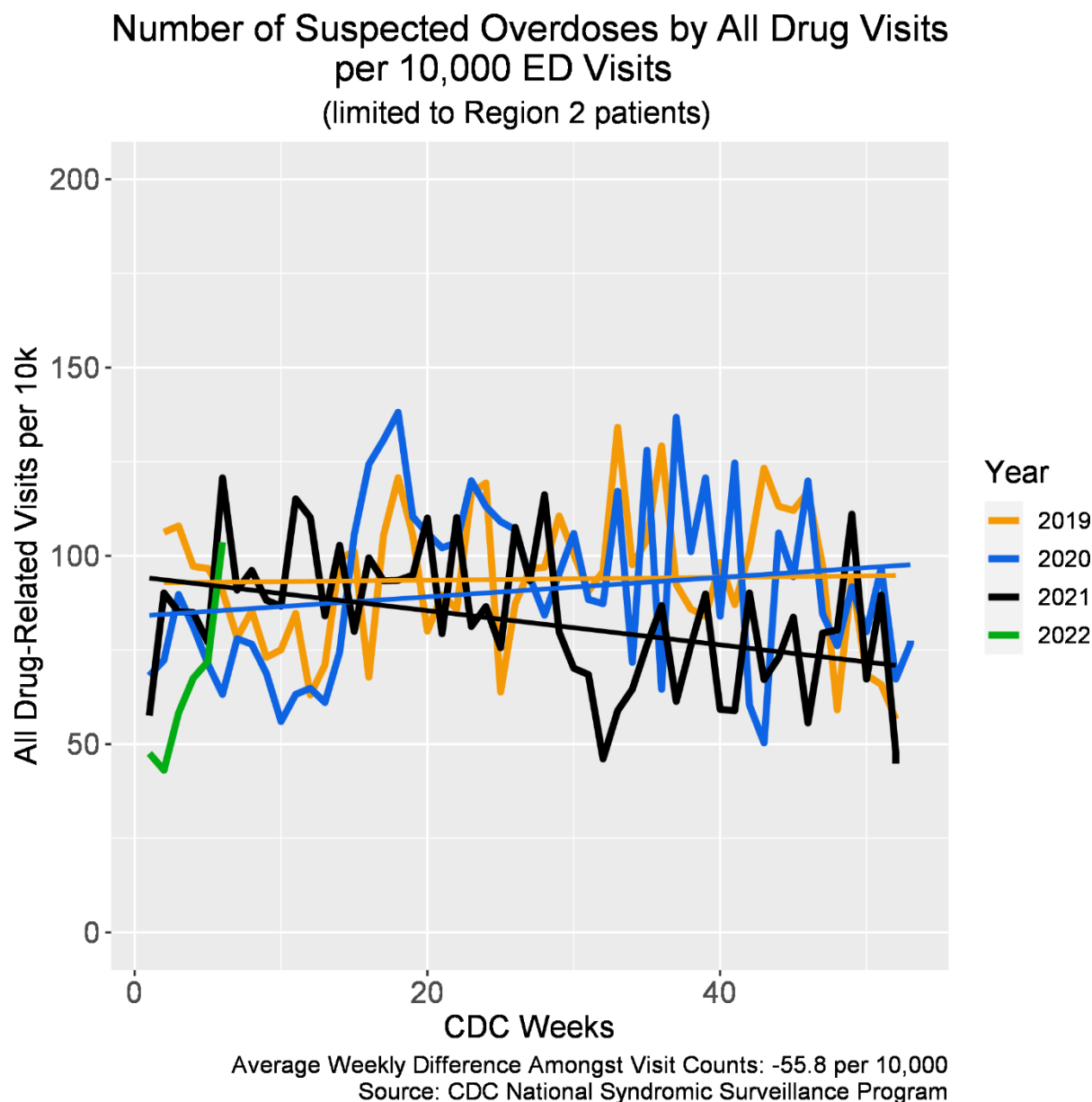
**Graph 19: Relative count of ED visits for suspected suicide attempts<sup>2</sup> in Washington Region 2, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Substance Use – Drug Overdose

The relative reported rate of all drug<sup>3</sup>-related ED visits for Region 2 is presented in Graph 20. Trend analysis revealed a decrease in 2021 ED visits for all drug<sup>3</sup>-related visits. Due to limited data points for 2022, trend analysis was not evaluated for 2022 at this time. Specific to Region 2, a statistical<sup>5</sup> alert was issued for CDC Week 49 (week of December 11, 2021). In comparison, the overall Washington population presented with a statistical<sup>5</sup> alert for CDC Week 45 (week of November 13, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

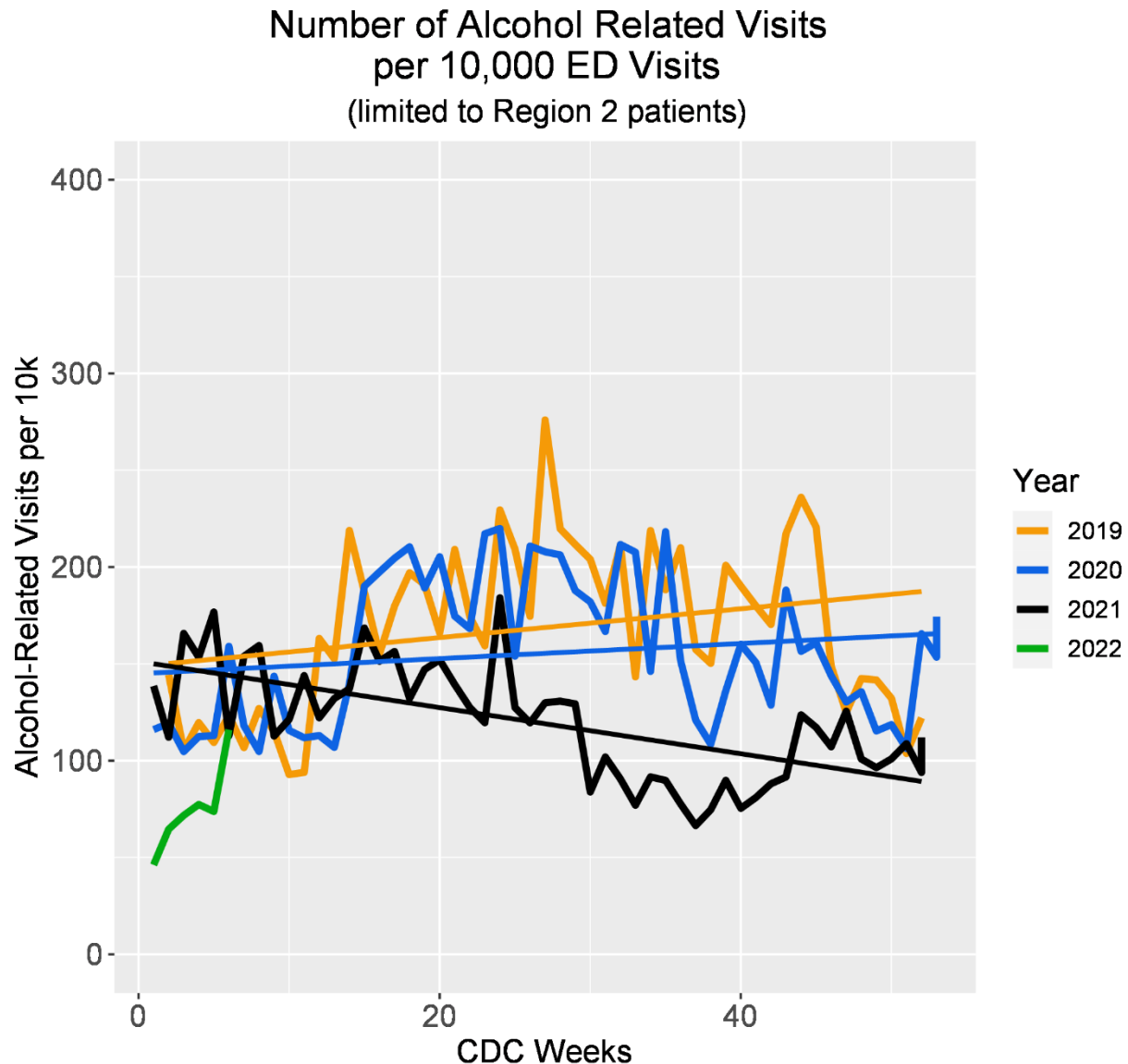
**Graph 20: Relative count of all drug<sup>3</sup>-related ED visits in Washington Region 2, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Substance Use – Alcohol-Related Emergency Visits

The relative reported rate of alcohol-related ED visits for Region 2 is presented in Graph 21. Trend analysis revealed a decrease in 2021 for alcohol-related ED visits. Due to limited data points for 2022, trend analysis was not evaluated for 2022 at this time. Specific to Region 2, no statistical<sup>5</sup> warnings or alerts were issued. In comparison, the overall Washington population presented with a statistical<sup>5</sup> alert for CDC Week 45 (week of November 13, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

**Graph 21: Relative count of alcohol-related ED visits in Washington Region 2, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



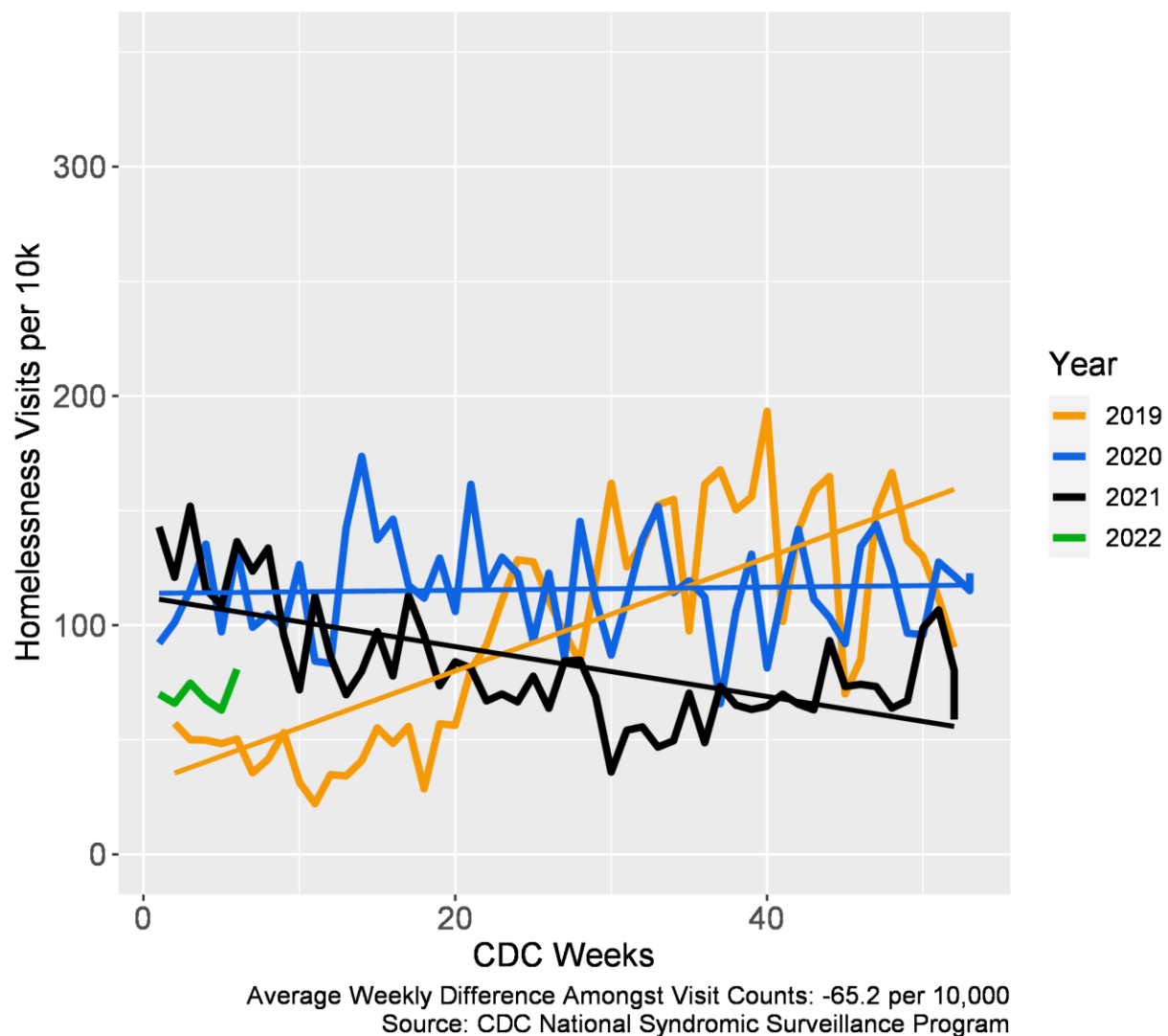
Average Weekly Difference Amongst Visit Counts: -96.8 per 10,000  
Source: CDC National Syndromic Surveillance Program

## Homelessness

The relative reported ED visit count for homelessness<sup>4</sup> for Region 2 is presented in Graph 22. Trend analysis revealed a decrease in 2021 ED visits for homelessness<sup>4</sup>. Due to limited data points for 2022, trend analysis was not evaluated for 2022 at this time. Specific to Region 2, 2021 to date, a statistical<sup>5</sup> warning was issued for CDC Week 52 (week of December 26, 2021) and a statistical<sup>5</sup> alert was issued for CDC Week 51 (week of December 19, 2021). In comparison, the overall Washington population presented with a statistical<sup>5</sup> alert for CDC Week 45 (week of November 13, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

**Graph 22: Relative count overall of ED visits for homelessness<sup>4</sup> in Washington Region 2, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**

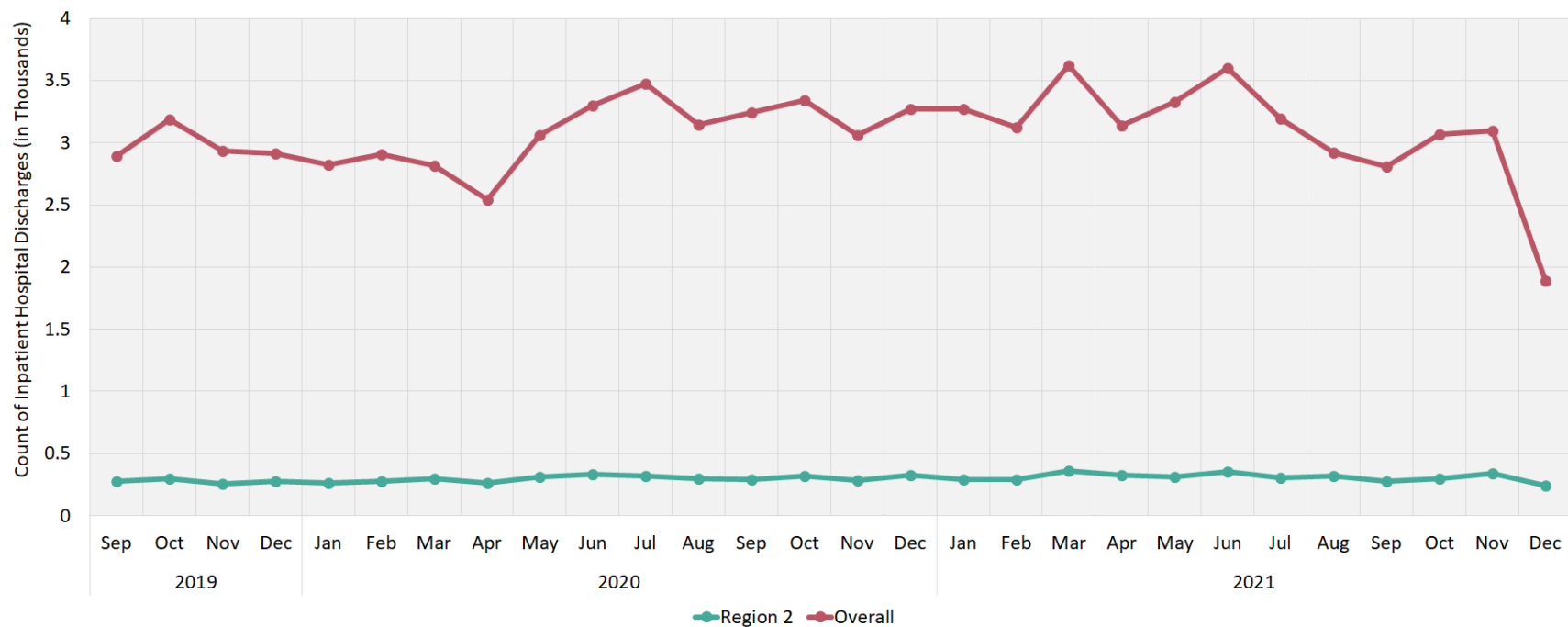
**Number of ED visits for BH related symptoms and reported homelessness Visits per 10,000 ED Visits**  
(limited to Region 2 patients)



## Inpatient Community Hospital Discharges

The [Comprehensive Hospital Abstract Reporting System \(CHARS\)](#)<sup>6</sup> collects information on inpatient and observation patient community hospital stays. Caution should be taken when reviewing data, as the “Stay Home, Stay Healthy” order (March 2020) may have impacted hospital discharge data for both inpatient and observation patients. Only mental, behavioral, and neurodevelopmental disorders were evaluated (i.e., primary diagnoses included only ICD-10 F-codes).<sup>7</sup> For Region 2, the most recent reporting period (December 2021) showed a 30.0% decrease of inpatient community hospital discharges for mental, behavioral, and neurodevelopmental disorders (Graph 23) as compared to the previous month.

**Graph 23: Count of Inpatient Community Hospital Discharges for Mental, Behavioral, and Neurodevelopmental Disorders overall for Washington and Region 2, by month (Source: DOH)**

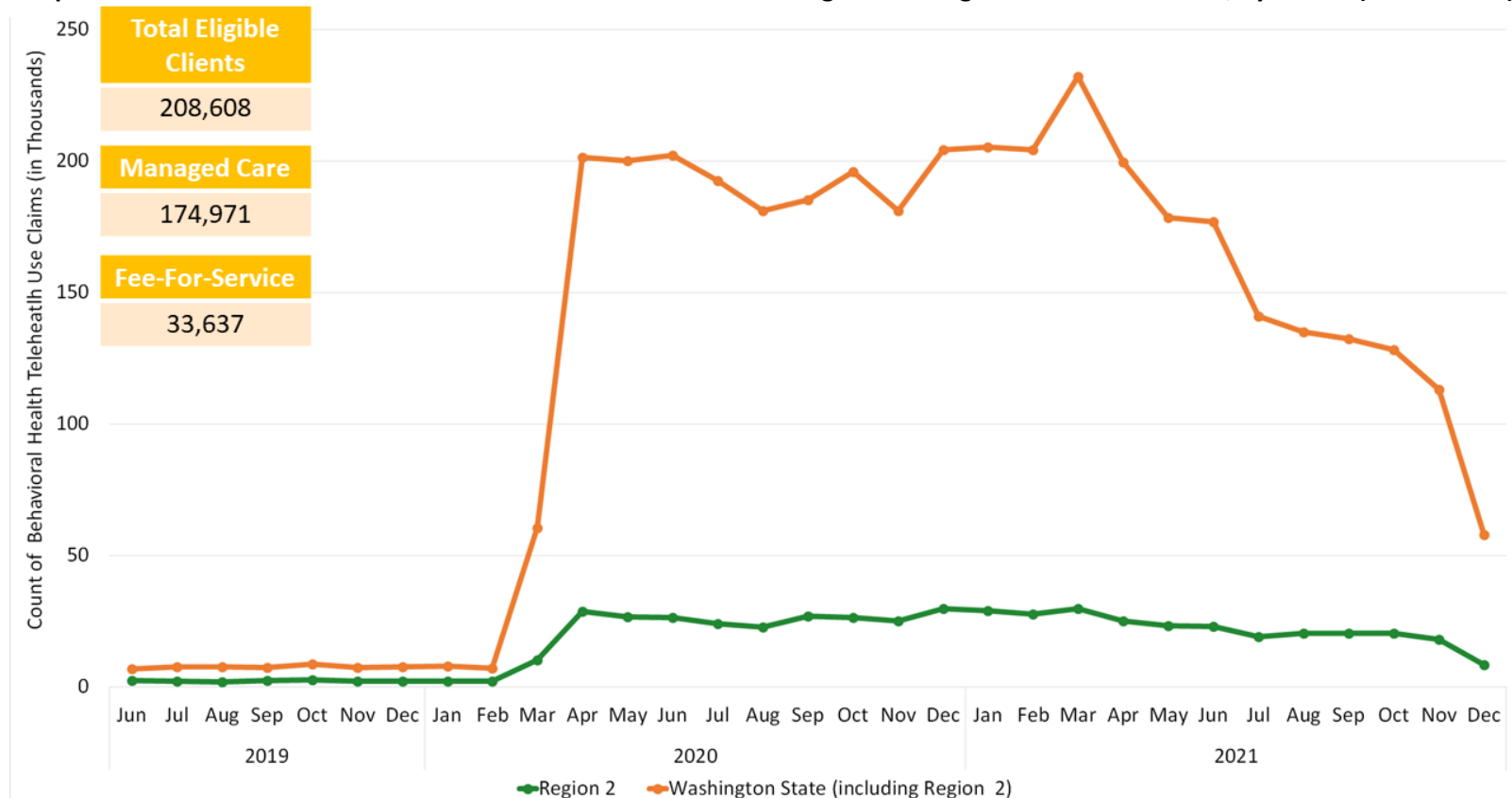


**Note:** Due to time lag, data might not be fully mature. While non-WA residents can discharge from a WA community hospital, only WA residents were included in the analysis. Only F-codes as primary diagnoses were included in the analysis.

## Telehealth Use for Washington State Medicaid Clients

Telehealth (phone and videoconferencing) claims use for Washington Medicaid clients is collected by the Washington State Health Care Authority (HCA). Graph 24 provides a count of telehealth behavioral health services use claims. It is important to note the limited use of telehealth in Medicaid clients prior to the COVID-19 pandemic (March 2020), which could explain the significant increase in March and April 2020 (237.6%). Caution should be taken when reviewing data as the “Stay Home, Stay Healthy” order may have impacted telehealth use. Additionally, due to the significant demand for telehealth, several changes were made to policies, coverage, and implementation that could impact this data. For Region 2, the most recent reporting period (December 2021) showed a 53% decrease of telehealth behavioral health services use claims compared to the previous month.

**Graph 24: Count of telehealth behavioral health use claims for Washington and Region 2 Medicaid Clients, by month (Source: HCA)**

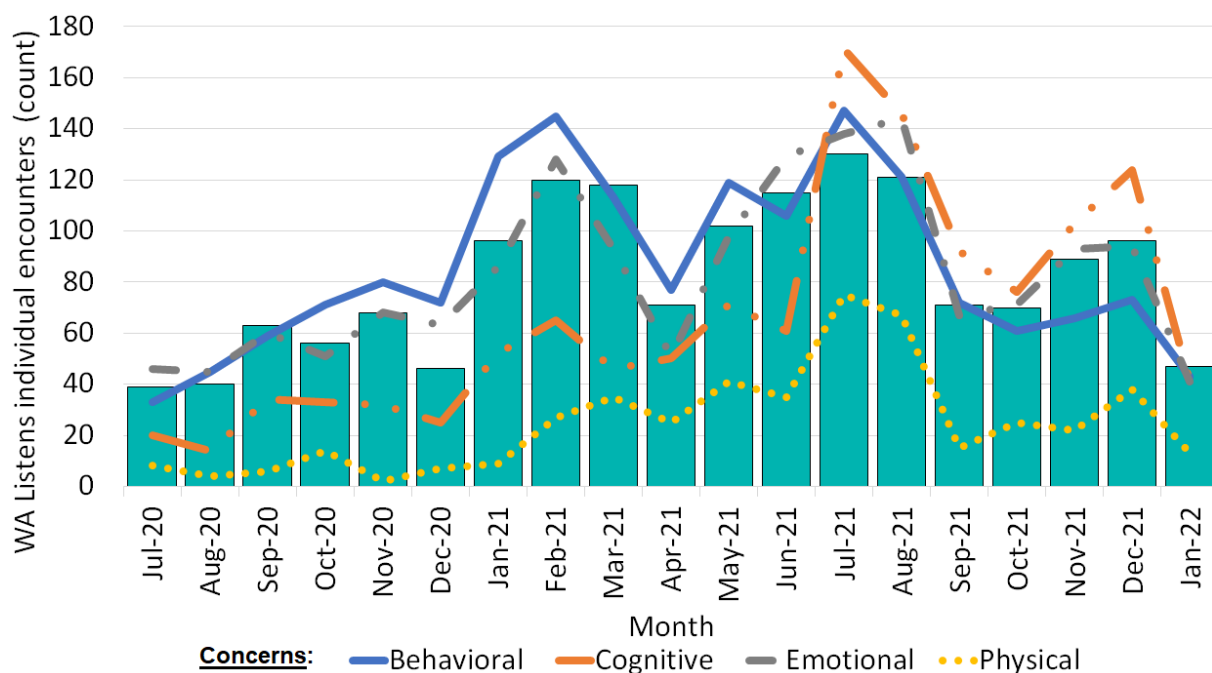


**Note:** Due to missing or suppressed data, results may be underreported.

## Telephonic Support Lines – Service Volume

[Washington \(WA\) Listens](#)<sup>8</sup> is a free, anonymous service that offers non-clinical behavioral health support for both individual and group encounters. Additionally, WA Listens provides referral information to local resources based on the needs expressed. Since its inception in July 2020, a total of 1,558 WA Listens individual encounters have been completed (Graph 25) for Region 2. For **race, age, and gender** information on **individual encounters**, see Table 2.

**Graph 25: Total count of WA Listens individual calls and concerns, by month (Source: HCA)**



Note: Individuals can call about more than one concern, including multiple of the same type. **Due to data collection issues, August 2021 – January 2022 data may be underreported.**

**Table 2: Race, age, and gender of WA Listen’s survivors (Source: HCA)**

Gender	Count (%)
Female	414 (26.4%)
Male	1176 (74.9%)
Transgender	--

Race	Count (%)
Other	145 (9.2%)
White	1076 (68.5%)
Did not report	11 (0.7%)

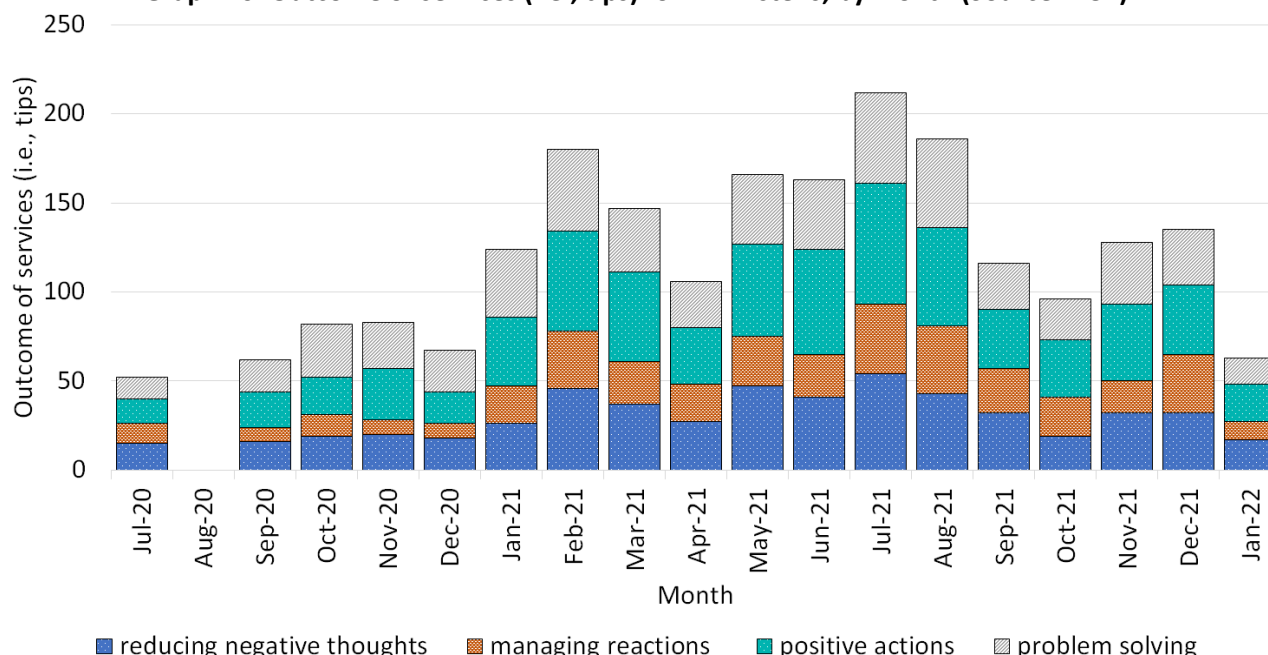
Age	Count (%)
< = 17	--
18 – 39	1192 (75.9%)
40 – 64	294 (18.7%)
> = 65	101 (6.4%)

Population (U.S. Census, April 1, 2010)	%
White	88%
Black or African American	2%
Asian	2%
American Indian & Alaska Native	3%
Native Hawaiian & Other Pacific Islander	0%
Hispanic or Latino	9%

Note: Gender, age, and race are not mutually exclusive (individual can report more than 1 gender, age, and race). Due to low Ns, some categories could not be reported.

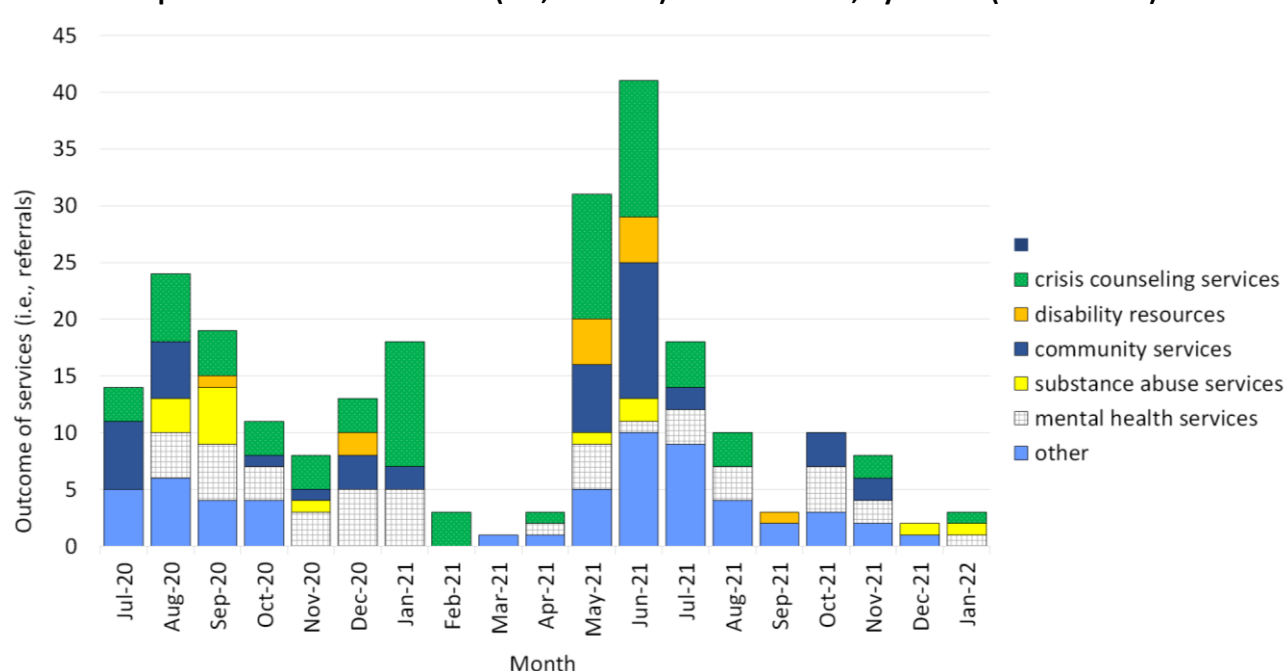
In January 2022, calls for **physical concerns** decreased by 65.8%, **emotional concerns** decreased by 56.4%, **cognitive concerns** decreased by 66.9%, and **behavioral concerns** decreased by 41.1% (Graph 25). For **outcomes from services** (e.g., tips and referrals), see Graphs 26 and 27.

**Graph 26: Outcome of services (i.e., tips) for WA Listens, by month (Source: HCA)**



Note: Tips are not mutually exclusive (i.e., individuals can receive more than one tip). **Due to data collection issues, August 2021 – January 2022 data may be underreported.**

**Graph 27: Outcome of services (i.e., referrals) for WA Listens, by month (Source: HCA)**



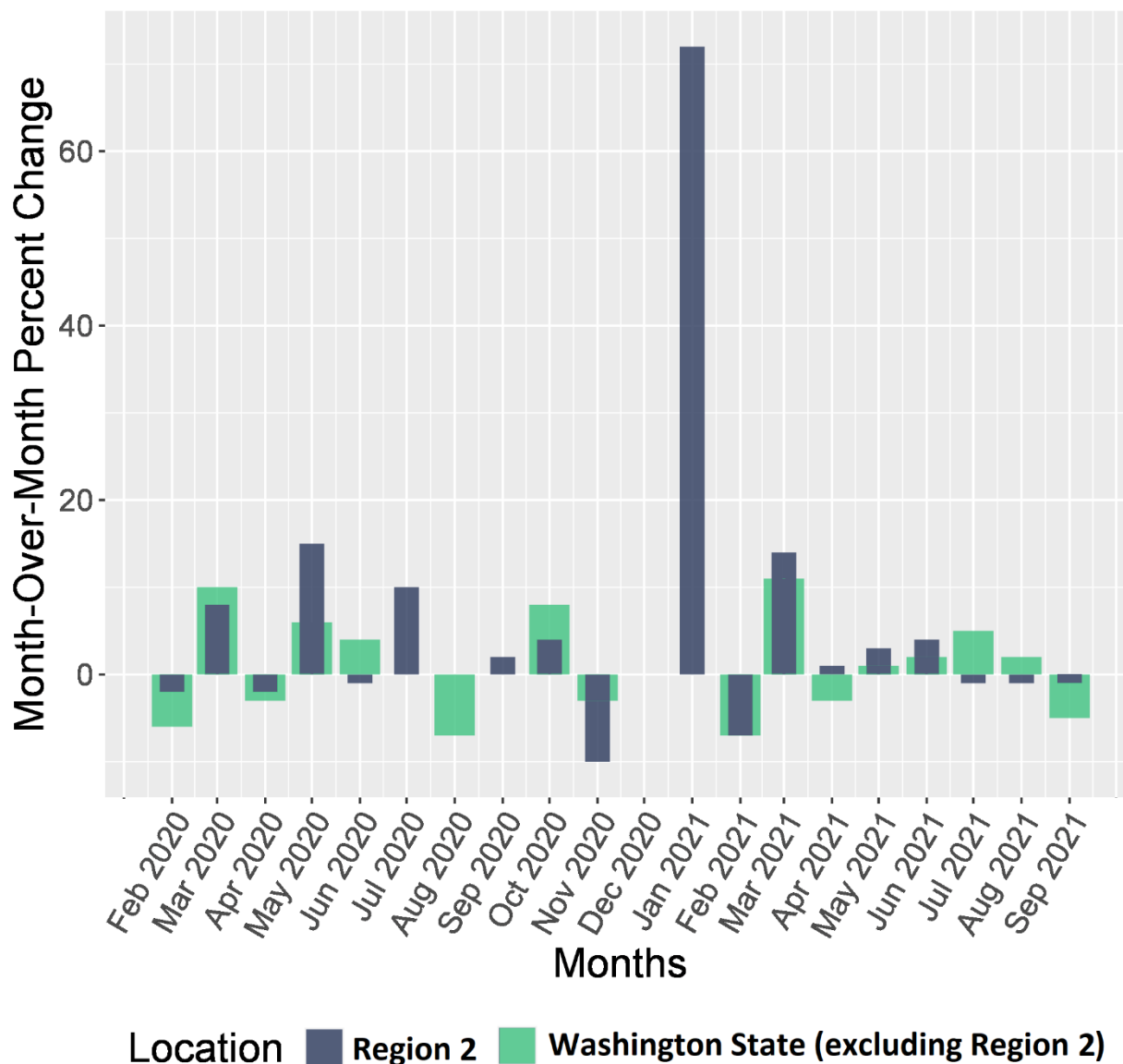
Note: Referrals are not mutually exclusive (i.e., individuals can receive more than one referral). **Due to data collection issues, August 2021 – January 2022 data may be underreported.**



## Crisis System of Care

The crisis system of care completed by [behavioral health administrative service organizations](#)<sup>9</sup> (BH-ASOs) provides regional [crisis line](#)<sup>10</sup> support that serves as the entry point or *front door* to crisis services. This includes support, initial risk assessment, and referral to appropriate follow up services, if needed. Graph 28 provides data on month over month percentage change in crisis system utilization during 2020 and 2021 to date. Since January 2020, the average monthly call volume (excluding hang ups, wrong number, and messages) was 107,709 for Region 2. The most recent month, September 2021, presented with a 1% decrease of all individual crisis calls for Region 2.

**Graph 28: Month over month percent change in individual encounter crisis calls, by month (Source: HCA)**



## Region 3: Pierce county

### Key Takeaways

- For Region 3, visit volumes have appeared to trend back to higher levels of care-seeking before COVID-19. Rates might still be converging with previous years' rates. Comparisons of one year to another should be interpreted with caution.
  - For the most recent reporting period ([CDC Week 4](#)<sup>3</sup> (week of January 29, 2022), the relative reported rate of ED visits for psychological distress,<sup>1</sup> suicidal ideation, and alcohol-related increased, while suspected suicide attempt<sup>2</sup> visits, all drug<sup>3</sup>-related, and homelessness<sup>4</sup> decreased as compared to the previous reporting period (CDC Week 3, week of January 22, 2022).
  - In terms of statistical<sup>5</sup> warnings and alerts for ED visits<sup>5</sup>:
    - psychological distress<sup>1</sup>, suicidal ideation, suspected suicide attempt<sup>2</sup>, all drug<sup>3</sup>-related, alcohol-related, and homelessness<sup>4</sup>: no statistical<sup>5</sup> warnings or alerts were issued for 2022.
- For Region 3, December 2021 showed a 29.0% month-over-month decrease of inpatient community hospital discharges of patients with diagnoses of behavioral, mental, and neurodevelopmental disorders.
- For Region 3, December 2021 showed a 46% month-over-month decrease of telehealth behavioral health services use claims.
- Since its inception in July 2020, a total of 243 WA Listens individual encounters have been completed for Region 3.
- Since January 2020, the average BH-ASO monthly call volume (excluding hang ups, wrong number, and messages) was 70,650 for Region 3.
- For further information about data including operationalizations and limitations, please review the [Appendix](#) for further guidance.

### Community Resilience

The United States Census Bureau provides Community Resilience Estimates (CREs) at the census tract level classifying what percent of residents have 0, 1 – 2, or 3+ risk factors. The CREs model individual and household characteristics for Washington state, and each county within Washington state, in efforts to facilitate disaster preparedness by detecting communities (and more specifically, counties) where capacity and resources may successfully reduce and mitigate the potential impact of adverse contexts, in this case, the pandemic.

Furthermore, the CRE shows how, following a disaster, the heterogenous outcomes are dependent on each community's individual and household characteristics. Accounting for these characteristic differences in terms of the capacity to recover from disasters is imperative for disaster preparedness, as this can enable response planners and any organization responding to or helping to mitigate the behavioral health capacity considerations during the COVID-19 pandemic to effectively employ and deploy resources and to strategize for future disasters.

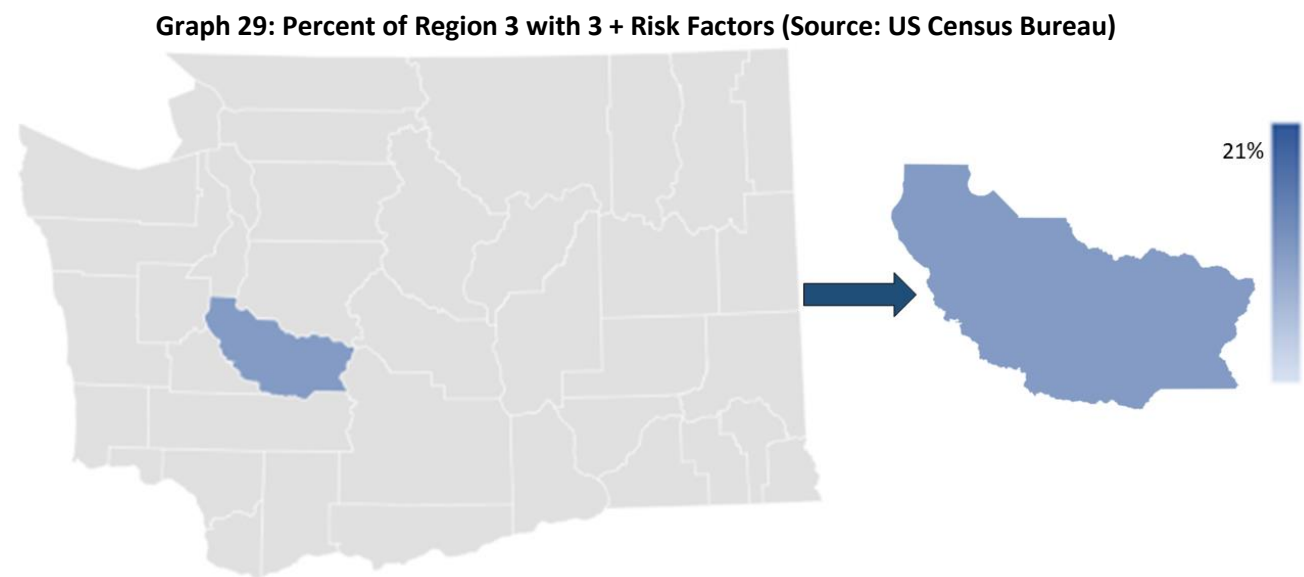
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<sup>3</sup><https://ndc.services.cdc.gov/wp-content/uploads/W2021-22.pdf>

In comparison, for Washington state, the CRE is 23% of people who had 0 risk factors, 52% who had 1-2 risk factors, and 25% who had 3 or more risk factors. The regional CRE is calculated by averaging each county's CRE within this region. For Region 3, the CRE includes 21% of people who had 0 risk factors, 58% who had 1-2 risk factors, and 21% who had 3 or more risk factors. Graph 29 presents the percentage of Region 3 with 3 or more risk factors. Graph 29 presents the percentage of Region 3 with 3 or more risk factors.

For Region 3, the CRE for each county is:

State	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
Washington	23%	52%	25%
Region	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
3	21%	58%	21%
County	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
Pierce	21% (+/- 5%)	58% (+/- 7%)	21% (+/- 6%)

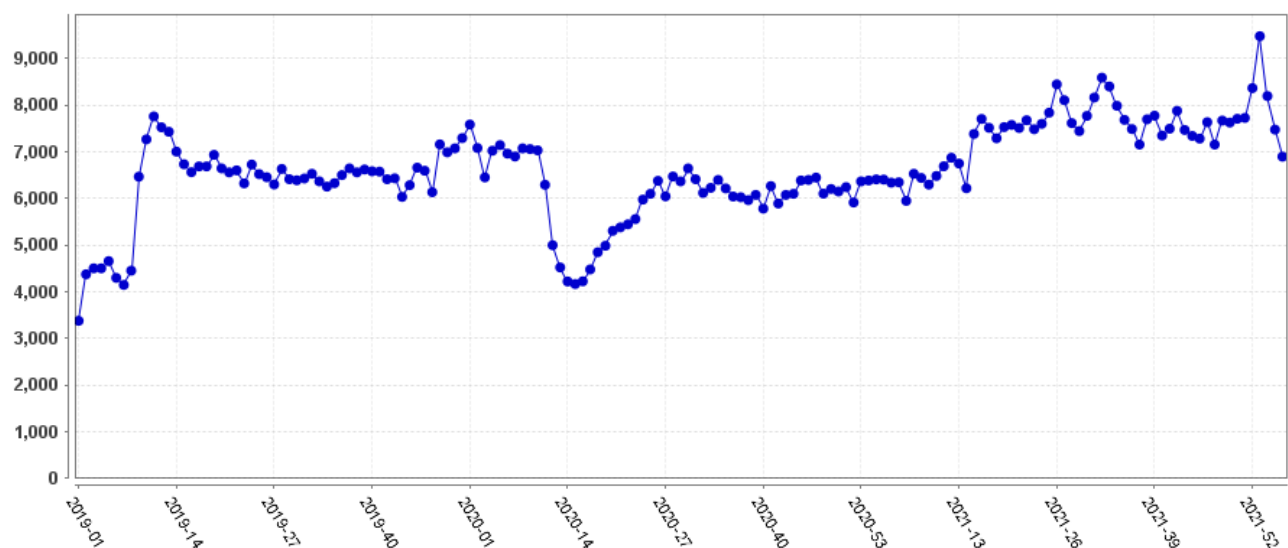


## All ED Visits

Graph 30 presents the weekly count of all ED visits in Region 3. For Region 3, similar to the overall Washington state count of all ED visits, a drop of ED visits was present in Region 3 for CDC Week 13 of 2020 (week of April 3) which aligns with the “Stay Home, Stay Healthy” order from March 23, 2020. However, visit volumes have appeared to trend back to levels more typical of care-seeking behavior before COVID-19, and therefore, rates *may be* converging with previous years’ rates. **Comparisons of one year to another should be interpreted with caution.**

Because the volume of visits across care settings varied widely during 2020, 2021, and 2022 to date, rates presented in this report may not reflect the true magnitude and direction of trends for behavioral health conditions and should be interpreted cautiously.

**Graph 30: Weekly count of all ED visits in Region 3, by week: 2019, 2020, 2021, and 2022 to date**  
(Source: CDC ESSENCE)

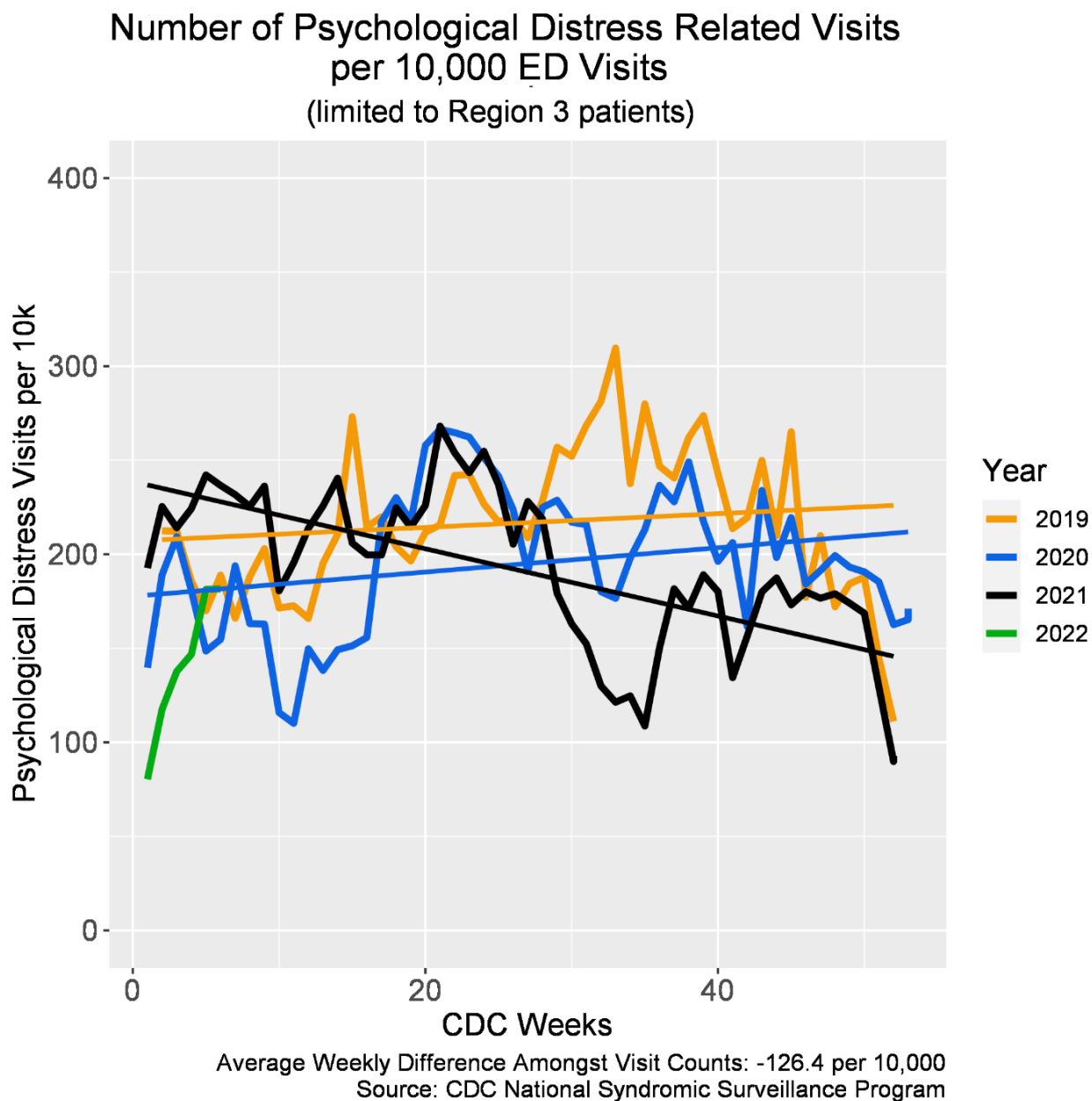


Caution should be taken as the steep drop in total ED visits could skew data for any type of ED visit. Changes in consistency of facility data submission may also impact ED visit volume.

## Psychological Distress

The relative reported ED visit count for **psychological distress**<sup>1</sup> for Region 3 is presented in Graph 31. Trend analysis revealed a decrease in 2021 ED visits for **psychological distress**<sup>1</sup>; due to limited data points for 2022, trend analysis was not evaluated for 2022 at this time. Specific to Region 3, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with one statistical<sup>5</sup> alert in 2021: CDC Week 49, week of December 11, 2021. Since the last reporting period (CDC Week 44, week of November 6, 2021), no statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

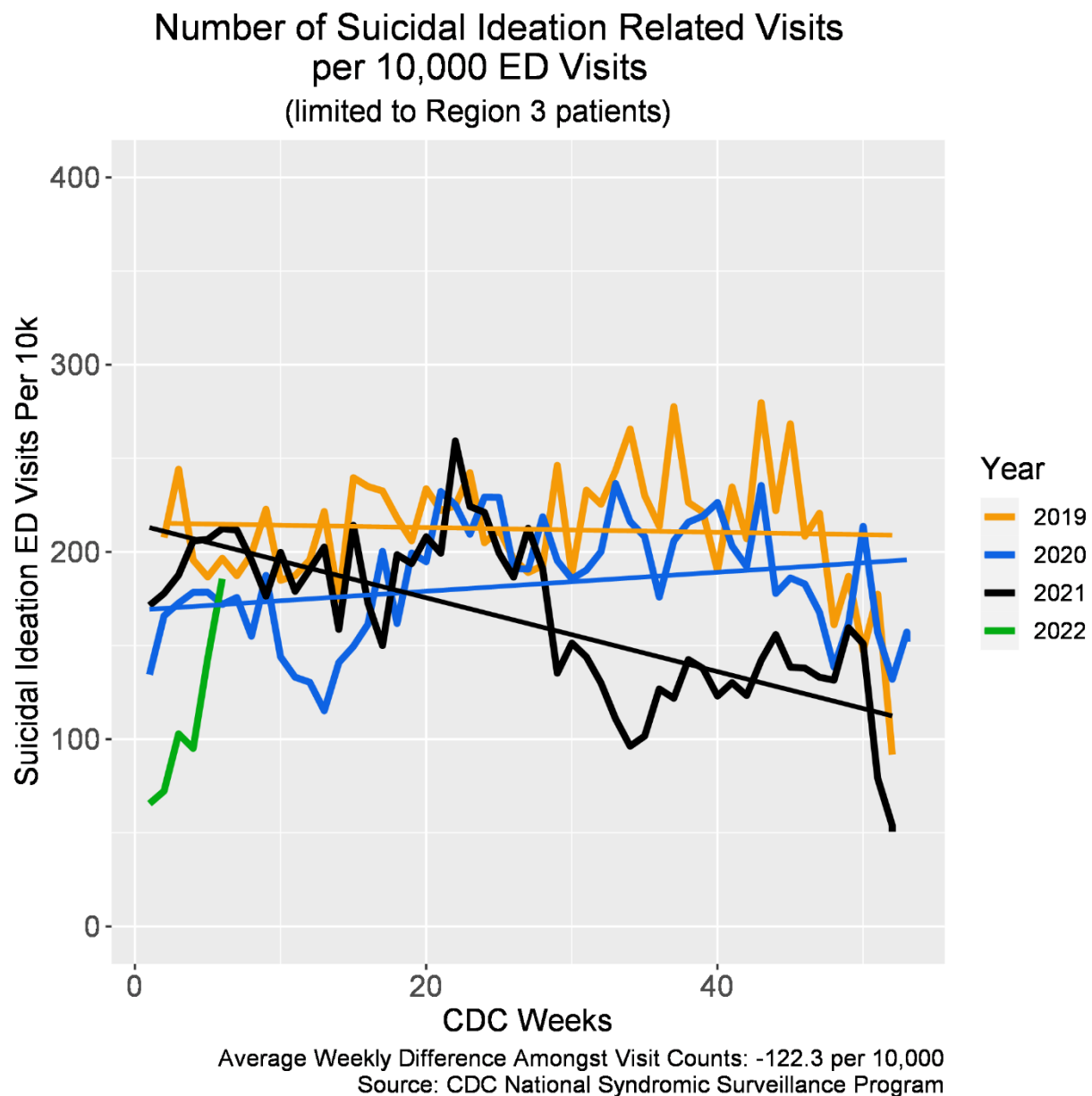
**Graph 31: Relative count of ED visits for psychological distress<sup>1</sup> in Region 3, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Suicidal Ideation

The relative reported ED visit count **for suicidal ideation** for Region 3 is presented in Graph 32. Trend analysis revealed a decrease in 2021 ED visits for suicidal ideation; due to limited data points for 2022, trend analysis was not evaluated for 2022 at this time. Specific to Region 3, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with no statistical<sup>5</sup> alerts or warnings since the last reporting period (CDC Week 44, week of November 6, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

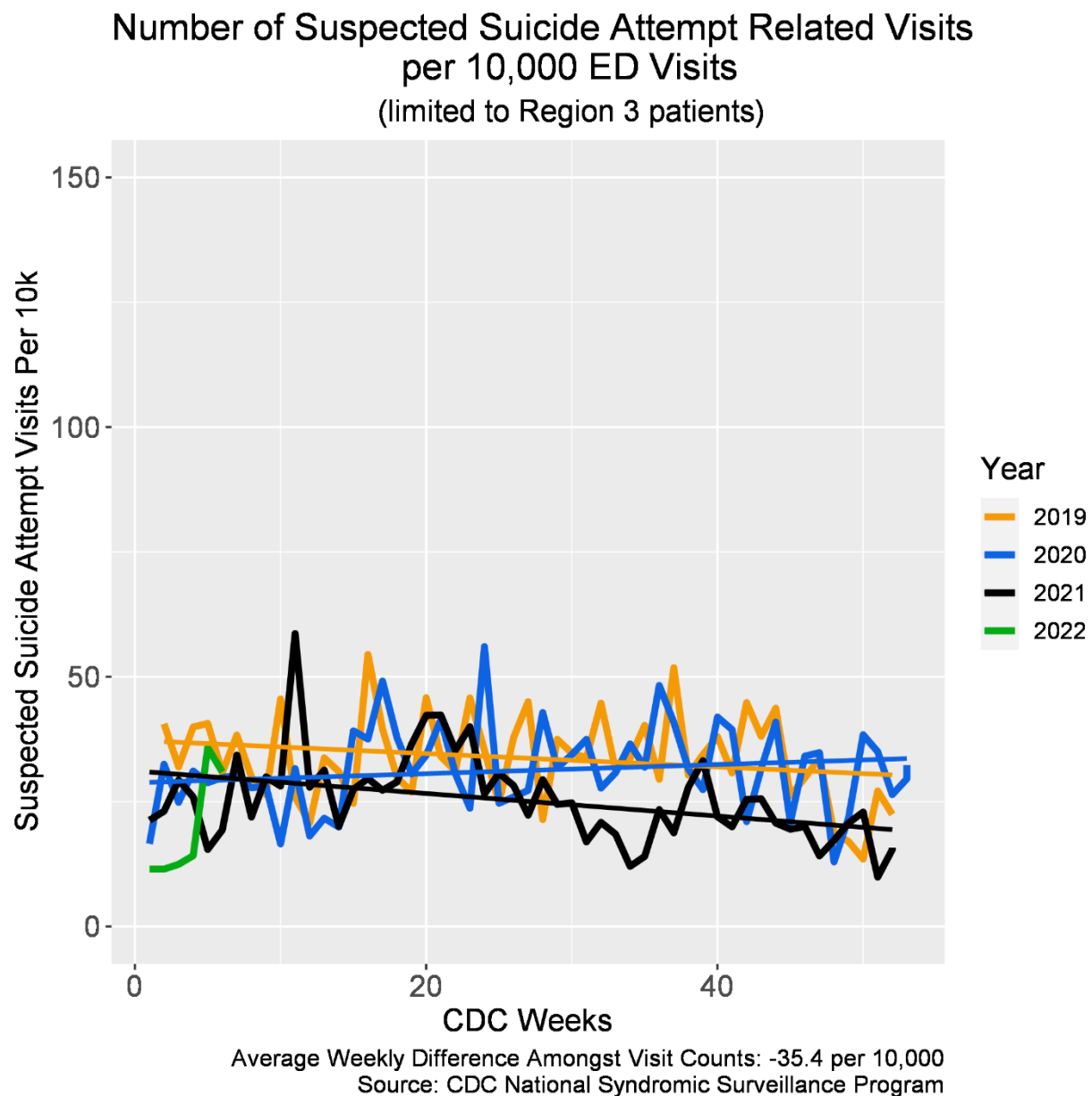
**Graph 32: Relative count of ED visits for suicidal ideation in Region 3, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Suspected suicide attemptattempts

The relative reported ED visit count for **suspected suicide attempts**<sup>2</sup> for Region 3 is presented in Graph 33. Trend analysis revealed a decrease in 2021 ED visits for **suspected suicide attempts**<sup>2</sup> due to limited data points for 2022, trend analysis was not evaluated for 2022 at this time. Specific to Region 3, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with statistical<sup>5</sup> alerts for CDC Week 45, week of November 13, 2021, and CDC Week 46, week of November 14, 2021. No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

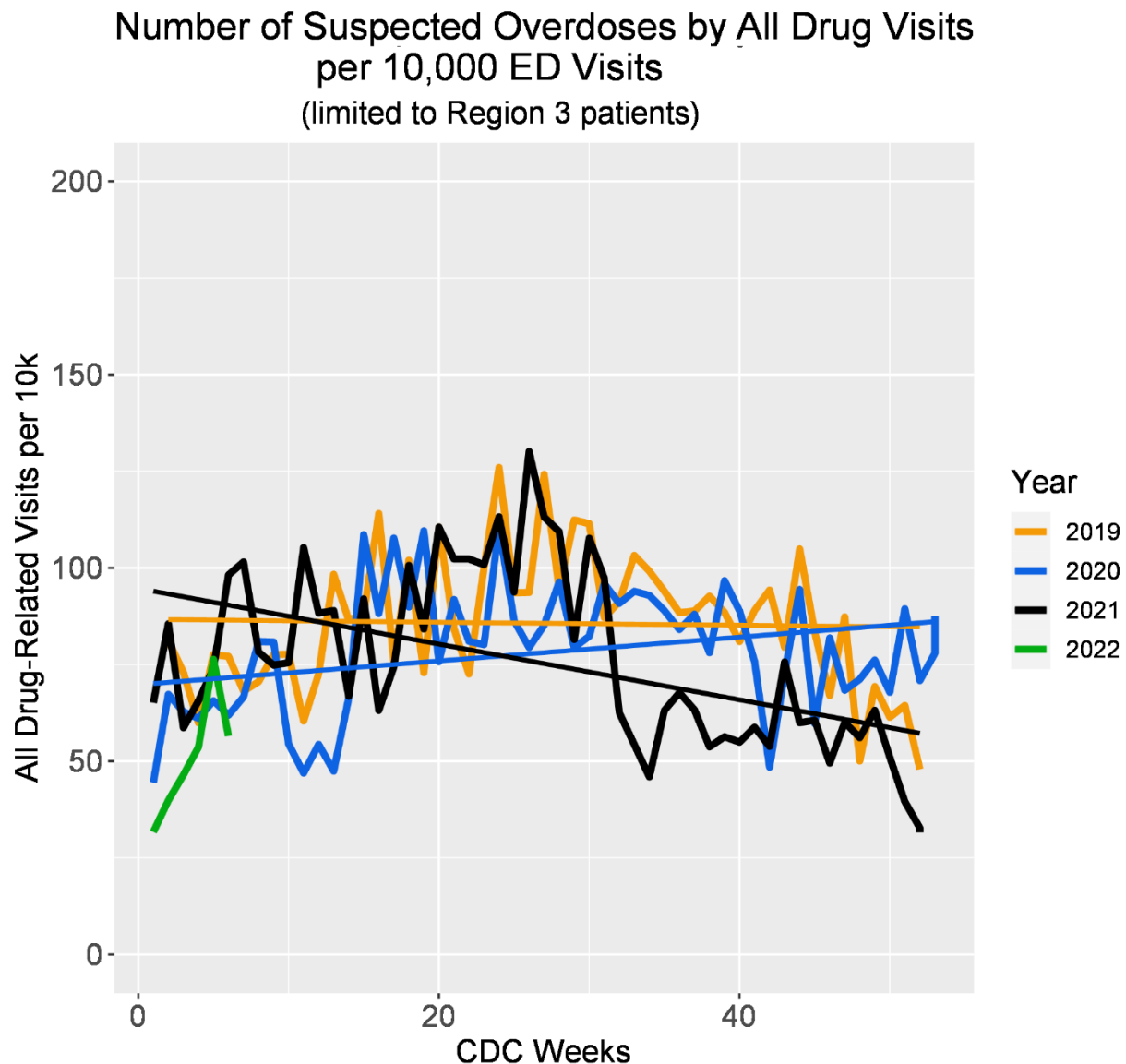
**Graph 33: Relative count of ED visits for suspected suicide attempts<sup>2</sup> in Region 3, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Substance Use – Drug Overdose

The relative reported rate of all drug<sup>3</sup>-related ED visits for Region 3 is presented in Graph 34. Trend analysis revealed a decrease in 2021 ED visits for all drug<sup>3</sup>-related; due to limited data points for 2022, trend analysis was not evaluated for 2022 at this time. Specific to Region 3, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with a statistical<sup>5</sup> alert for CDC Week 45, week of November 13, 2021. No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

**Graph 34: Relative count of all drug<sup>3</sup>-related ED visits in Region 3, by week: 2019, 2020, and 2021 to date (Source: CDC ESSENCE)**



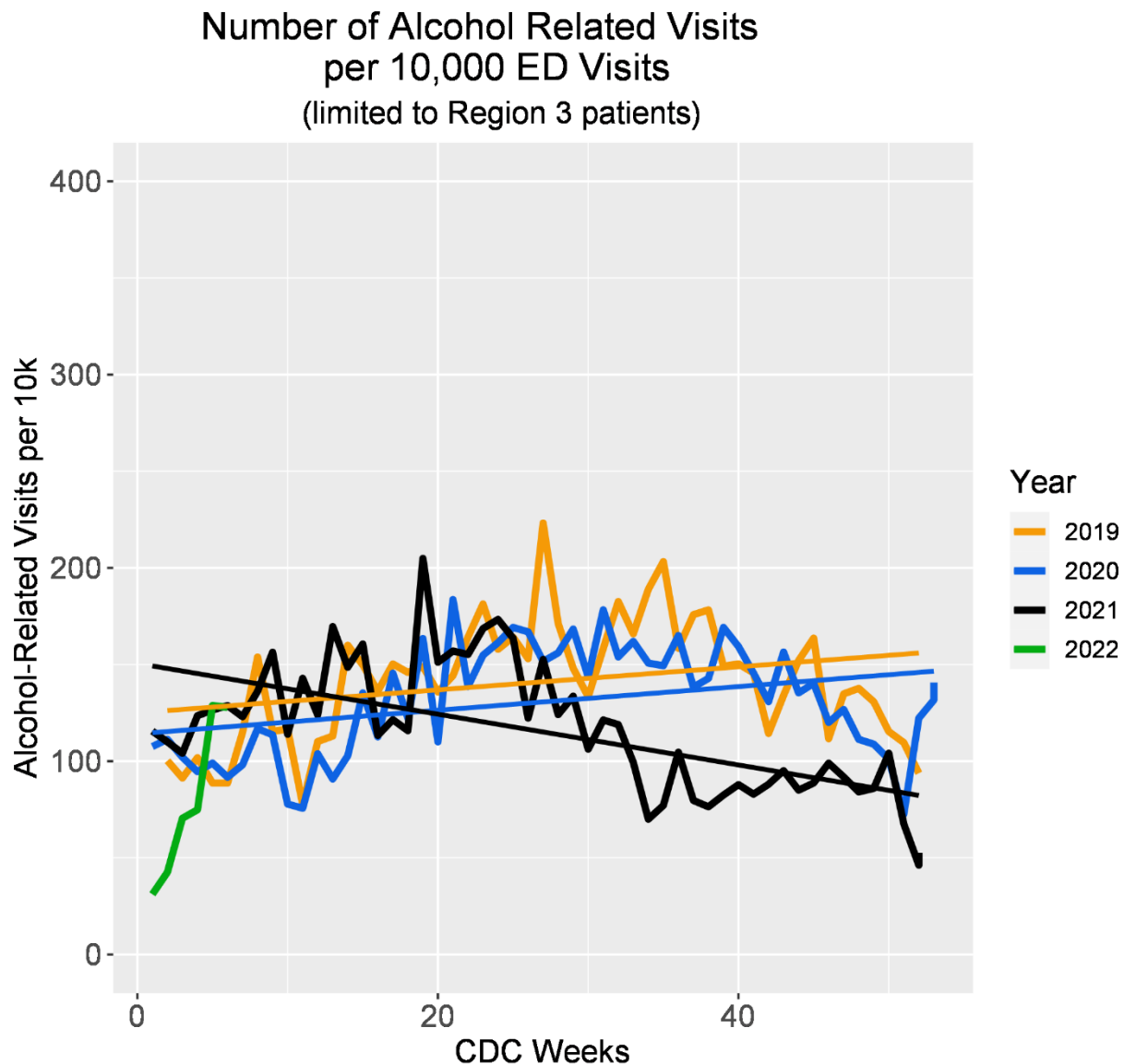
Average Weekly Difference Amongst Visit Counts: -53.3 per 10,000  
Source: CDC National Syndromic Surveillance Program



## Substance Use – Alcohol-Related Emergency Visits

The relative reported rate of alcohol-related ED visits for Region 3 is presented in Graph 35. Trend analysis revealed a decrease in 2021 ED visits for all drug<sup>3</sup>-related; due to limited data points for 2022, trend analysis was not evaluated for 2022 at this time. Specific to Region 3, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with a statistical<sup>5</sup> alert for CDC Week 45, week of November 13, 2021. No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

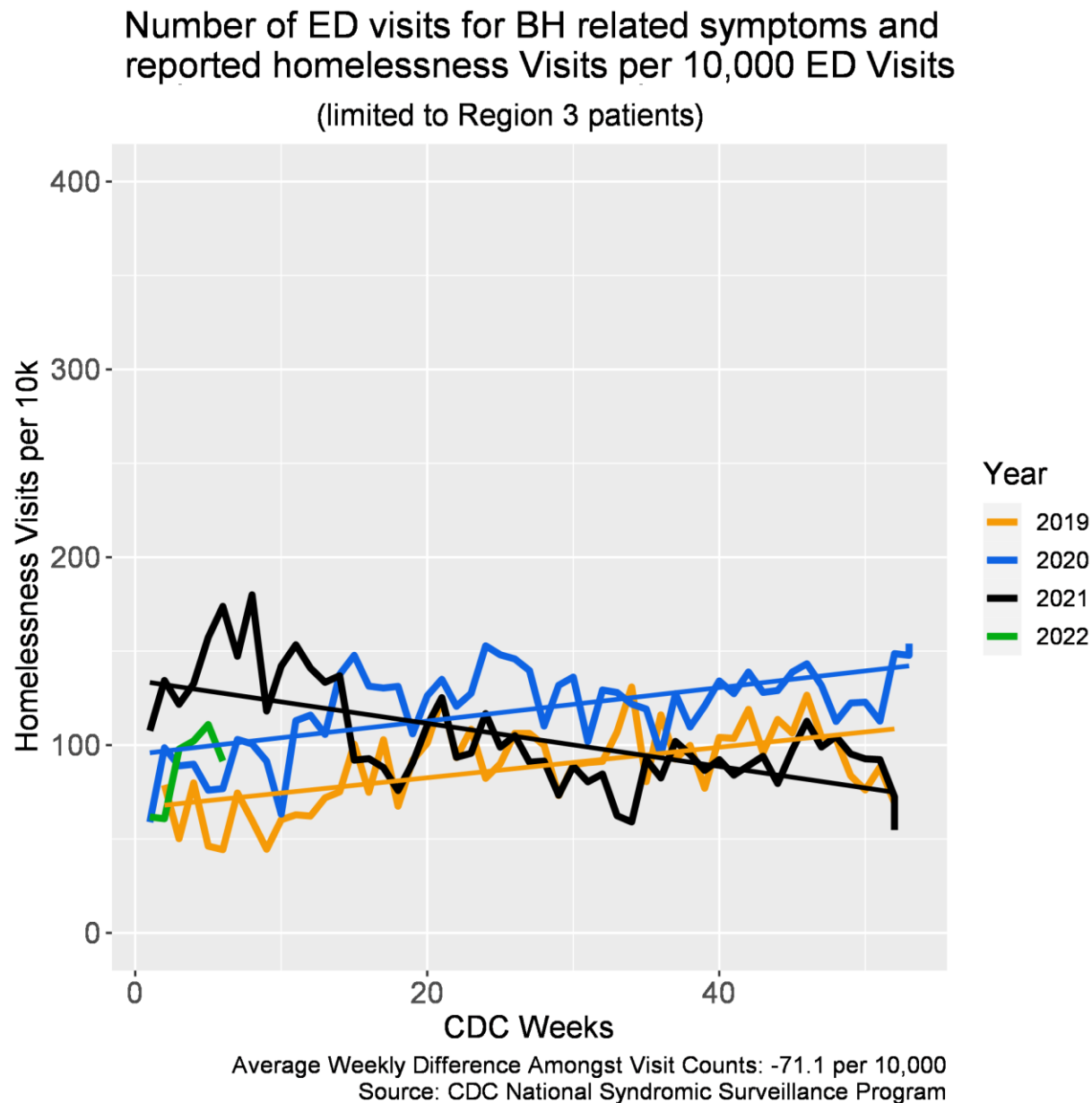
**Graph 35: Relative count of alcohol-related ED visits in Region 3, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Homelessness

The relative reported ED visit count for homelessness<sup>4</sup> for Region 3 is presented in Graph 36. Trend analysis revealed a decrease in 2021 ED visits for homelessness<sup>4</sup>; due to limited data points for 2022, trend analysis was not evaluated for 2022 at this time. Specific to Region 3, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with a statistical<sup>5</sup> alert for CDC Week 45, week of November 13, 2021. No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

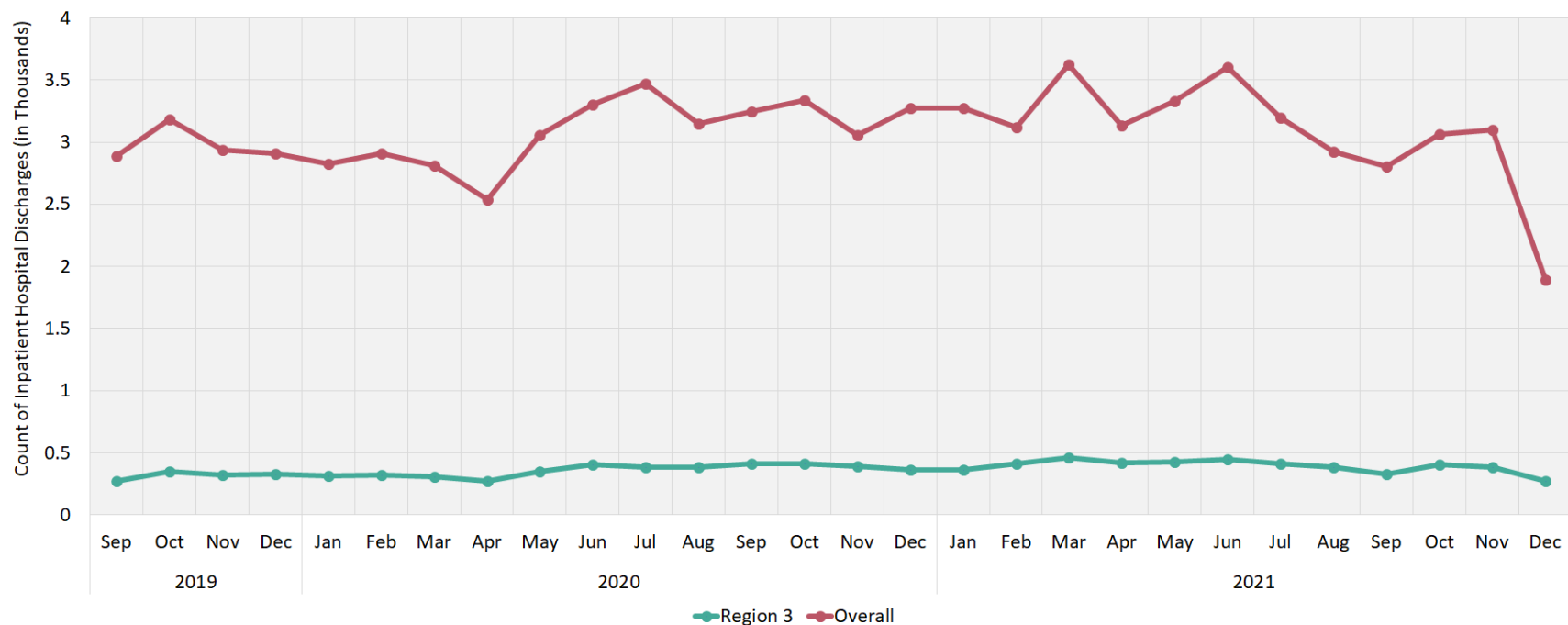
**Graph 36: Relative count of ED visits for homelessness<sup>4</sup> in overall Washington and Region 3, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Inpatient Community Hospital Discharges

The [Comprehensive Hospital Abstract Reporting System \(CHARS\)](#)<sup>6</sup> collects information on inpatient and observation patient community hospital stays. Caution should be taken when reviewing data, as the “Stay Home, Stay Healthy” order (March 2020) may have impacted hospital discharge data for both inpatient and observation patients. Only mental, behavioral, and neurodevelopmental disorders were evaluated (i.e., primary diagnoses included only ICD-10 F-codes).<sup>7</sup> For Region 3, the most recent reporting period (December 2021) showed a 29.0% decrease of inpatient community hospital discharges for mental, behavioral, and neurodevelopmental disorders (Graph 37) as compared to the previous month.

**Graph 37: Count of Inpatient Community Hospital Discharges for Mental, Behavioral, and Neurodevelopmental Disorders for overall Washington and Region 3, by month (Source: DOH)**

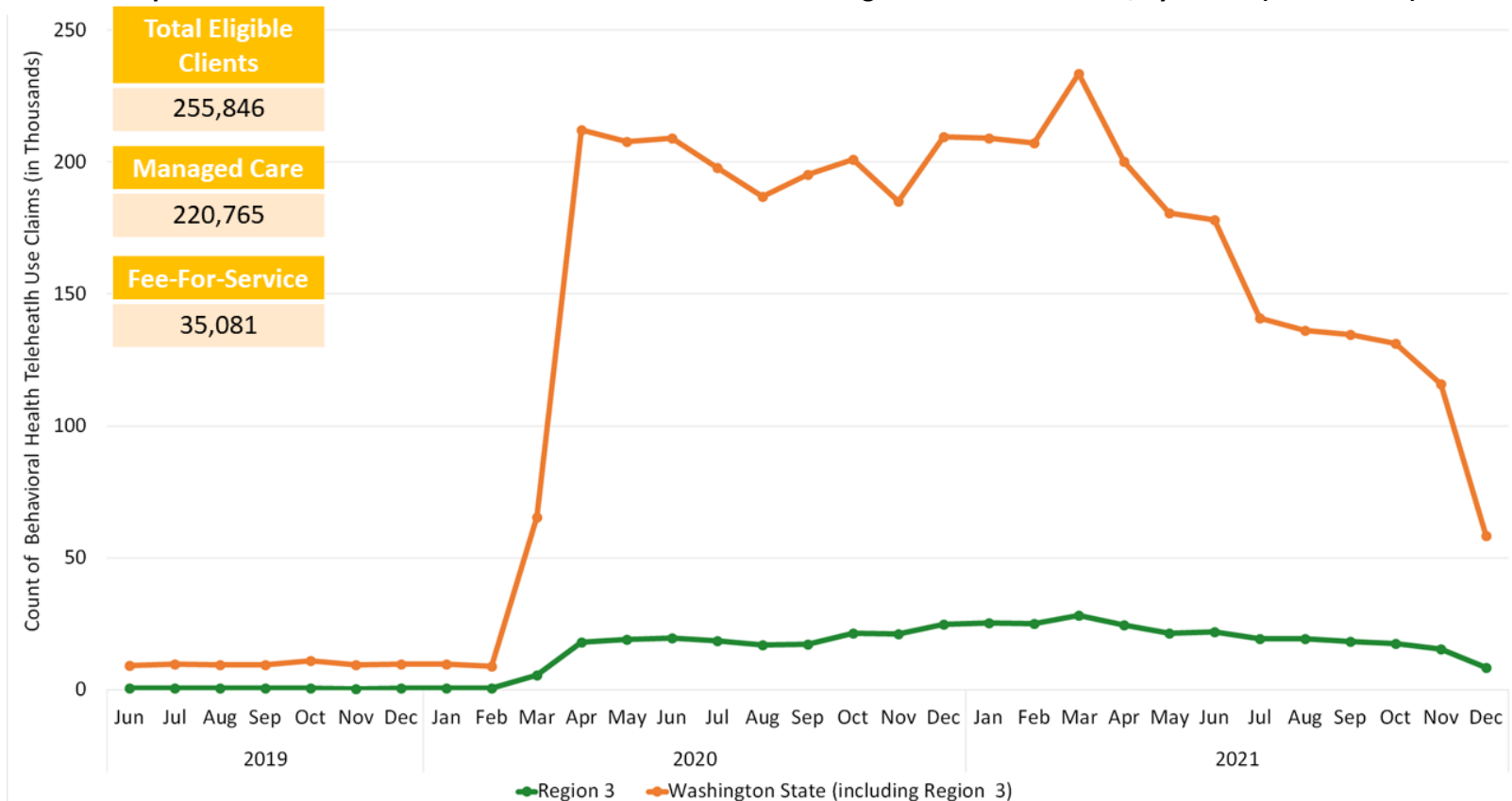


**Note:** Due to time lag, data might not be fully mature. While non-WA residents can discharge from a WA community hospital, only WA residents were included in the analysis. Only F-codes as primary diagnoses were included in the analysis.

## Telehealth Use for Washington State Medicaid Clients

Telehealth (phone and videoconferencing) claims use for Washington Medicaid clients is collected by the Washington State Health Care Authority (HCA). Graph 38 provides a count of telehealth behavioral health services use claims. It is important to note the limited use of telehealth in Medicaid clients prior to the COVID-19 pandemic (March 2020), which could explain the significant increase in March and April 2020 (237.6%). Caution should be taken when reviewing data as the “Stay Home, Stay Healthy” order may have impacted telehealth use. Additionally, due to the significant demand for telehealth, several changes were made to policies, coverage, and implementation that could impact this data. For Region 3, the most recent reporting period (December 2021) showed a 46% decrease of telehealth behavioral health services use claims compared to the previous month.

**Graph 38: Count of telehealth behavioral health use claims for Region 3 Medicaid Clients, by month (Source: HCA)**

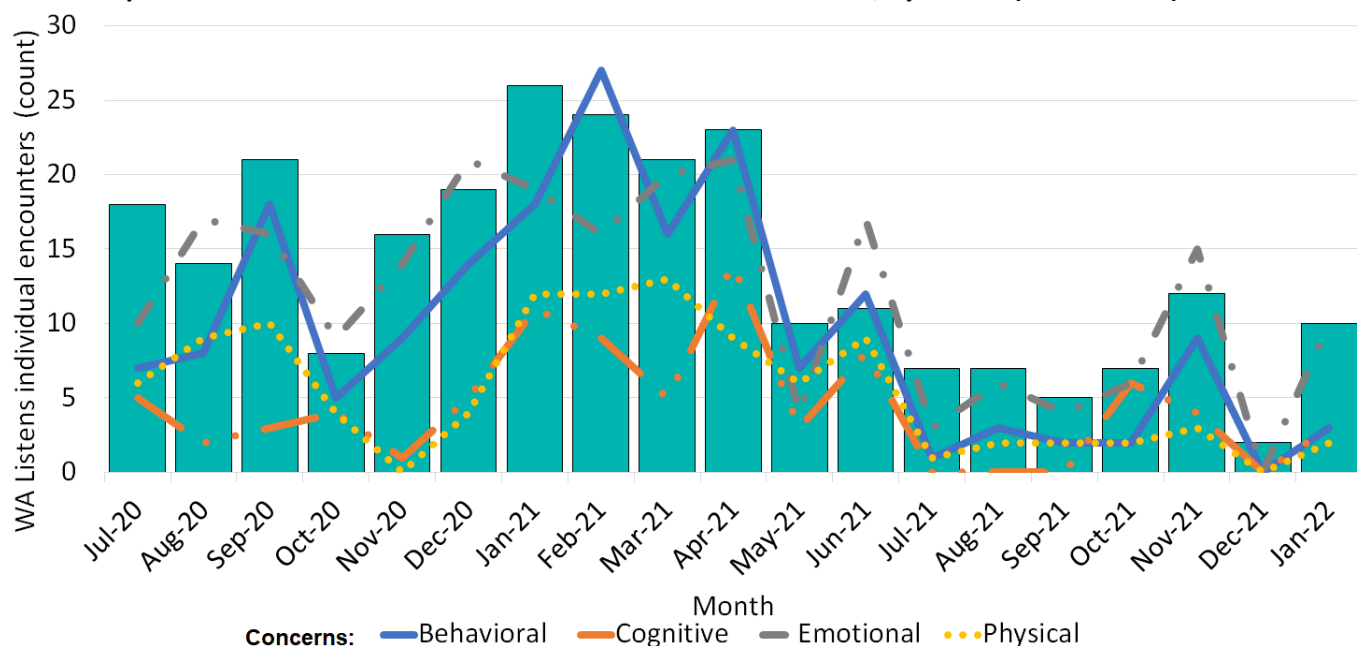


**Note:** Due to missing or suppressed data, results may be underreported.

## Telephonic Support Lines – Service Volume

[Washington \(WA\) Listens](#)<sup>8</sup> is a free, anonymous service that offers non-clinical behavioral health support for both individual and group encounters. Additionally, WA Listens provides referral information to local resources based on the needs expressed. Since its inception in July 2020, a total of 243 WA Listens individual encounters have been completed (Graph 39) for Region 3. For **race, age, and gender** information on **individual encounters**, see Table 3.

**Graph 39: Total count of WA Listens individual calls and concerns, by month (Source: HCA)**



Note: Individuals can call about more than one concern, including multiple of the same type. Due to data collection issues, August 2021 – January 2022 might be underreported.

**Table 3: Race, age, and gender of WA Listen's survivors (Source: HCA)**

Gender	Count (%)
Female	184 (69.4%)
Male	115 (43.4%)
Transgender	--

Race	Count (%)
Other	25 (9.4%)
White	145 (68.5%)
Did not report	--

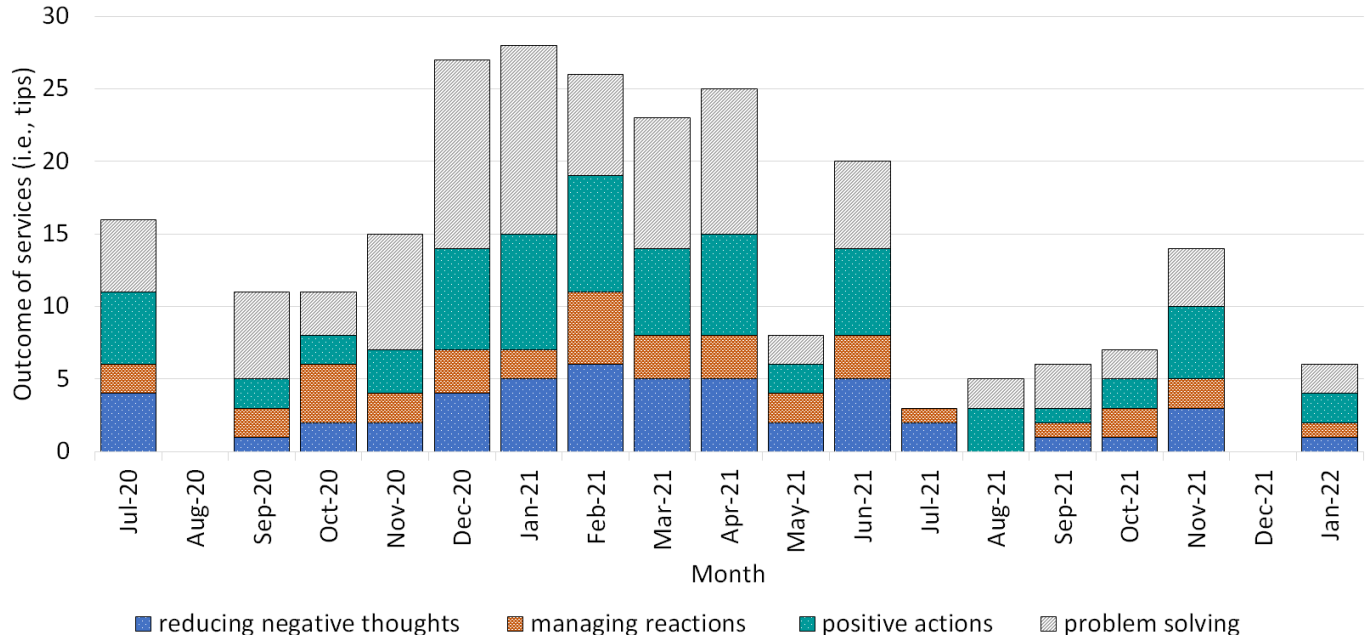
Age	Count (%)
< = 17	16 (6.0%)
18 – 39	86 (32.5%)
40 – 64	109 (41.1%)
> = 65	88 (33.2%)

Population (US Census, April 1, 2010)	%
White	74%
Black or African American	8%
Asian	7%
American Indian & Alaska Native	2%
Native Hawaiian & Other Pacific Islander	2%
Hispanic or Latino	11%

Note: Gender, age, and race are not mutually exclusive (individual can report more than 1 gender, age, and race). Due to low Ns, some categories could not be reported.

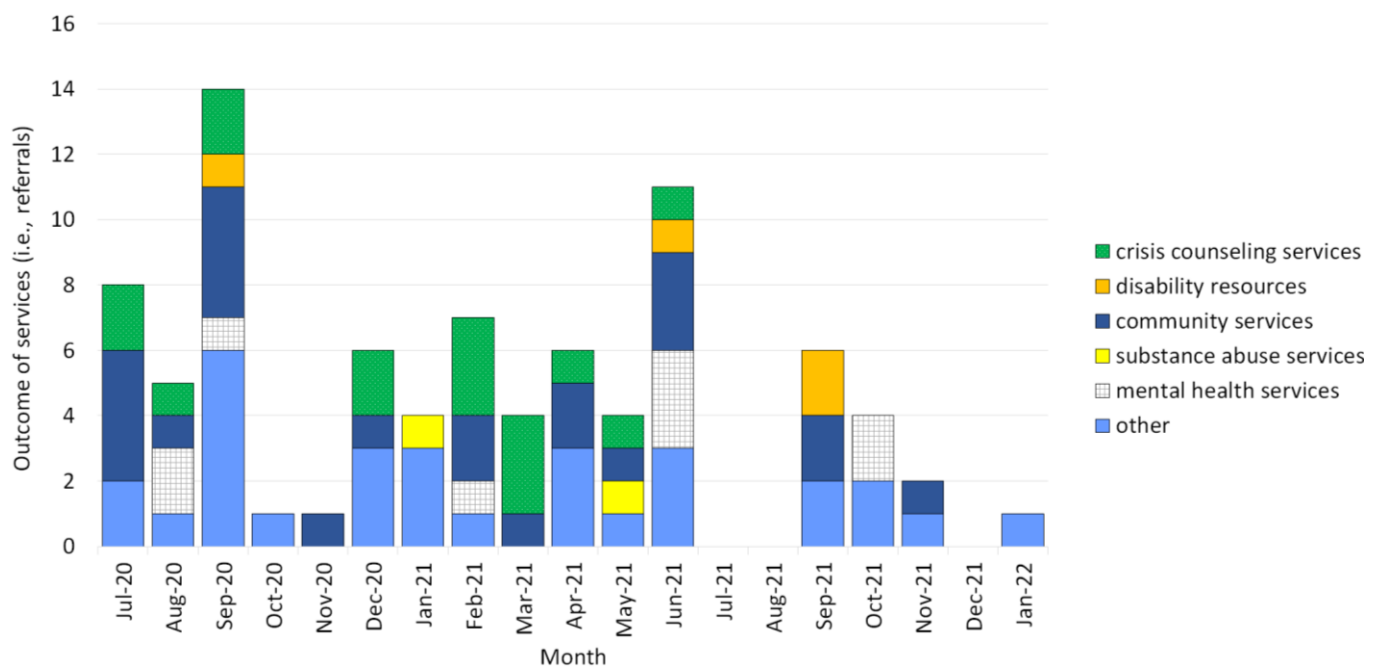
In January 2022, calls for **physical concerns**, **emotional concerns**, **cognitive concerns**, and **behavioral concerns** all increased (Graph 39). For **outcomes from services** (e.g., tips and referrals), see Graphs 40 and 41.

**Graph 40: Outcome of services (i.e., tips) for WA Listens by month (Source: HCA)**



Note: Tips are not mutually exclusive (i.e., individuals can receive more than one tip). Due to data collection issues, August 2021 – January 2022 might be underreported.

**Graph 41: Outcome of services (i.e., referrals) for WA Listens by month (Source: HCA)**

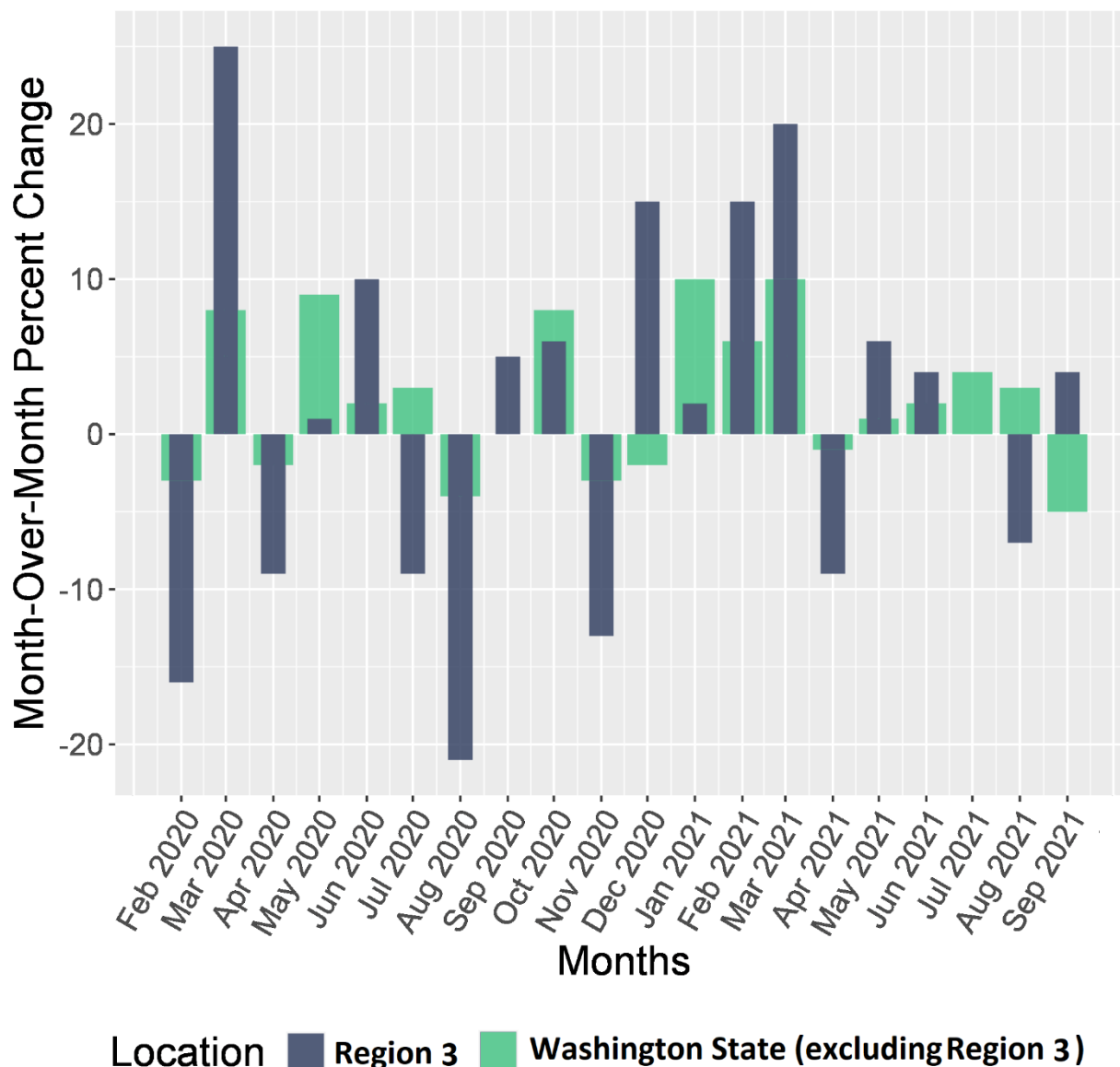


Note: Referrals are not mutually exclusive (i.e., individuals can receive more than one referral). Due to data collection issues, August 2021 – January 2022 might be underreported.

## Crisis System of Care

The crisis system of care completed by [behavioral health administrative service organizations](#)<sup>9</sup> (BH-ASOs) provides regional [crisis line](#)<sup>10</sup> support that serves as the entry point or *front door* to crisis services. This includes support, initial risk assessment, and referral to appropriate follow up services, if needed. Graph 42 provides data on month over month percentage change in crisis system utilization during 2020 and 2021 to date. Since January 2020, the average monthly call volume (excluding hang ups, wrong number, and messages) was 70,650 for Region 3. The most recent month, September 2021, presented with a 4% increase of all individual crisis calls for Region 3.

**Graph 42: Month over month percent change in individual encounter crisis calls, by month (Source: HCA)**



# Region 4: Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, and Yakima counties

## Key Takeaways

- For Region 4, visit volumes have appeared to trend back to higher levels of care-seeking behavior before COVID-19. Rates might still be converging with previous years' rates. Comparisons of one year to another should be interpreted with caution.
  - For the most recent reporting period ([CDC Week 4](#)<sup>4</sup>, week of January 29, 2022), the relative reported rate of ED visits for suicidal ideation, all drug<sup>3</sup>-related, psychological distress<sup>1</sup>, and alcohol-related visits increased as compared to the previous reporting period (CDC Week 3, week of January 22, 2022).
  - Note, the relative reported rate of ED visits for suspected suicide attempt<sup>2</sup> and homelessness<sup>4</sup> are not included in this section as the numbers are too low to report out.<sup>11</sup>
  - In terms of statistical<sup>5</sup> warnings and alerts for ED visits<sup>5</sup>:
    - psychological distress<sup>1</sup>, suicidal ideation, all drug<sup>3</sup>-related, and alcohol-related: no statistical<sup>5</sup> warnings and alerts were issued for 2022.
- For Region 4, December 2021 showed a 22.3% month-over-month decrease of inpatient community hospital discharges of patients with diagnoses of behavioral, mental, and neurodevelopmental disorders.
- For Region 4, December 2021 showed a 3% month-over-month increase of telehealth behavioral health services use claims.
- Since its inception in July 2020, a total of 354 WA Listens individual encounters have been completed for Region 4.
- Since January 2020, the average BH-ASO monthly call volume (excluding hang ups, wrong number, and messages) was 76,742 for Region 4.
- For further information about data including operationalizations and limitations, please review the [Appendix](#) for further guidance.

## Community Resilience

The United States Census Bureau provides Community Resilience Estimates (CREs) at the census tract level classifying what percent of residents have 0, 1 – 2, or 3+ risk factors. The CREs model individual and household characteristics for Washington state, and each county within Washington state, in efforts to facilitate disaster preparedness by detecting communities (and more specifically, counties) where capacity and resources may successfully reduce and mitigate the potential impact of adverse contexts, in this case, the pandemic.

Furthermore, the CRE shows how, following a disaster, the heterogenous outcomes are dependent on each community's individual and household characteristics. Accounting for these characteristic

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<sup>4</sup> <https://ndc.services.cdc.gov/wp-content/uploads/W2021-22.pdf>



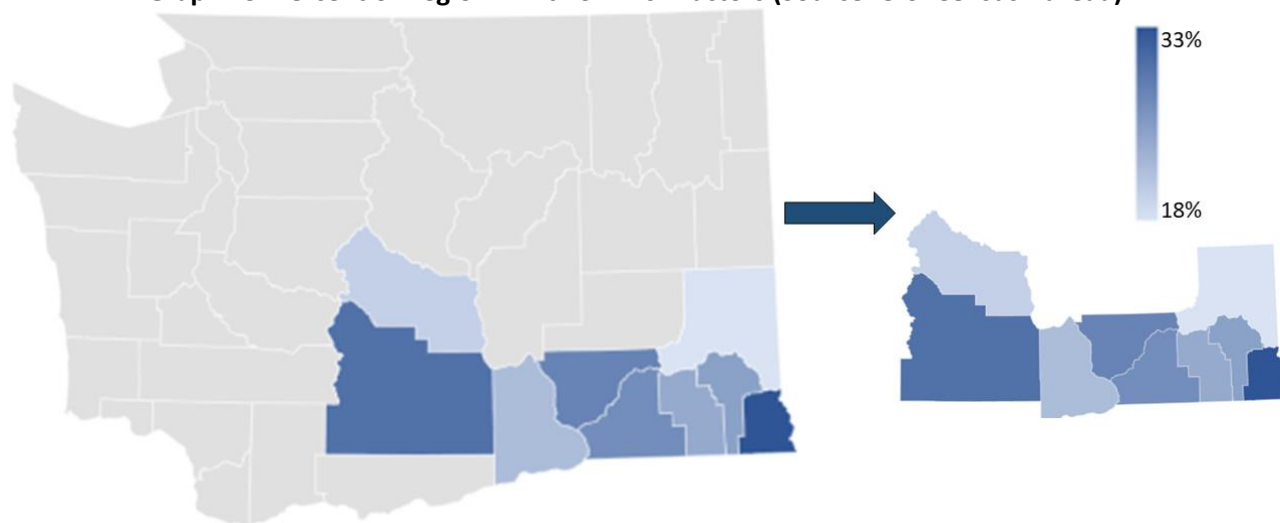
differences in terms of the capacity to recover from disasters is imperative for disaster preparedness, as this can enable response planners and any organization responding to or helping to mitigate the behavioral health capacity considerations during the COVID-19 pandemic to effectively employ and deploy resources and to strategize for future disasters.

In comparison, for Washington state, the CRE is 23% of people who had 0 risk factors, 52% who had 1-2 risk factors, and 25% who had 3 or more risk factors. The regional CRE is calculated by averaging each county's CRE within this region. For Region 4, the CRE includes 21% of people who had 0 risk factors, 54% who had 1-2 risk factors, and 25% who had 3 or more risk factors. Graph 43 presents the percentage of Region 4 with 3 or more risk factors.

For Region 4, the CRE for each county is:

State	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
Washington	23%	52%	25%
Region	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
4	21%	54%	25%
County	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
Asotin	11% (+/- 5%)	56% (+/- 8%)	33% (+/- 7%)
Benton	26% (+/- 6%)	53% (+/- 7%)	22% (+/- 6%)
Columbia	29% (+/- 8%)	47% (+/- 9%)	24% (+/- 8%)
Franklin	11% (+/- 3%)	61% (+/- 7%)	28% (+/- 7%)
Garfield	25% (+/- 8%)	50% (+/- 9%)	25% (+/- 8%)
Kittitas	27% (+/- 7%)	53% (+/- 7%)	20% (+/- 6%)
Walla Walla	20% (+/- 6%)	53% (+/- 8%)	27% (+/- 7%)
Whitman	28% (+/- 7%)	54% (+/- 7%)	18% (+/- 5%)
Yakima	15% (+/- 6%)	55% (+/- 7%)	30% (+/- 6%)

**Graph 43: Percent of Region 4 with 3 + Risk Factors (Source: U.S. Census Bureau)**

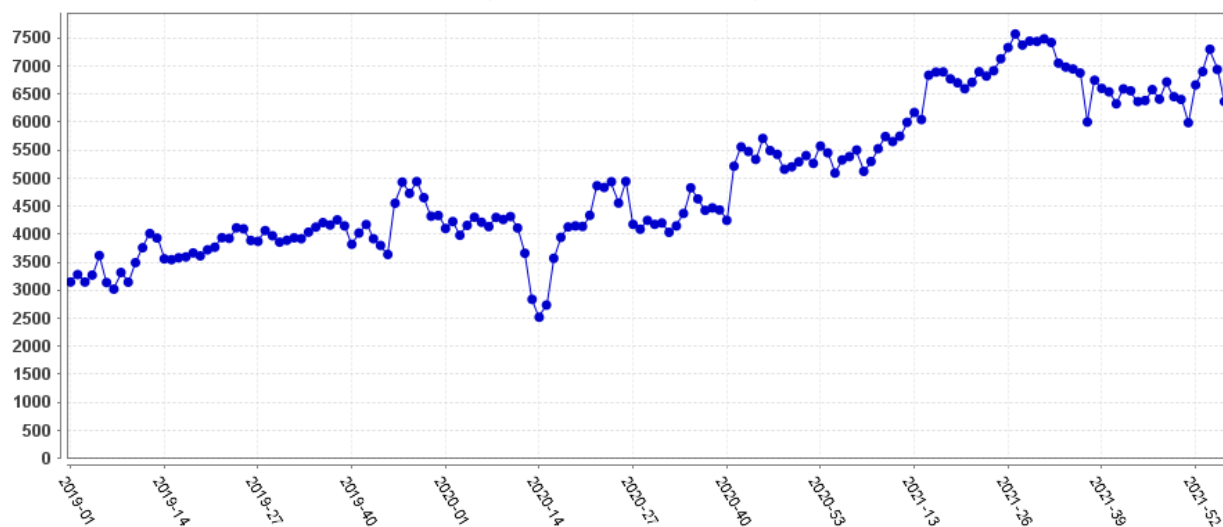


## All ED Visits

Graph 44 presents the weekly count of all ED visits in Region 4. For Region 4, similar to the overall Washington state count of all ED visits, a drop of ED visits was present in Region 4 for CDC Week 13 of 2020 (week of April 3) which aligns with the “Stay Home, Stay Healthy” order from March 23, 2020. However, visit volumes have appeared to trend back to levels more typical of care-seeking behavior before COVID-19, and therefore, rates *may be* converging with previous years’ rates. **Comparisons of one year to another should be interpreted with caution.**

Because the volume of visits across care settings varied widely during 2020, 2021, and 2022 to date, rates presented in this report may not reflect the true magnitude and direction of trends for behavioral health conditions and should be interpreted cautiously.

**Graph 44: Weekly count of all ED visits in Region 4, by week: 2019, 2020, 2021, and 2022 to date**  
(Source: CDC ESSENCE)

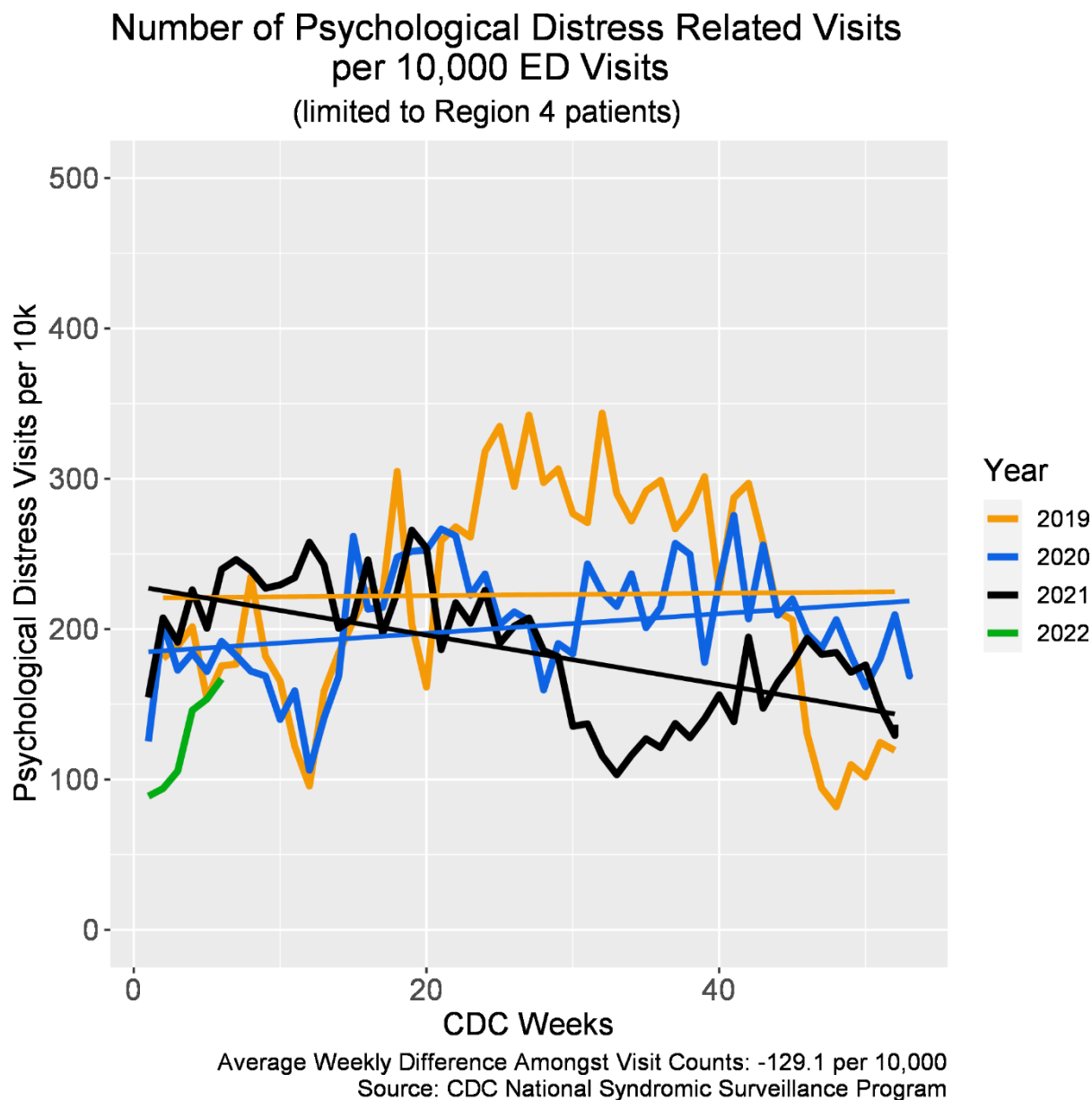


Caution should be taken as the steep drop in total ED visits could skew data for any type of ED visit. Changes in consistency of facility data submission may also impact ED visit volume.

## Psychological Distress

The relative reported ED visit count for **psychological distress**<sup>1</sup> for Region 4 is presented in Graph 45. Trend analysis revealed a decrease in 2021 ED visits for **psychological distress**<sup>1</sup>; due to limited data, trend analysis was not evaluated for 2022 at this time. Specific to Region 4, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with one statistical<sup>5</sup> alert in 2021 (CDC Week 49, week of December 11, 2021). Since the last reporting period (CDC Week 44, week of November 6, 2021), no statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

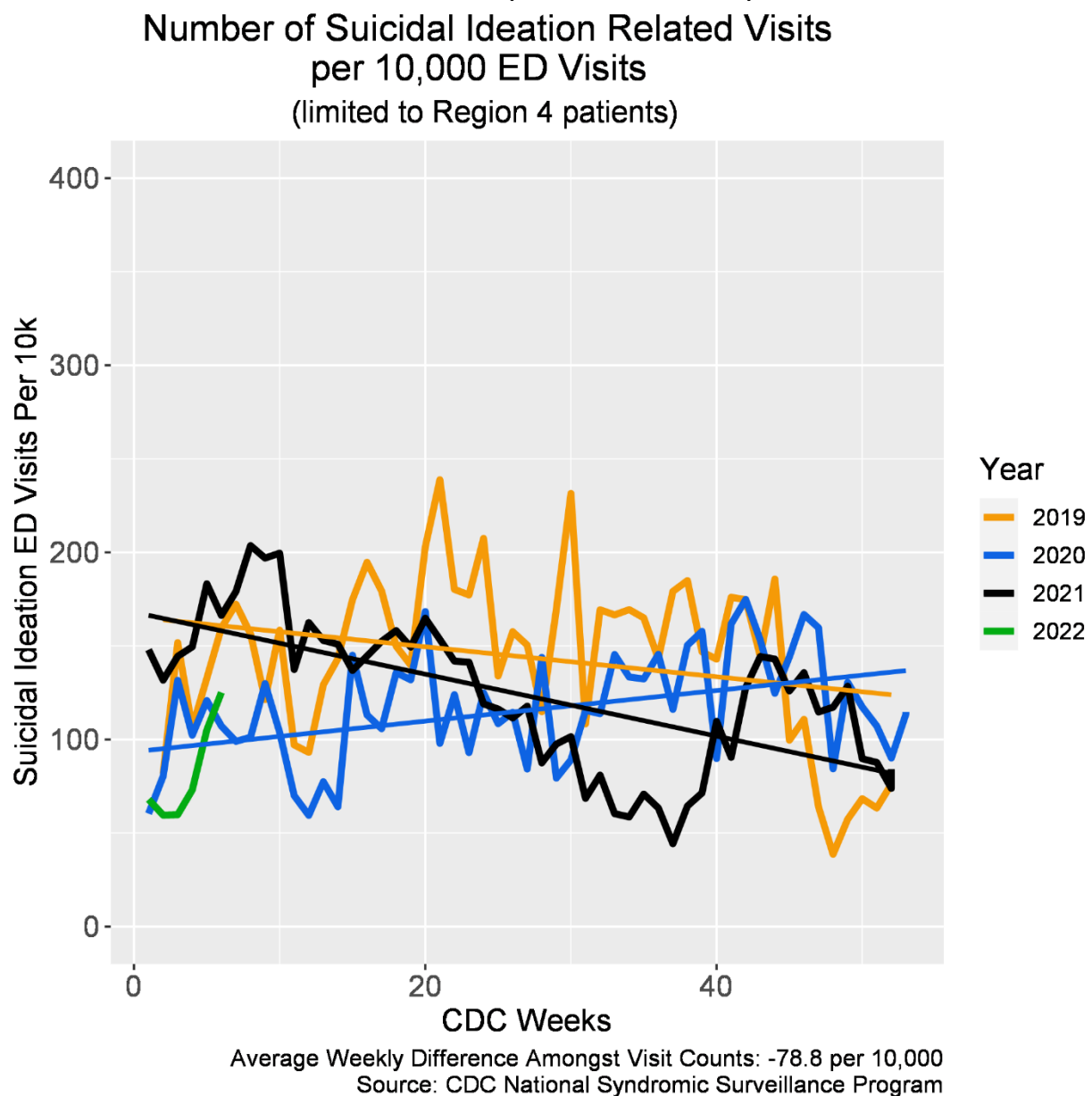
**Graph 45: Relative count of ED visits for psychological distress<sup>1</sup> in Region 4, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Suicidal Ideation

The relative reported ED visit count **for suicidal ideation** for Region 4 is presented in Graph 46. Trend analysis revealed a decrease in 2021 ED visits for suicidal ideation; due to limited data, trend analysis was not evaluated for 2022 at this time. Specific to Region 4, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with no statistical<sup>5</sup> alerts or warnings since the last reporting period (CDC Week 44, week of November 6, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

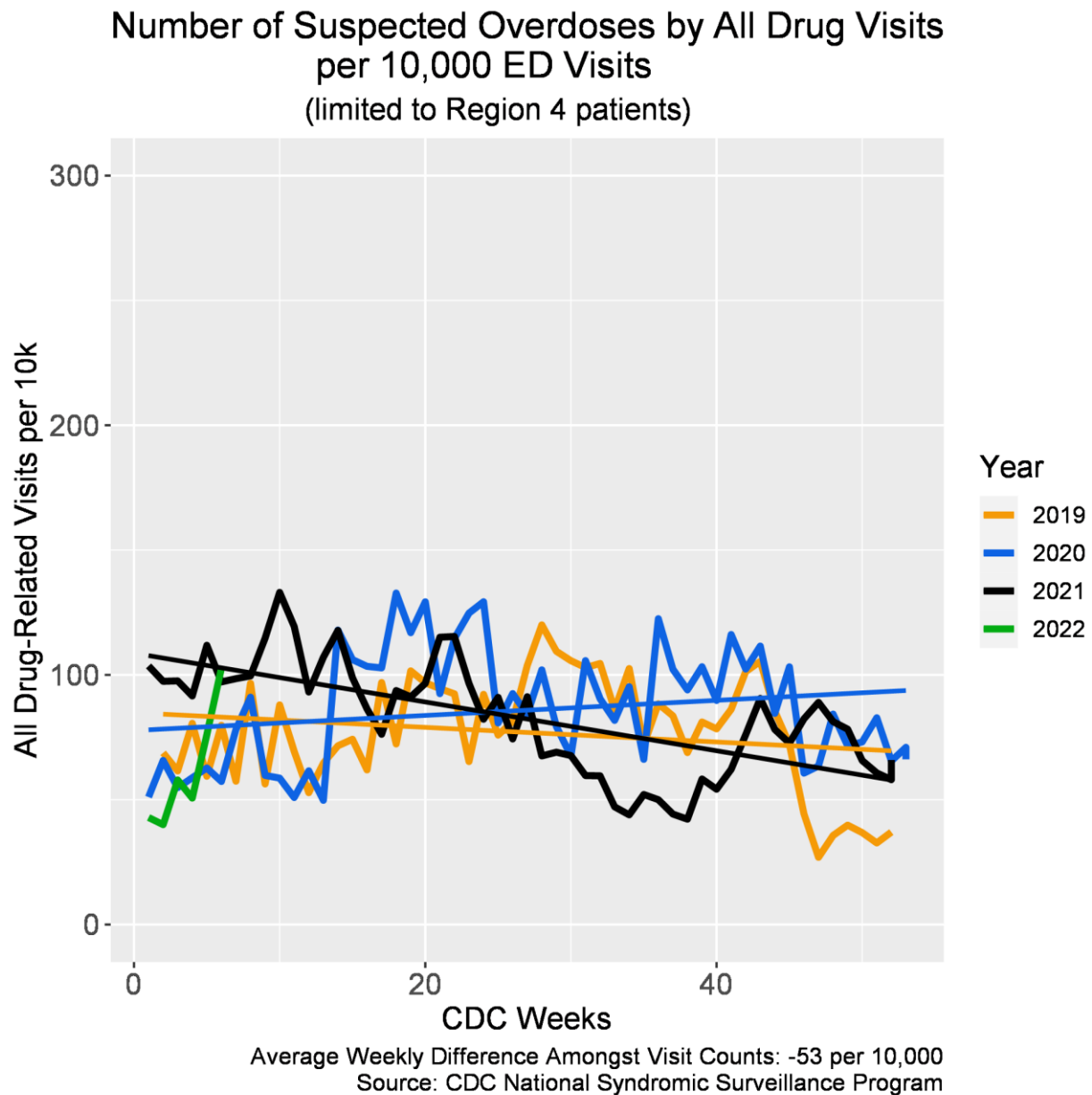
**Graph 46: Relative count of ED visits for suicidal ideation in Region 4, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Substance Use – Drug Overdose

The relative reported rate of all drug<sup>3</sup>-related ED visits for Region 4 is presented in Graph 47. Trend analysis revealed a decrease in 2021 ED visits for all drug<sup>3</sup>-related visits. Due to limited data, trend analysis was not evaluated for 2022 at this time. Specific to Region 4, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with a statistical<sup>5</sup> alert (CDC Week 45, week of November 13, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

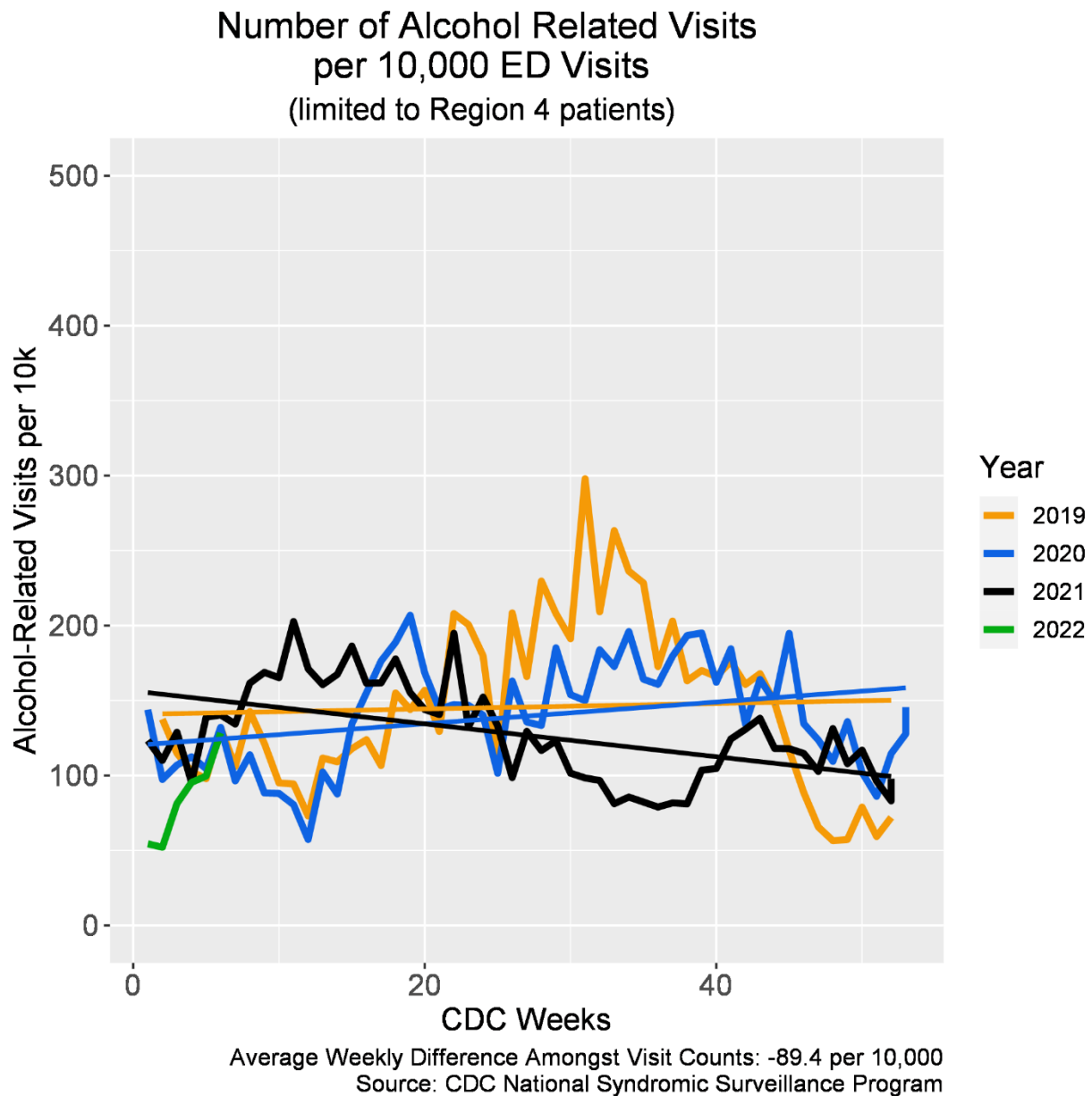
**Graph 47: Relative count of all drug<sup>3</sup>-related ED visits in Region 4, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Substance Use – Alcohol-Related Emergency Visits

The relative reported rate of alcohol-related ED visits for Region 4 is presented in Graph 48. Trend analysis revealed a decrease in 2021 ED visits for alcohol-related ED visits; due to limited data, trend analysis was not evaluated for 2022 at this time. Specific to Region 4, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with a statistical<sup>5</sup> alert (CDC Week 45, week of November 13, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

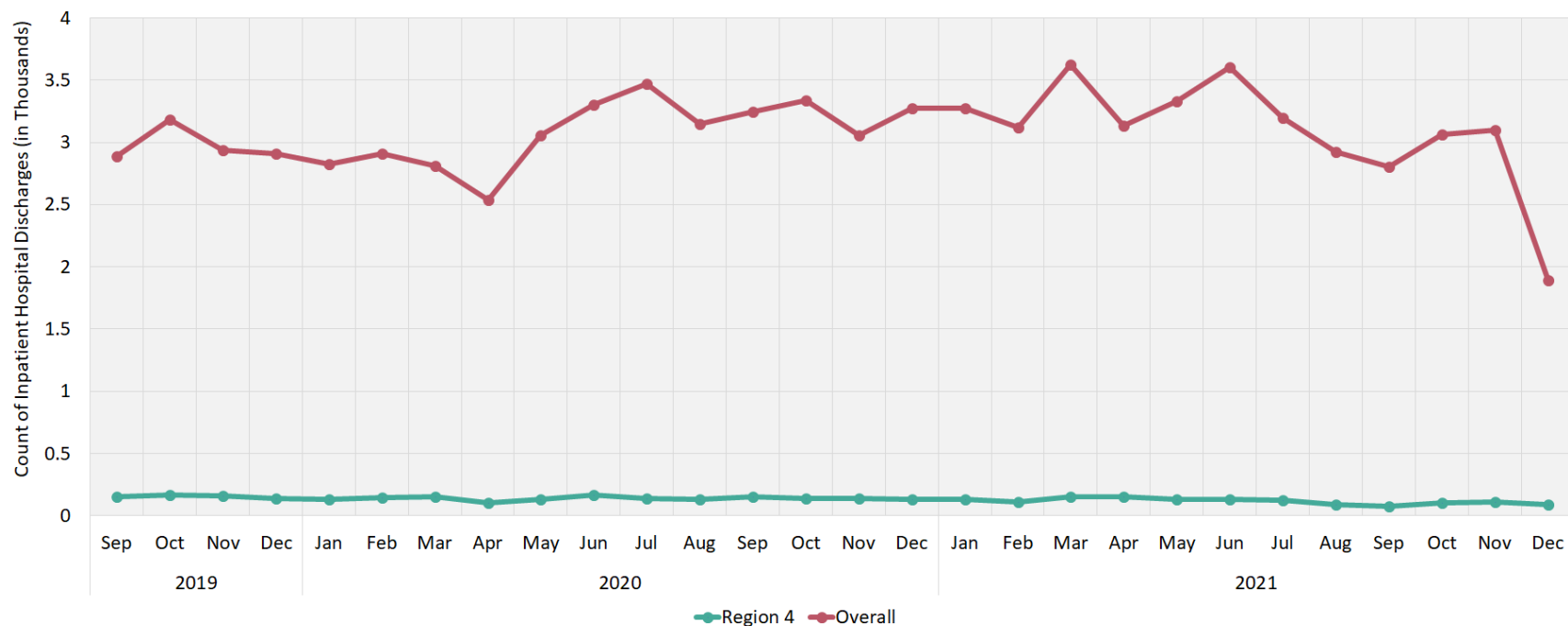
**Graph 48: Relative count of alcohol-related ED visits in Region 4, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Inpatient Community Hospital Discharges

The [Comprehensive Hospital Abstract Reporting System \(CHARS\)](#)<sup>6</sup> collects information on inpatient and observation patient community hospital stays. Caution should be taken when reviewing data, as the “Stay Home, Stay Healthy” order (March 2020) may have impacted hospital discharge data for both inpatient and observation patients. Only mental, behavioral, and neurodevelopmental disorders were evaluated (i.e., primary diagnoses included only ICD-10 F-codes).<sup>7</sup> For Region 4, the most recent reporting period (December 2021) showed a 22.3% decrease of inpatient community hospital discharges for mental, behavioral, and neurodevelopmental disorders (Graph 49) as compared to the previous month.

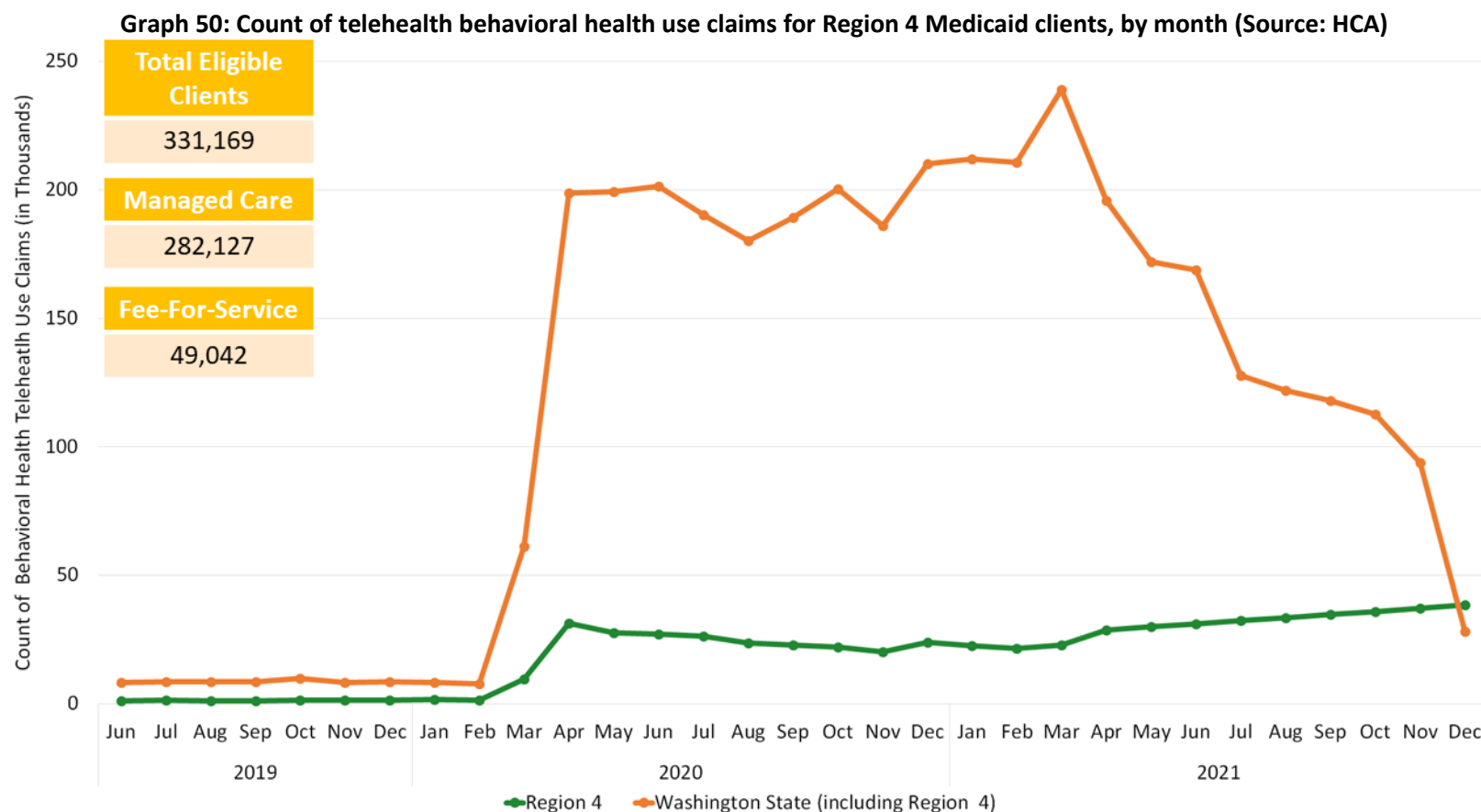
**Graph 49: Count of Inpatient Community Hospital Discharges for Mental, Behavioral, and Neurodevelopmental Disorders for overall Washington and Region 4, by month (Source: DOH)**



**Note:** Due to time lag, data might not be fully mature. While non-WA residents can discharge from a WA community hospital, only WA residents were included in the analysis. Only F-codes as primary diagnoses were included in the analysis.

## Telehealth Use for Washington State Medicaid Clients

Telehealth (phone and videoconferencing) claims use for Washington Medicaid clients is collected by the Washington State Health Care Authority (HCA). Graph 50 provides a count of telehealth behavioral health services use claims. It is important to note the limited use of telehealth in Medicaid clients prior to the COVID-19 pandemic (March 2020), which could explain the significant increase in March and April 2020 (237.6%). Caution should be taken when reviewing data as the “Stay Home, Stay Healthy” order may have impacted telehealth use. Additionally, due to the significant demand for telehealth, several changes were made to policies, coverage, and implementation that could impact this data. For Region 4, the most recent reporting period (December 2021) showed a 3% increase of telehealth behavioral health services use claims compared to the previous month.



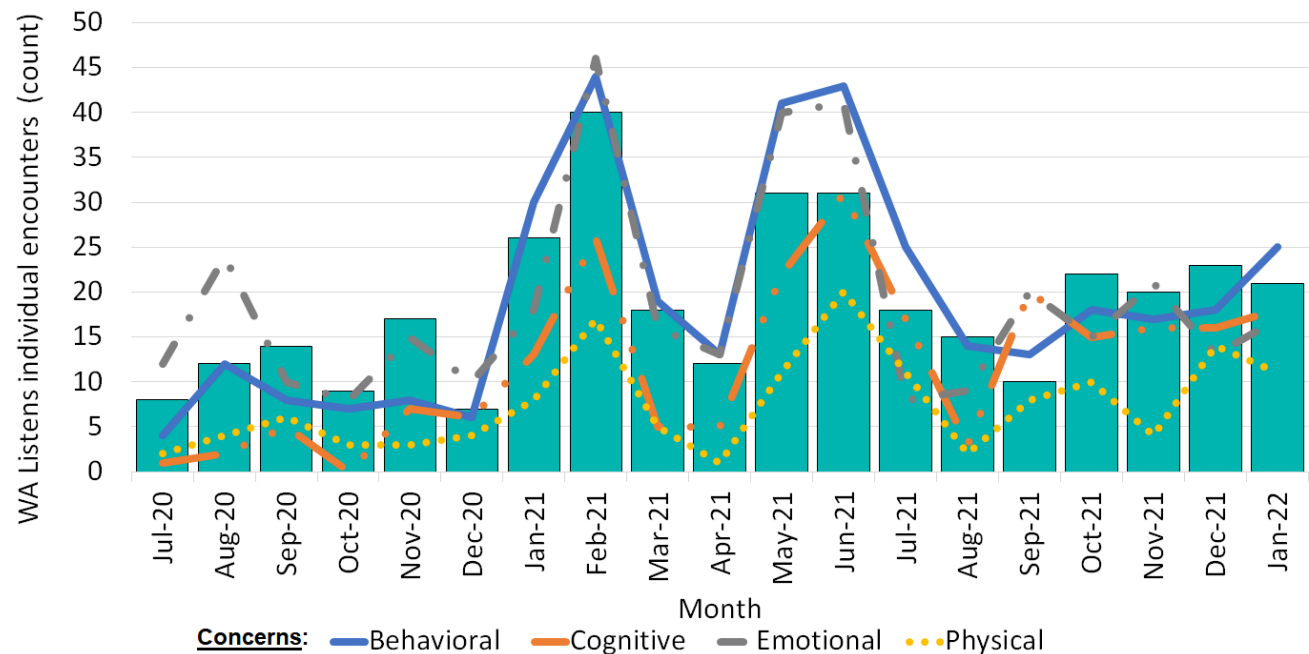
**Note:** Due to missing or suppressed data, results may be underreported.



## Telephonic Support Lines – Service Volume

[Washington \(WA\) Listens](#)<sup>8</sup> is a free, anonymous service that offers non-clinical behavioral health support for both individual and group encounters. Additionally, WA Listens provides referral information to local resources based on the needs expressed. Since its inception in July 2020, a total of 354 WA Listens individual encounters have been completed (Graph 51) for Region 4. For **race, age, and gender** information on **individual encounters**, see Table 4.

**Graph 51: Total count of WA Listens individual calls and concerns, by month (Source: HCA)**



Note: Individuals can call about more than one concern, including multiple of the same type. Due to data collection issues, August 2021 – January 2022 might be underreported.

**Table 4: Race, age, and gender of WA Listen’s survivors (Source: HCA)**

Gender	Count (%)
Female	217 (60.4%)
Male	188 (52.4%)
Transgender	--

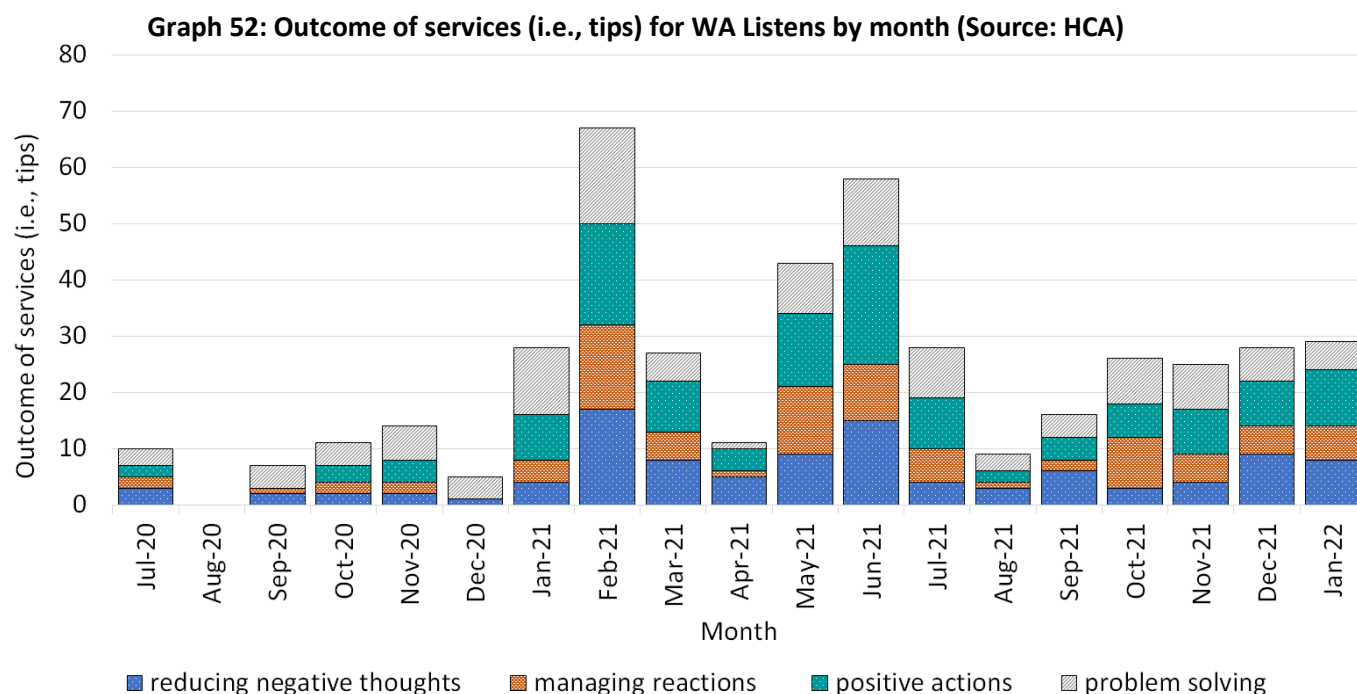
Race	Count (%)
Other	20 (5.6%)
White	215 (59.9%)
Did not report	28 (7.8%)

Age	Count (%)
< = 17	17 (4.7%)
18 – 39	107 (29.8%)
40 – 64	224 (62.4%)
> = 65	60 (16.7%)

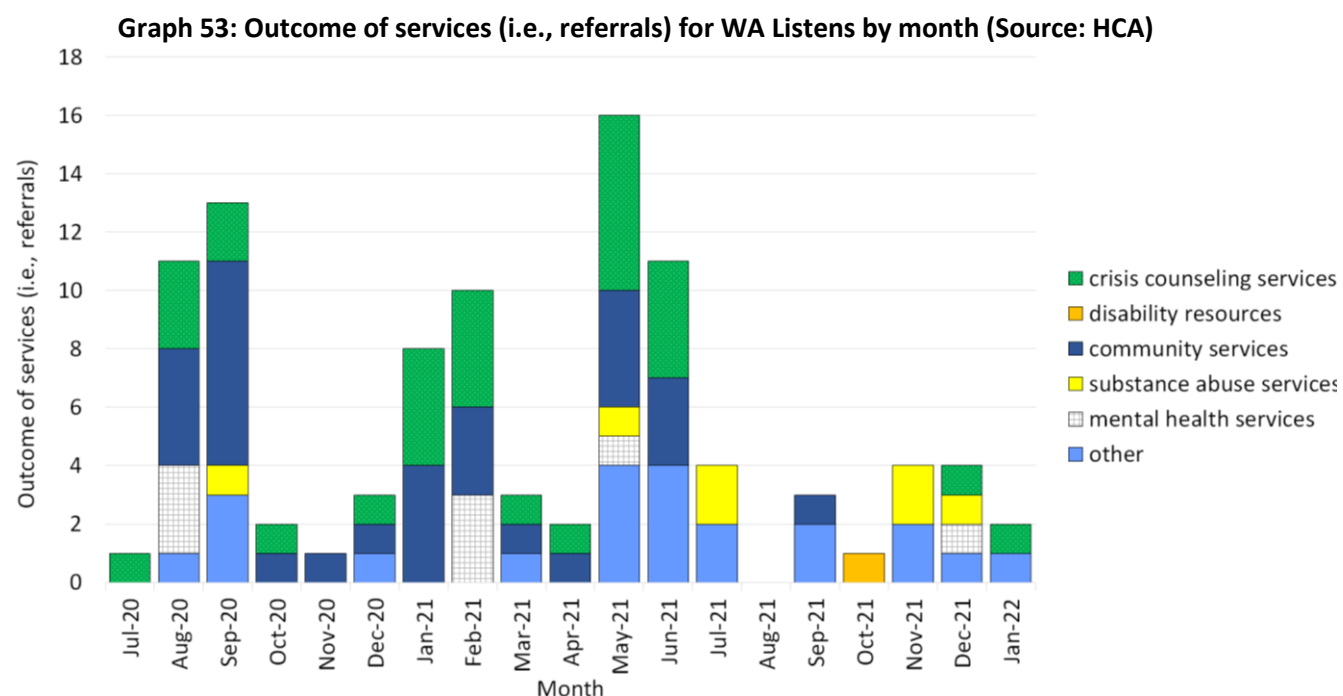
<a href="#">Population (US Census, April 1, 2010)</a>	%
White	90%
Black or African American	2%
Asian	3%
American Indian & Alaska Native	2%
Native Hawaiian & Other Pacific Islander	0%
Hispanic or Latino	20%

Note: Gender, age, and race are not mutually exclusive (individuals can report more than 1 gender, age, and race). Due to low Ns, some categories could not be reported.

In January 2022, calls for **physical concerns** decreased by 21.4%, **emotional concerns** increased by 30.8%, **cognitive concerns** increased by 12.5%, and **behavioral concerns** increased by 38.9% (Graph 51). For **outcomes from services** (e.g., tips and referrals), see Graphs 52 and 53.



Note: Tips are not mutually exclusive (i.e., individuals can receive more than one tip). Due to data collection issues, August 2021 – January 2022 might be underreported.

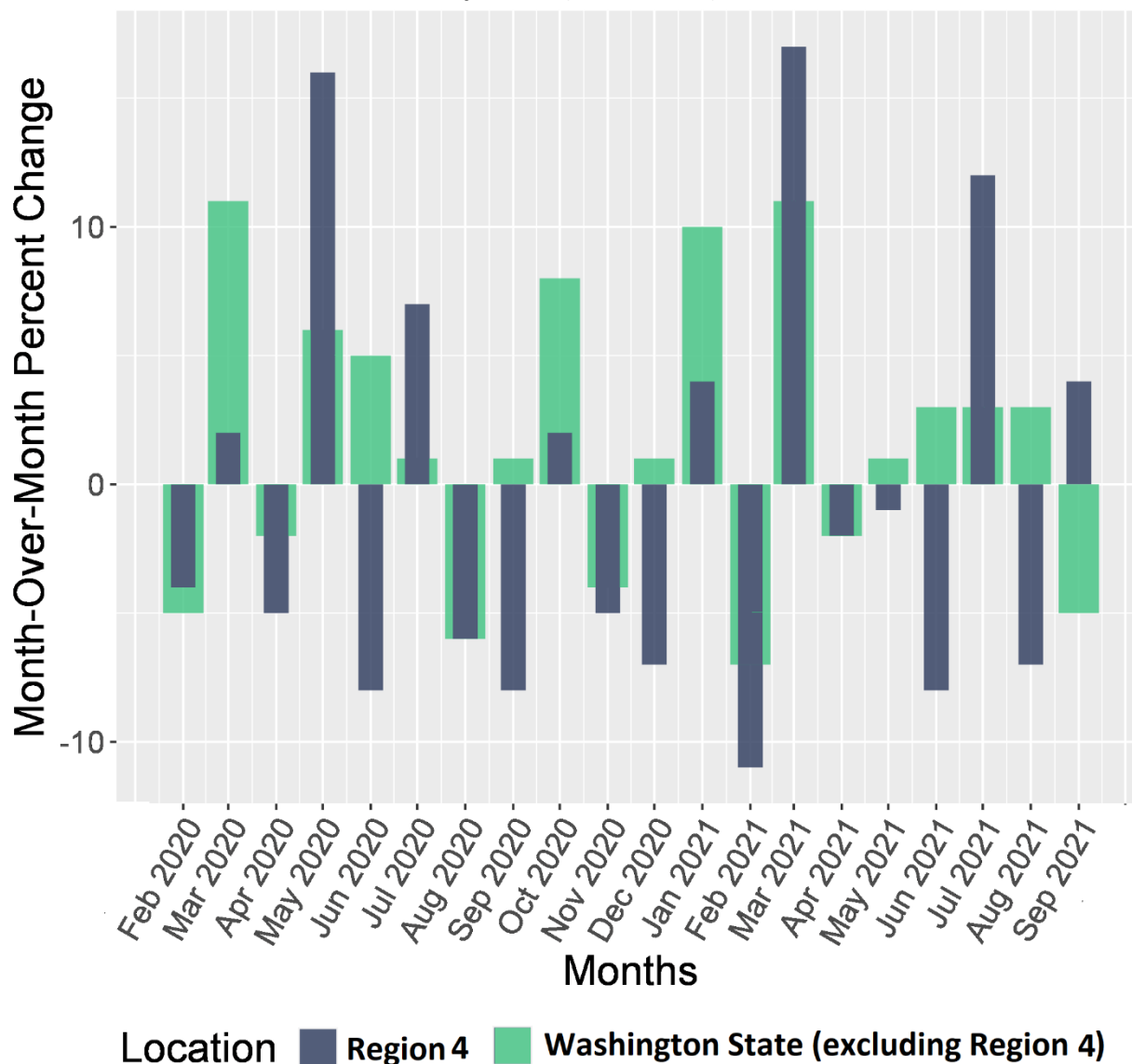


Note: Referrals are not mutually exclusive (i.e., individuals can receive more than one referral). Due to data collection issues, August 2021 – January 2022 might be underreported.

## Crisis System of Care

The crisis system of care completed by [behavioral health administrative service organizations](#)<sup>9</sup> (BH-ASOs) provides regional [crisis line](#)<sup>10</sup> support that serves as the entry point or *front door* to crisis services. This includes support, initial risk assessment, and referral to appropriate follow up services, if needed. Graph 54 provides data on month over month percentage change in crisis system utilization during 2020 and 2021 to date. Since January 2020, the average monthly call volume (excluding hang ups, wrong number, and messages) was 76,742 for Region 4. The most recent month, September 2021, presented with a 4% increase of all individual crisis calls for Region 4.

**Graph 54: Month over month percent change in individual encounter crisis calls, by month (Source: HCA)**



## Region 5: King county

### Key Takeaways

- For Region 5, visit volumes have appeared to trend back to levels more typical of care-seeking behavior before COVID-19, and therefore, rates may be converging with previous years' rates. Comparisons of one year to another should be interpreted with caution.
  - In the most recent reporting period ([CDC Week 4](#)<sup>5</sup>, week of January 29, 2022), the relative reported rate of ED visits for psychological distress,<sup>1</sup> suspected suicide attempt,<sup>2</sup> suicidal ideation, alcohol-related, and all drug<sup>3</sup>-related visits increased, while homelessness<sup>4</sup> ED visits decreased as compared to the previous reporting period (CDC Week 3, week of January 22, 2022).
  - In terms of statistical<sup>5</sup> warnings and alerts for ED visits:
    - psychological distress<sup>1</sup>, suicidal ideation, homelessness<sup>4</sup>, suspected suicide attempt,<sup>2</sup> alcohol-related, and all drug<sup>3</sup>-related: no statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.
- For Region 5, December 2021 showed a 45.5% month-over-month decrease of inpatient community hospital discharges of patients with diagnoses of behavioral, mental, and neurodevelopmental disorders.
- For Region 5, December 2021 showed a 39% month-over-month decrease of telehealth behavioral health services use claims.
- Since its inception in July 2020, a total of 2,598 WA Listens individual encounters have been completed for Region 5.
- Since January 2020, the average BH-ASO monthly call volume (excluding hang ups, wrong number, and messages) was 167,336 for Region 5.
- For further information about data including operationalizations and limitations, please review the [Appendix](#) for further guidance.

### Community Resilience

The United States Census Bureau provides Community Resilience Estimates (CREs) at the census tract level classifying what percent of residents have 0, 1 – 2, or 3+ risk factors. The CREs model individual and household characteristics for Washington state, and each county within Washington state, in efforts to facilitate disaster preparedness by detecting communities (and more specifically, counties) where capacity and resources may successfully reduce and mitigate the potential impact of adverse contexts, in this case, the pandemic.

Furthermore, the CRE shows how, following a disaster, the heterogeneous outcomes are dependent on each community's individual and household characteristics. Accounting for these characteristic differences in terms of the capacity to recover from disasters is imperative for disaster preparedness, as this can enable response planners and any organization responding to or helping to mitigate the behavioral health capacity considerations during the COVID-19 pandemic to effectively employ and deploy resources and to strategize for future disasters.

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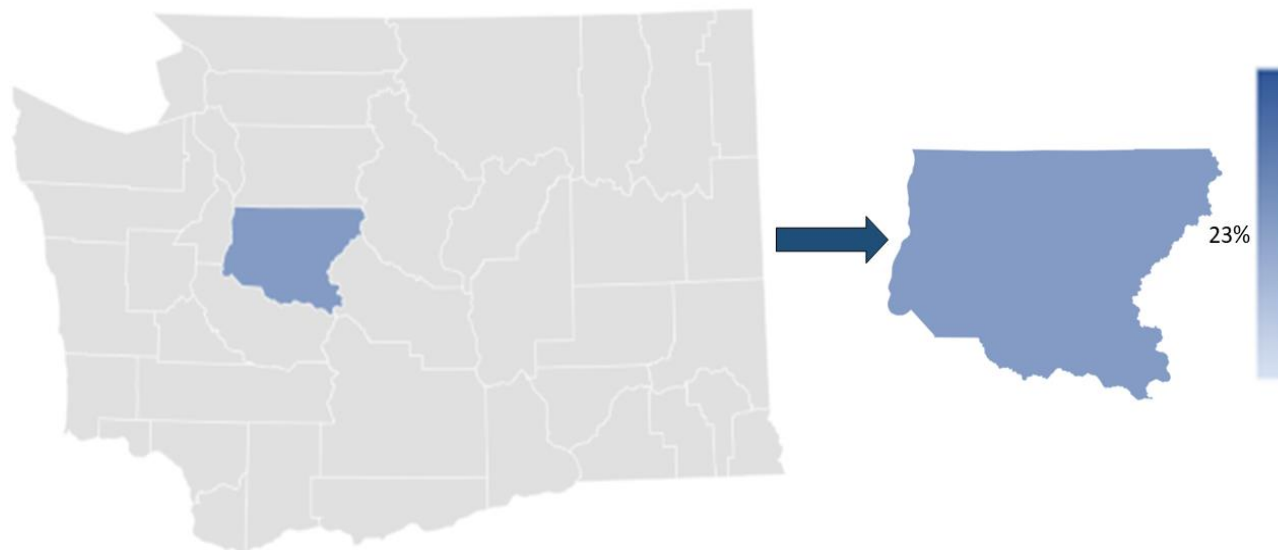
<sup>5</sup> <https://ndc.services.cdc.gov/wp-content/uploads/W2021-22.pdf>

In comparison, for Washington state, the CRE is 23% of people who had 0 risk factors, 52% who had 1-2 risk factors, and 25% who had 3 or more risk factors. The regional CRE is calculated by averaging each county's CRE within this region. For Region 5, the CRE includes 14% of people who had 0 risk factors, 64% who had 1-2 risk factors, and 23% who had 3 or more risk factors. Graph 55 presents the percentage of Region 5 with 3 or more risk factors. Graph 55 presents the percentage of Region 5 with 3 or more risk factors.

For Region 5, the CRE for each county is:

State	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
Washington	23%	52%	25%
Region	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
5	14%	64%	23%
County	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
King	14% (+/- 4%)	64% (+/- 8%)	23% (+/- 6%)

**Graph 55: Percent of Region 5 with 3+ Risk Factors (Source: U.S. Census Bureau)**

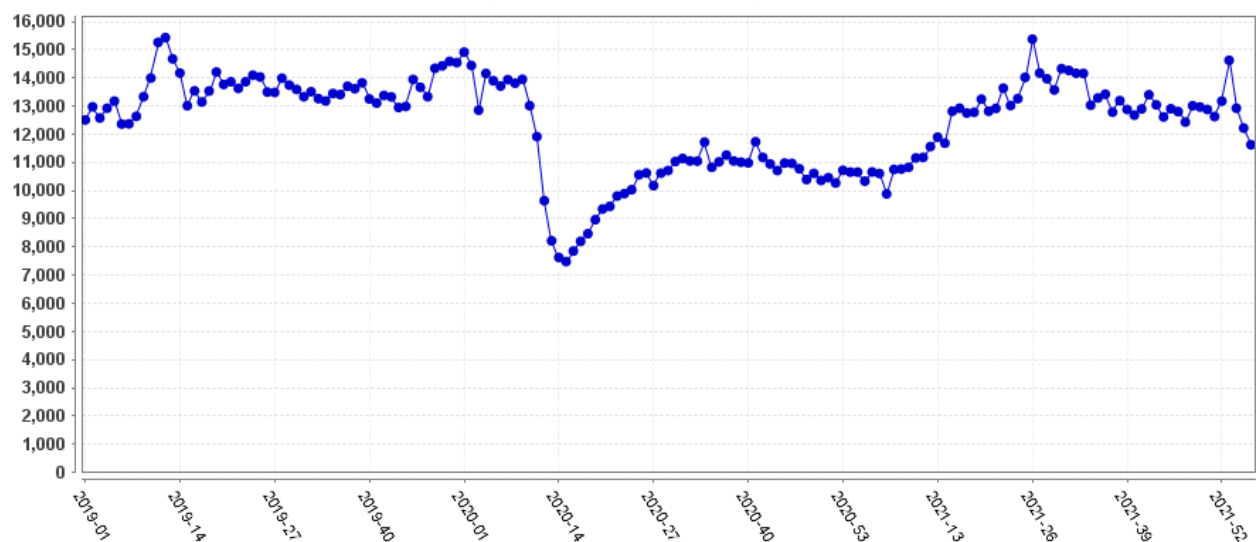


## All ED Visits

Graph 56 presents the weekly count of all ED visits in Region 5. For Region 5, similar to the overall Washington state count of all ED visits, a drop of ED visits was present in Region 5 for CDC Week 13 of 2020 (week of April 3) which aligns with the “Stay Home, Stay Healthy” order from March 23, 2020. However, visit volumes have appeared to trend back to levels more typical of care-seeking behavior before COVID-19, and therefore, rates *may be* converging with previous years’ rates. **Comparisons of one year to another should be interpreted with caution.**

Because the volume of visits across care settings varied widely during 2020, 2021, and 2022 to date, rates presented in this report may not reflect the true magnitude and direction of trends for behavioral health conditions and should be interpreted cautiously.

**Graph 56: Weekly count of all ED visits in Region 5, by week: 2019, 2020, 2021, and 2022 to date**  
(Source: CDC ESSENCE)

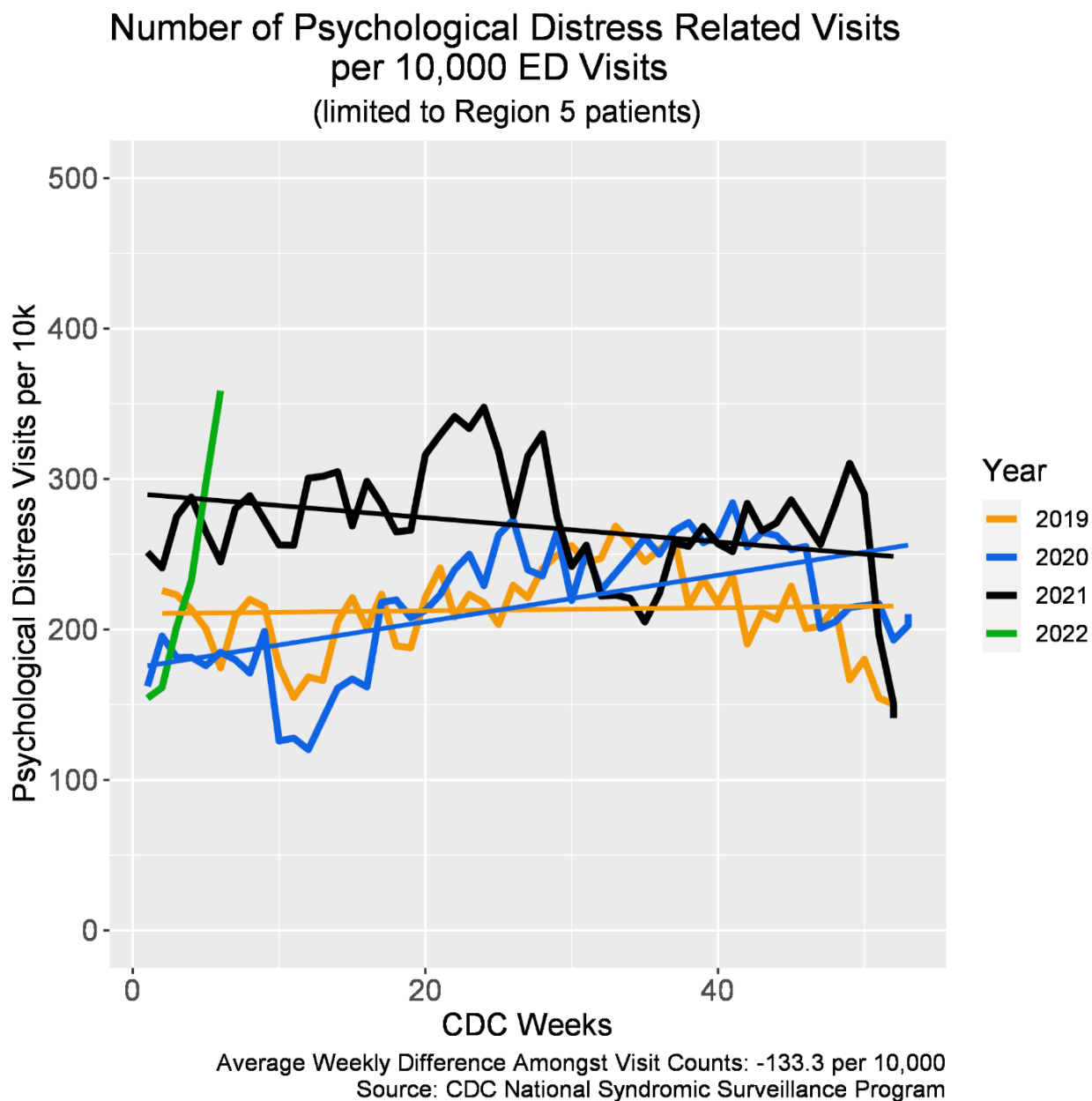


Caution should be taken as the steep drop in total ED visits could skew data for any type of ED visit. Changes in consistency of facility data submission may also impact ED visit volume.

## Psychological Distress

The relative reported ED visit count for **psychological distress**<sup>1</sup> for Region 5 is presented in Graph 57. Trend analysis revealed a decrease in 2021 ED visits for **psychological distress**<sup>1</sup>. Due to limited data, trend analysis was not evaluated for 2022 at this time. Specific to Region 5, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with one statistical<sup>5</sup> alert in 2021 (CDC Week 49, week of December 11, 2021). Since the last reporting period (CDC Week 44, week of November 6, 2021), no statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

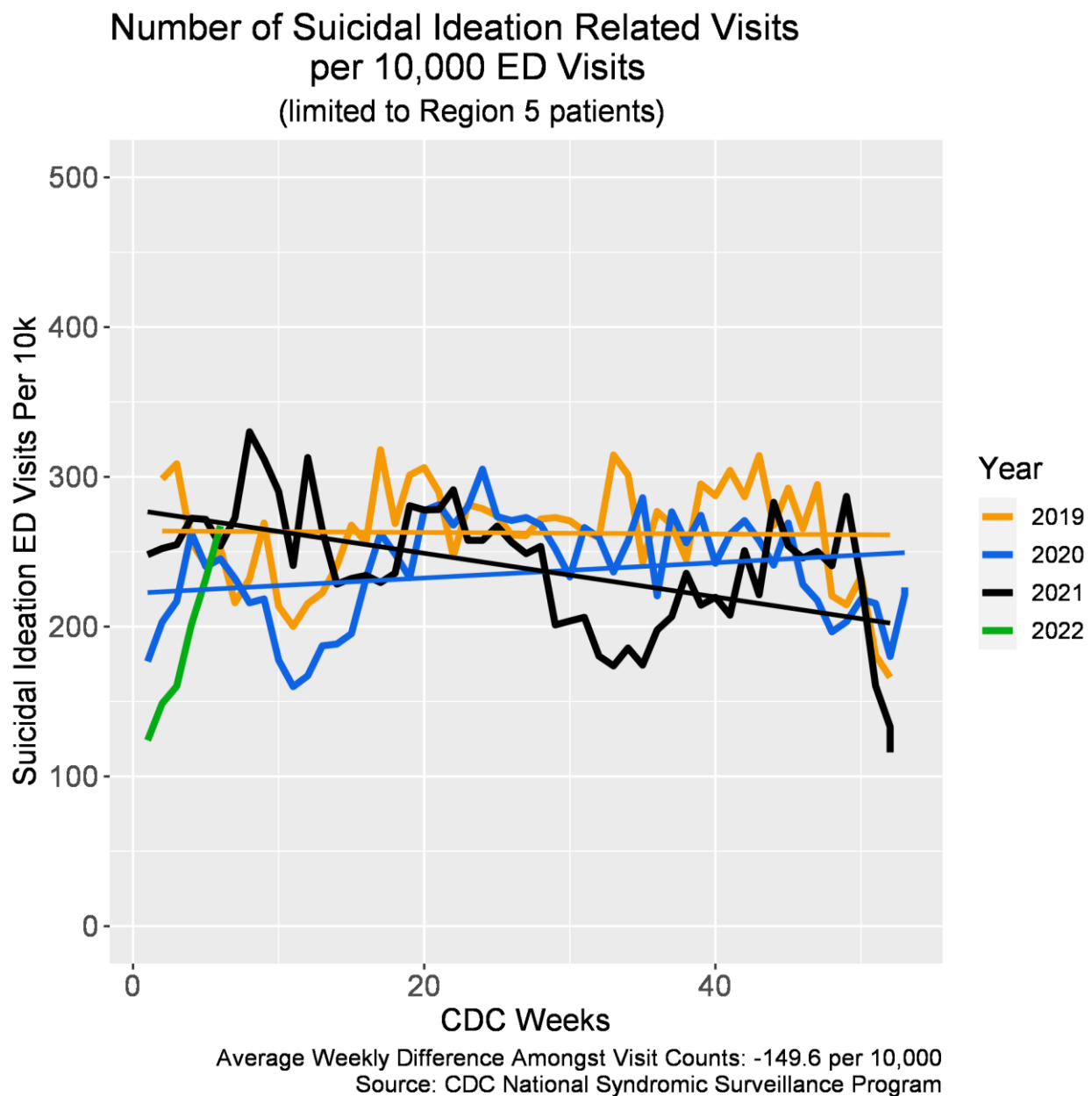
**Graph 57: Relative count of ED visits for psychological distress<sup>1</sup> in Region 5, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Suicidal Ideation

The relative reported ED visit count **for suicidal ideation** for Region 5 is presented in Graph 58. Trend analysis revealed a decrease in 2021 ED visits for suicidal ideation. Due to limited data, trend analysis was not evaluated for 2022 at this time. Specific to Region 5, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with no statistical<sup>5</sup> alerts or warnings since the last reporting period (CDC Week 44, week of November 6, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

**Graph 58: Relative count of ED visits for suicidal ideation in Region 5, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**

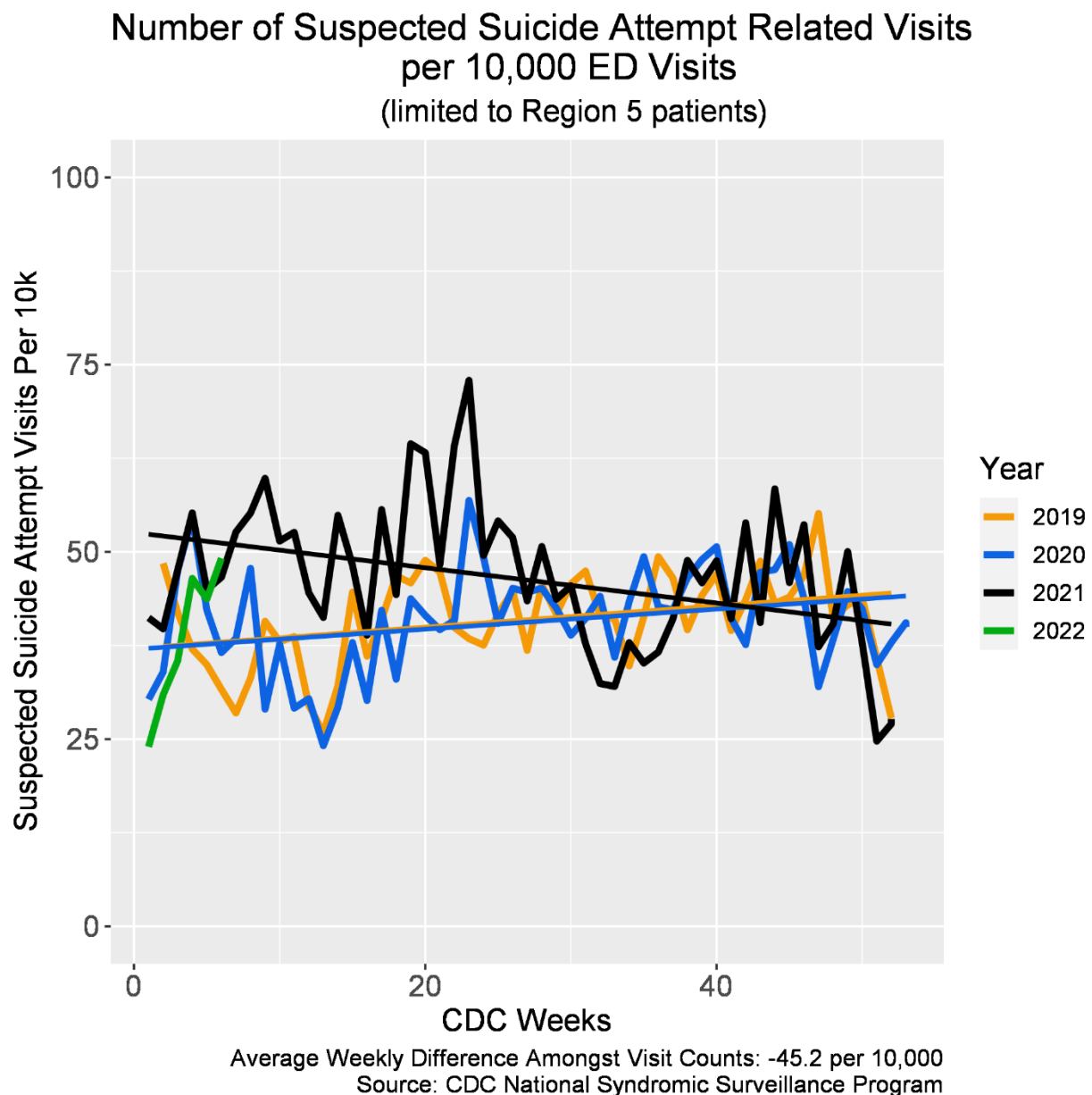




## Suspected suicide attemptattempts

The relative reported ED visit count for **suspected suicide attempts**<sup>2</sup> for Region 5 is presented in Graph 59. Trend analysis revealed a decrease in 2021 ED visits for **suspected suicide attempts**<sup>2</sup>. Due to limited data, trend analysis was not evaluated for 2022 at this time. Specific to Region 5, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with statistical<sup>5</sup> alerts for CDC Week 45 (week of November 13, 2021) and CDC Week 46 (week of November 14, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

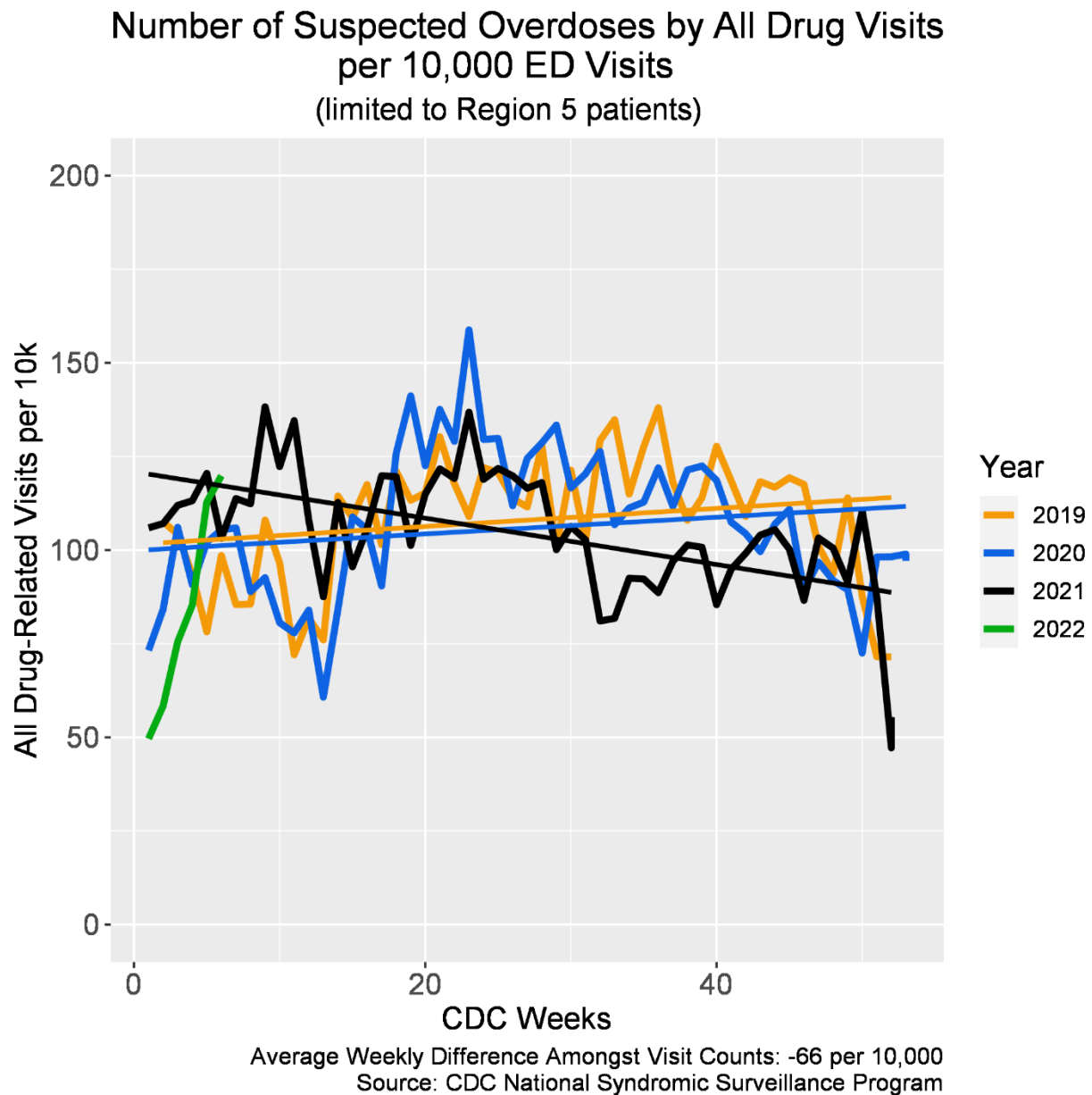
**Graph 59: Relative count of ED visits for suspected suicide attempts<sup>2</sup> in Region 5, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Substance Use – Drug Overdose

The relative reported rate of **all drug<sup>3</sup>-related** ED visits for Region 1 is presented in Graph 6. Trend analysis revealed a decrease in 2021 ED visits for **all drug<sup>3</sup>-related** visits. Due to limited data, trend analysis was not evaluated for 2022 at this time. Specific to Region 5, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with a statistical<sup>5</sup> alert for CDC Week 45 (week of November 13, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

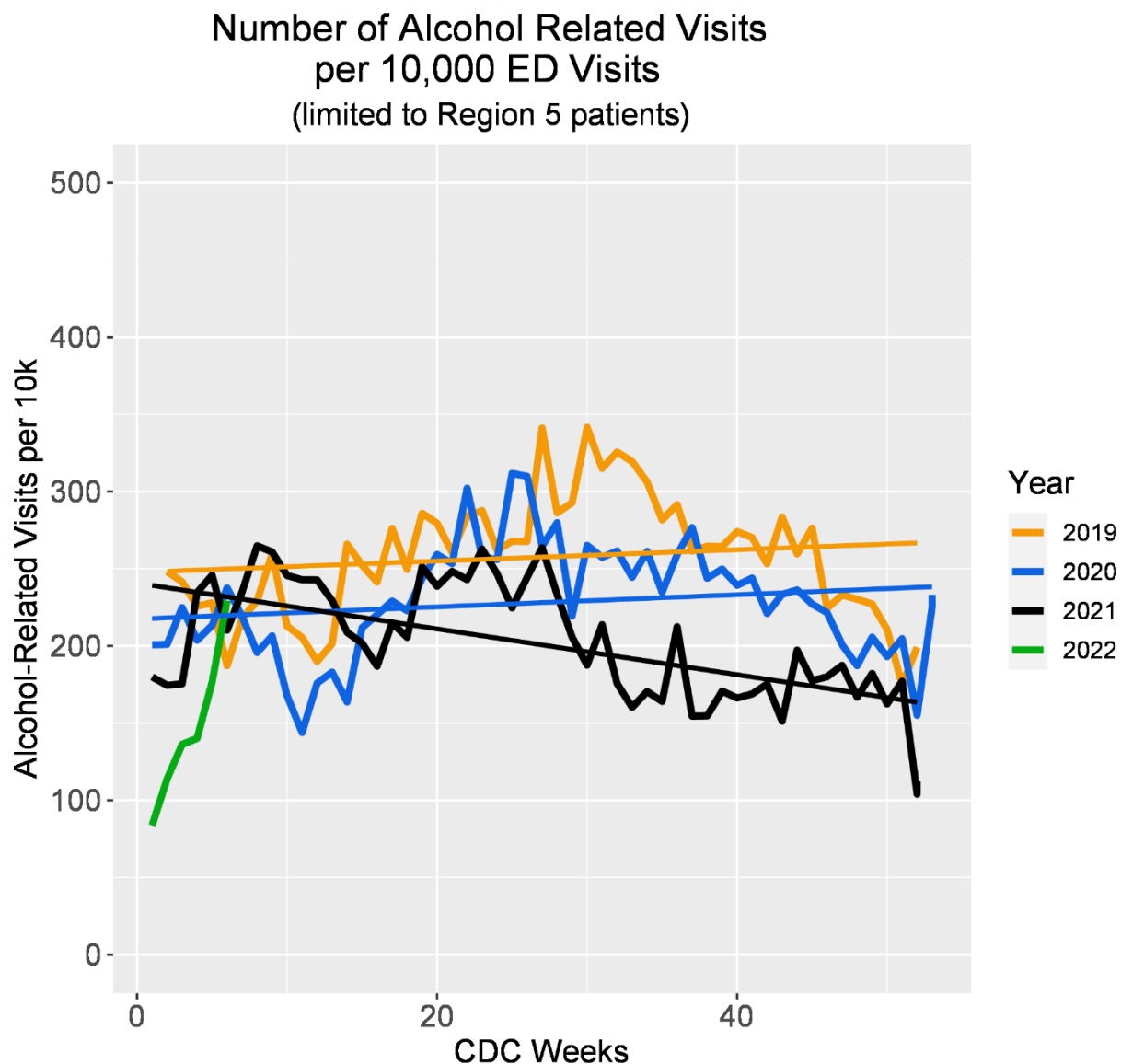
**Graph 60: Relative count of all drug<sup>3</sup>-related ED visits in Region 5, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Substance Use – Alcohol-Related Emergency Visits

The relative reported rate of **alcohol-related ED visits** for Region 5 is presented in Graph 61 Trend analysis revealed a decrease in 2021 **for alcohol-related** ED visits. Due to limited data, trend analysis was not evaluated for 2022 at this time. Specific to Region 5, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with a statistical<sup>5</sup> alert for CDC Week 45 (week of November 13, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

**Graph 61: Relative count of alcohol-related ED visits in Region 5, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**

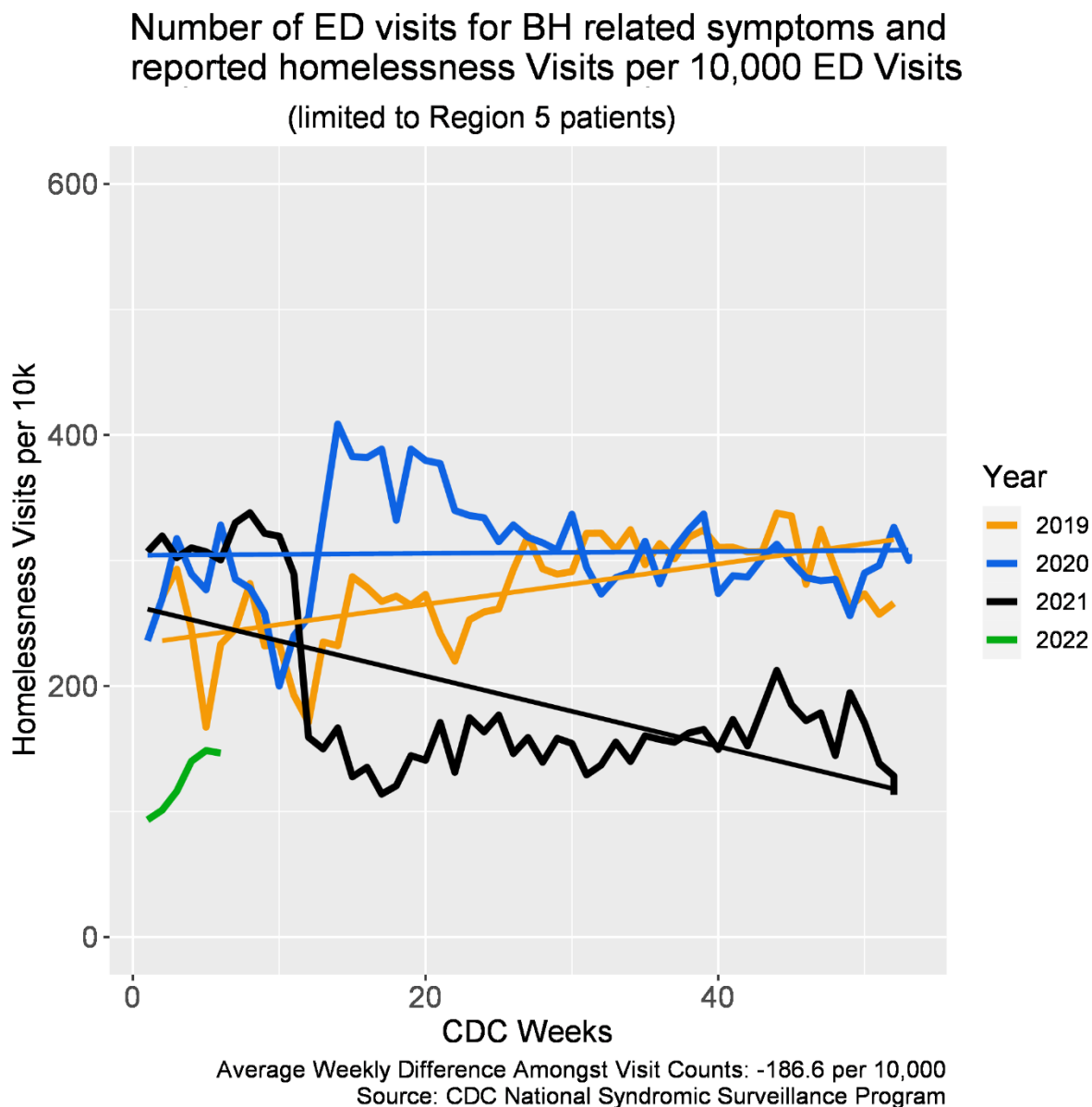


Average Weekly Difference Amongst Visit Counts: -144.1 per 10,000  
Source: CDC National Syndromic Surveillance Program

## Homelessness

The relative reported ED visit count **for homelessness**<sup>4</sup> for Region 5 is presented in Graph 62. Trend analysis revealed a decrease in 2021 ED visits **for homelessness**<sup>4</sup>. Due to limited data, trend analysis was not evaluated for 2022 at this time. Specific to Region 5, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with a statistical<sup>5</sup> alert for CDC Week 45 (week of November 13, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

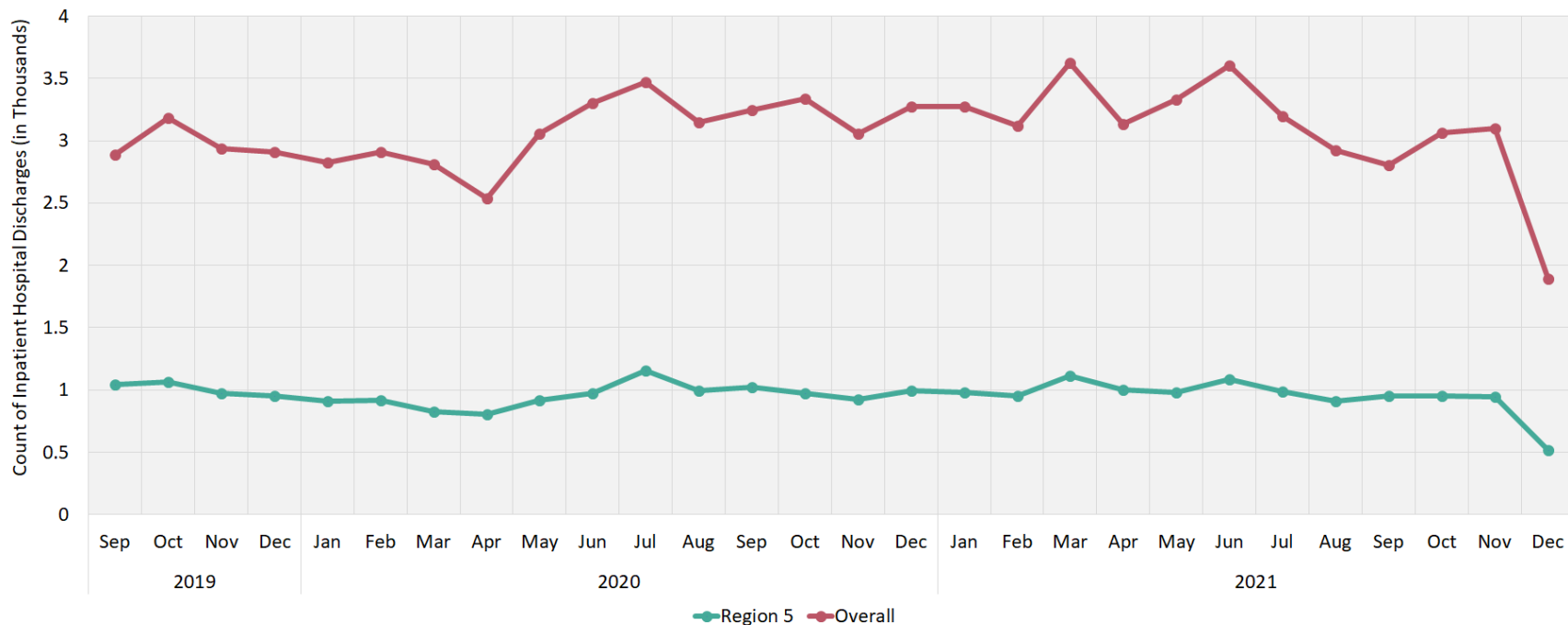
**Graph 62: Relative count of ED visits for homelessness<sup>4</sup> in overall Washington and Region 5, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Inpatient Community Hospital Discharges

The [Comprehensive Hospital Abstract Reporting System \(CHARS\)](#)<sup>6</sup> collects information on inpatient and observation patient community hospital stays. Caution should be taken when reviewing data, as the “Stay Home, Stay Healthy” order (March 2020) may have impacted hospital discharge data for both inpatient and observation patients. Only mental, behavioral, and neurodevelopmental disorders were evaluated (i.e., primary diagnoses included only ICD-10 F-codes).<sup>7</sup> For Region 5, the most recent reporting period (December 2021) showed a 45.5% decrease of inpatient community hospital discharges for mental, behavioral, and neurodevelopmental disorders (Graph 63) as compared to the previous month.

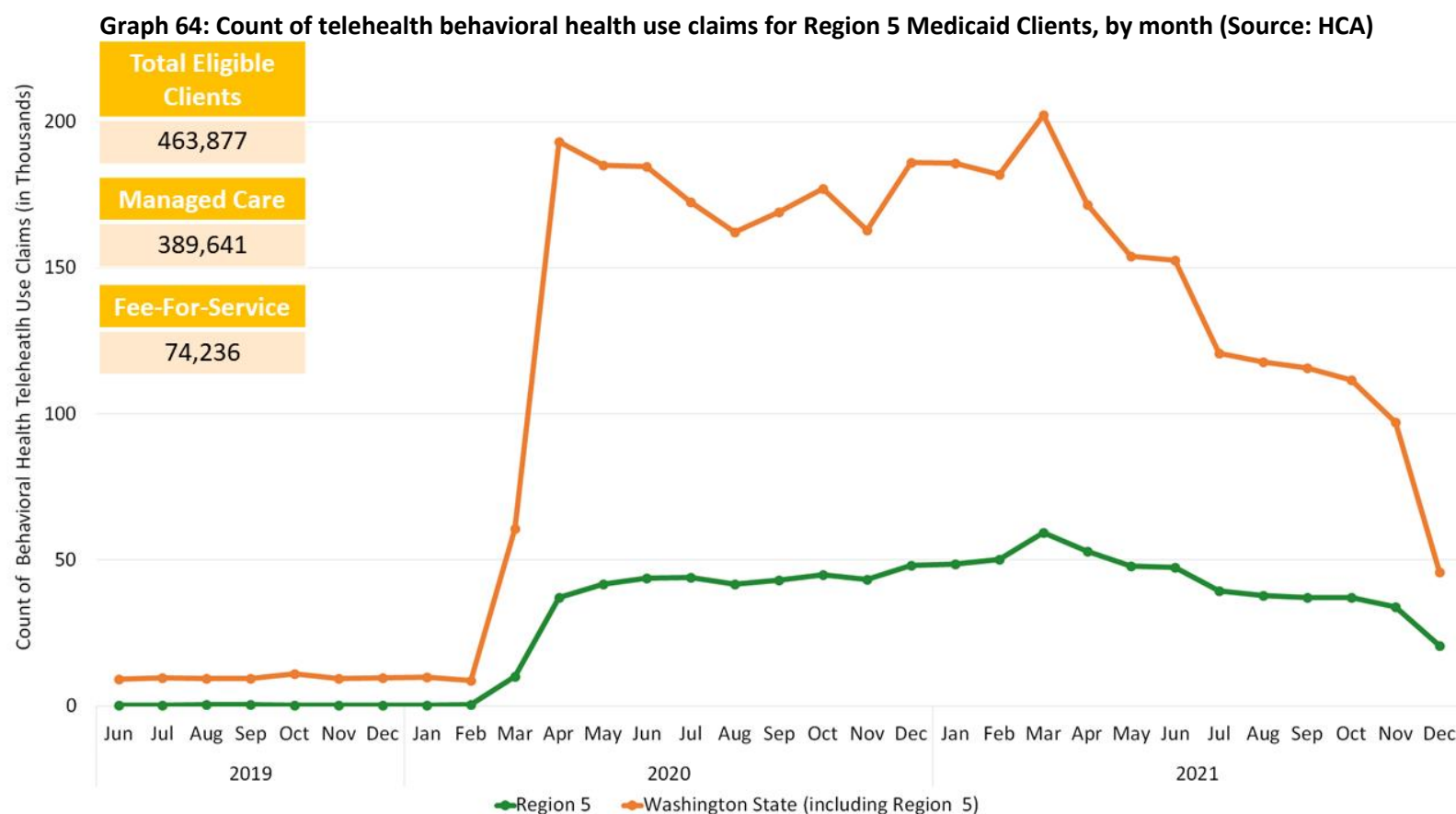
**Graph 63: Count of Inpatient Community Hospital Discharges for Mental, Behavioral, and Neurodevelopmental Disorders for overall Washington and Region 5, by month (Source: DOH)**



**Note:** Due to time lag, data might not be fully mature. While non-WA residents can discharge from a WA community hospital, only WA residents were included in the analysis. Only F-codes as primary diagnoses were included in the analysis.

## Telehealth Use for Washington State Medicaid Clients

Telehealth (phone and videoconferencing) claims use for Washington Medicaid clients is collected by the Washington State Health Care Authority (HCA). Graph 64 provides a count of telehealth behavioral health services use claims. It is important to note the limited use of telehealth in Medicaid clients prior to the COVID-19 pandemic (March 2020), which could explain the significant increase in March and April 2020 (237.6%). Caution should be taken when reviewing data as the “Stay Home, Stay Healthy” order may have impacted telehealth use. Additionally, due to the significant demand for telehealth, several changes were made to policies, coverage, and implementation that could impact this data. For Region 5, the most recent reporting period (December 2021) showed a 39% decrease of telehealth behavioral health services use claims compared to the previous month.

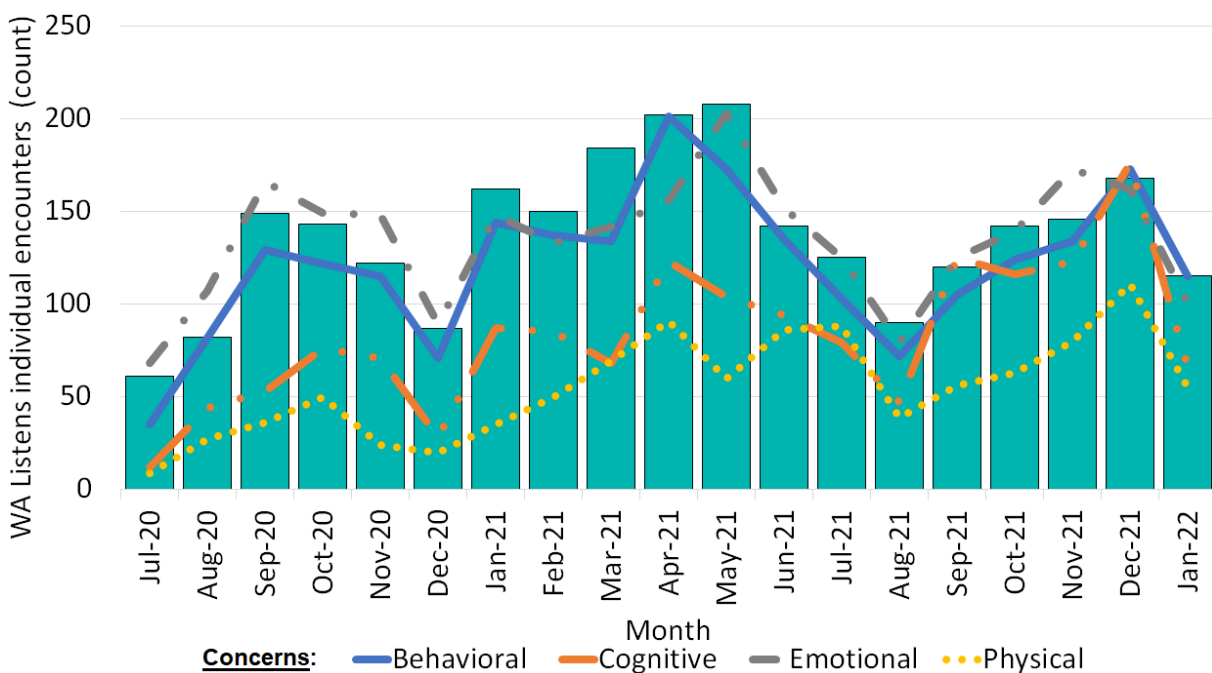


**Note:** Due to missing or suppressed data, results may be underreported.

## Telephonic Support Lines – Service Volume

[Washington \(WA\) Listens](#)<sup>8</sup> is a free, anonymous service that offers non-clinical behavioral health support for both individual and group encounters. Additionally, WA Listens provides referral information to local resources based on the needs expressed. Since its inception in July 2020, a total of 2,598 WA Listens individual encounters have been completed (Graph 65) for Region 5. For **race, age, and gender** information on **individual encounters**, see Table 5.

**Graph 65: Total count of WA Listens individual calls and concerns, by month (Source: HCA)**



Note: Individuals can call about more than one concern, including multiple of the same type. Due to data collection issues, August 2021 – January 2022 might be underreported.

**Table 5: Race, age, and gender of WA Listen’s survivors (Source: HCA)**

Gender	Count (%)
Female	1864 (71.5%)
Male	843 (32.3%)
Transgender	30 (1.2%)

Race	Count (%)
Other	104 (4.0%)
White	1719 (65.9%)
Did not report	55 (2.1%)

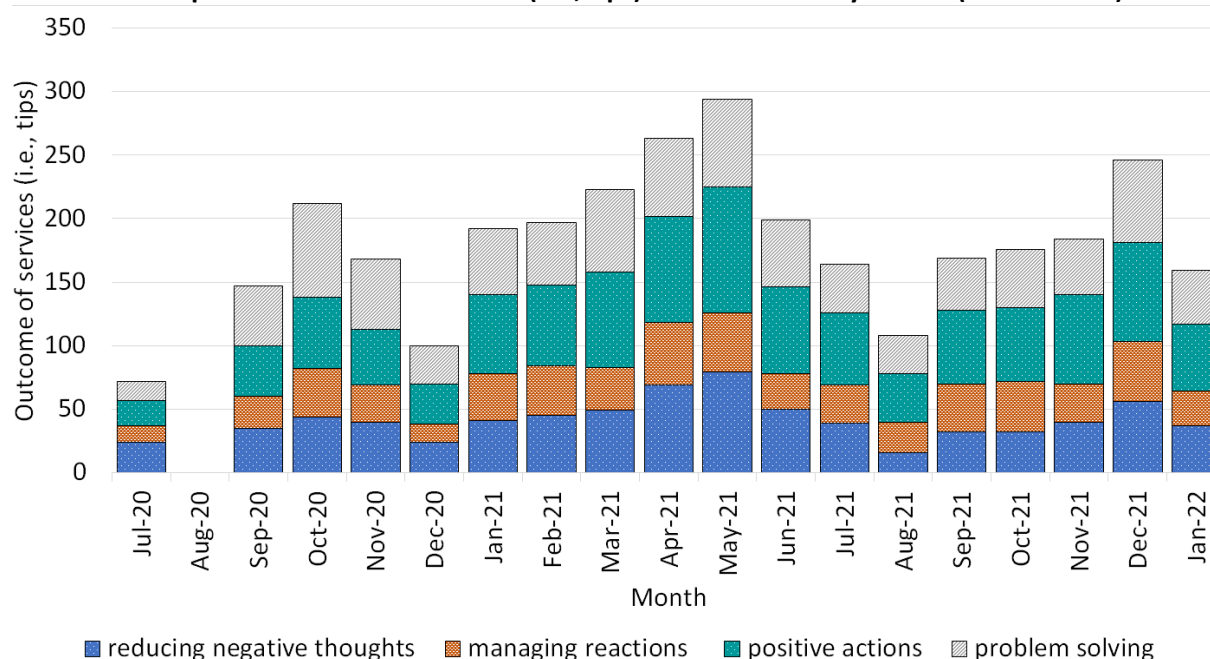
Age	Count (%)
< = 17	39 (1.5%)
18 – 39	614 (23.6%)
40 – 64	771 (29.6%)
> = 65	1313 (50.4%)

Population (US Census, April 1, 2010)	%
White	66%
Black or African American	7%
Asian	20%
American Indian & Alaska Native	1%
Native Hawaiian & Other Pacific Islander	1%
Hispanic or Latino	10%

Note: Gender, age, and race are not mutually exclusive (individual can report more than 1 gender, age, and race). Due to low Ns, some categories could not be reported.

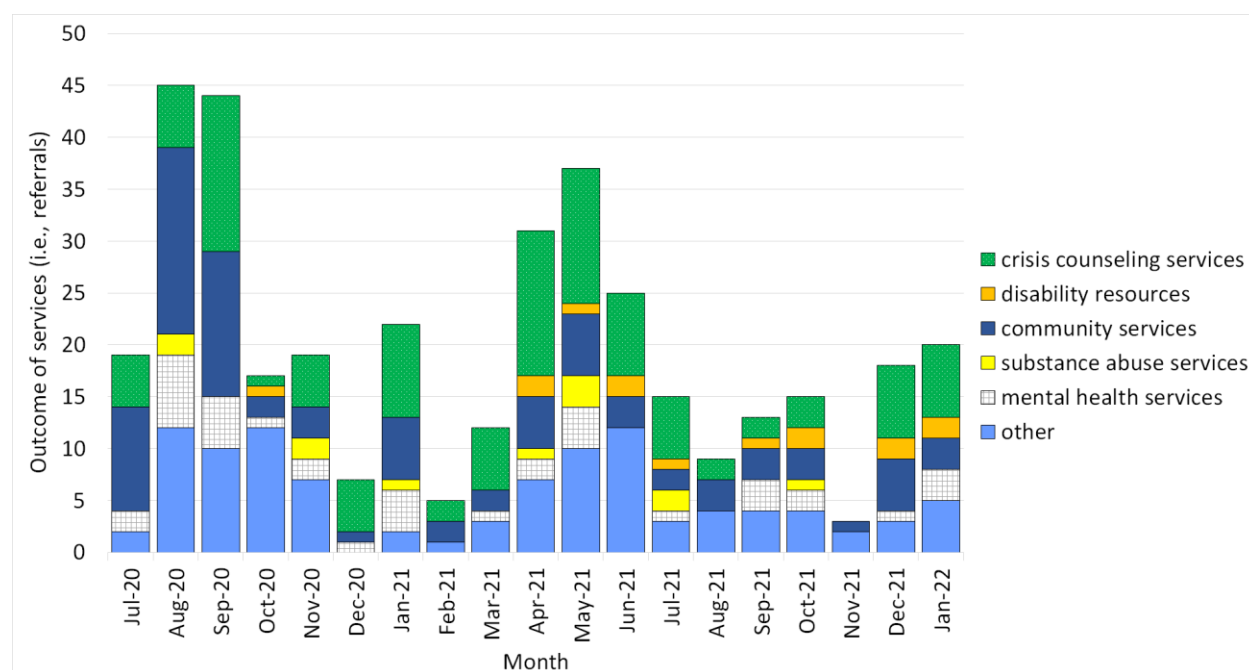
In January 2022, calls for **physical concerns** decreased by 33.5%, **emotional concerns** decreased by 62.5%, **cognitive concerns** decreased by 62.5%, and **behavioral concerns** decreased by 33.5% (Graph 65). For **outcomes from services** (e.g., tips and referrals), see Graphs 66 and 67.

**Graph 66: Outcome of services (i.e., tips) for WA Listens by month (Source: HCA)**



Note: Tips are not mutually exclusive (i.e., individuals can receive more than one tip). Due to data collection issues, August 2021 – January 2022 might be underreported.

**Graph 67: Outcome of services (i.e., referrals) for WA Listens by month (Source: HCA)**

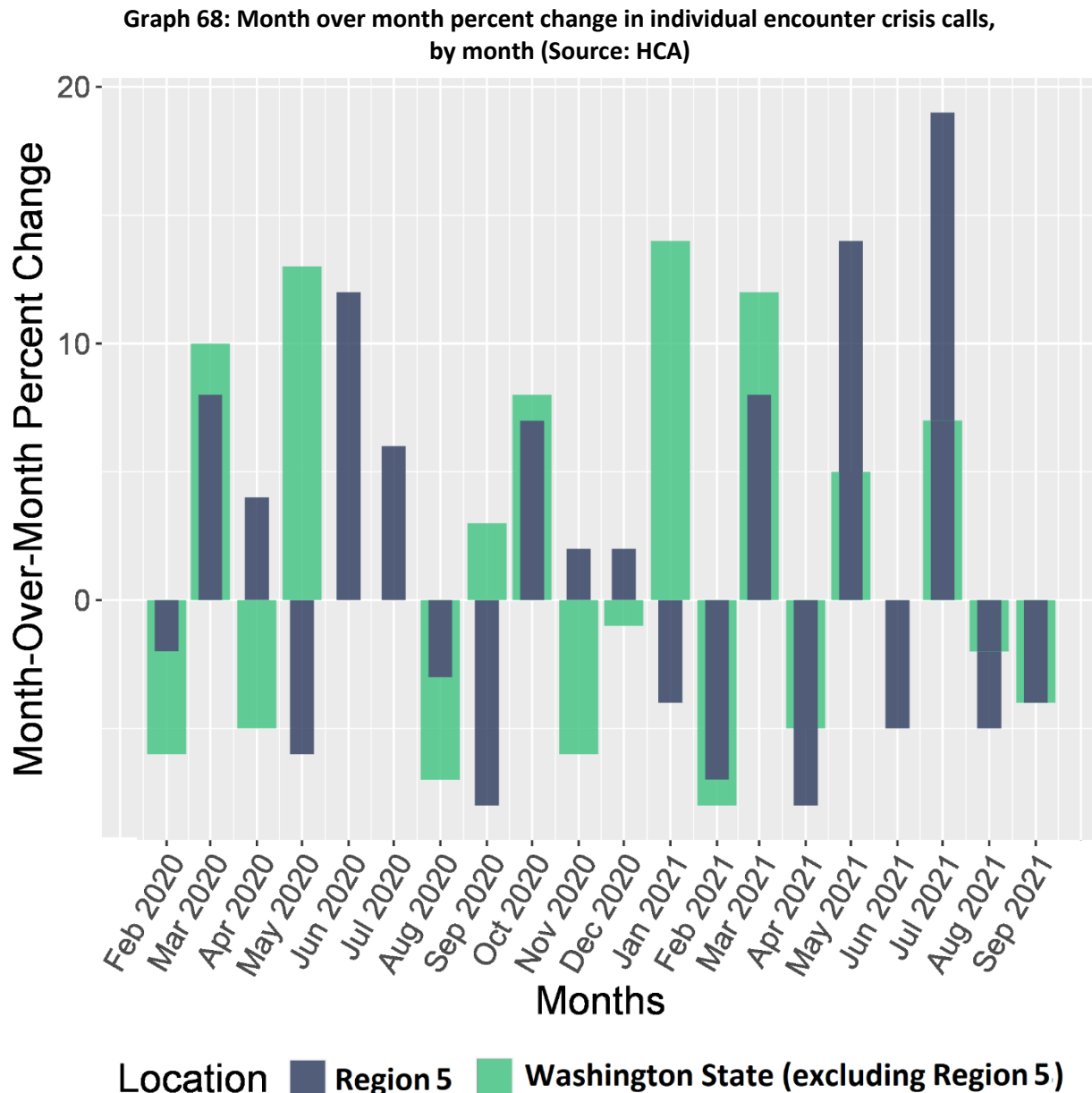


Note: Referrals are not mutually exclusive (i.e., individuals can receive more than one referral). Due to data collection issues, August 2021 – January 2022 might be underreported.



## Crisis System of Care

The crisis system of care completed by [behavioral health administrative service organizations](#)<sup>9</sup> (BH-ASOs) provides regional [crisis line](#)<sup>10</sup> support that serves as the entry point or *front door* to crisis services. This includes support, initial risk assessment, and referral to appropriate follow up services, if needed. Graph 68 provides data on month over month percentage change in crisis system utilization during 2020 and 2021 to date. Since January 2020, the average monthly call volume (excluding hang ups, wrong number, and messages) was 167,336 for Region 5. The most recent month, September 2021, presented with a 5% decrease of all individual crisis calls for Region 5.



# Region 6: Chelan, Douglas, Grant, and Okanogan counties

## Key Takeaways

- For Region 6, visit volumes have appeared to trend back to higher levels of care-seeking behavior before COVID-19. Rates may still be converging with previous years' rates. Comparisons of one year to another should be interpreted with caution.
  - As compared to the previous reporting period ([CDC Week 4](#)<sup>6</sup>, week of January 29, 2022), the relative reported rate of alcohol-related ED visits decreased, while suicidal ideation and psychological distress<sup>1</sup> ED visits increased compared to the most recent reporting period (CDC Week 3, week of January 22, 2022).
  - Note, the relative reported rate for suspected suicide attempt,<sup>2</sup> all drug<sup>3</sup>-related, and homelessness<sup>4</sup> ED visits are not included in this section as the numbers were too low to report out<sup>11</sup>.
  - In terms of statistical<sup>5</sup> warnings and alerts for ED visits<sup>5</sup>:
    - psychological distress<sup>1</sup>, alcohol-related, and suicidal ideation ED visits: no statistical<sup>5</sup> warnings and alerts were issued for 2022 to date.
- For Region 6, December 2021 showed a 66.7% month-over-month decrease of inpatient community hospital discharges for patients with diagnoses of behavioral, mental, and neurodevelopmental disorders.
- For Region 6, December 2021 showed a 54% month-over-month decrease of telehealth behavioral health services use claims.
- Since its inception in July 2020, a total of 262 WA Listens individual encounters have been completed for Region 6.
- Since January 2020, the average BH-ASO monthly call volume (excluding hang ups, wrong number, and messages) was 14,236 for Region 6.
- For further information about data including operationalizations and limitations, please review the [Appendix](#) for further guidance.

## Community Resilience

The United States Census Bureau provides Community Resilience Estimates (CREs) at the census tract level classifying what percent of residents have 0, 1-2, or 3+ risk factors. The CREs model individual and household characteristics for Washington state, and each county within Washington state, in efforts to facilitate disaster preparedness by detecting communities (and more specifically, counties) where capacity and resources may successfully reduce and mitigate the potential impact of adverse contexts, in this case, the pandemic.

Furthermore, the CRE shows how, following a disaster, the heterogenous outcomes are dependent on each community's individual and household characteristics. Accounting for these characteristic differences in terms of the capacity to recover from disasters is imperative for disaster preparedness, as this can enable response planners and any organization responding to or helping to mitigate the

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<sup>6</sup> <https://ndc.services.cdc.gov/wp-content/uploads/W2021-22.pdf>

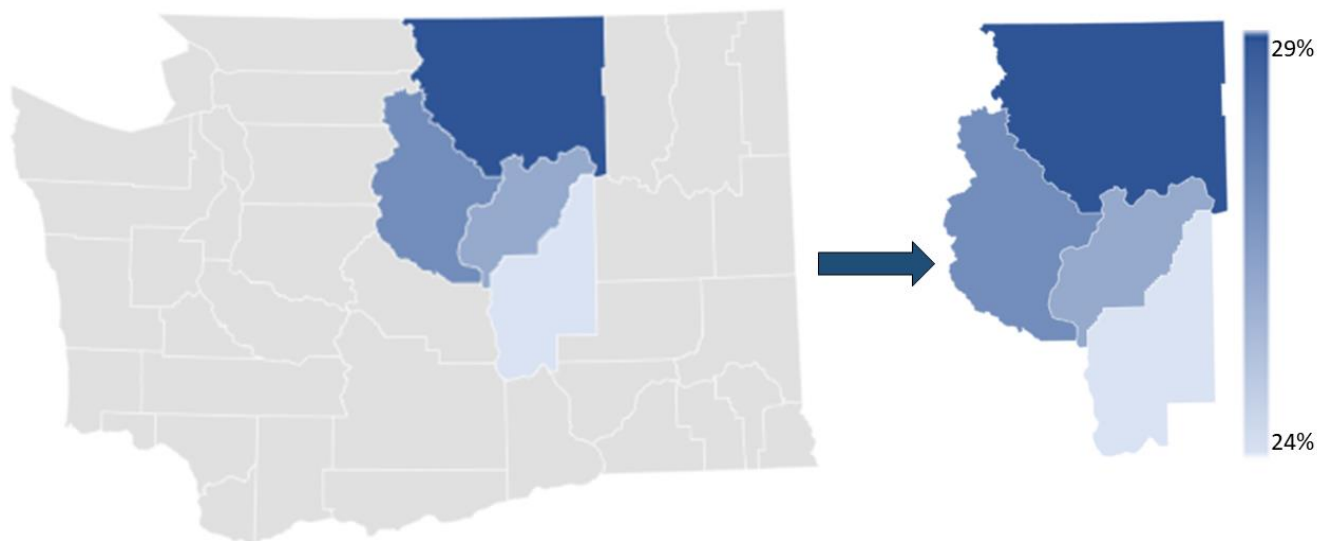
behavioral health capacity considerations during the COVID-19 pandemic to effectively employ and deploy resources and to strategize for future disasters.

In comparison, for Washington state, the CRE is 23% of people who had 0 risk factors, 52% who had 1-2 risk factors, and 25% who had 3 or more risk factors. The regional CRE is calculated by averaging each county's CRE within this region. For Region 6, the CRE includes 22% of people who had 0 risk factors, 51% who had 1-2 risk factors, and 27% who had 3 or more risk factors. Graph 69 presents the percentage of Region 6 with 3 or more risk factors.

For Region 6, the CRE for each county is:

State	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
Washington	23%	52%	25%
Region	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
6	22%	52%	27%
County	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
Chelan	19% (+/- 5%)	54% (+/- 7%)	27% (+/- 7%)
Douglas	21% (+/- 5%)	53% (+/- 7%)	26% (+/- 6%)
Grant	27% (+/- 6%)	49% (+/- 7%)	24% (+/- 6%)
Okanogan	21% (+/- 6%)	51% (+/- 7%)	29% (+/- 6%)

**Graph 69: Percent of Region 6 with 3+ Risk Factors (Source: U.S. Census Bureau)**

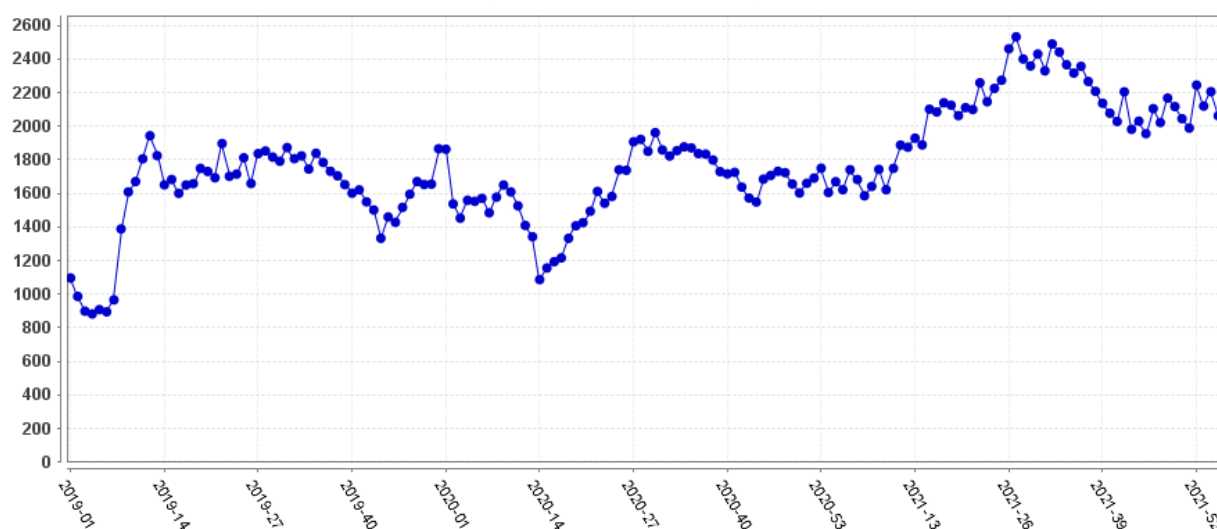


## All ED Visits

Graph 70 presents the weekly count of all ED visits in Region 6. For Region 6, similar to the overall Washington state count of all ED visits, a drop of ED visits was present in Region 6 for CDC Week 13 of 2020 (week of April 3) which aligns with the “Stay Home, Stay Healthy” order from March 23, 2020. However, visit volumes have appeared to trend back to levels more typical of care-seeking behavior before COVID-19, and therefore, rates *may be* converging with previous years’ rates. **Comparisons of one year to another should be interpreted with caution.**

Because the volume of visits across care settings varied widely during 2020, 2021, and 2022 to date, rates presented in this report may not reflect the true magnitude and direction of trends for behavioral health conditions and should be interpreted cautiously.

**Graph 70: Weekly count of all ED visits in Region 6, by week: 2019, 2020, 2021, and 2022 to date**  
(Source: CDC ESSENCE)

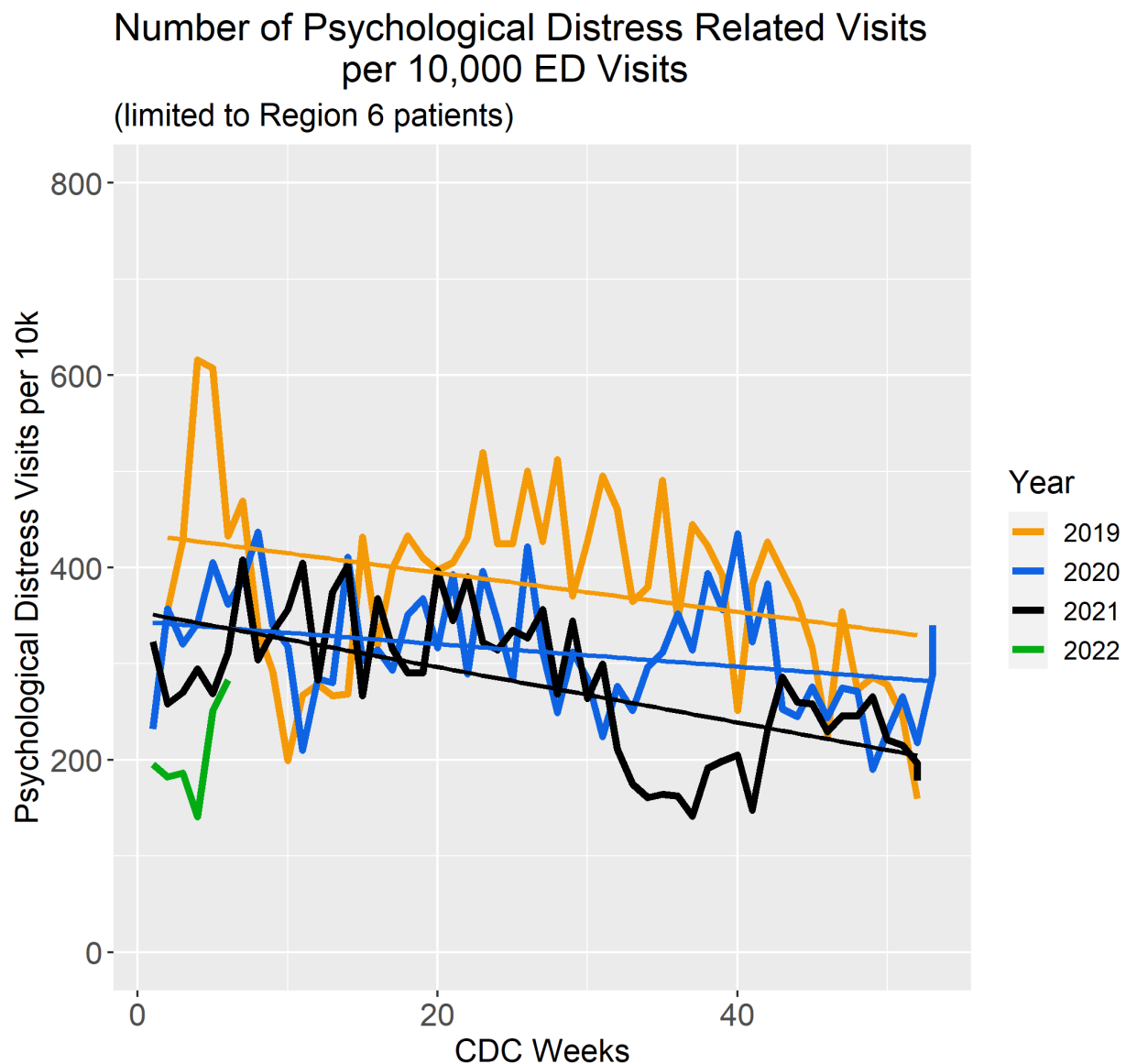


Caution should be taken as the steep drop in total ED visits could skew data for any type of ED visit. Changes in consistency of facility data submission may also impact ED visit volume.

## Psychological Distress

The relative reported ED visit count for **psychological distress**<sup>1</sup> for Region 6 is presented in Graph 71. Trend analysis revealed a decrease in 2021 ED visits for **psychological distress**<sup>1</sup>; due to limited data, trend analysis was not evaluated for 2022 at this time. Specific to Region 6, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with one statistical<sup>5</sup> alert in 2021 (CDC Week 49, week of December 11, 2021). Since the last reporting period (CDC Week 44, week of November 6, 2021), no statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

**Graph 71: Relative count of ED visits for psychological distress<sup>1</sup> in Region 6, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**

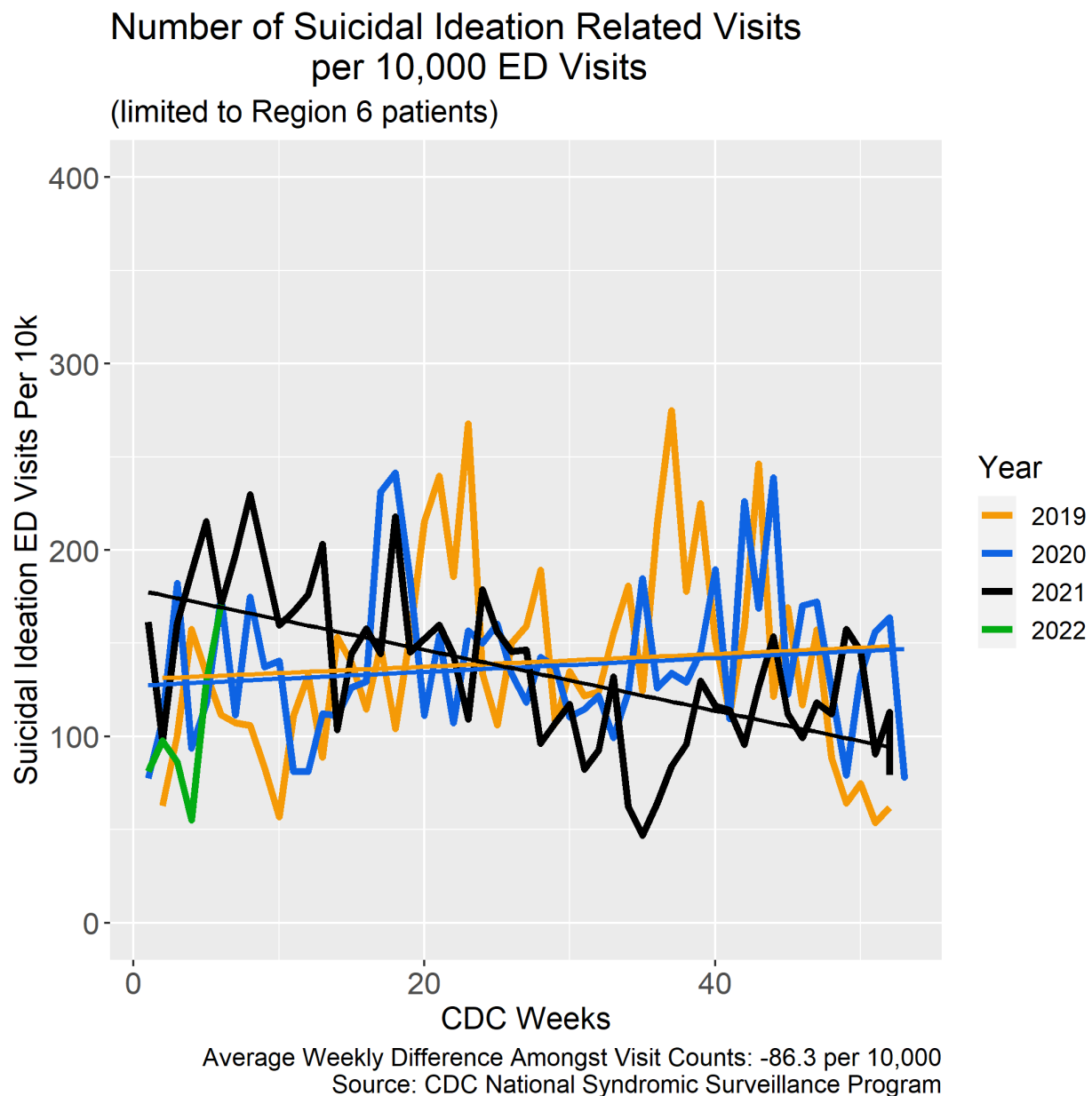


Average Weekly Difference Amongst Visit Counts: -193.2 per 10,000  
Source: CDC National Syndromic Surveillance Program

## Suicidal Ideation

The relative reported ED visit count **for suicidal ideation** for Region 6 is presented in Graph 72. Trend analysis revealed a decrease in 2021 ED visits for suicidal ideation; due to limited data, trend analysis was not evaluated for 2022 at this time. Specific to Region 6, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with no statistical<sup>5</sup> alerts or warnings since the last reporting period (CDC Week 44, week of November 6, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

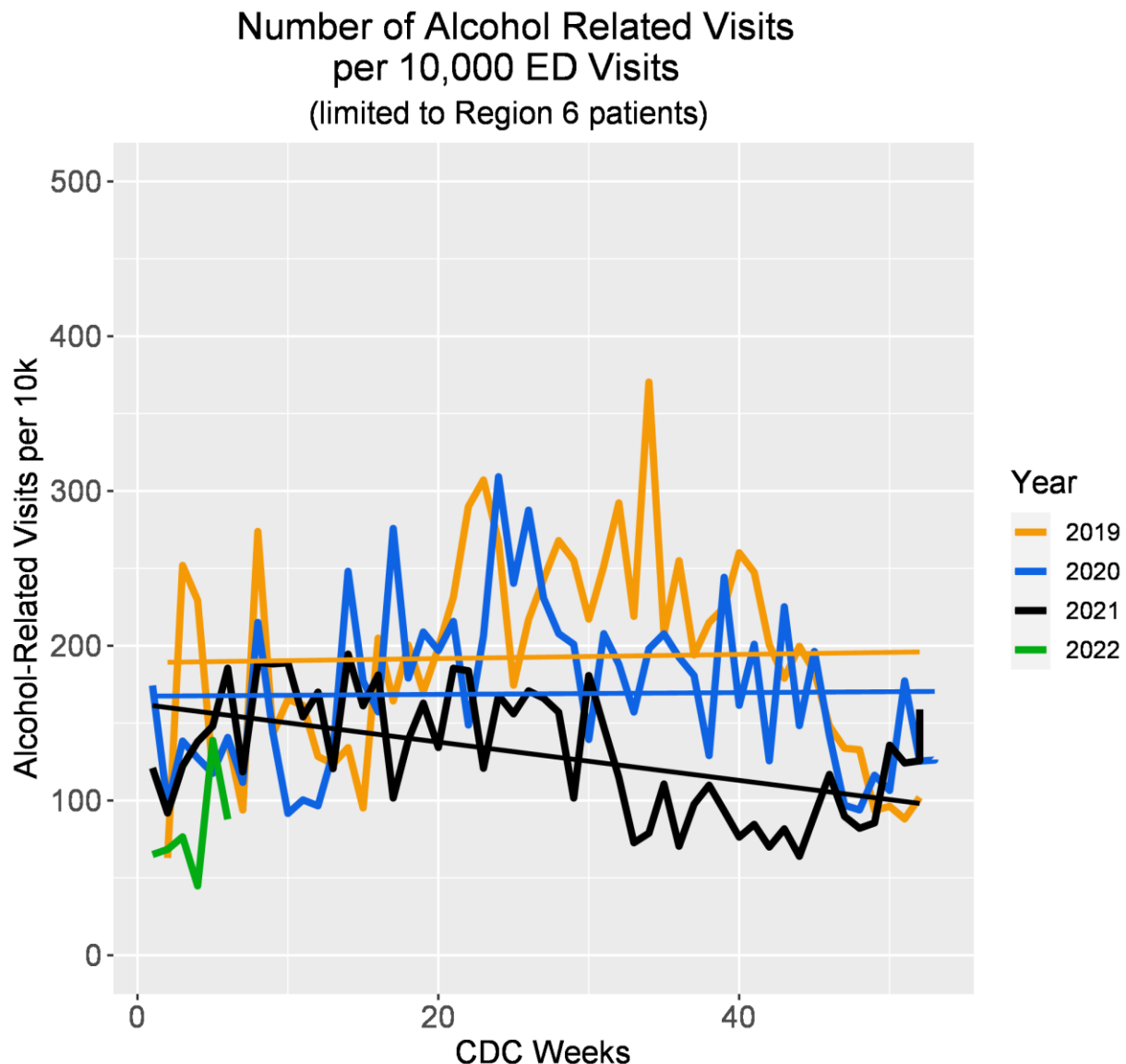
**Graph 72: Relative count of ED visits for suicidal ideation in Region 6, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Substance Use – Alcohol-Related Emergency Visits

The relative reported rate of alcohol-related ED visits for Region 6 is presented in Graph 73. Trend analysis revealed a decrease in 2021 ED visits for all drug<sup>3</sup>-related; due to limited data, trend analysis was not evaluated for 2022 at this time. Specific to Region 6, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with a statistical<sup>5</sup> alert for CDC Week 45 (week of November 13, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

**Graph 73: Relative count of alcohol-related ED visits in Region 6, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**

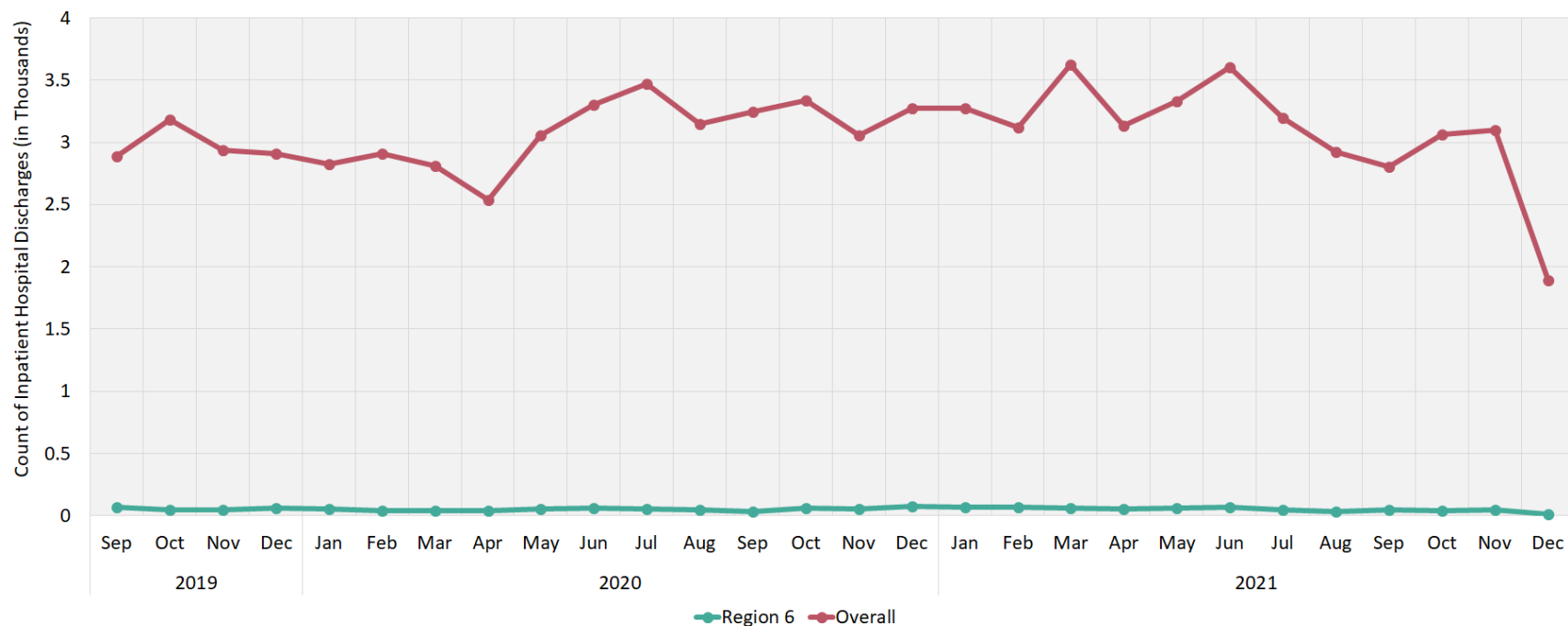


Source: CDC National Syndromic Surveillance Program

## Inpatient Community Hospital Discharges

The [Comprehensive Hospital Abstract Reporting System \(CHARS\)](#)<sup>6</sup> collects information on inpatient and observation patient community hospital stays. Caution should be taken when reviewing data, as the “Stay Home, Stay Healthy” order (March 2020) may have impacted hospital discharge data for both inpatient and observation patients. Only mental, behavioral, and neurodevelopmental disorders were evaluated (i.e., primary diagnoses included only ICD-10 F-codes).<sup>7</sup> For Region 6, the most recent reporting period (December 2021) showed a 66.7% decrease in inpatient community hospital discharges for mental, behavioral, and neurodevelopmental disorders (Graph 74) as compared to the previous month.

**Graph 74: Count of Inpatient Community Hospital Discharges for Mental, Behavioral, and Neurodevelopmental Disorders overall for Washington and Region 6, by month (Source: DOH)**



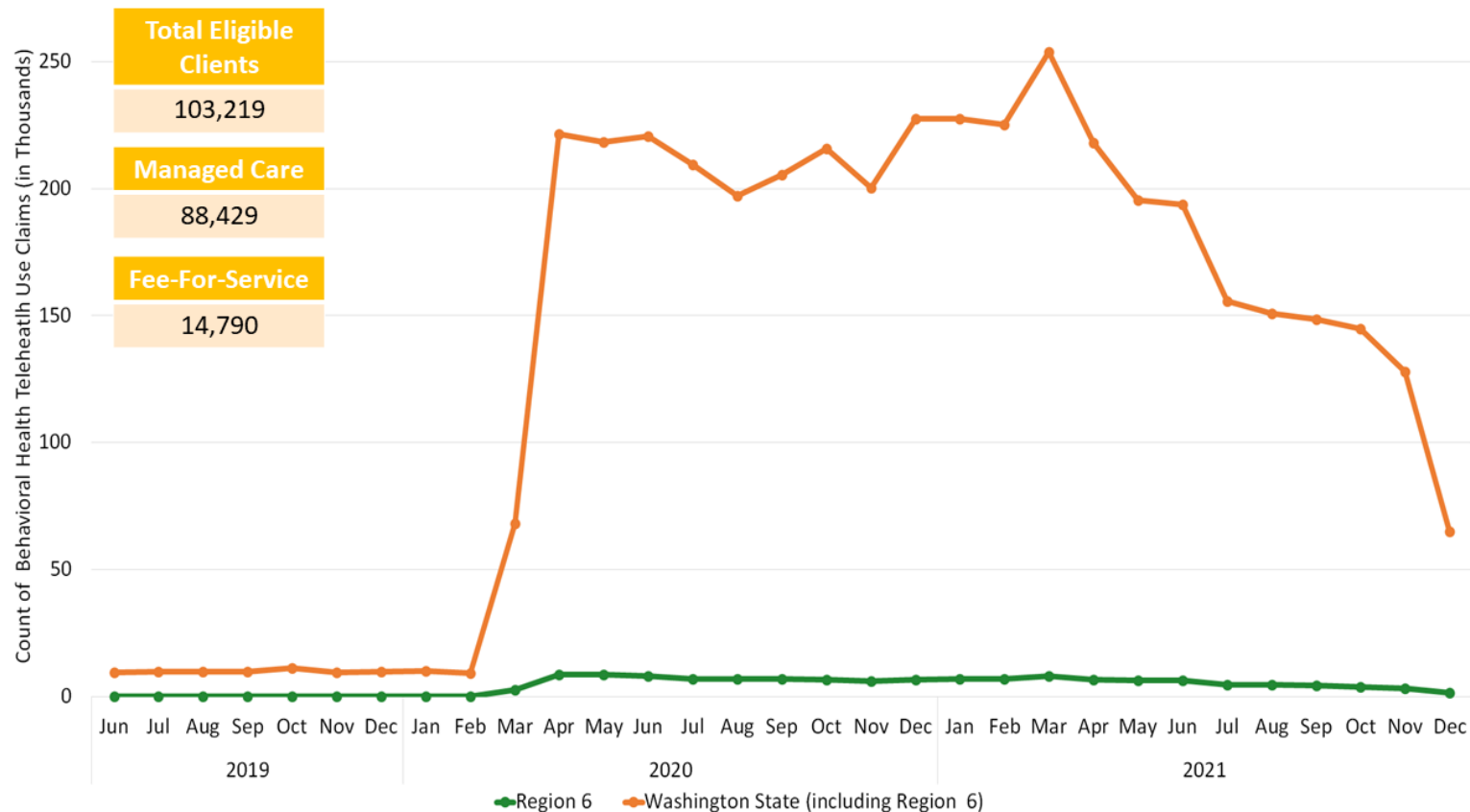
**Note:** Due to time lag, data might not be fully mature. While non-WA residents can discharge from a WA community hospital, only WA residents were included in the analysis. Only F-codes as primary diagnoses were included in the analysis.



## Telehealth Use for Washington State Medicaid Clients

Telehealth (phone and videoconferencing) claims use for Washington Medicaid clients is collected by the Washington State Health Care Authority (HCA). Graph 75 provides a count of telehealth behavioral health services use claims. It is important to note the limited use of telehealth in Medicaid clients prior to the COVID-19 pandemic (March 2020), which could explain the significant increase in March and April 2020 (237.6%). Caution should be taken when reviewing data as the “Stay Home, Stay Healthy” order may have impacted telehealth use. Additionally, due to the significant demand for telehealth, several changes were made to policies, coverage, and implementation that could impact this data. For Region 6, the most recent reporting period (December 2021) showed a 54% decrease of telehealth behavioral health services use claims compared to the previous month.

**Graph 75: Count of telehealth behavioral health use claims for Washington Region 6 Medicaid Clients, by month (Source: HCA)**

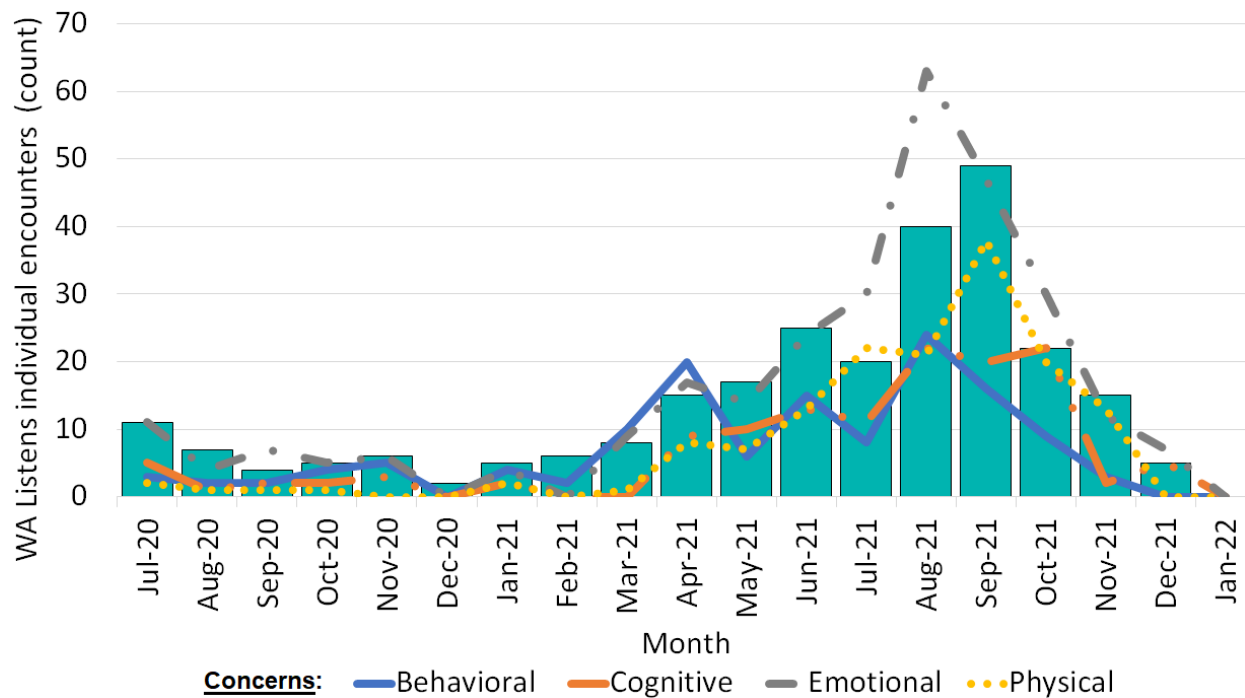


**Note:** Due to missing or suppressed data, results may be underreported.

## Telephonic Support Lines – Service Volume

[Washington \(WA\) Listens](#)<sup>8</sup> is a free, anonymous service that offers non-clinical behavioral health support for both individual and group encounters. Additionally, WA Listens provides referral information to local resources based on the needs expressed. Since its inception in July 2020, a total of 262 WA Listens individual encounters have been completed (Graph 76) for Region 6. For **race, age, and gender** information on **individual encounters**, see Table 6.

**Graph 76: Total count of WA Listens individual calls and concerns, by month (Source: HCA)**



**Concerns:** Behavioral Cognitive Emotional Physical

Note: Individuals can call about more than one concern, including multiple of the same type. Due to data collection issues, August 2021 – January 2022 might be underreported.

**Table 6: Race, age, and gender of WA Listen’s survivors (Source: HCA)**

Gender	Count (%)
Female	158 (59.8%)
Male	128 (48.5%)
Transgender	--

Race	Count (%)
Other	32 (12.1%)
White	195 (73.9%)
Did not report	22 (8.3%)

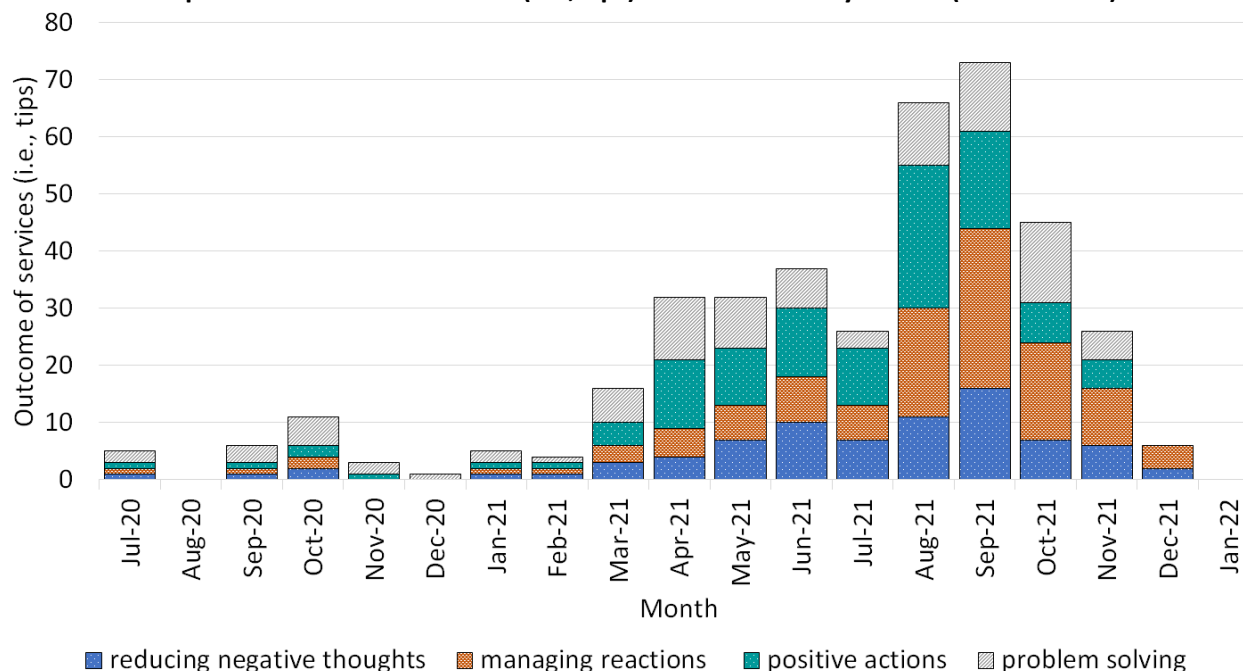
Age	Count (%)
< = 17	--
18 – 39	69 (26.1%)
40 – 64	186 (70.5%)
> = 65	26 (9.8%)

Population (US Census, April 1, 2010)	%
White	90%
Black or African American	1%
Asian	1%
American Indian & Alaska Native	5%
Native Hawaiian & Other Pacific Islander	0%
Hispanic or Latino	31%

Note: Gender, age, and race are not mutually exclusive (individual can report more than 1 gender, age, and race). Due to low Ns, some categories could not be reported.

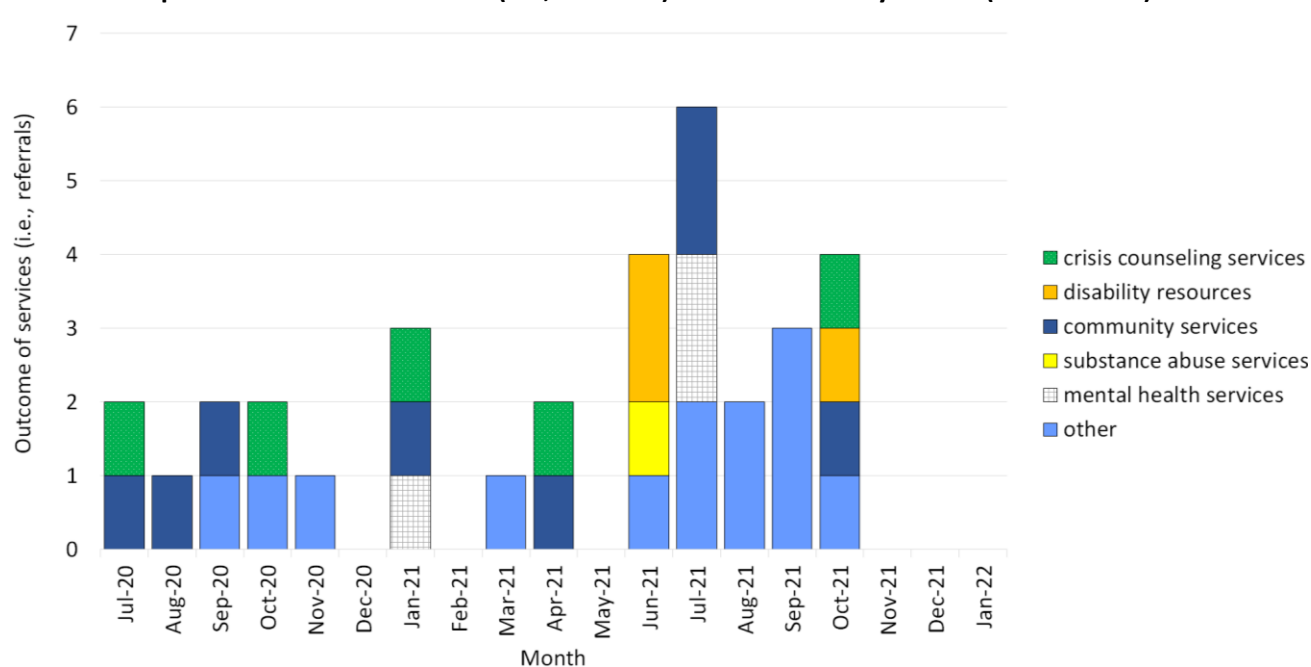
In January 2022, calls for **emotional concerns** and **cognitive concerns** decreased while **physical concerns** and **behavioral concerns** showed virtually no change (Graph 76). For **outcomes from services** (e.g., tips and referrals), see Graphs 77 and 78.

**Graph 77: Outcome of services (i.e., tips) for WA Listens by month (Source: HCA)**



Note: Tips are not mutually exclusive (i.e., individuals can receive more than one tip). Due to data collection issues, August 2021 – January 2022 might be underreported.

**Graph 78: Outcome of services (i.e., referrals) for WA Listens by month (Source: HCA)**

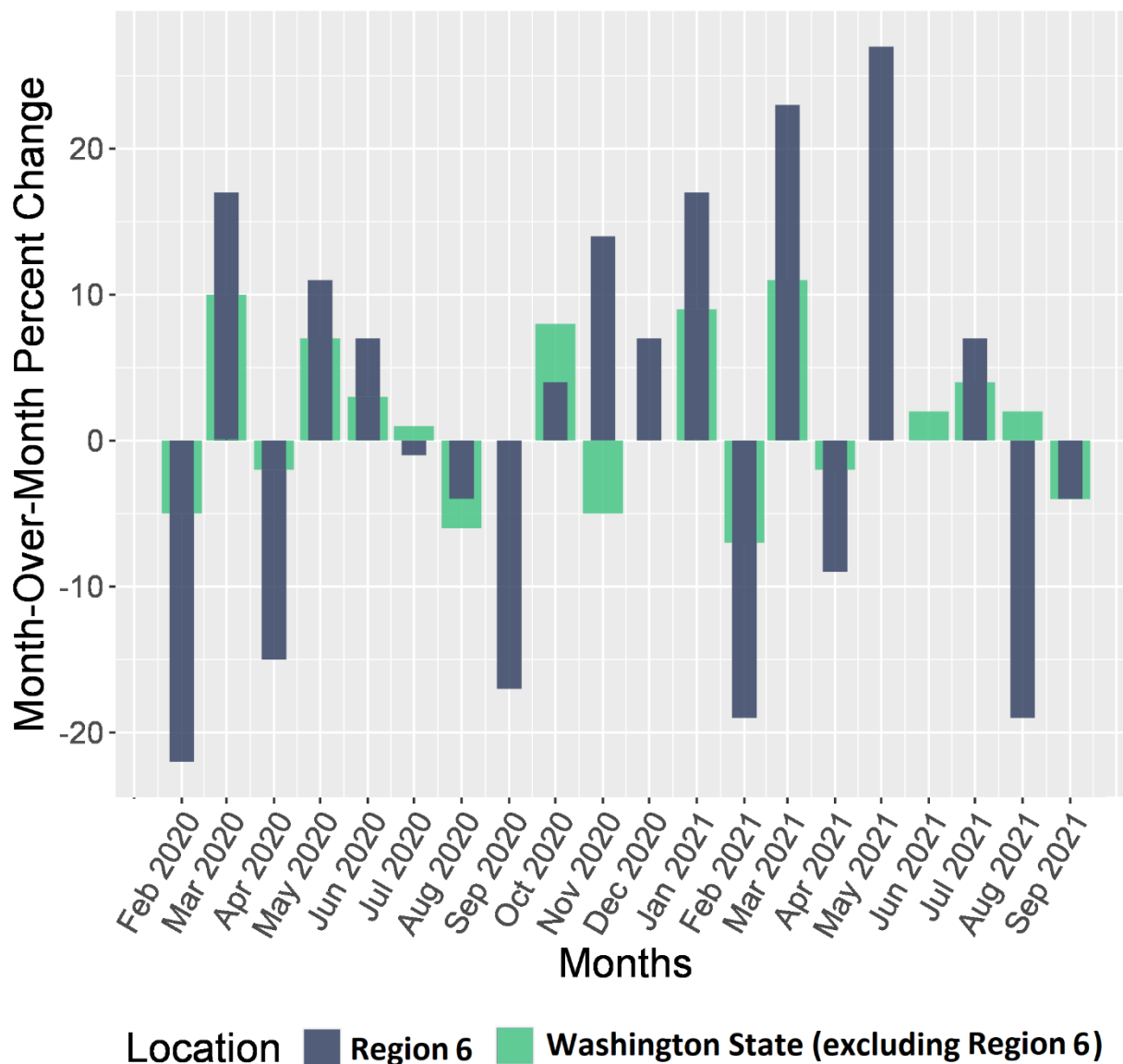


Note: Referrals are not mutually exclusive (i.e., individuals can receive more than one referral). Due to data collection issues, August 2021 – January 2022 might be underreported.

## Crisis System of Care

The crisis system of care completed by [behavioral health administrative service organizations](#)<sup>9</sup> (BH-ASOs) provides regional [crisis line](#)<sup>10</sup> support that serves as the entry point or *front door* to crisis services. This includes support, initial risk assessment, and referral to appropriate follow up services, if needed. Graph 79 provides data on month over month percentage change in crisis system utilization during 2020 and 2021 to date. Since January 2020, the average monthly call volume (excluding hang ups, wrong number, and messages) was 14,236 for Region 6. The most recent month, September 2021, presented with a 4% decrease of all individual crisis calls for Region 6.

**Graph 79: Month over month percent change in individual encounter crisis calls, by month (Source: HCA)**



# Region 7: Island, San Juan, Skagit, Snohomish, and Whatcom counties

## Key Takeaways

- For Region 7, visit volumes have appeared to trend back to levels more typical of care-seeking behavior before COVID-19, and therefore, rates may be converging with previous years' rates. Comparisons of one year to another should be interpreted with caution.
  - In the most recent reporting period ([CDC Week 4](#)<sup>7</sup>, week of January 29, 2022), the relative reported rate of ED visits for psychological distress<sup>1</sup>, suicidal ideation, alcohol-related, and homelessness<sup>4</sup> increased, while suspected suicide attempts<sup>2</sup> and all drug<sup>3</sup>-related visits decreased compared to the previous reporting period (CDC Week 3, week of January 22, 2022).
  - In terms of statistical<sup>5</sup> warnings and alerts for ED visits<sup>5</sup>:
    - homelessness<sup>4</sup>: alerts were issued for CDC Week 45 (week of December 11, 2021), CDC Week 46 (week of December 12, 2021), and CDC Week 47 (week of December 19, 2021), and
    - psychological distress<sup>1</sup>, suicidal ideation, suspected suicide attempt,<sup>2</sup> alcohol-related, and all drug<sup>3</sup>-related: no statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.
- For Region 7, December 2021 showed a 51.5% month-over-month decrease of inpatient community hospital discharges for patients with diagnoses of behavioral, mental, and neurodevelopmental disorders.
- For Region 7, December 2021 showed a 53% month-over-month decrease of telehealth behavioral health services use claims.
- Since its inception in July 2020, a total of 586 WA Listens individual encounters have been completed for Region 7.
- Since January 2020, the average BH-ASO monthly call volume (excluding hang ups, wrong number, and messages) was 69,162 for Region 7.
- For further information about data including operationalizations and limitations, please review the [Appendix](#) for further guidance.

## Community Resilience

The United States Census Bureau provides Community Resilience Estimates (CREs) at the census tract level classifying what percent of residents have 0, 1-2, or 3+ risk factors. The CREs model individual and household characteristics for Washington state, and each county within Washington state, in efforts to facilitate disaster preparedness by detecting communities (and more specifically, counties) where capacity and resources may successfully reduce and mitigate the potential impact of adverse contexts, in this case, the pandemic.

Furthermore, the CRE shows how, following a disaster, the heterogeneous outcomes are dependent on each community's individual and household characteristics. Accounting for these characteristic

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<sup>7</sup> <https://ndc.services.cdc.gov/wp-content/uploads/W2021-22.pdf>

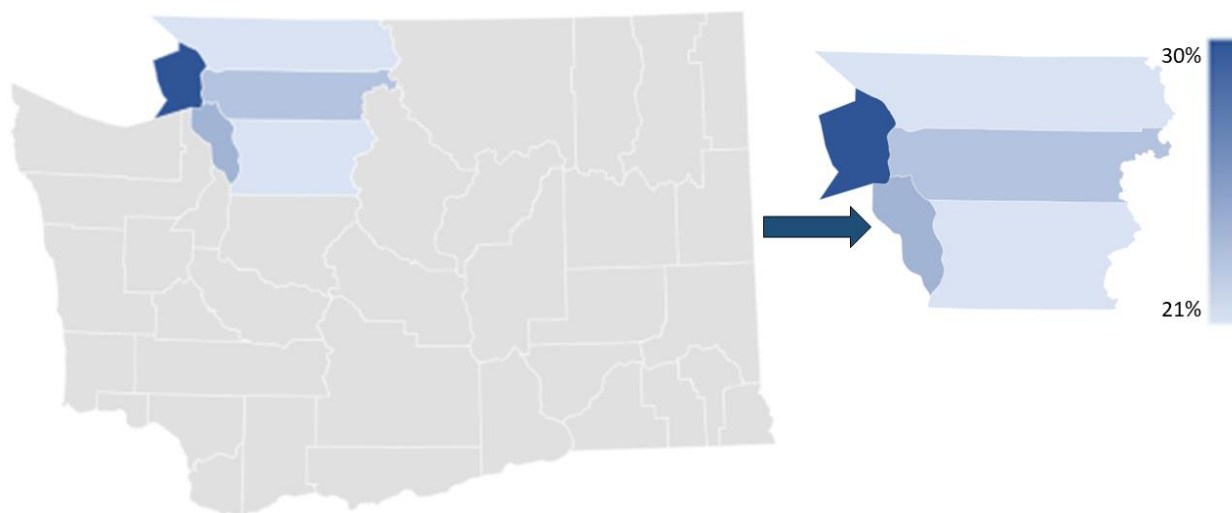
differences in terms of the capacity to recover from disasters is imperative for disaster preparedness, as this can enable response planners and any organization responding to or helping to mitigate the behavioral health capacity considerations during the COVID-19 pandemic to effectively employ and deploy resources and to strategize for future disasters.

In comparison, for Washington state, the CRE is 23% of people who had 0 risk factors, 52% who had 1-2 risk factors, and 25% who had 3 or more risk factors. The regional CRE is calculated by averaging each county's CRE within this region. For Region 7, the CRE includes 24% of people who had 0 risk factors, 52% who had 1-2 risk factors, and 24% who had 3 or more risk factors. Graph 80 presents the percentage of Region 7 with 3 or more risk factors. Graph 80 presents the percentage of Region 7 with 3 or more risk factors.

For Region 7, the CRE for each county is:

State	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
Washington	23%	52%	25%
Region	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
7	24%	52%	24%
County	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
Island	24% (+/- 6%)	52% (+/- 7%)	24% (+/- 6%)
San Juan	24% (+/- 4%)	47% (+/- 5%)	30% (+/- 5%)
Skagit	26% (+/- 6%)	51% (+/- 7%)	23% (+/- 6%)
Snohomish	20% (+/- 5%)	59% (+/- 7%)	21% (+/- 6%)
Whatcom	27% (+/- 6%)	51% (+/- 7%)	21% (+/- 6%)

**Graph 80: Percent of Region 7 with 3+ Risk Factors (Source: U.S. Census Bureau)**

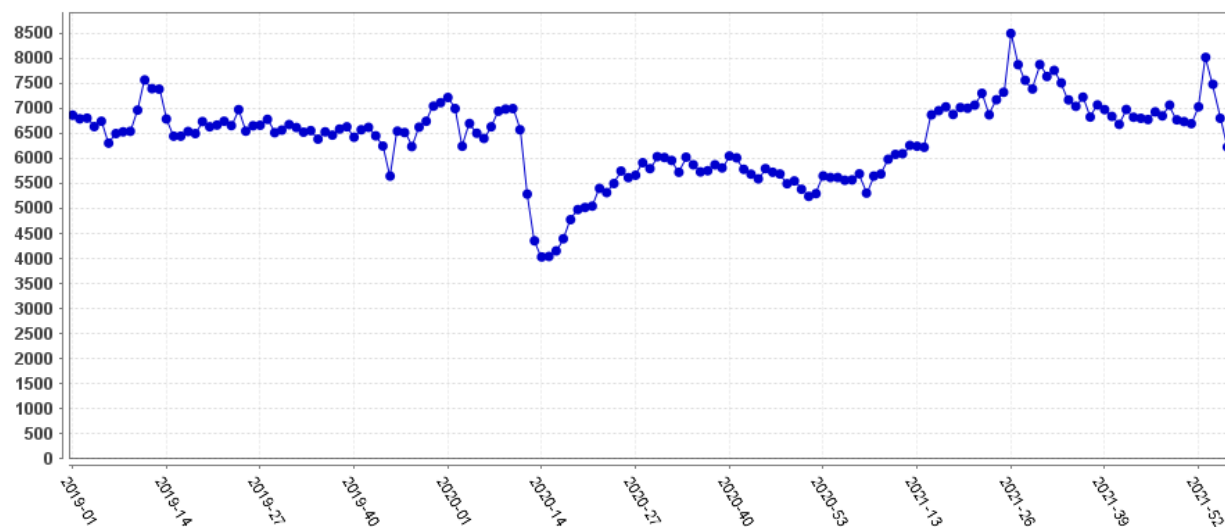


## All ED Visits

Graph 81 presents the weekly count of all ED visits in Region 7. For Region 7, similar to the overall Washington state count of all ED visits, a drop of ED visits was present in Region 7 for CDC Week 13 of 2020 (week of April 3) which aligns with the “Stay Home, Stay Healthy” order from March 23, 2020. However, visit volumes have appeared to trend back to levels more typical of care-seeking behavior before COVID-19, and therefore, rates *may be* converging with previous years’ rates. **Comparisons of one year to another should be interpreted with caution.**

Because the volume of visits across care settings varied widely during 2020, 2021, and 2022 to date, rates presented in this report may not reflect the true magnitude and direction of trends for behavioral health conditions and should be interpreted cautiously.

**Graph 81: Weekly count of all ED visits in Region 7, by week: 2019, 2020, 2021, and 2022 to date**  
(Source: CDC ESSENCE)

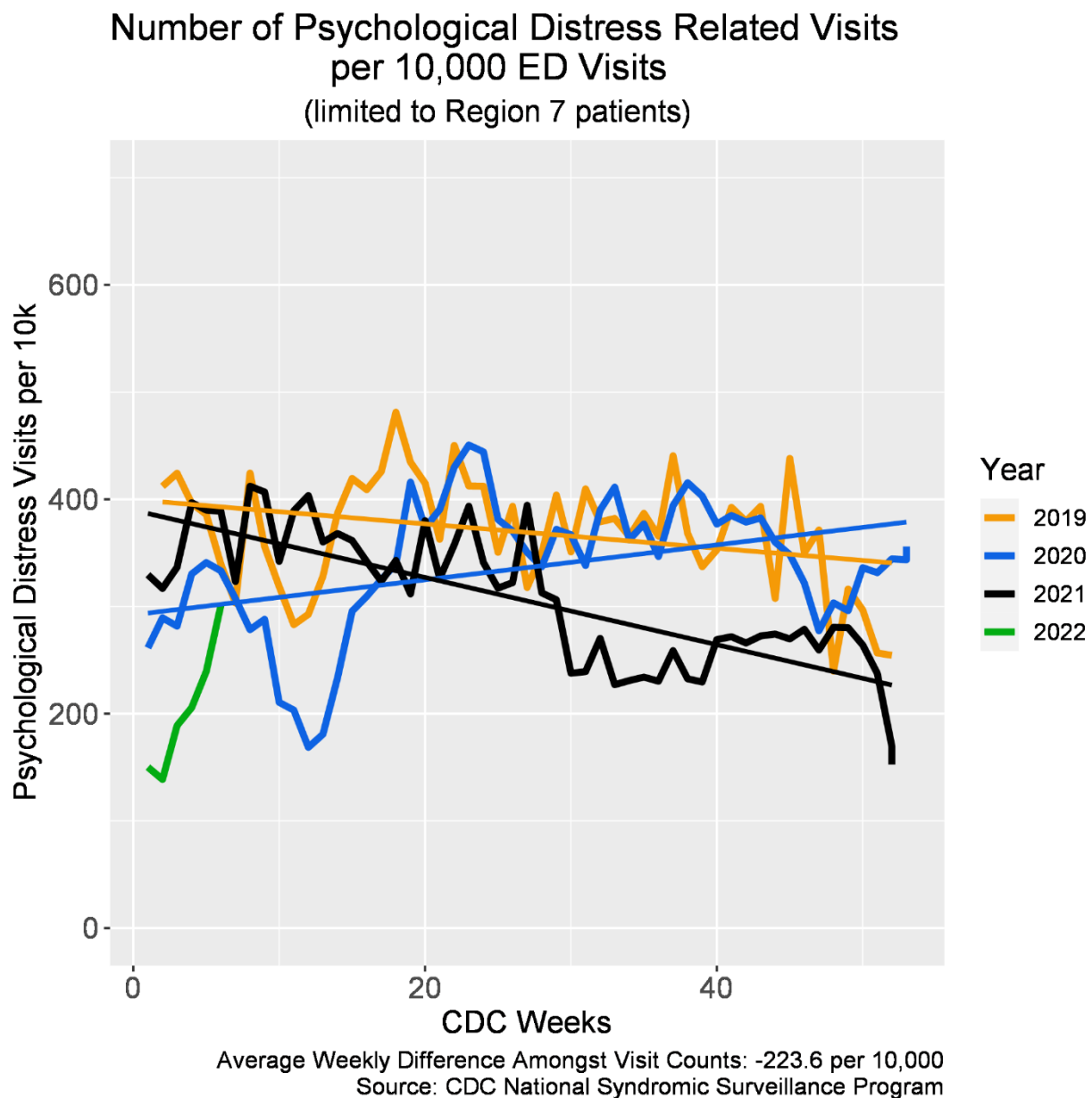


Caution should be taken as the steep drop in total ED visits could skew data for any type of ED visit. Changes in consistency of facility data submission may also impact ED visit volume.

## Psychological Distress

The relative reported ED visit count for **psychological distress**<sup>1</sup> for Region 7 is presented in Graph 82. Trend analysis revealed a decrease in 2021 ED visits for **psychological distress**<sup>1</sup>; due to limited data, trend analysis was not evaluated for 2022 at this time. Specific to Region 7, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with a statistical<sup>5</sup> alert for CDC Week 49 (week of December 11, 2021). Since the last reporting period (CDC Week 44, Week of October 31), no statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

**Graph 82: Relative count of ED visits for psychological distress<sup>1</sup> in Region 7, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**

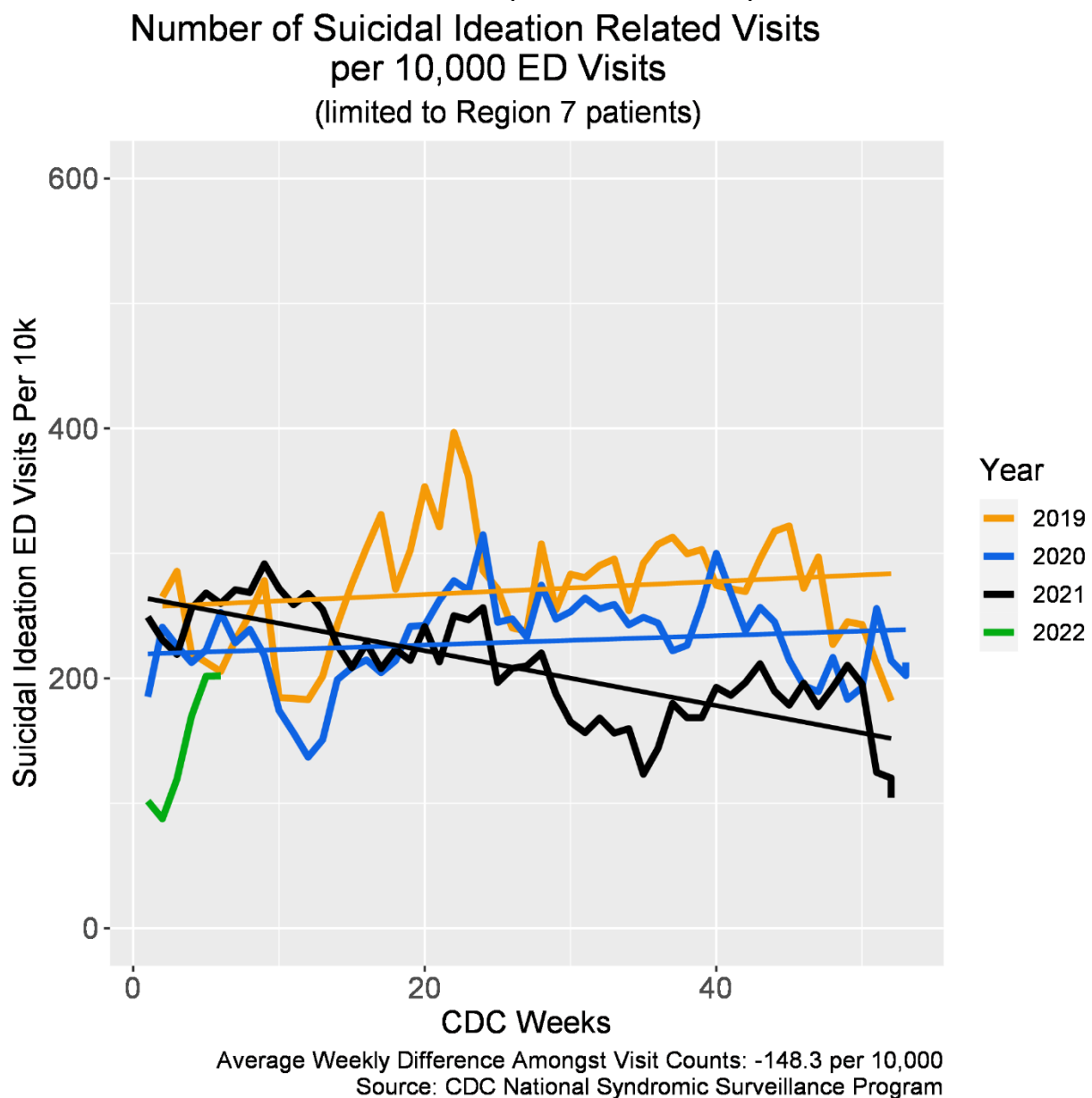




## Suicidal Ideation

The relative reported ED visit count **for suicidal ideation** for Region 7 is presented in Graph 83. Trend analysis revealed a decrease in 2021 ED visits for suicidal ideation; due to limited data, trend analysis was not evaluated for 2022 at this time. Specific to Region 7, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with no statistical<sup>5</sup> alerts or warnings since the last reporting period (CDC Week 44, week of November 6, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

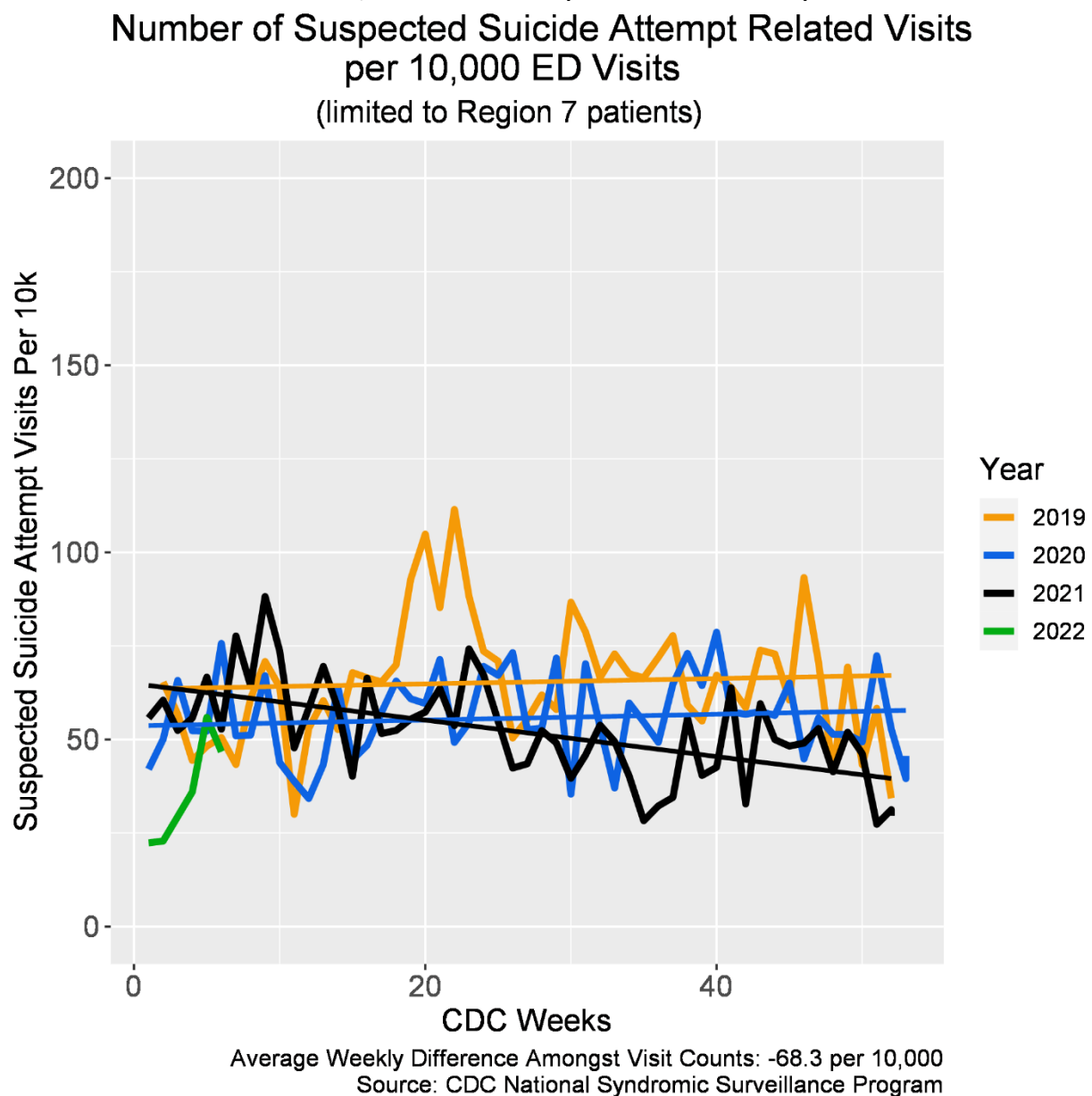
**Graph 83: Relative count of ED visits for suicidal ideation in Region 7, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Suspected Suicide Attempts

The relative reported ED visit count for **suspected suicide attempts**<sup>2</sup> for Region 7 is presented in Graph 84. Trend analysis revealed a decrease in 2021 ED visits for **suspected suicide attempts**<sup>2</sup>. Due to limited data, trend analysis was not evaluated for 2022 at this time. Specific to Region 7, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with statistical<sup>5</sup> alerts for CDC Week 45 (week of November 13, 2021) and CDC Week 46 (week of November 14, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

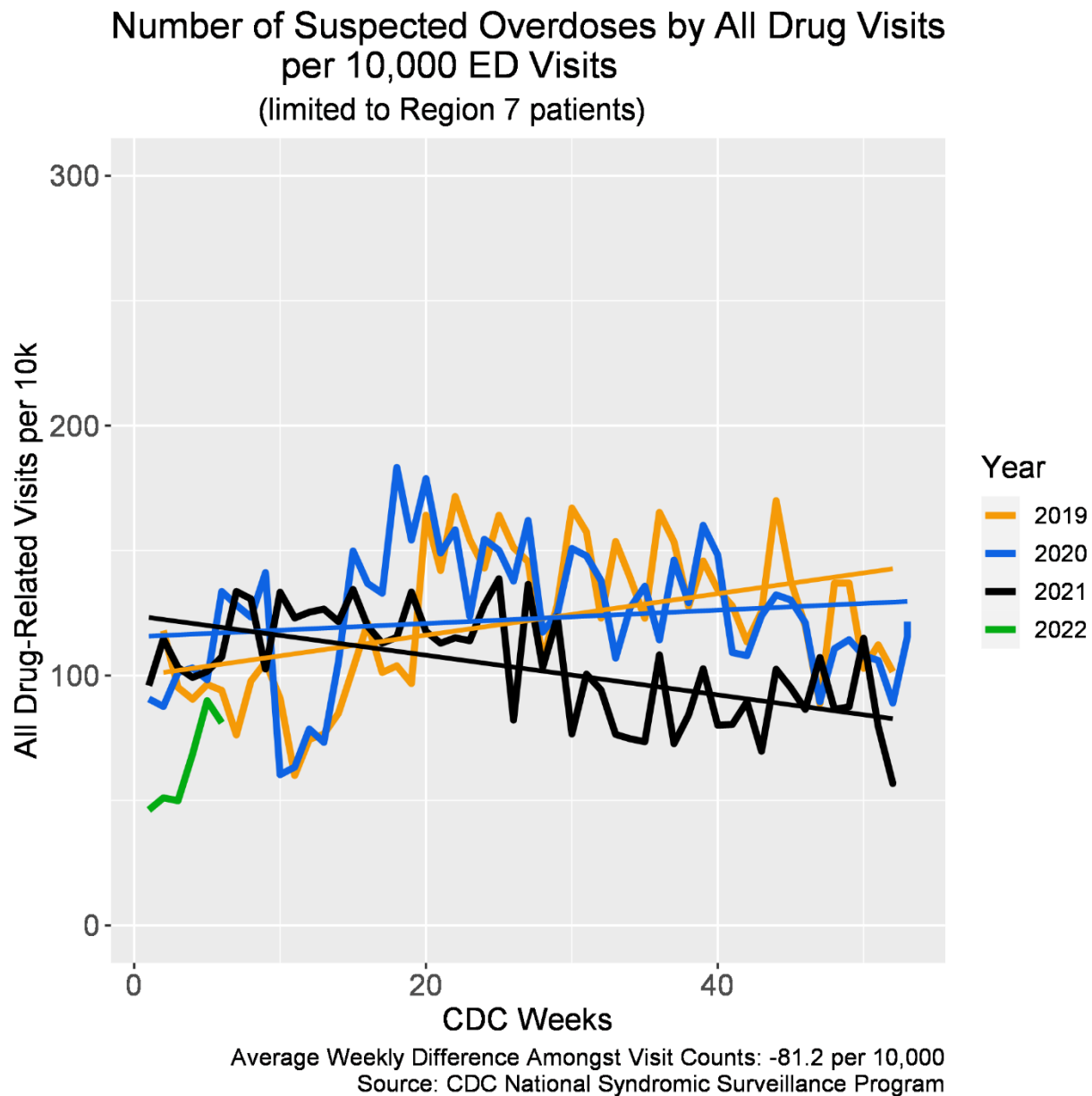
**Graph 84: Relative count of ED visits for suspected suicide attempts<sup>2</sup> in Region 7, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Substance Use – Drug Overdose

The relative reported rate of all drug<sup>3</sup>-related ED visits for Region 7 is presented in Graph 85. Trend analysis revealed a decrease in 2021 for all drug<sup>3</sup>-related ED visits. Due to limited data, trend analysis was not evaluated for 2022 at this time. Specific to Region 7, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with a statistical<sup>5</sup> alert for CDC Week 45 (week of November 13, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

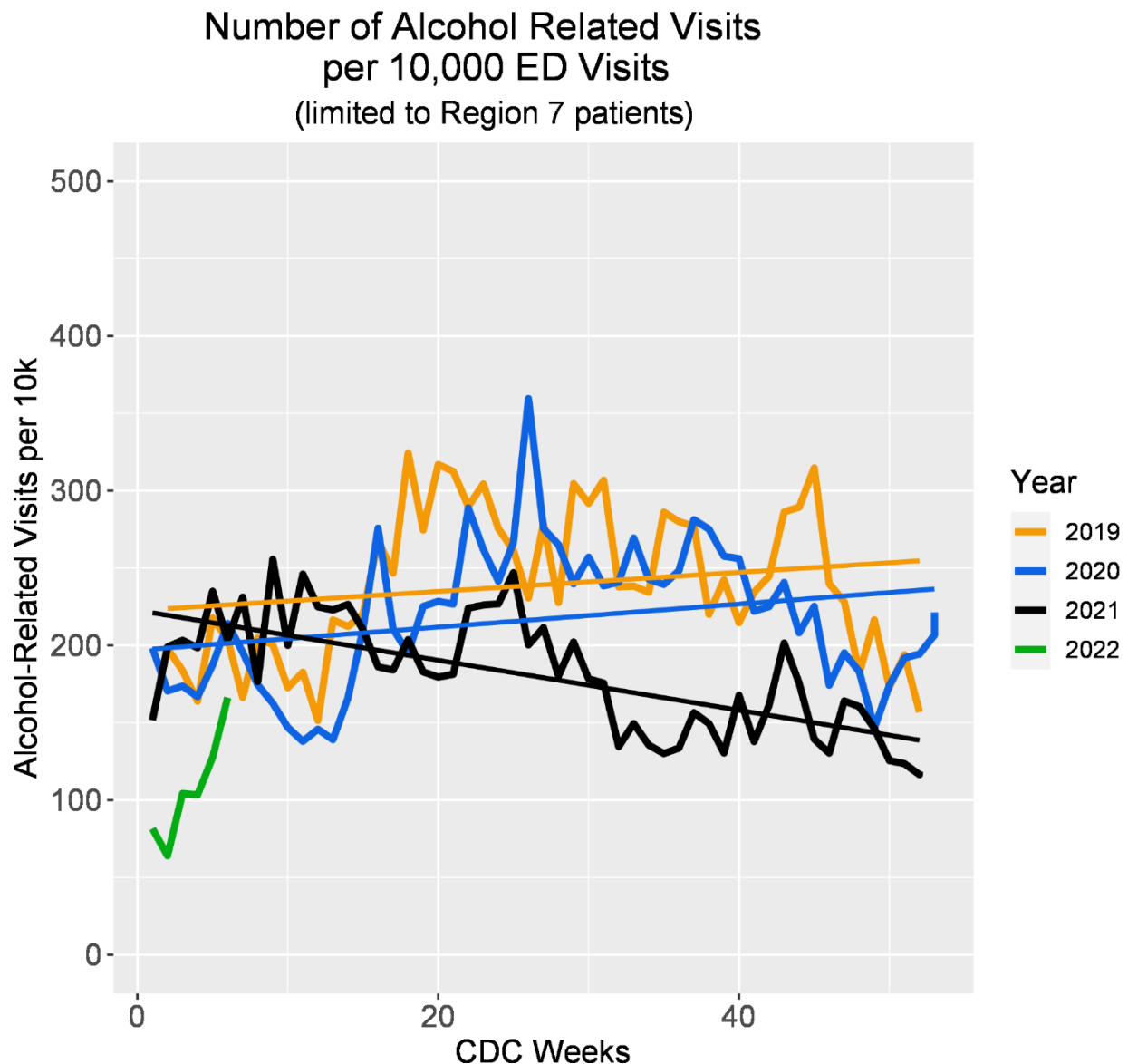
**Graph 85: Relative count of all drug<sup>3</sup>-related ED visits in Region 7, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Substance Use – Alcohol-Related Emergency Visits

The relative reported rate of alcohol-related ED visits for Region 7 is presented in Graph 86. Trend analysis revealed a decrease in 2021 for alcohol-related ED visits. Due to limited data, trend analysis was not evaluated for 2022 at this time. Specific to Region 7, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with a statistical<sup>5</sup> alert for CDC Week 45 (week of November 13, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

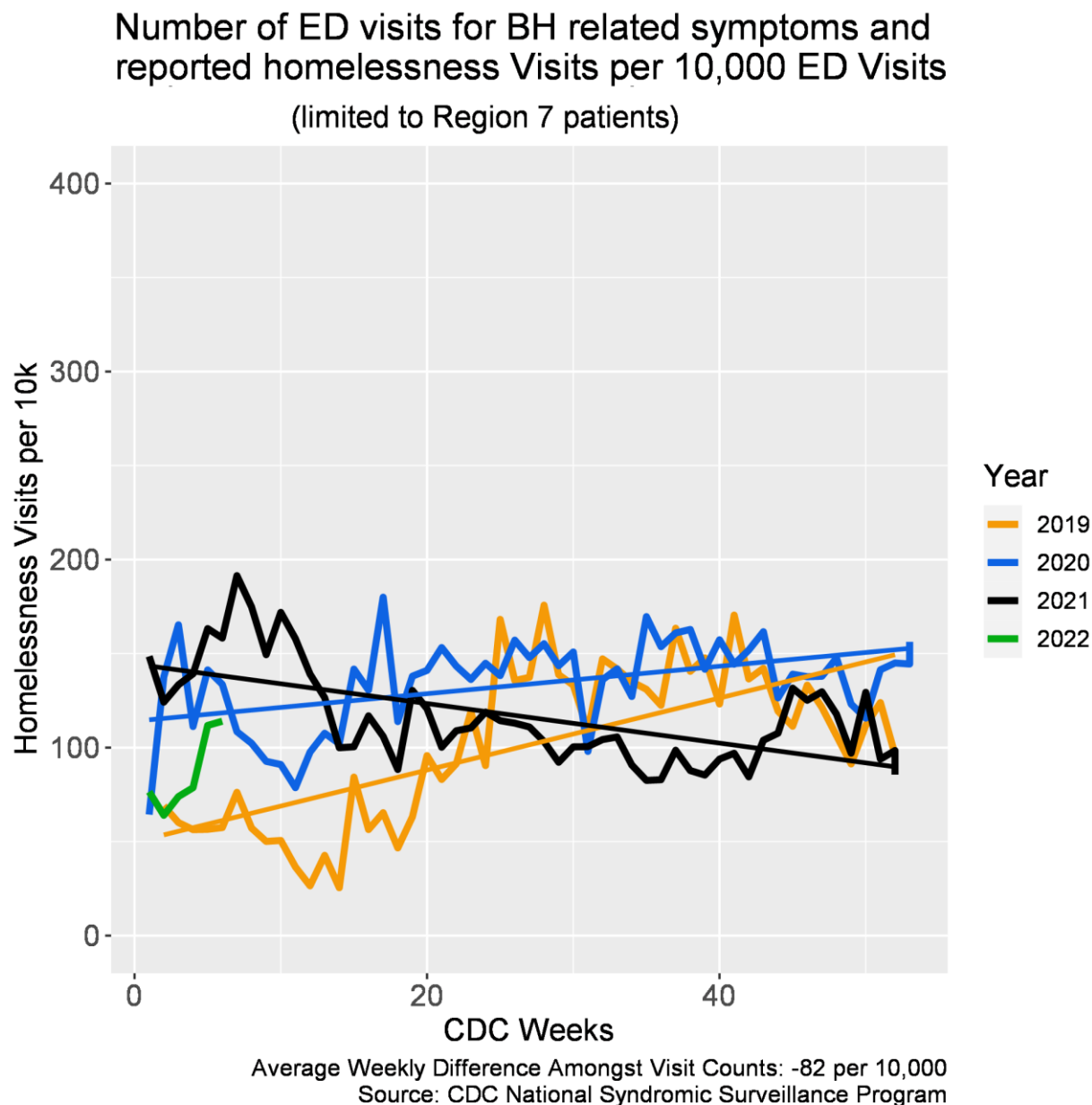
**Graph 86: Relative count of alcohol-related ED visits in Region 7, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Homelessness

The relative reported ED visit count for homelessness<sup>4</sup> for Region 7 is presented in Graph 87. Trend analysis revealed a decrease in 2021 ED visits for homelessness<sup>4</sup>. Due to limited data, trend analysis was not evaluated for 2022 at this time. Specific to Region 7, statistical<sup>5</sup> alerts were issued for CDC Week 44 (week of November 6, 2021), CDC Week 45 (week of November 13, 2021), and CDC Week 46 (week of November 20, 2021). In comparison, the overall Washington population presented with a statistical<sup>5</sup> alert for CDC Week 45 (week of November 13, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

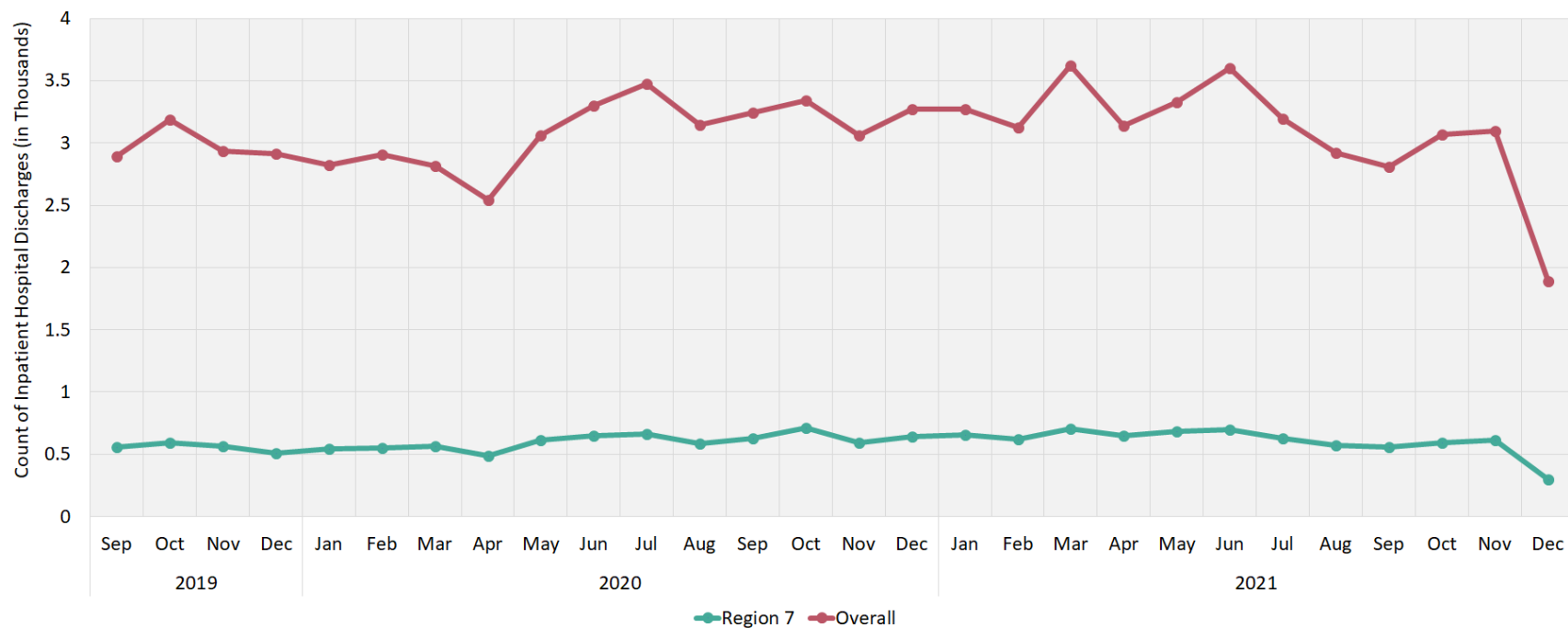
**Graph 87: Relative count of ED visits for homelessness<sup>4</sup> in overall Washington and Region 7, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Inpatient Community Hospital Discharges

The [Comprehensive Hospital Abstract Reporting System \(CHARS\)](#)<sup>6</sup> collects information on inpatient and observation patient community hospital stays. Caution should be taken when reviewing data, as the “Stay Home, Stay Healthy” order (March 2020) may have impacted hospital discharge data for both inpatient and observation patients. Only mental, behavioral, and neurodevelopmental disorders were evaluated (i.e., primary diagnoses included only ICD-10 F-codes).<sup>7</sup> For Region 7, the most recent reporting period (December 2021) showed a 51.5% decrease of inpatient community hospital discharges for mental, behavioral, and neurodevelopmental disorders (Graph 88) as compared to the previous month.

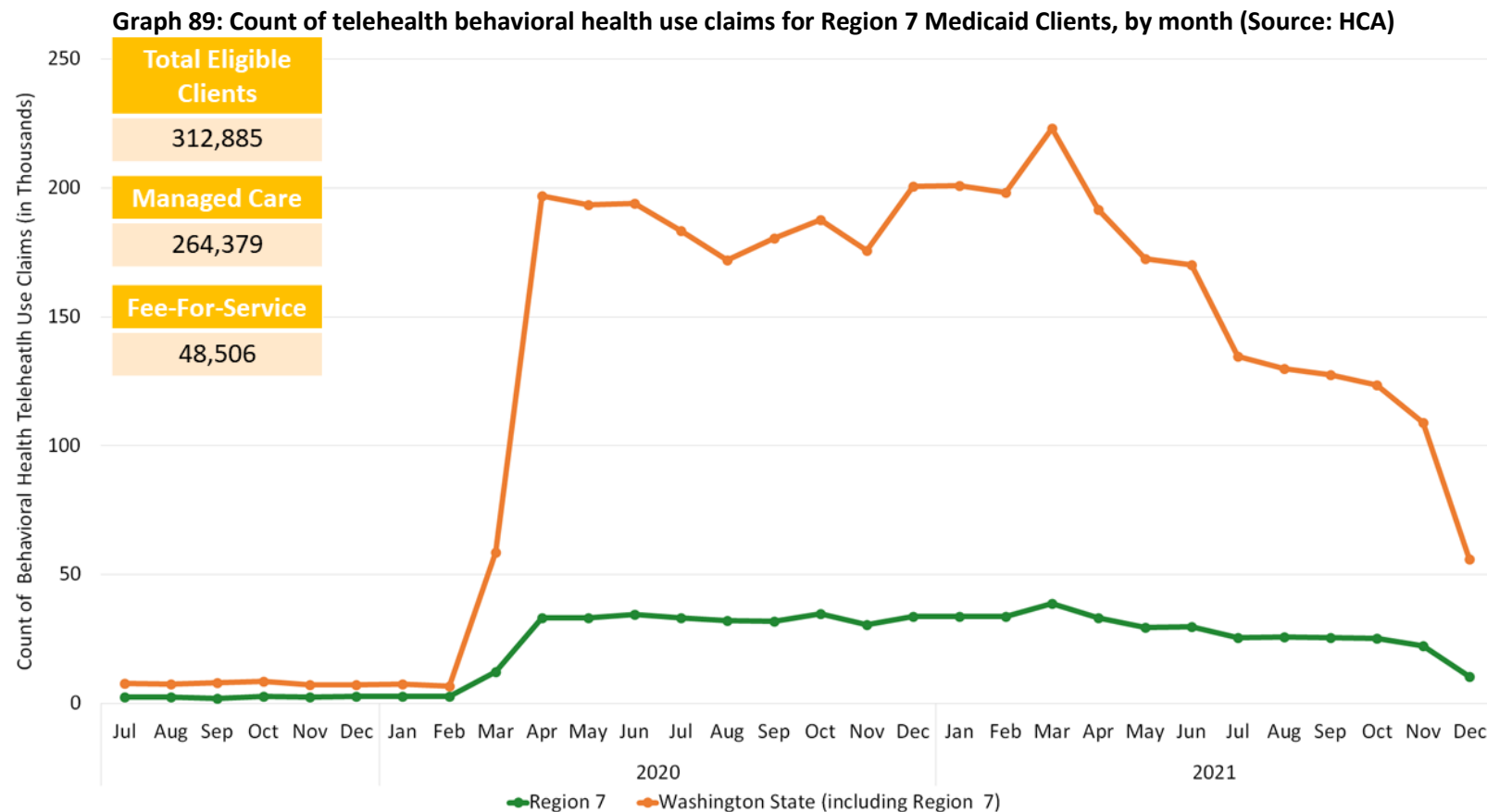
**Graph 88: Count of Inpatient Community Hospital Discharges for Mental, Behavioral, and Neurodevelopmental Disorders for overall Washington and Region 7, by month (Source: DOH)**



**Note:** Due to time lag, data might not be fully mature. While non-WA residents can discharge from a WA community hospital, only WA residents were included in the analysis. Only F-codes as primary diagnoses were included in the analysis.

## Telehealth Use for Washington State Medicaid Clients

Telehealth (phone and videoconferencing) claims use for Washington Medicaid clients is collected by the Washington State Health Care Authority (HCA). Graph 89 provides a count of telehealth behavioral health services use claims. It is important to note the limited use of telehealth in Medicaid clients prior to the COVID-19 pandemic (March 2020), which could explain the significant increase in March and April 2020 (237.6%). Caution should be taken when reviewing data as the “Stay Home, Stay Healthy” order may have impacted telehealth use. Additionally, due to the significant demand for telehealth, several changes were made to policies, coverage, and implementation that could impact this data. For Region 7, the most recent reporting period (December 2021) showed a 53% decrease of telehealth behavioral health services use claims compared to the previous month.

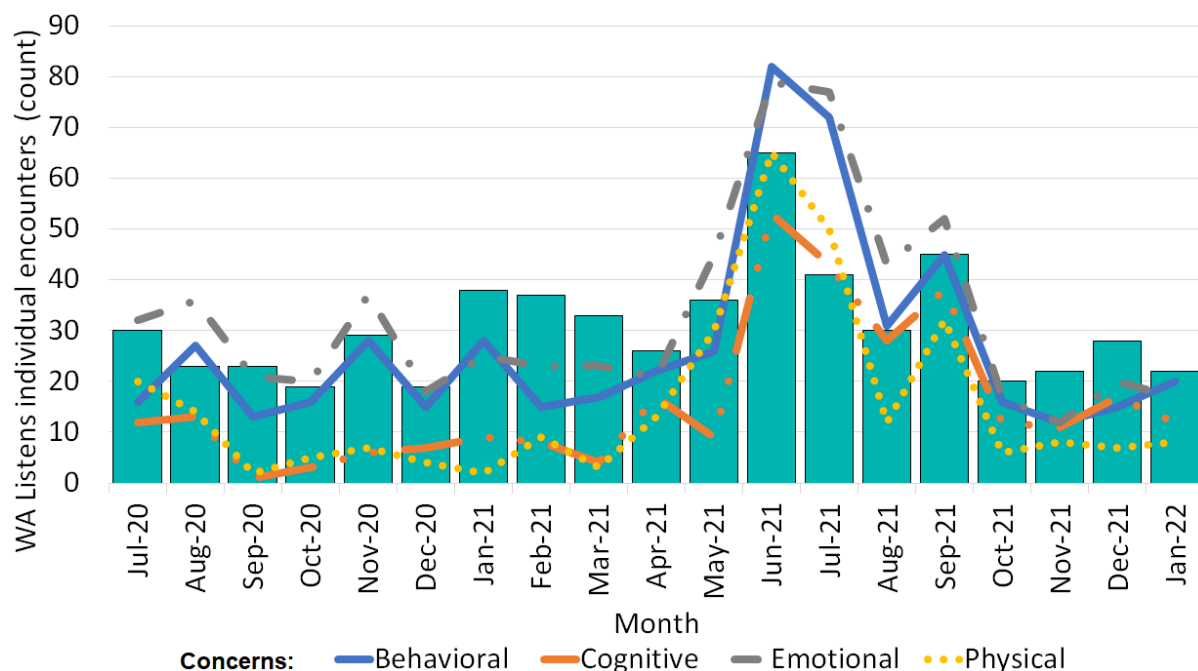


**Note:** Due to missing or suppressed data, results may be underreported.

## Telephonic Support Lines – Service Volume

[Washington \(WA\) Listens](#)<sup>8</sup> is a free, anonymous service that offers non-clinical behavioral health support for both individual and group encounters. Additionally, WA Listens provides referral information to local resources based on the needs expressed. Since its inception in July 2020, a total of 586 WA Listens individual encounters have been completed (Graph 90) for Region 7. For **race, age, and gender** information on **individual encounters**, see Table 7.

**Graph 90: Total count of WA Listens individual calls and concerns, by month (Source: HCA)**



**Concerns:** Behavioral Cognitive Emotional Physical

Note: Individuals can call about more than one concern, including multiple of the same type. Due to data collection issues, August 2021 – January 2022 might be underreported.

**Table 7: Race, age, and gender of WA Listen’s survivors (Source: HCA)**

Gender	Count (%)
Female	290 (59.8%)
Male	325 (48.5%)
Transgender	29 (.8%)

Race	Count (%)
Other	32 (12.1%)
White	195 (73.9%)
Did not report	22 (8.3%)

Age	Count (%)
< = 17	18 (3.1%)
18 – 39	125 (21.3%)
40 – 64	351 (59.8%)
> = 65	150 (25.6%)

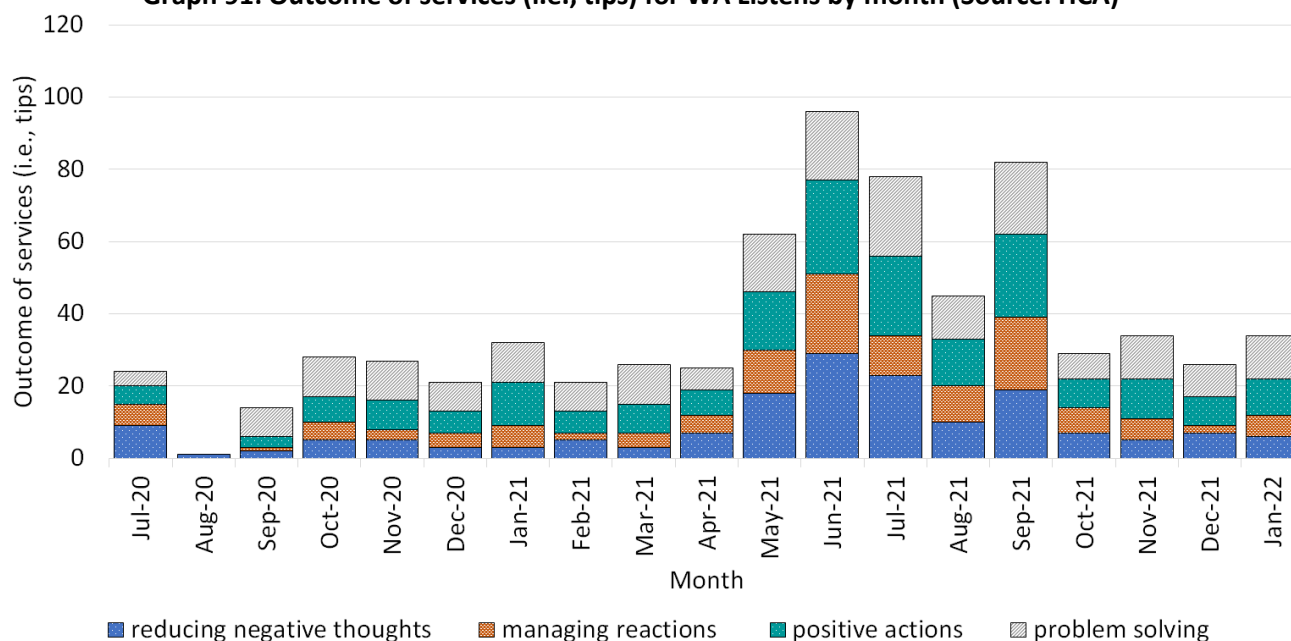
Population (US Census, April 1, 2010)	%
White	87%
Black or African American	2%
Asian	5%
American Indian & Alaska Native	2%
Native Hawaiian & Other Pacific Islander	0%
Hispanic or Latino	11%

Note: Gender, age, and race are not mutually exclusive (individual can report more than 1 gender, age, and race). Due to low Ns, some categories could not be reported.



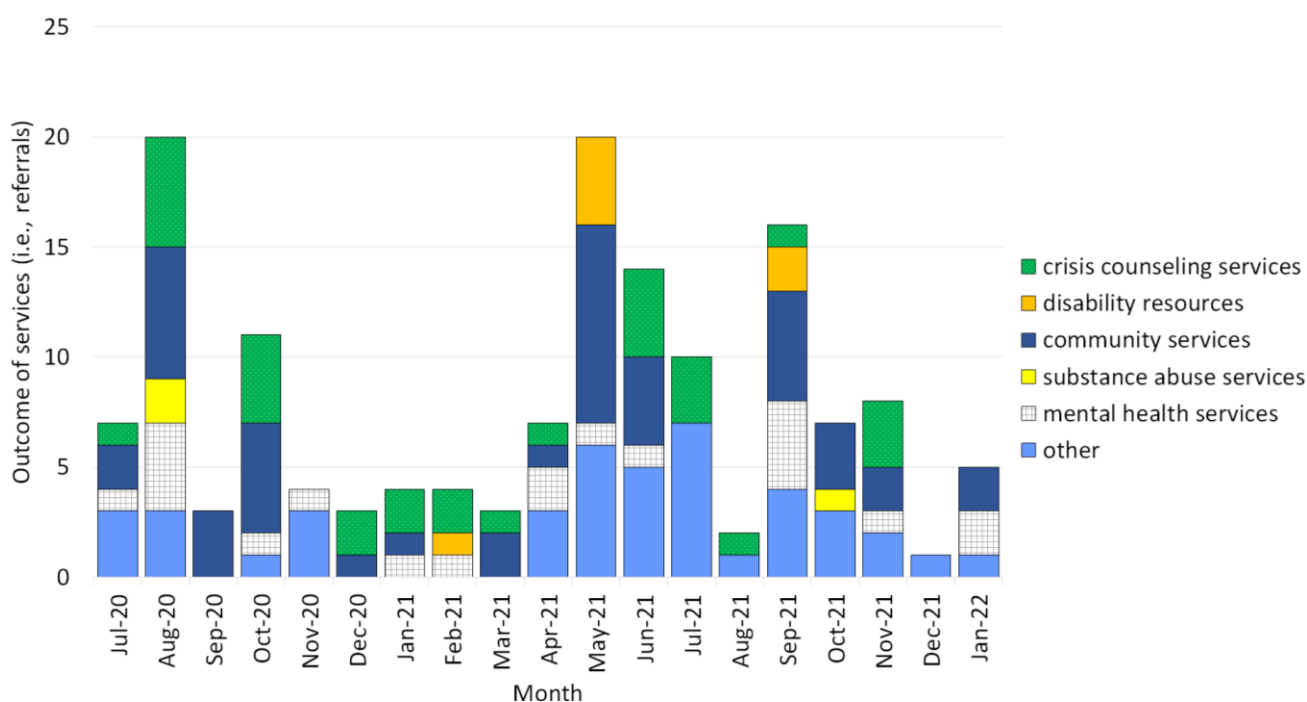
In January 2022, calls for **physical concerns** increased by 33.3%, **emotional concerns** decreased by 15.0%, **cognitive concerns** decreased by 29.4%, and **behavioral concerns** increased by 33.3% (Graph 90). For **outcomes from services** (e.g., tips and referrals), see Graphs 91 and 92.

**Graph 91: Outcome of services (i.e., tips) for WA Listens by month (Source: HCA)**



Note: Tips are not mutually exclusive (i.e., individuals can receive more than one tip). Due to data collection issues, August 2021 – January 2022 might be underreported.

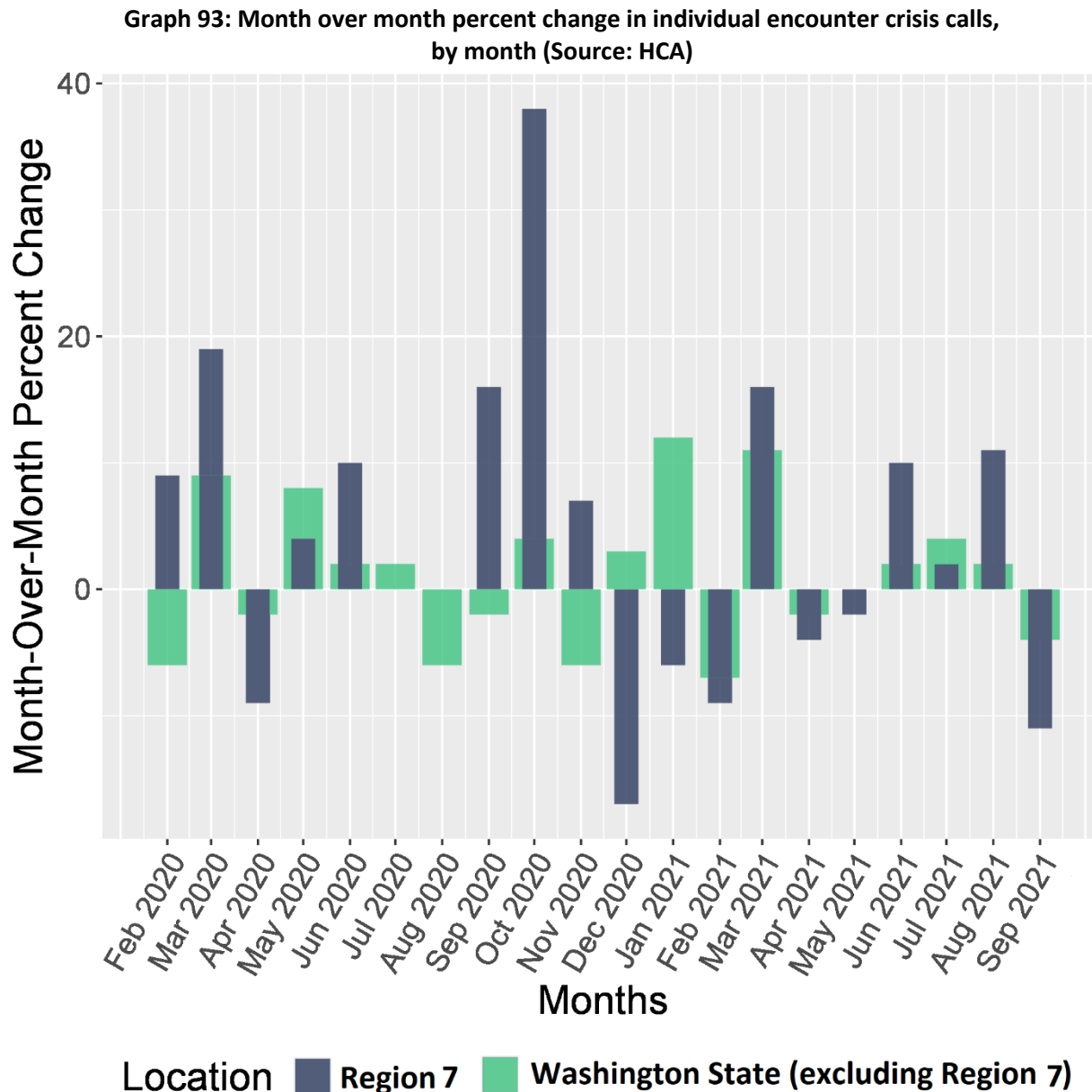
**Graph 92: Outcome of services (i.e., referrals) for WA Listens by month (Source: HCA)**



Note: Referrals are not mutually exclusive (i.e., individuals can receive more than one referral). Due to data collection issues, August 2021 – January 2022 might be underreported.

## Crisis System of Care

The crisis system of care completed by [behavioral health administrative service organizations](#)<sup>9</sup> (BH-ASOs) provides regional [crisis line](#)<sup>10</sup> support that serves as the entry point or *front door* to crisis services. This includes support, initial risk assessment, and referral to appropriate follow up services, if needed. Graph 93 provides data on month over month percentage change in crisis system utilization during 2020 and 2021 to date. Since January 2020, the average monthly call volume (excluding hang ups, wrong number, and messages) was 69,162 for Region 7. The most recent month, September 2021, presented with a 11% decrease of all individual crisis calls for Region 7.



# Region 8: Clallam, Jefferson and Kitsap counties

## Key Takeaways

- For Region 8, visit volumes have appeared to trend back to levels more typical of care-seeking behavior before COVID-19, and therefore, rates may be converging with previous years' rates. Comparisons of one year to another should be interpreted with caution.
  - In the most recent reporting period ([CDC Week 4](#)<sup>8</sup>, week of January 29, 2022), the relative reported rate for psychological distress,<sup>1</sup> suicidal ideation, all drug<sup>3</sup>-related, and alcohol-related ED visits increased compared to the previous reporting period (CDC Week 3, week of January 22, 2022).
  - Note, the relative reported rate of ED visits for suspected suicide attempts<sup>2</sup> and homelessness<sup>4</sup> are not included in this section as the numbers were too low to report out<sup>11</sup>.
  - In terms of statistical<sup>5</sup> warnings and alerts for ED visits<sup>5</sup>:
    - psychological distress<sup>1</sup>, alcohol-related, suicidal ideation, and all drug<sup>3</sup>-related: no statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.
- For Region 8, December 2021 showed a 20.4% month-over-month decrease of inpatient community hospital discharges of patients with diagnoses of behavioral, mental, and neurodevelopmental disorders.
- For Region 8, December 2021 showed a 73% month-over-month decrease of telehealth behavioral health services use claims.
- Since its inception in July 2020, a total of 334 WA Listens individual encounters have been completed for Region 8.
- Since January 2020, the average BH-ASO monthly call volume (excluding hang ups, wrong number, and messages) was 29,798 for Region 8.
- For further information about data including operationalizations and limitations, please review the [Appendix](#) for further guidance.

## Community Resilience

The United States Census Bureau provides Community Resilience Estimates (CREs) at the census tract level classifying what percent of residents have 0, 1-2, or 3+ risk factors. The CREs model individual and household characteristics for Washington state, and each county within Washington state, in efforts to facilitate disaster preparedness by detecting communities (and more specifically, counties) where capacity and resources may successfully reduce and mitigate the potential impact of adverse contexts, in this case, the pandemic.

Furthermore, the CRE shows how, following a disaster, the heterogenous outcomes are dependent on each community's individual and household characteristics. Accounting for these characteristic differences in terms of the capacity to recover from disasters is imperative for disaster preparedness, as this can enable response planners and any organization responding to or helping to mitigate the

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<sup>8</sup><https://ndc.services.cdc.gov/wp-content/uploads/W2021-22.pdf>

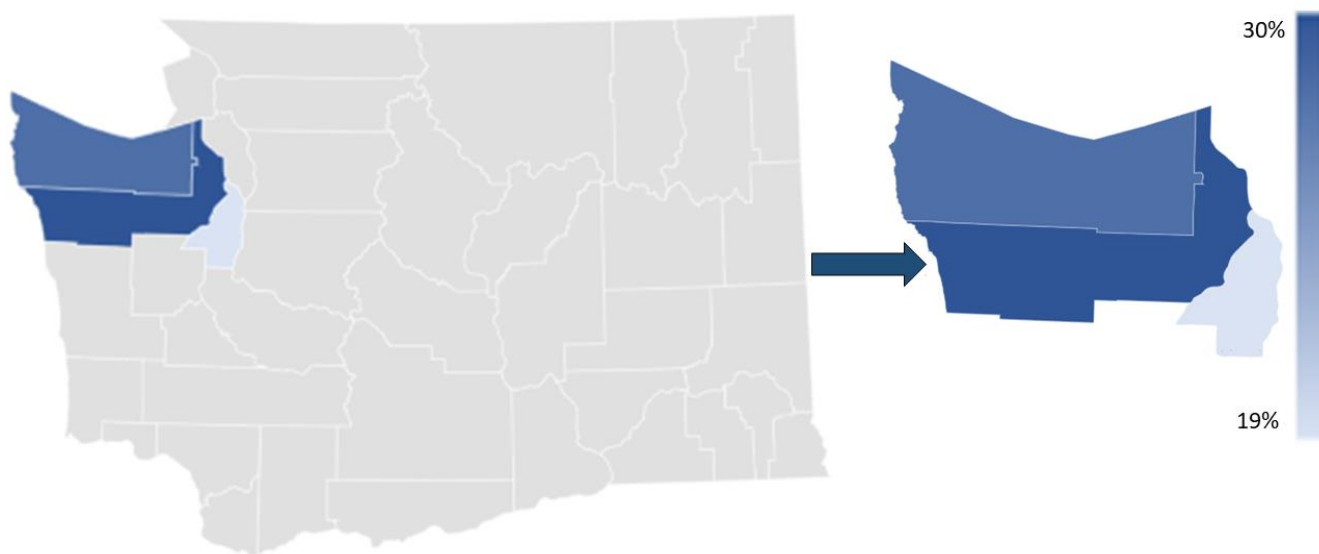
behavioral health capacity considerations during the COVID-19 pandemic to effectively employ and deploy resources and to strategize for future disasters.

In comparison, for Washington state, the CRE is 23% of people who had 0 risk factors, 52% who had 1-2 risk factors, and 25% who had 3 or more risk factors. The regional CRE is calculated by averaging each county's CRE within this region. For Region 8, the CRE includes 24% of people who had 0 risk factors, 50% who had 1-2 risk factors, and 26% who had 3 or more risk factors. Graph 94 presents the percentage of Region 8 with 3 or more risk factors.

For Region 8, the CRE for each county is:

State	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
Washington	23%	52%	25%
Region	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
8	24%	50%	26%
County	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
Clallam	23% (+/- 6%)	49% (+/- 7%)	28% (+/- 6%)
Jefferson	19% (+/- 6%)	50% (+/- 8%)	30% (+/- 7%)
Kitsap	31% (+/- 6%)	50% (+/- 6%)	19% (+/- 5%)

**Graph 94: Percent of Region 8 with 3+ Risk Factors (Source: U.S. Census Bureau)**

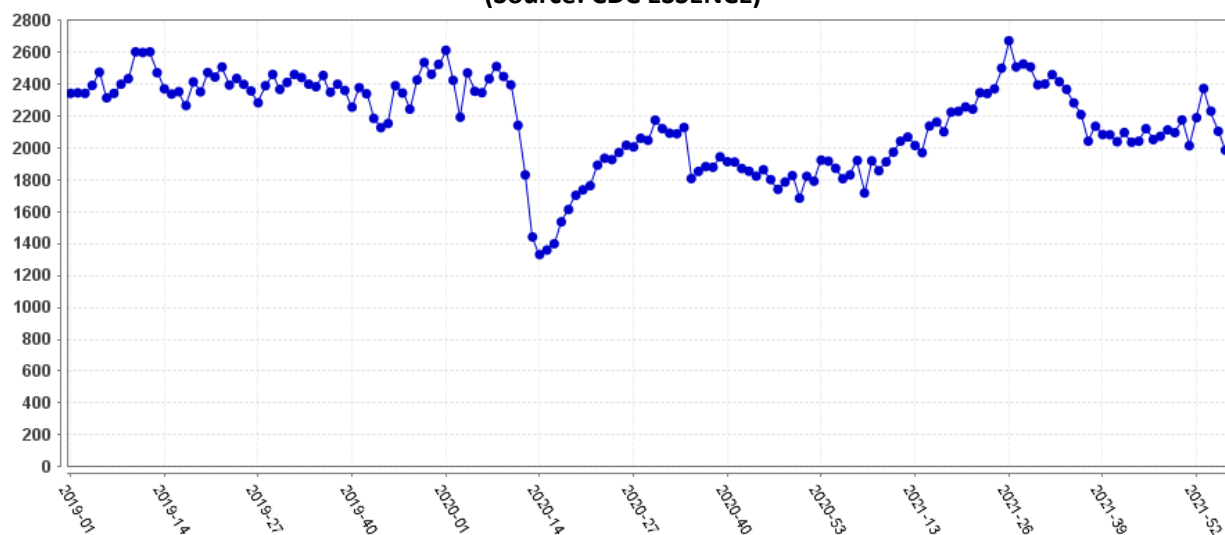


## All ED Visits

Graph 95 presents the weekly count of all ED visits in Region 8. For Region 8, similar to the overall Washington state count of all ED visits, a drop of ED visits was present in Region 8 for CDC Week 13 of 2020 (week of April 3) which aligns with the “Stay Home, Stay Healthy” order from March 23, 2020. However, visit volumes have appeared to trend back to levels more typical of care-seeking behavior before COVID-19, and therefore, rates *may be* converging with previous years’ rates. **Comparisons of one year to another should be interpreted with caution.**

Because the volume of visits across care settings varied widely during 2020, 2021, and 2022 to date, rates presented in this report may not reflect the true magnitude and direction of trends for behavioral health conditions and should be interpreted cautiously.

**Graph 95: Weekly count of all ED visits in Region 8, by week: 2019, 2020, 2021, and 2022 to date**  
(Source: CDC ESSENCE)

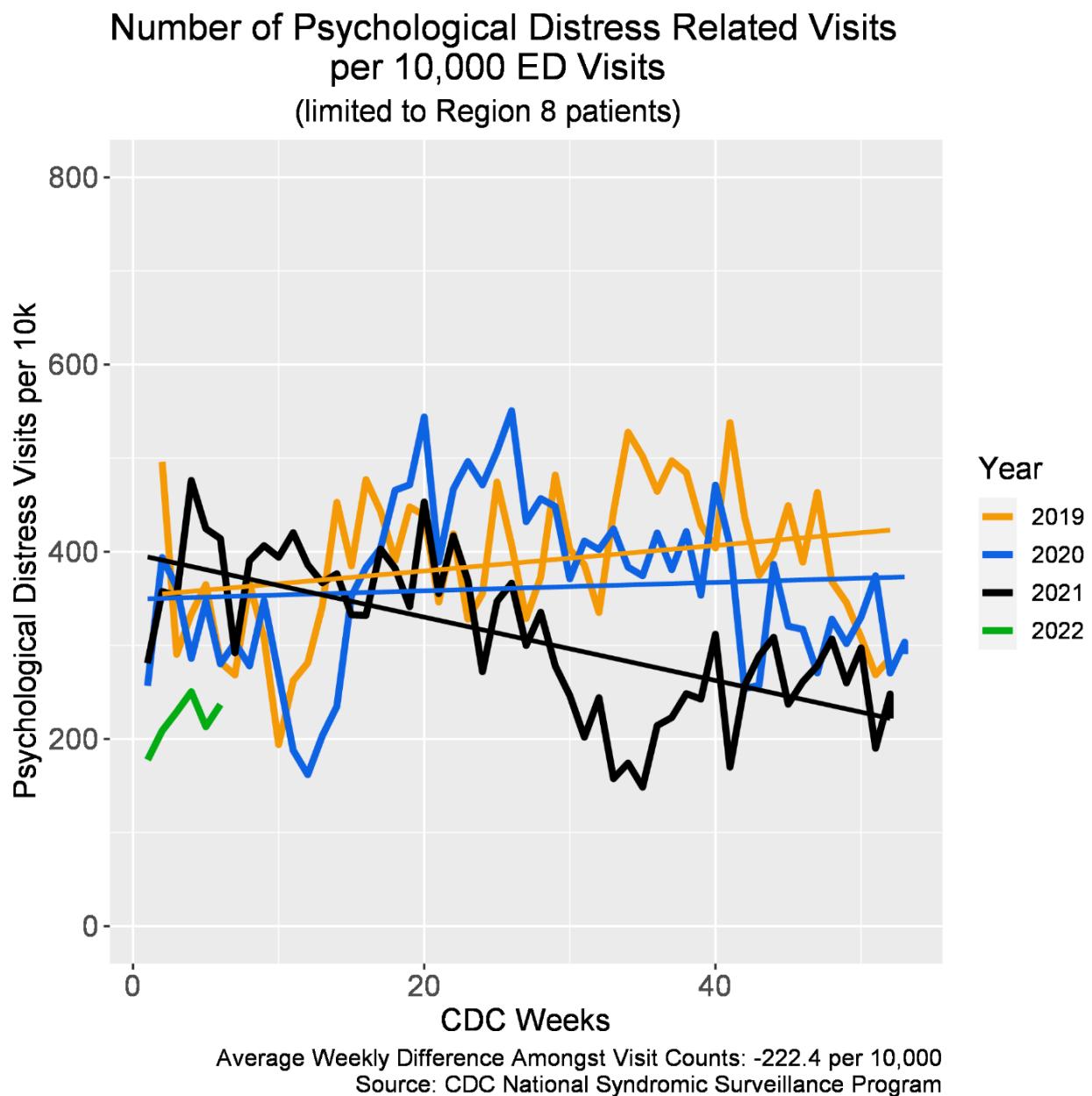


Caution should be taken as the steep drop in total ED visits could skew data for any type of ED visit. Changes in consistency of facility data submission may also impact ED visit volume.

## Psychological Distress

The relative reported ED visit count for **psychological distress**<sup>1</sup> for Region 8 is presented in Graph 96. Trend analysis revealed a decrease in 2021 ED visits for **psychological distress**<sup>1</sup>. Due to limited data, trend analysis was not evaluated for 2022 at this time. Specific to Region 8, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with one statistical<sup>5</sup> alert in 2021 (CDC Week 49, week of December 11, 2021). Since the last reporting period (CDC Week 44, week of November 6, 2021), no statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

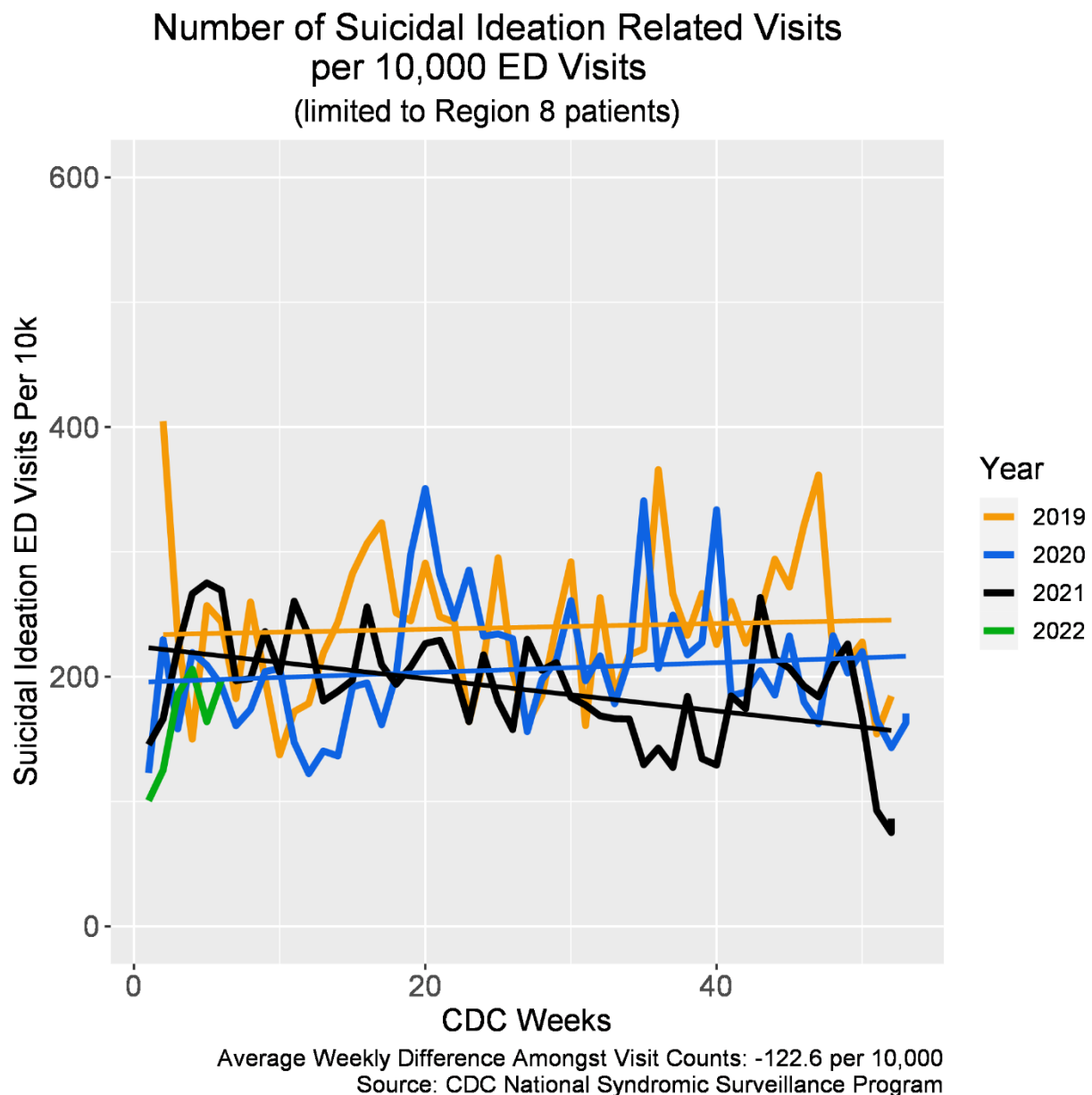
**Graph 96: Relative count of ED visits for psychological distress<sup>1</sup> in Region 8, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Suicidal Ideation

The relative reported ED visit count **for suicidal ideation** for Region 8 is presented in Graph 97. Trend analysis revealed a decrease in 2021 ED visits for suicidal ideation. Due to limited data, trend analysis was not evaluated for 2022 at this time. Specific to Region 8, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with no statistical<sup>5</sup> alerts or warnings since the last reporting period (CDC Week 44, week of November 6, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

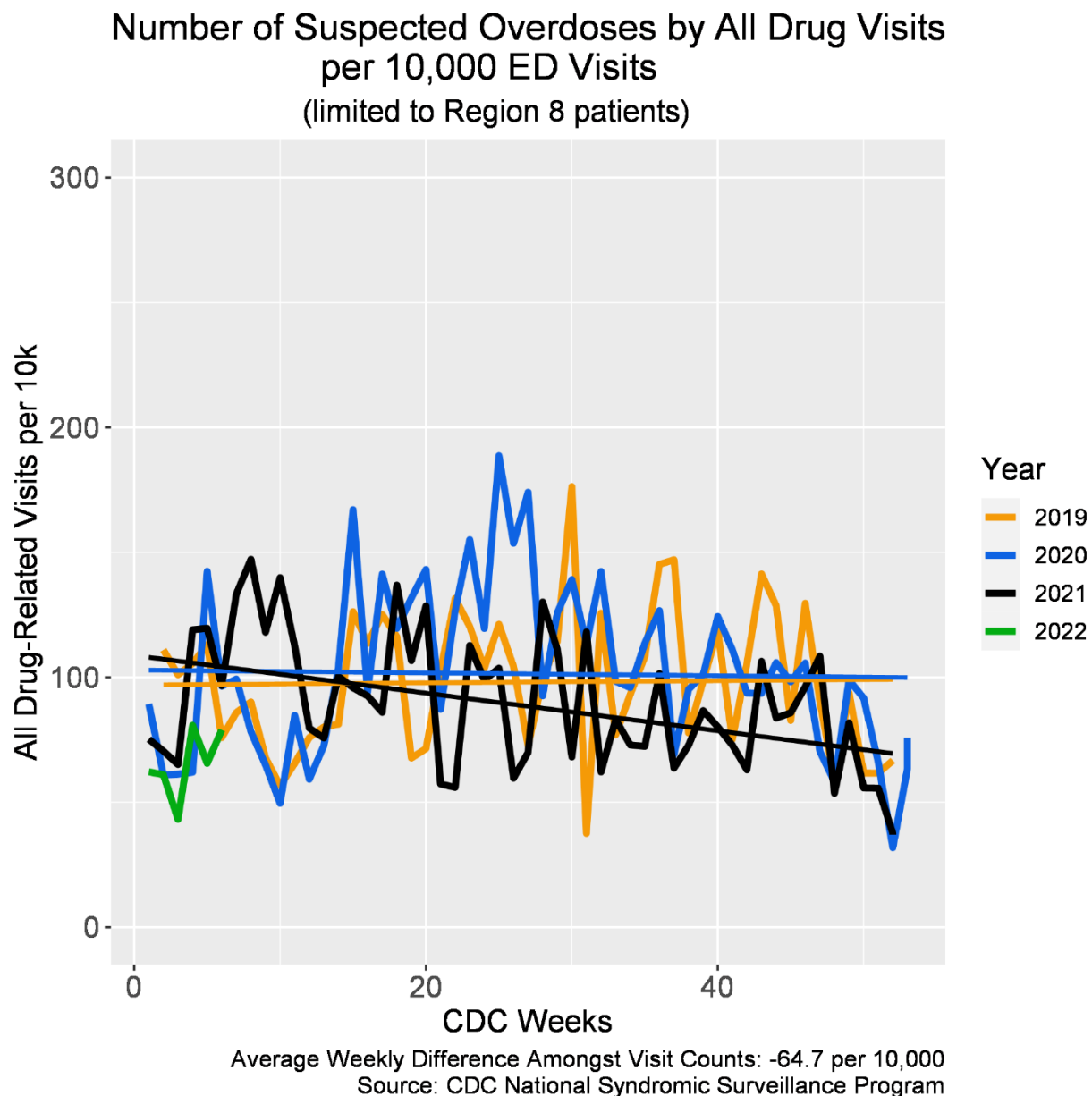
**Graph 97: Relative count of ED visits for suicidal ideation in Region 8, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Substance Use – Drug Overdose

The relative reported rate of all drug<sup>3</sup>-related ED visits for Region 8 is presented in Graph 98. Trend analysis revealed a decrease in 2021 for all drug<sup>3</sup>-related ED visits. Due to limited data, trend analysis was not evaluated for 2022 at this time. Specific to Region 8, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with a statistical<sup>5</sup> alert for CDC Week 45 (week of November 13, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

**Graph 98: Relative count of all drug<sup>3</sup>-related ED visits in Region 8, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**

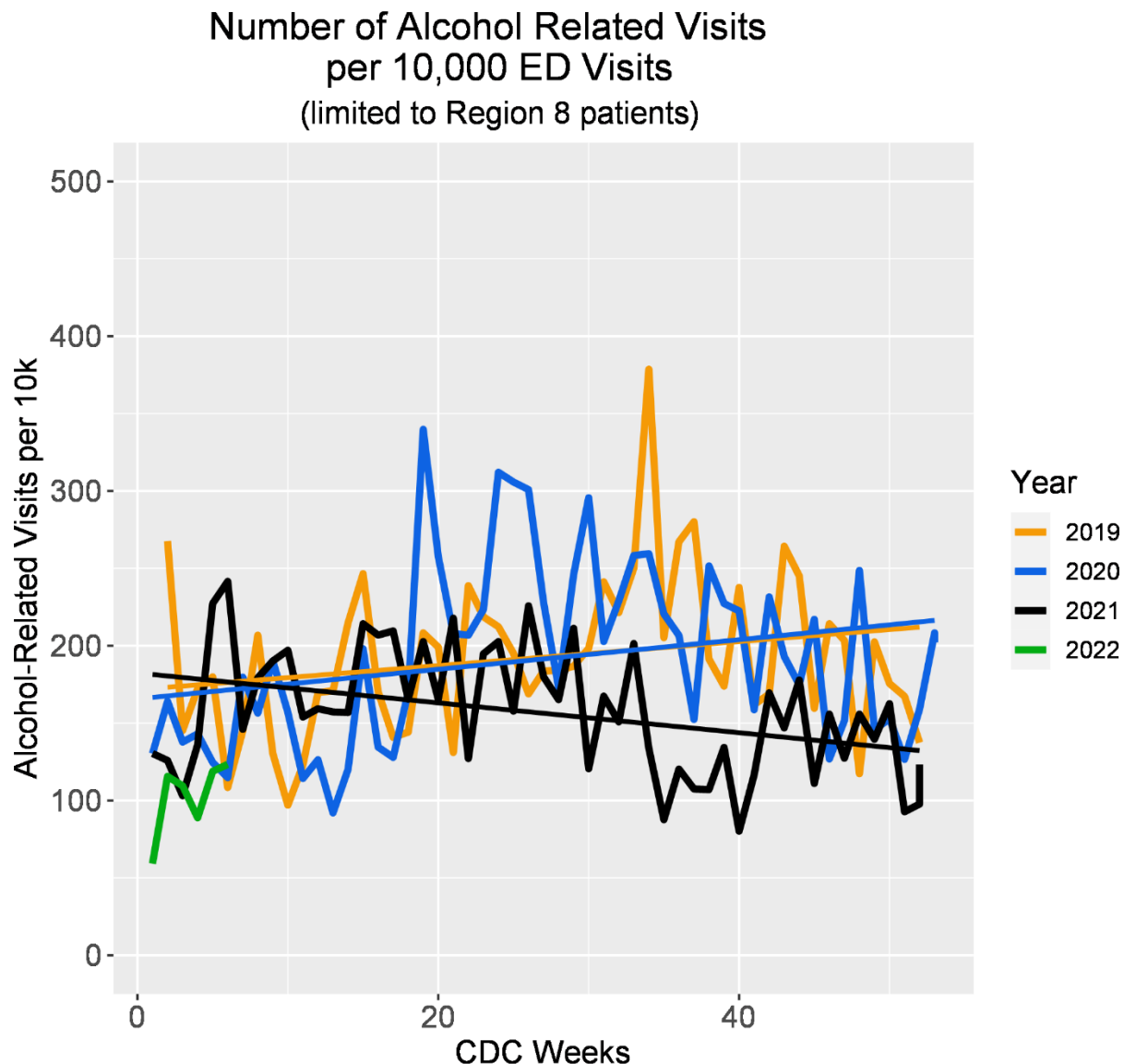




## Substance Use – Alcohol-Related Emergency Visits

The relative reported rate of alcohol-related ED visits for Region 8 is presented in Graph 99. Trend analysis revealed a decrease in 2021 for alcohol-related ED visits. Due to limited data, trend analysis was not evaluated for 2022 at this time. Specific to Region 8, no statistical<sup>5</sup> warnings or alerts were issued since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with a statistical<sup>5</sup> alert for CDC Week 45 (week of November 13, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

**Graph 99: Relative count of alcohol-related ED visits in Region 8, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**

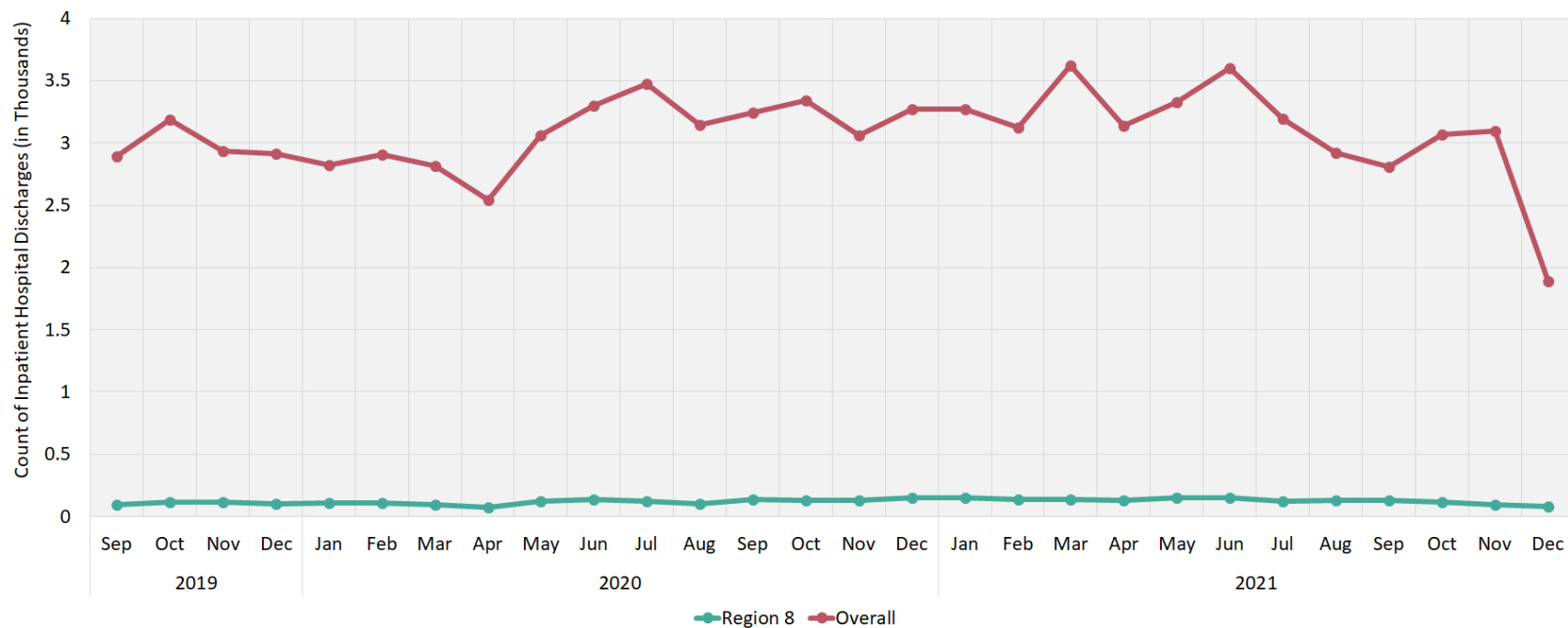


Average Weekly Difference Amongst Visit Counts: -120.5 per 10,000  
Source: CDC National Syndromic Surveillance Program

## Inpatient Community Hospital Discharges

The [Comprehensive Hospital Abstract Reporting System \(CHARS\)](#)<sup>6</sup> collects information on inpatient and observation patient community hospital stays. Caution should be taken when reviewing data, as the “Stay Home, Stay Healthy” order (March 2020) may have impacted hospital discharge data for both inpatient and observation patients. Only mental, behavioral, and neurodevelopmental disorders were evaluated (i.e., primary diagnoses included only ICD-10 F-codes).<sup>7</sup> For Region 8, the most recent reporting period (December 2021) showed a 20.4% decrease of inpatient community hospital discharges for mental, behavioral, and neurodevelopmental disorders (Graph 100) as compared to the previous month.

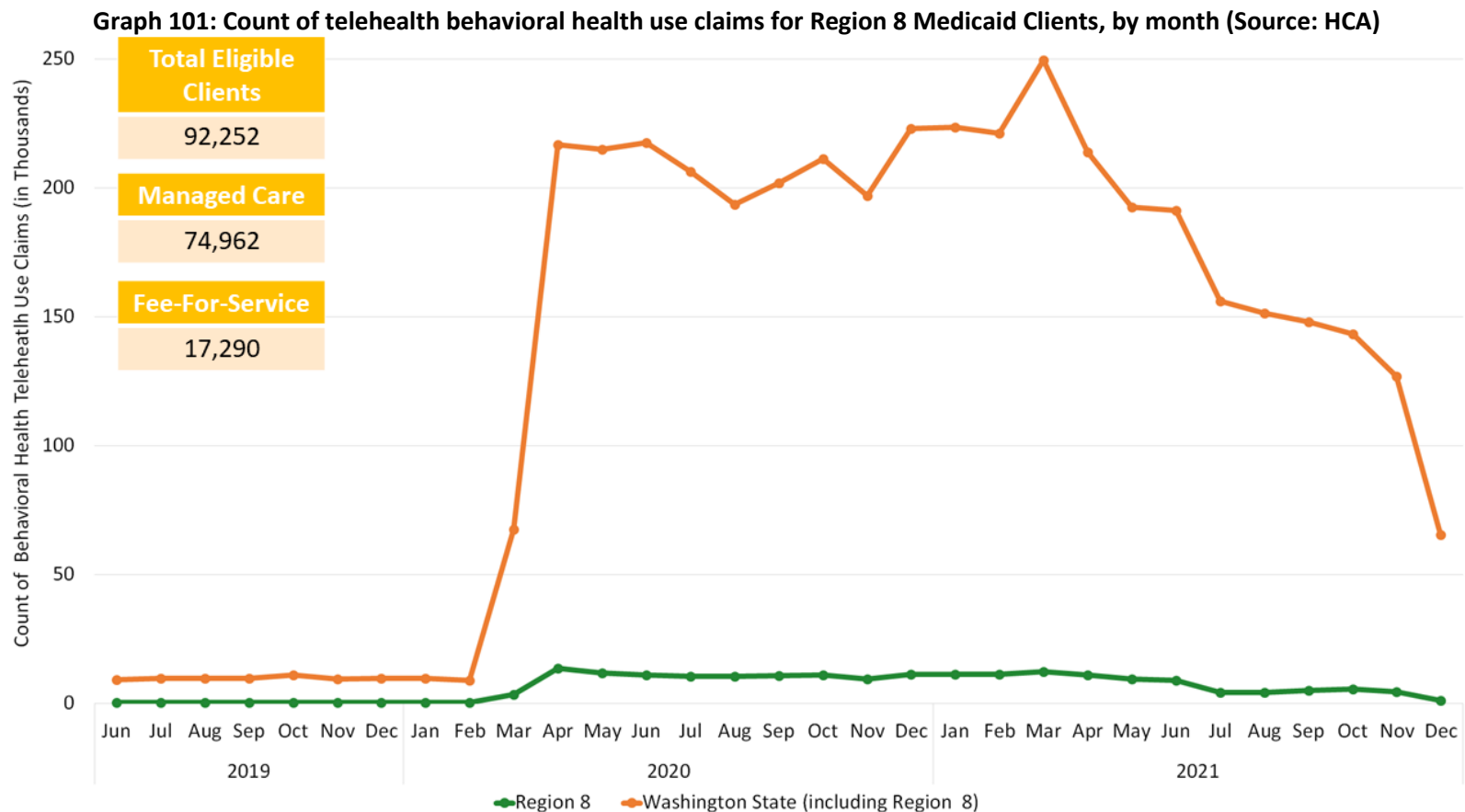
**Graph 100: Count of Inpatient Community Hospital Discharges for Mental, Behavioral, and Neurodevelopmental Disorders for overall Washington and Region 8, by month (Source: DOH)**



**Note:** Due to time lag, data might not be fully mature. While non-WA residents can discharge from a WA community hospital, only WA residents were included in the analysis. Only F-codes as primary diagnoses were included in the analysis.

## Telehealth Use for Washington State Medicaid Clients

Telehealth (phone and videoconferencing) claims use for Washington Medicaid clients is collected by the Washington State Health Care Authority (HCA). Graph 101 provides a count of telehealth behavioral health services use claims. It is important to note the limited use of telehealth in Medicaid clients prior to the COVID-19 pandemic (March 2020), which could explain the significant increase in March and April 2020 (237.6%). Caution should be taken when reviewing data as the “Stay Home, Stay Healthy” order may have impacted telehealth use. Additionally, due to the significant demand for telehealth, several changes were made to policies, coverage, and implementation that could impact this data. For Region 8, the most recent reporting period (December 2021) showed a 73% decrease of telehealth behavioral health services use claims compared to the previous month.

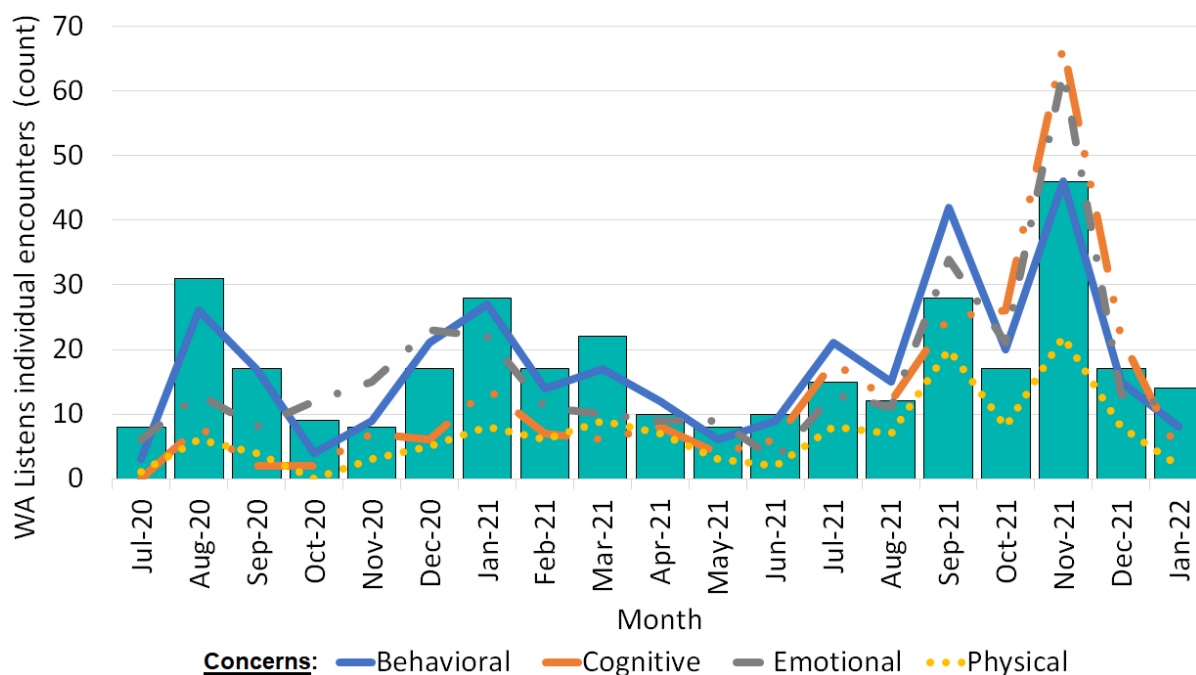


**Note:** Due to missing or suppressed data, results may be underreported.

## Telephonic Support Lines – Service Volume

[Washington \(WA\) Listens](#)<sup>8</sup> is a free, anonymous service that offers non-clinical behavioral health support for both individual and group encounters. Additionally, WA Listens provides referral information to local resources based on the needs expressed. Since its inception in July 2020, a total of 334 WA Listens individual encounters have been completed (Graph 102). For **race, age, and gender** information on **individual encounters**, see Table 8.

**Graph 102: Total count of WA Listens individual calls and concerns, by month (Source: HCA)**



Note: Individuals can call about more than one concern, including multiple of the same type. Due to data collection issues, August 2021 – January 2022 might be underreported.

**Table 8: Race, age, and gender of WA Listen’s survivors (Source: HCA)**

Gender	Count (%)
Female	222 (65.7%)
Male	139 (41.1%)
Transgender	--

Race	Count (%)
Other	13 (3.8%)
White	231 (68.3%)
Did not report	--

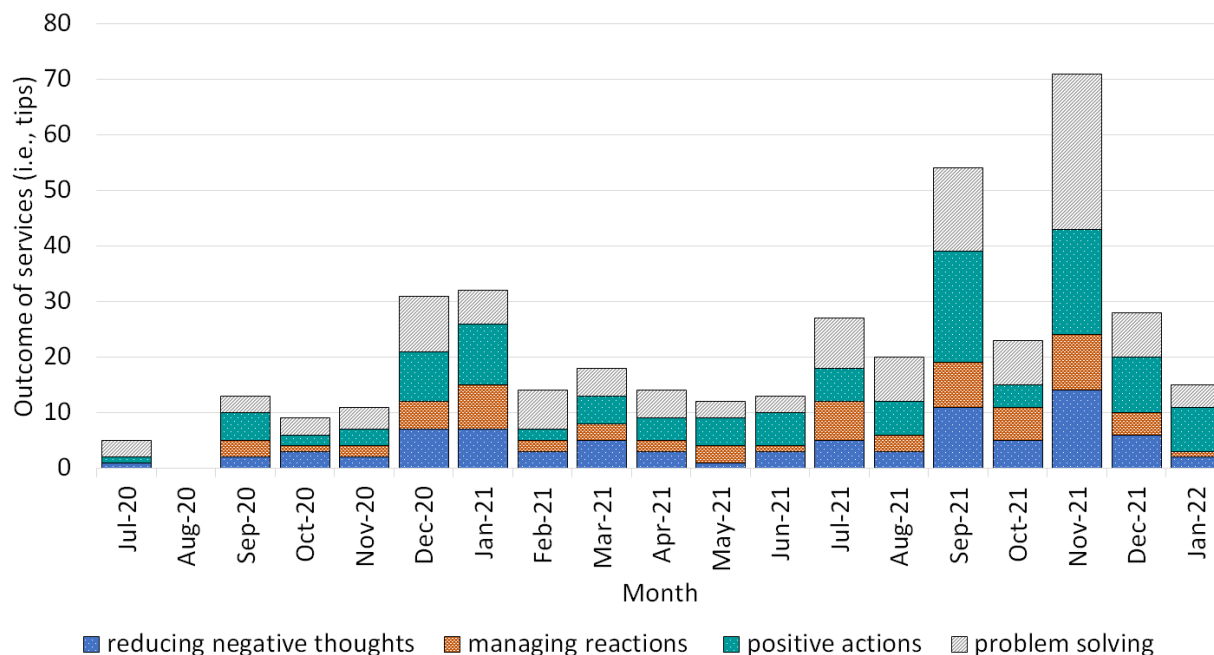
Age	Count (%)
< = 17	--
18 – 39	80 (23.7%)
40 – 64	205 (60.7%)
> = 65	57 (20.7%)

Population (US Census, April 1, 2010)	%
White	87%
Black or African American	2%
Asian	3%
American Indian & Alaska Native	3%
Native Hawaiian & Other Pacific Islander	0%
Hispanic or Latino	6%

Note: Gender, age, and race are not mutually exclusive (individual can report more than 1 gender, age, and race). Due to low Ns, some categories could not be reported.

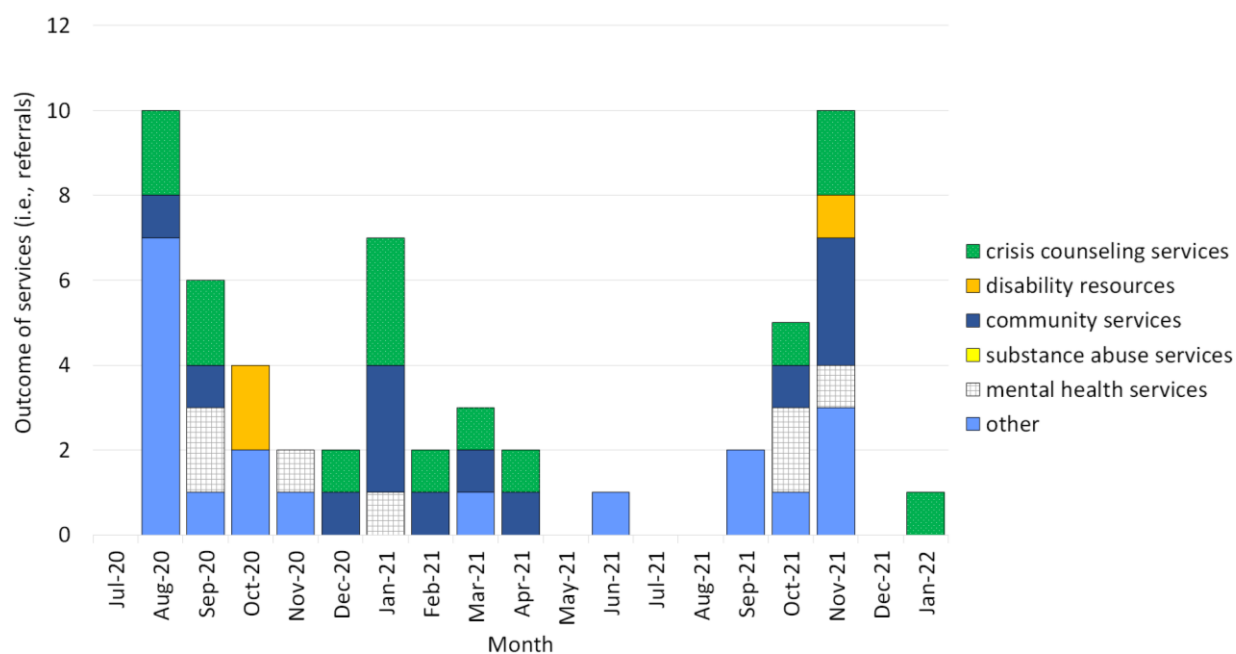
In January 2022, calls for **physical concerns** decreased by 75.0%, **emotional concerns** decreased by 15.4%, **cognitive concerns** decreased by 81.8%, and **behavioral concerns** decreased by 46.7% (Graph 102). For **outcomes from services** (e.g., tips and referrals), see Graphs 103 and 104.

**Graph 103: Outcome of services (i.e., tips) for WA Listens by month (Source: HCA)**



Note: Tips are not mutually exclusive (i.e., individuals can receive more than one tip). Due to data collection issues, August 2021 – January 2022 might be underreported.

**Graph 104: Outcome of services (i.e., referrals) for WA Listens by month (Source: HCA)**

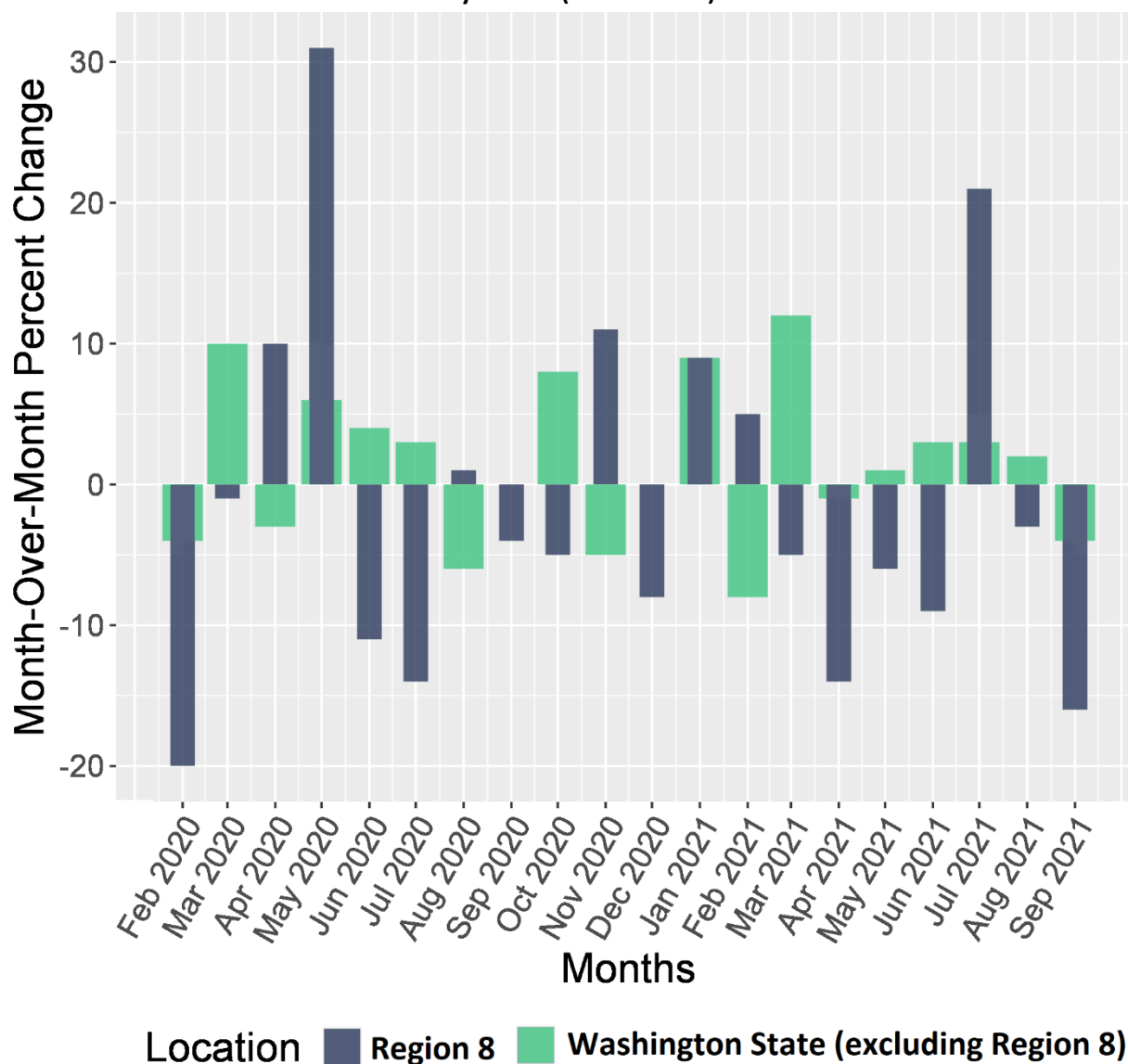


Note: Referrals are not mutually exclusive (i.e., individuals can receive more than one referral). Due to data collection issues, August 2021 – January 2022 might be underreported.

## Crisis System of Care

The crisis system of care completed by [behavioral health administrative service organizations](#)<sup>9</sup> (BH-ASOs) provides regional [crisis line](#)<sup>10</sup> support that serves as the entry point or *front door* to crisis services. This includes support, initial risk assessment, and referral to appropriate follow up services, if needed. Graph 105 provides data on month over month percentage change in crisis system utilization during 2020 and 2021 to date. Since January 2020, the average monthly call volume (excluding hang ups, wrong number, and messages) was 29,798 for Region 8. The most recent month, September 2021, presented with a 16% decrease of all individual crisis calls for Region 8.

**Graph 105: Month over month percent change in individual encounter crisis calls, by month (Source: HCA)**



# Region 9: Clark, Klickitat, and Skamania counties

## Key Takeaways

- For Region 9, visit volumes have appeared to trend back to levels more typical of care-seeking behavior before COVID-19, and therefore, rates may be converging with previous years' rates. Comparisons of one year to another should be interpreted with caution.
  - In the most recent reporting period ([CDC Week 4](#)<sup>9</sup>, week of January 29, 2022), the relative reported rate of ED visits for psychological distress,<sup>1</sup> suicidal ideation, all drug<sup>3</sup>-related, and alcohol-related increased compared to the previous reporting period (CDC Week 3, week of January 22, 2022).
  - Note, the relative reported rate of ED visits for suspected suicide attempts<sup>2</sup> and homelessness<sup>4</sup> are not included in this section as the numbers are too low to report out<sup>11</sup>.
  - In terms of statistical<sup>5</sup> warnings and alerts for ED visits<sup>5</sup>:
    - psychological distress: a statistical<sup>5</sup> alert for CDC Week 45 (week of November 13, 2021),
    - all drug<sup>3</sup>-related: a statistical<sup>5</sup> alert for Week 46 (week of November 20, 2021),
    - suicidal ideation and all drug<sup>3</sup>-related: no statistical<sup>5</sup> warnings and alerts were issued for 2022 to date.
- For Region 9, December 2021 showed a 7.0% month-over-month decrease change of inpatient community hospital discharges of patients with diagnoses of behavioral, mental, and neurodevelopmental disorders.
- For Region 9, December 2021 showed a 54% month-over-month decrease of telehealth behavioral health services use claims.
- Since its inception in July 2020, a total of 146 WA Listens individual encounters have been completed for Region 9.
- Since January 2020, the average BH-ASO monthly call volume (excluding hang ups, wrong number, and messages) was 39,990 for Region 9.
- For further information about data including operationalizations and limitations, please review the [Appendix](#) for further guidance.

## Community Resilience

The United States Census Bureau provides Community Resilience Estimates (CREs) at the census tract level classifying what percent of residents have 0, 1-2, or 3+ risk factors. The CREs model individual and household characteristics for Washington state, and each county within Washington state, in efforts to facilitate disaster preparedness by detecting communities (and more specifically, counties) where capacity and resources may successfully reduce and mitigate the potential impact of adverse contexts, in this case, the pandemic.

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<sup>9</sup> <https://ndc.services.cdc.gov/wp-content/uploads/W2021-22.pdf>

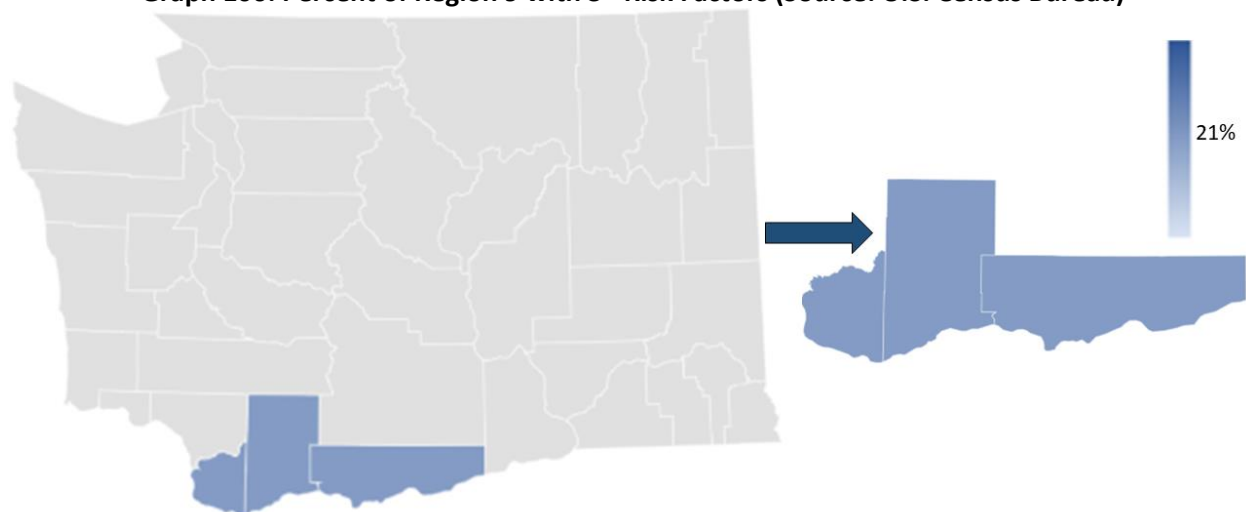
Furthermore, the CRE shows how, following a disaster, the heterogeneous outcomes are dependent on each community's individual and household characteristics. Accounting for these characteristic differences in terms of the capacity to recover from disasters is imperative for disaster preparedness, as this can enable response planners and any organization responding to or helping to mitigate the behavioral health capacity considerations during the COVID-19 pandemic to effectively employ and deploy resources and to strategize for future disasters.

In comparison, for Washington state, the CRE is 23% of people who had 0 risk factors, 52% who had 1-2 risk factors, and 25% who had 3 or more risk factors. The regional CRE is calculated by averaging each county's CRE within this region. For Region 9, the CRE includes 25% of people who had 0 risk factors, 53% who had 1-2 risk factors, and 21% who had 3 or more risk factors. Graph 106 presents the percentage of Region 9 with 3 or more risk factors.

For Region 9, the CRE for each county is:

State	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
Washington	23%	52%	25%
Region	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
9	25%	53%	21%
County	0 Risk Factors	1-2 Risk Factors	3 + Risk Factors
Clark	22% (+/- 5%)	57% (+/- 7%)	21% (+/- 6%)
Klickitat	29% (+/- 6%)	49% (+/- 7%)	21% (+/- 6%)
Skamania	25% (+/- 7%)	53% (+/- 8%)	21% (+/- 6%)

**Graph 106: Percent of Region 9 with 3+ Risk Factors (Source: U.S. Census Bureau)**



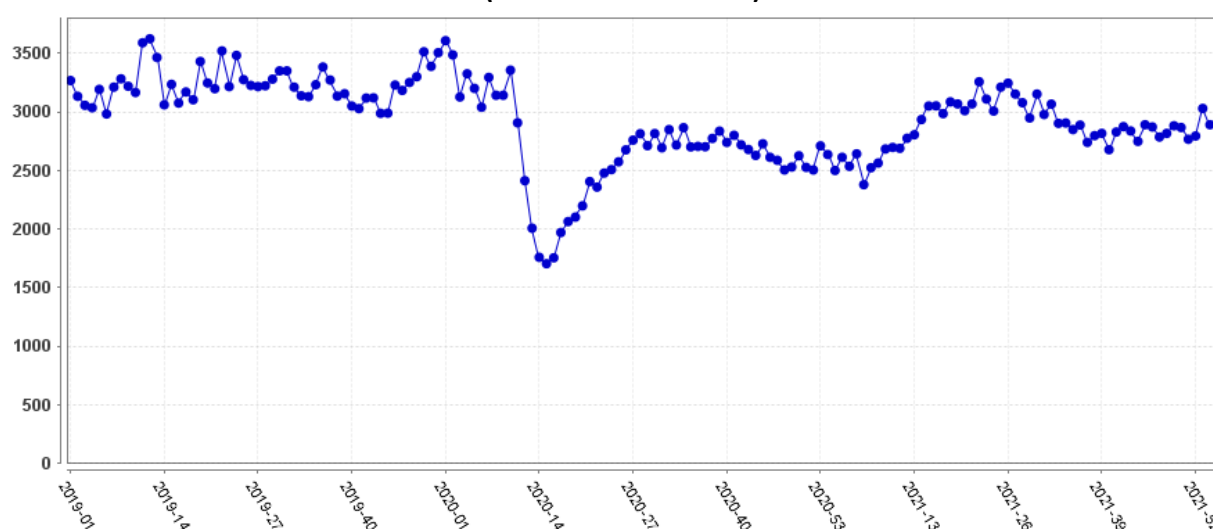


## All ED Visits

Graph 107 presents the weekly count of all ED visits in Region 9. For Region 9, similar to the overall Washington state count of all ED visits, a drop of ED visits was present in Region 9 for CDC Week 13 of 2020 (week of April 3) which aligns with the “Stay Home, Stay Healthy” order from March 23, 2020. However, visit volumes have appeared to trend back to levels more typical of care-seeking behavior before COVID-19, and therefore, rates *may be* converging with previous years’ rates. **Comparisons of one year to another should be interpreted with caution.**

Because the volume of visits across care settings varied widely during 2020, 2021, and 2022 to date, rates presented in this report may not reflect the true magnitude and direction of trends for behavioral health conditions and should be interpreted cautiously.

**Graph 107: Weekly count of all ED visits in Region 9, by week: 2019, 2020, 2021, and 2022 to date**  
(Source: CDC ESSENCE)

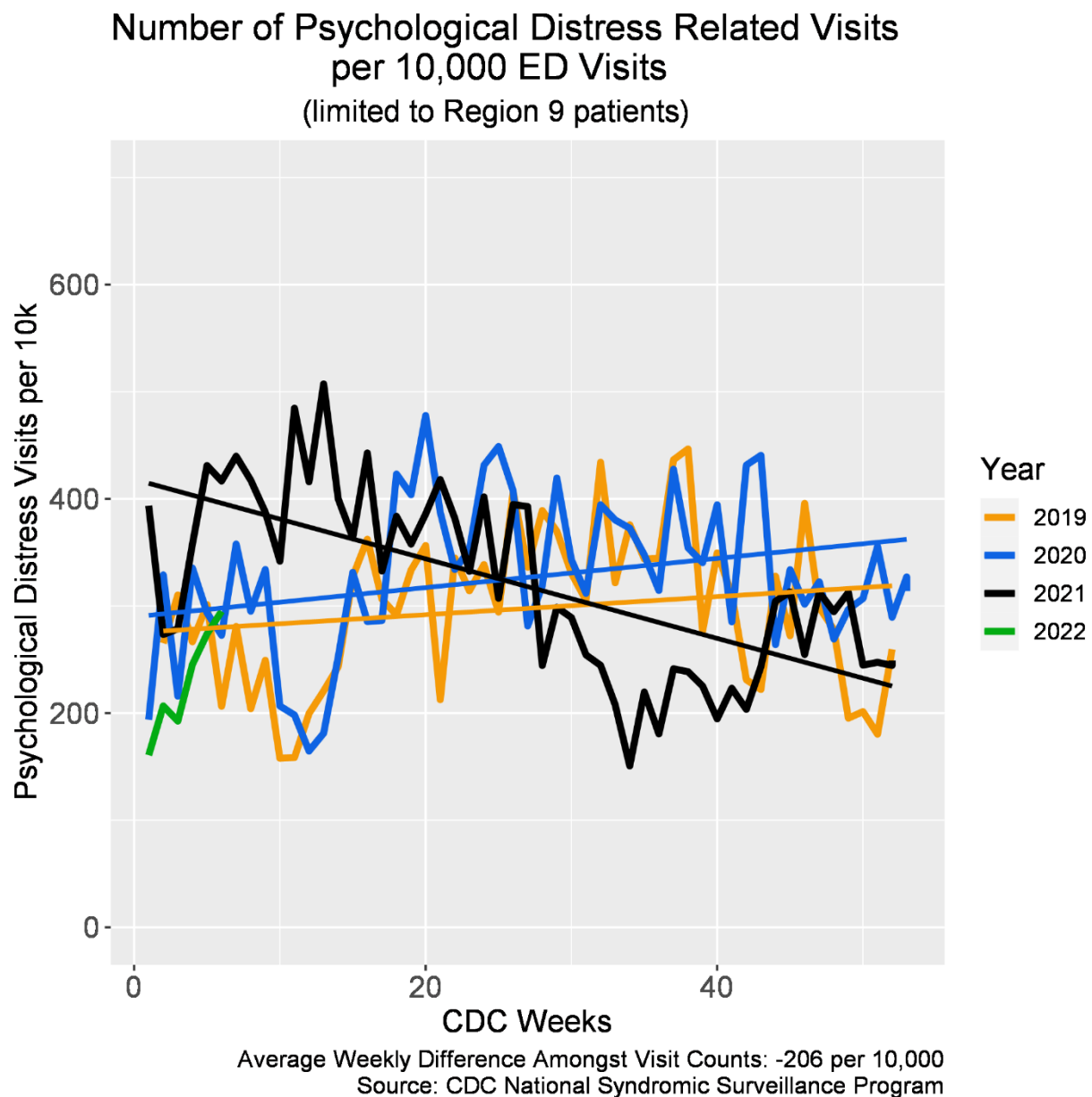


Caution should be taken as the steep drop in total ED visits could skew data for any type of ED visit. Changes in consistency of facility data submission may also impact ED visit volume.

## Psychological Distress

The relative reported ED visit count for **psychological distress**<sup>1</sup> for Region 9 is presented in Graph 108. Trend analysis revealed a decrease in 2021 ED visits for **psychological distress**<sup>1</sup>. Due to limited data, trend analysis was not evaluated for 2022 at this time. Region 9 presented with a statistical<sup>5</sup> alert for CDC Week 45 (week of November 13, 2021). In comparison, the overall Washington population presented with one statistical<sup>5</sup> alert in 2021 (CDC Week 49, week of December 11, 2021). Since the last reporting period (CDC Week 44, week of November 6, 2021), no statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

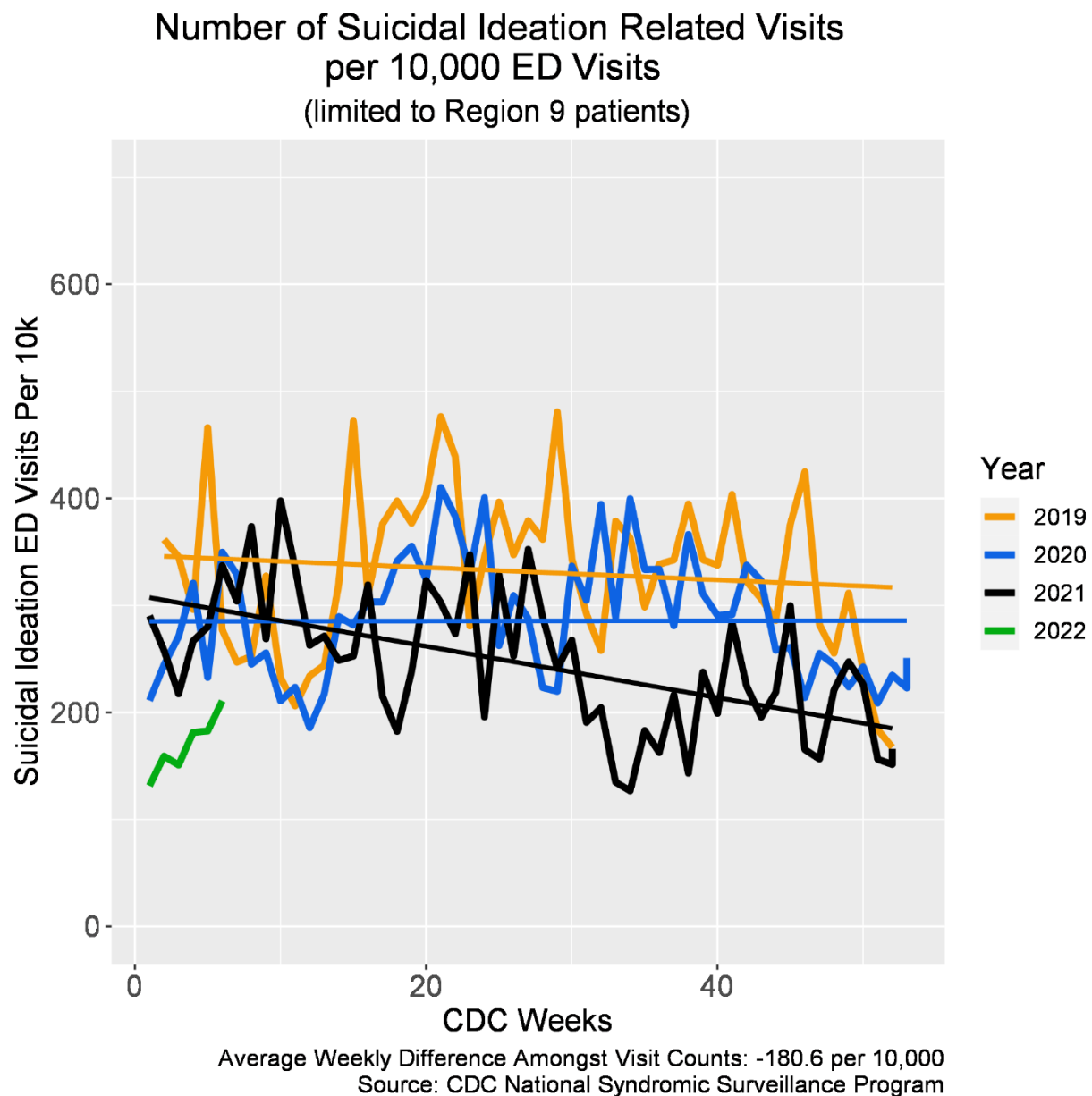
**Graph 108: Relative count of ED visits for psychological distress<sup>1</sup> in Region 9, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Suicidal Ideation

The relative reported ED visit count **for suicidal ideation** for Region 9 is presented in Graph 109. Trend analysis revealed a decrease in 2021 ED visits for suicidal ideation. Due to limited data, trend analysis was not evaluated for 2022 at this time. Specific to Region 9, 2021 to date presented with no statistical<sup>5</sup> warnings or alerts since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with no statistical<sup>5</sup> alerts or warnings since the last reporting period (CDC Week 44, week of November 6, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022, to date.

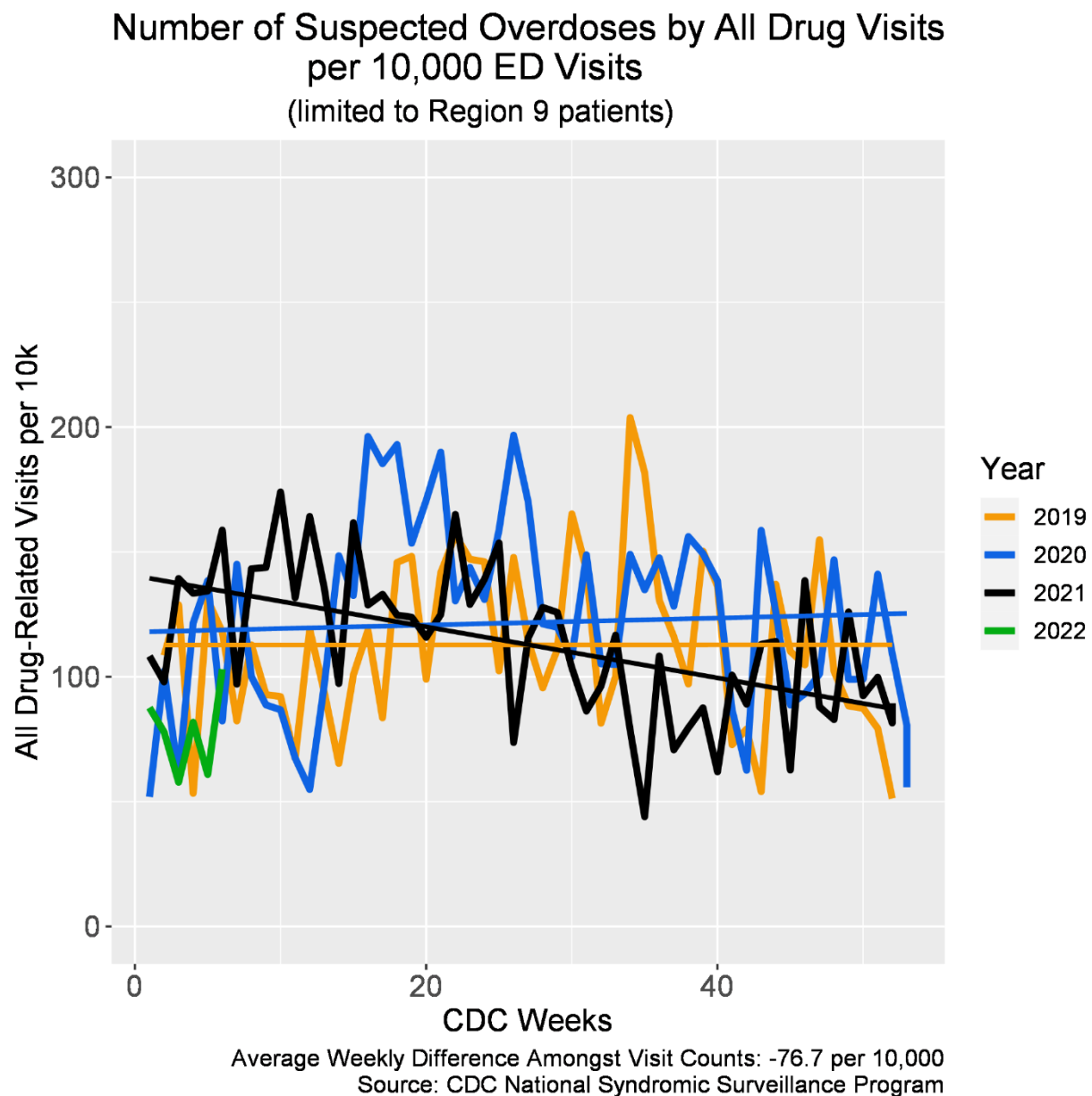
**Graph 109: Relative count of ED visits for suicidal ideation in Region 9, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Substance Use – Drug Overdose

The relative reported rate of all drug<sup>3</sup>-related ED visits for Region 9 is presented in Graph 110. Trend analysis revealed a decrease in 2021 for all drug<sup>3</sup>-related ED visits. Due to limited data, trend analysis was not evaluated for 2022 at this time. Region 9 presented with a statistical<sup>5</sup> warning for CDC Week 46 (week of November 20, 2021). In comparison, the overall Washington population presented with a statistical<sup>5</sup> alert for CDC Week 45 (week of November 13, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

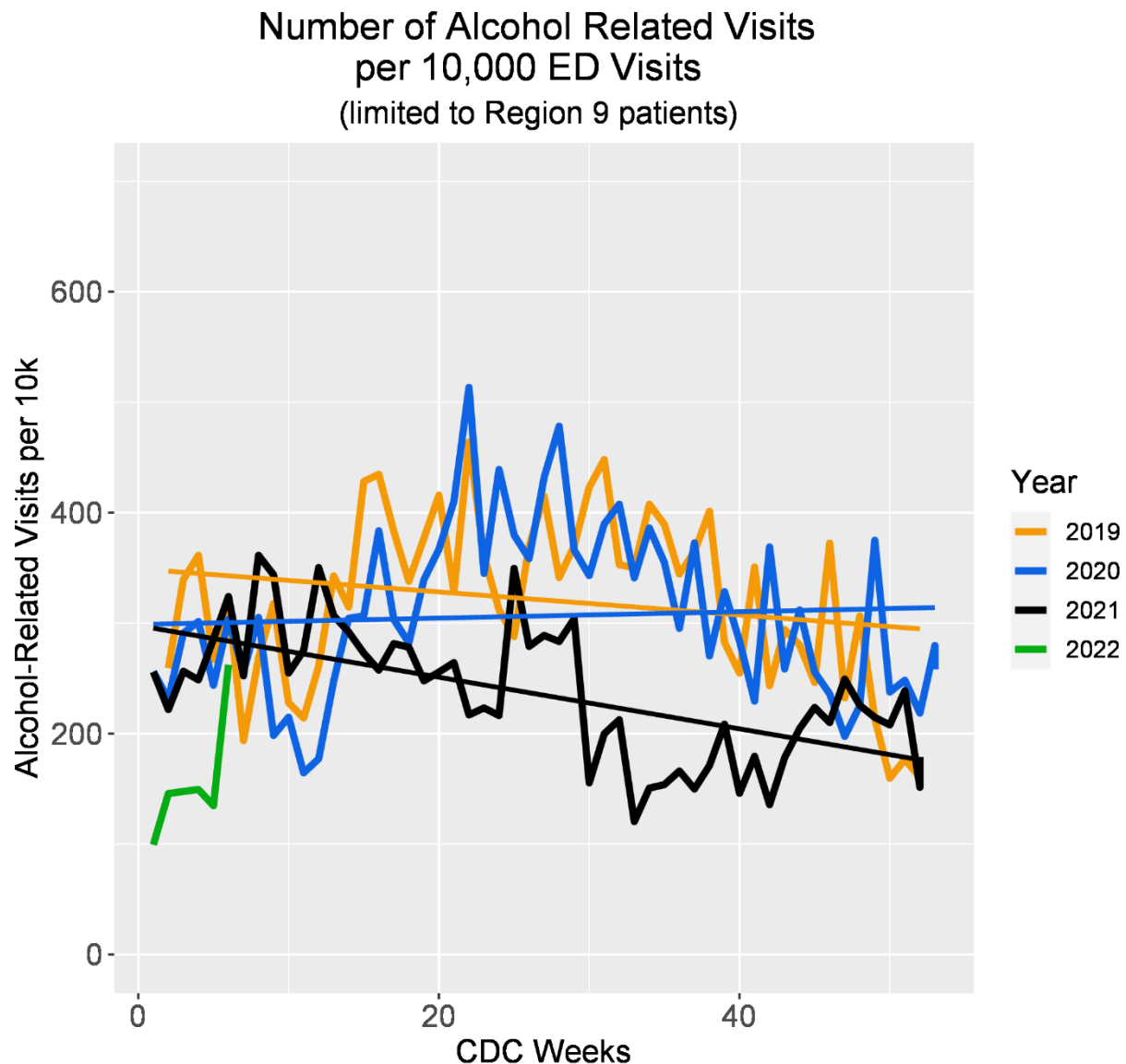
**Graph 110: Relative count of all drug<sup>3</sup>-related ED visits in Region 9, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



## Substance Use – Alcohol-Related Emergency Visits

The relative reported rate of alcohol-related ED visits for Region 9 is presented in Graph 111. Trend analysis revealed a decrease in 2021 ED visits for homelessness<sup>4</sup>. Due to limited data, trend analysis was not evaluated for 2022 at this time. Specific to Region 9, 2021 to date presented with no statistical<sup>5</sup> warnings or alerts since the last reporting period (CDC Week 44, week of November 6, 2021). In comparison, the overall Washington population presented with a statistical<sup>5</sup> alert for CDC Week 45 (week of November 13, 2021). No statistical<sup>5</sup> warnings or alerts were issued for 2022 to date.

**Graph 111: Relative count of alcohol-related ED visits in Region 9, by week: 2019, 2020, 2021, and 2022 to date**

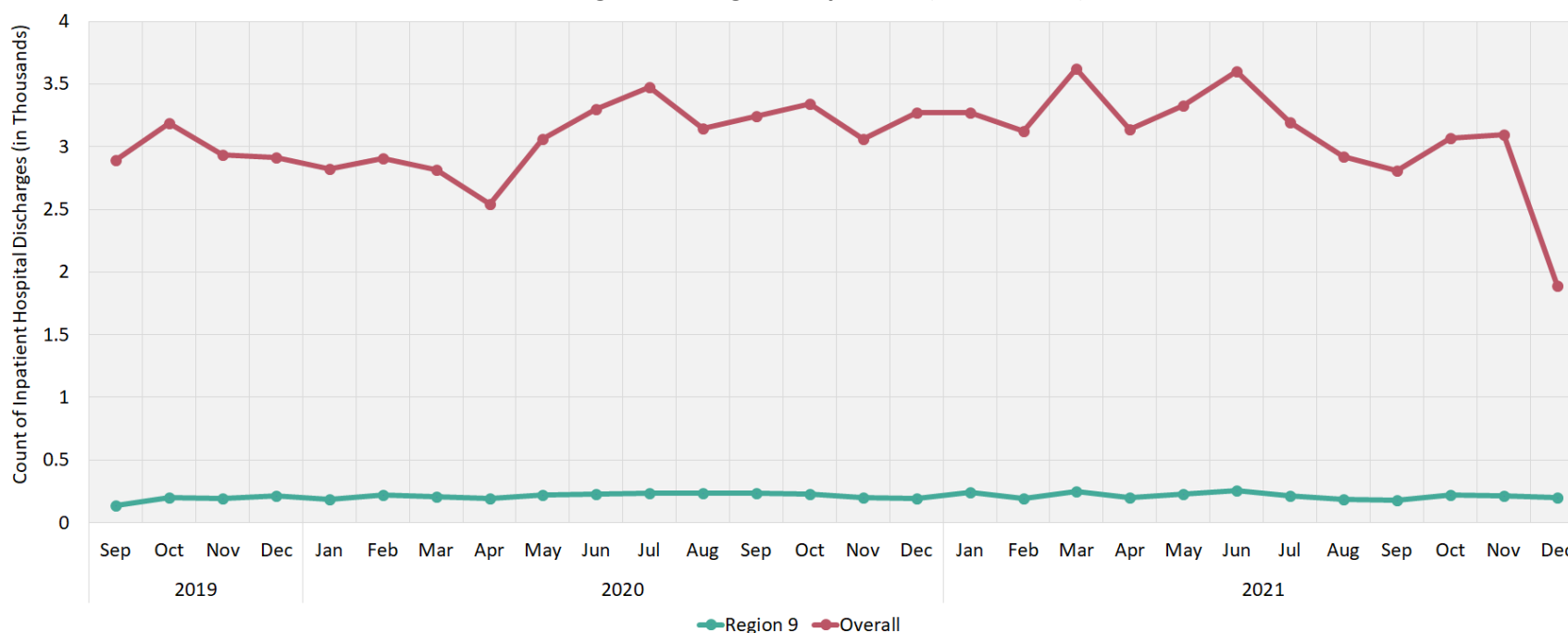


Average Weekly Difference Amongst Visit Counts: -190.1 per 10,000  
Source: CDC National Syndromic Surveillance Program

## Inpatient Community Hospital Discharges

The [Comprehensive Hospital Abstract Reporting System \(CHARS\)](#)<sup>6</sup> collects information on inpatient and observation patient community hospital stays. Caution should be taken when reviewing data, as the “Stay Home, Stay Healthy” order (March 2020) may have impacted hospital discharge data for both inpatient and observation patients. Only mental, behavioral, and neurodevelopmental disorders were evaluated (i.e., primary diagnoses included only ICD-10 F-codes).<sup>7</sup> For Region 9, the most recent reporting period (December 2021) showed a 7.0% decrease in inpatient community hospital discharges for mental, behavioral, and neurodevelopmental disorders (Graph 112) as compared to the previous month.

**Graph 112: Count of Inpatient Community Hospital Discharges for Mental, Behavioral, and Neurodevelopmental Disorders for overall Washington and Region 9, by month (Source: DOH)**

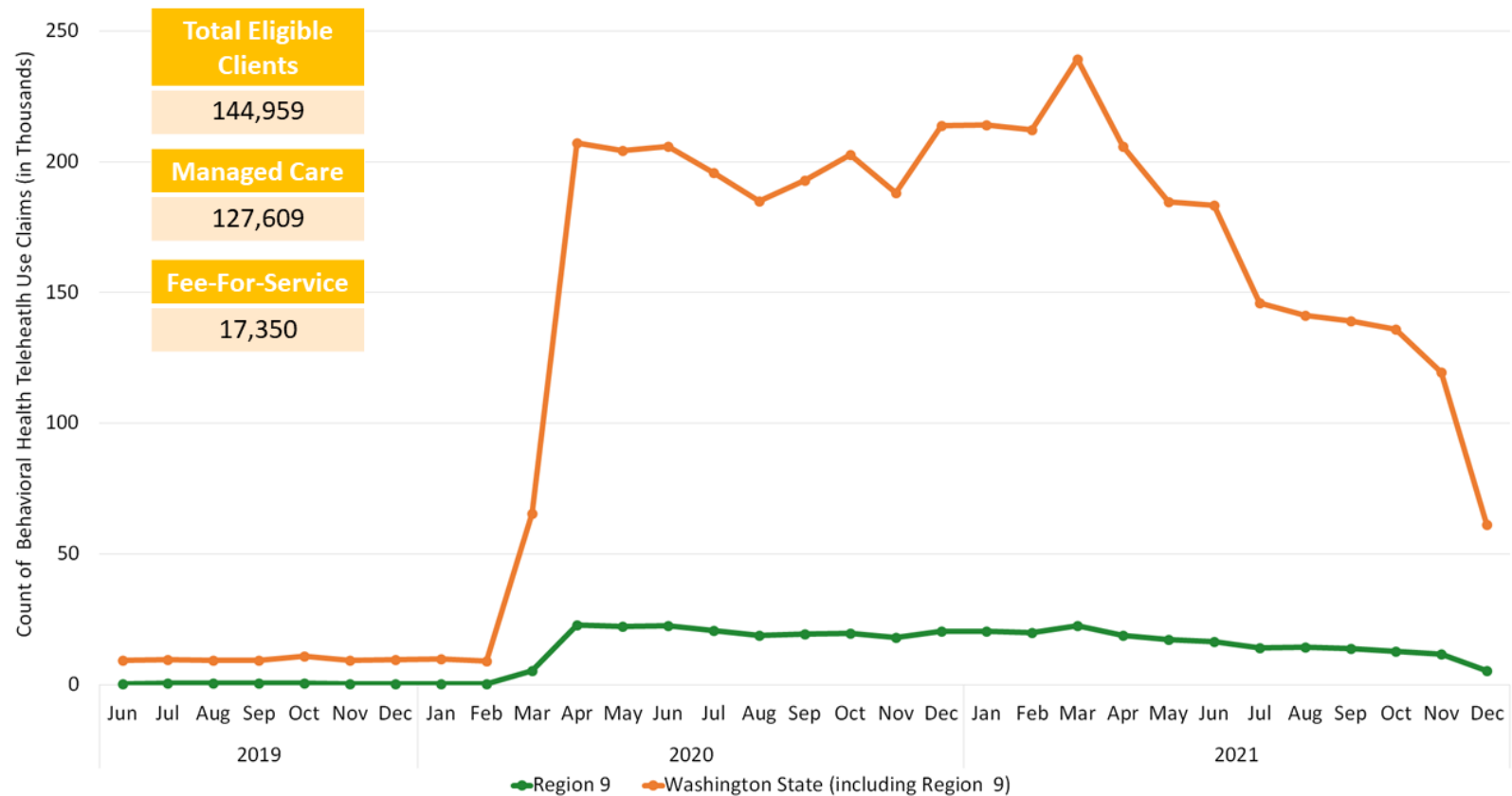


**Note:** Due to time lag, data might not be fully mature. While non-WA residents can discharge from a WA community hospital, only WA residents were included in the analysis. Only F-codes as primary diagnoses were included in the analysis.

## Telehealth Use for Washington State Medicaid Clients

Telehealth (phone and videoconferencing) claims use for Washington Medicaid clients is collected by the Washington State Health Care Authority (HCA). Graph 113 provides a count of telehealth behavioral health services use claims. It is important to note the limited use of telehealth in Medicaid clients prior to the COVID-19 pandemic (March 2020), which could explain the significant increase in March and April 2020 (237.6%). Caution should be taken when reviewing data as the “Stay Home, Stay Healthy” order may have impacted telehealth use. Additionally, due to the significant demand for telehealth, several changes were made to policies, coverage, and implementation that could impact this data. For Region 9, the most recent reporting period (December 2021) showed a 54% decrease of telehealth behavioral health services use claims compared to the previous month.

**Graph 113: Count of telehealth behavioral health use claims for Region 9 Medicaid Clients, by month (Source: HCA)**

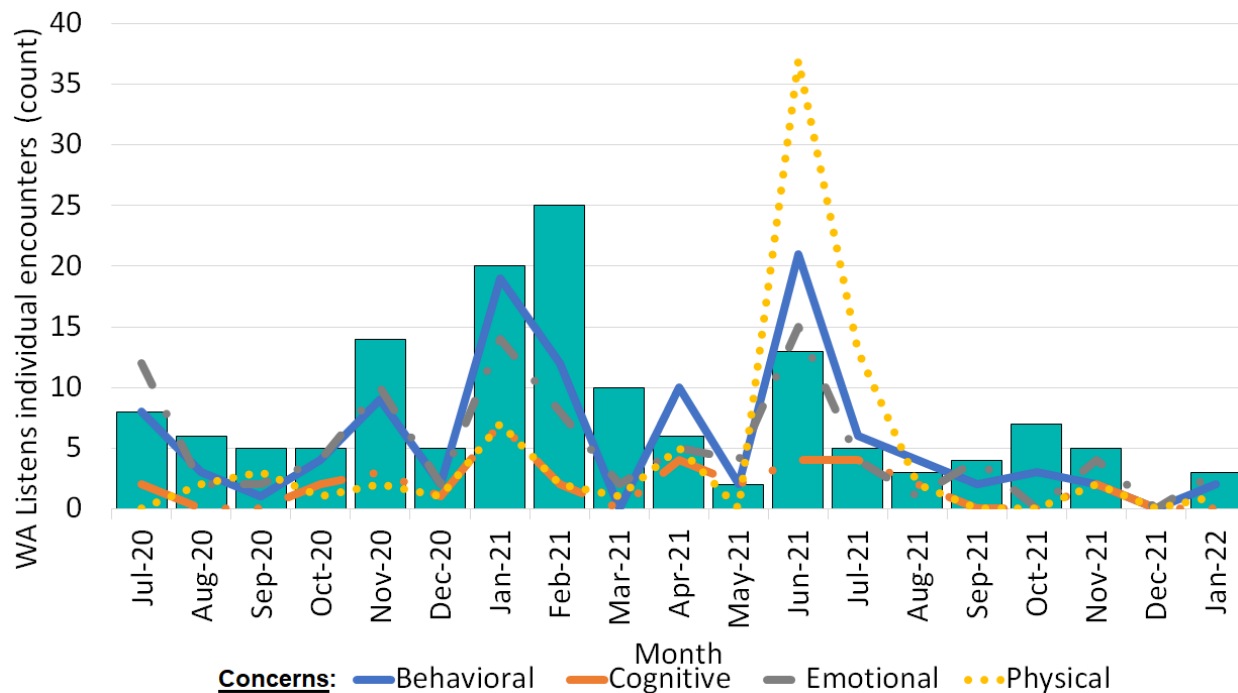


**Note:** Due to missing or suppressed data, results may be underreported.

## Telephonic Support Lines – Service Volume

[Washington \(WA\) Listens](#)<sup>8</sup> is a free, anonymous service that offers non-clinical behavioral health support for both individual and group encounters. Additionally, WA Listens provides referral information to local resources based on the needs expressed. Since its inception in July 2020, a total of 146 WA Listens individual encounters have been completed (Graph 114) for Region 9. For **race, age, and gender** information on **individual encounters**, see Table 9.

**Graph 114: Total count of WA Listens individual calls and concerns, by month (Source: HCA)**



Note: Individuals can call about more than one concern, including multiple of the same type. Due to data collection issues, August 2021 – January 2022 might be underreported.

**Table 9: Race, age, and gender of WA Listen’s survivors (Source: HCA)**

Gender	Count (%)
Female	87 (59.6%)
Male	74 (50.7%)
Transgender	--

Race	Count (%)
Other	--
White	93 (63.7%)
Did not report	--

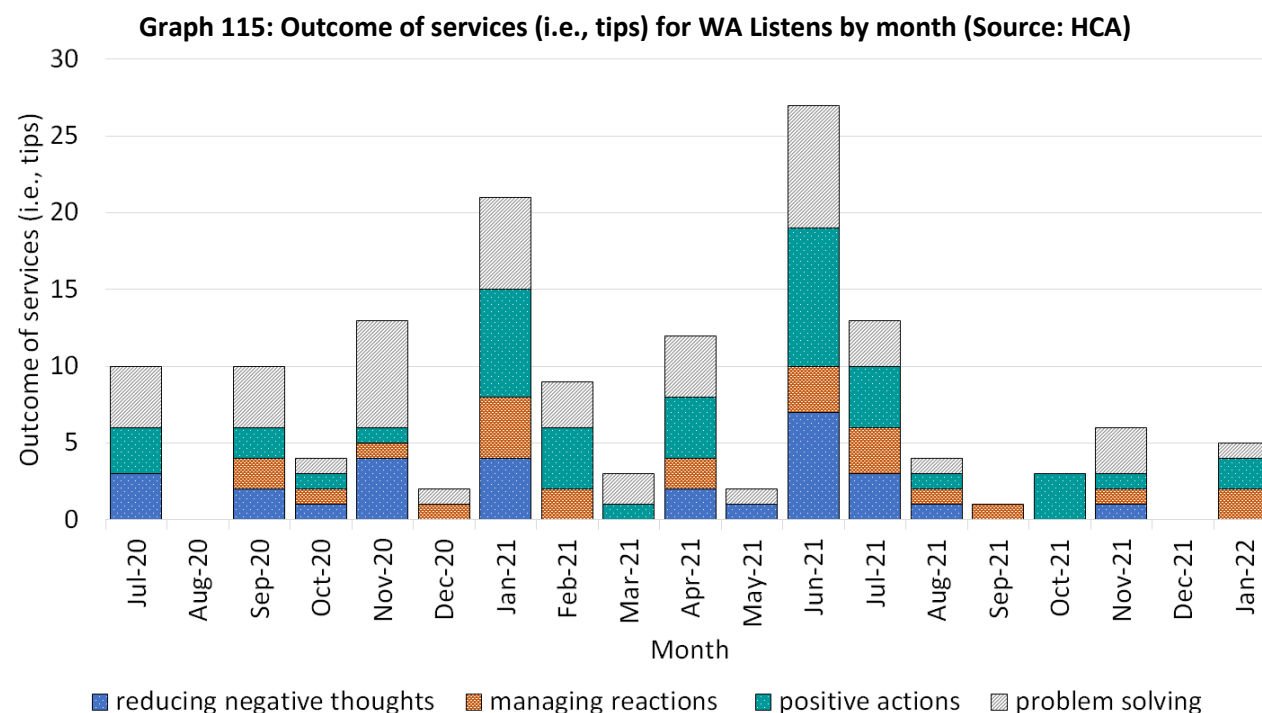
Age	Count (%)
< = 17	--
18 – 39	42 (28.8%)
40 – 64	66 (45.2%)
> = 65	49 (33.6%)

Population (US Census, April 1, 2010)	%
White	91%
Black or African American	1%
Asian	2%
American Indian & Alaska Native	2%
Native Hawaiian & Other Pacific Islander	0%
Hispanic or Latino	10%

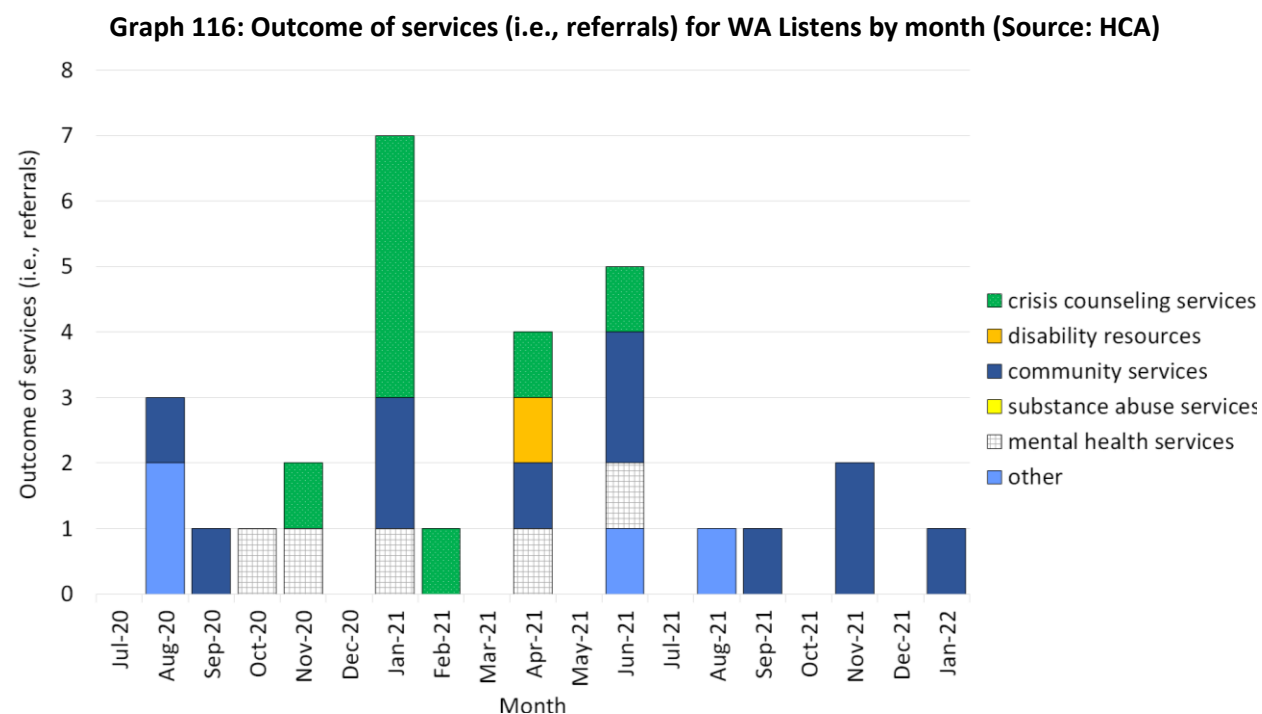
Note: Gender, age, and race are not mutually exclusive (individual can report more than 1 gender, age, and race). Due to low Ns, some categories could not be reported.



In January 2022, calls for **emotional, cognitive, physical, and behavioral concerns** increased from the previous month (Graph 114). For **outcomes from services** (e.g., tips and referrals), see Graphs 115 and 116.



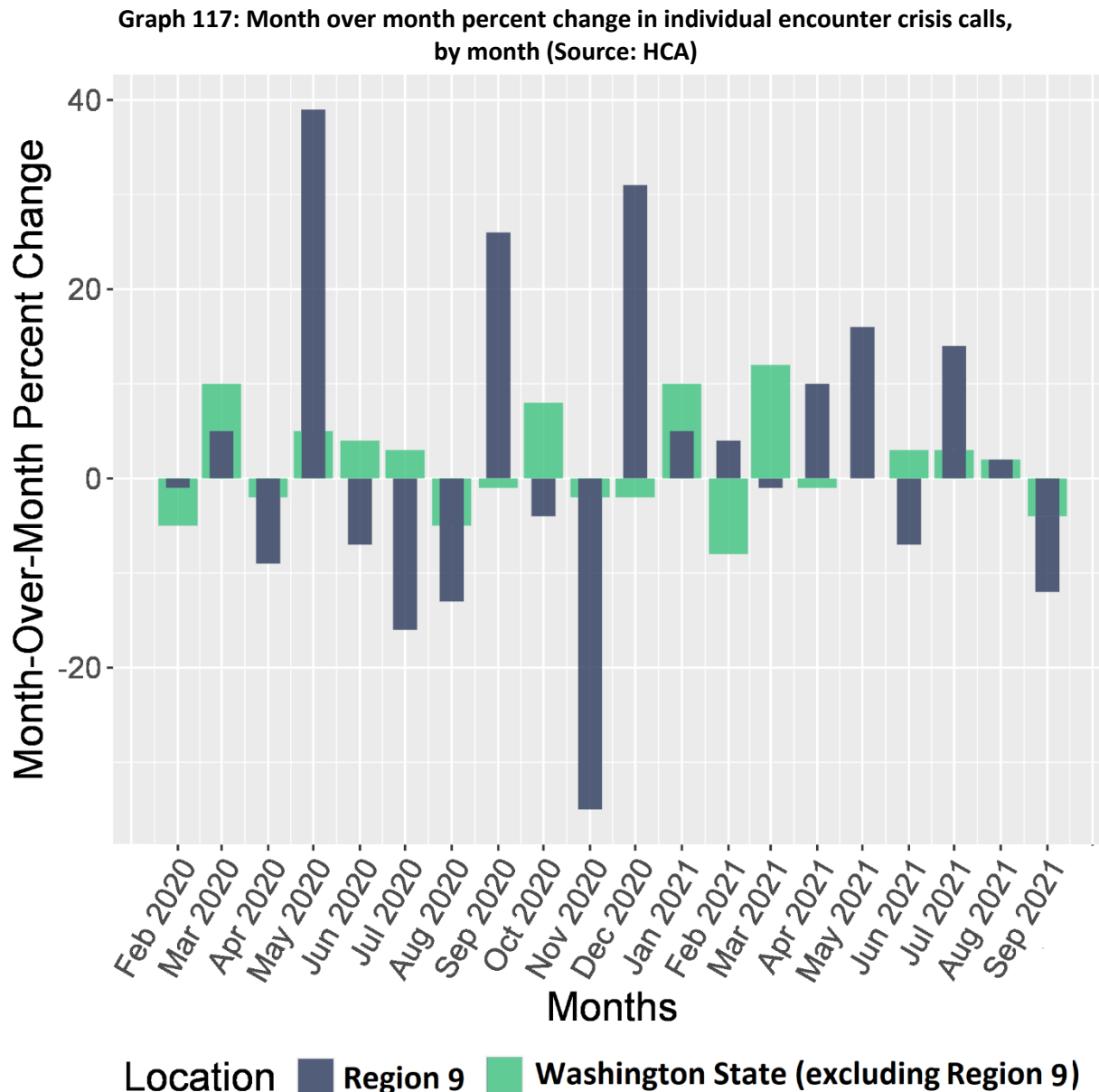
Note: Tips are not mutually exclusive (i.e., individuals can receive more than one tip). Due to data collection issues, August 2021 – January 2022 might be underreported.



Note: Referrals are not mutually exclusive (i.e., individuals can receive more than one referral). Due to data collection issues, August 2021 – January 2022 might be underreported.

## Crisis System of Care

The crisis system of care completed by [behavioral health administrative service organizations](#)<sup>9</sup> (BH-ASOs) provides regional [crisis line](#)<sup>10</sup> support that serves as the entry point or *front door* to crisis services. This includes support, initial risk assessment, and referral to appropriate follow up services, if needed. Graph 117 provides data on month over month percentage change in crisis system utilization during 2020 and 2021 to date. Since January 2020, the average monthly call volume (excluding hang ups, wrong number, and messages) was 39,990 for Region 9. The most recent month, September 2021, presented with a 12% decrease of all individual crisis calls for Region 9.



## Acknowledgements

This document was developed by the Washington State Department of Health's Behavioral Health Epidemiology Team. Lead author is Vasiliki Georgoulas-Sherry, PhD.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

## Appendix

This report includes data analyses that show the likely current and future capacity impacts of the COVID-19 pandemic on mental health and potential for substance use issues among Washingtonians.

Please note this report is based on the most recent available data from various sources. As such, different sections may present information for different reporting periods.

### Syndromic Surveillance

The Department of Health collects syndromic surveillance data in near real-time from hospitals and clinics across Washington. The data are always subject to updates. Key data elements reported include patient demographic information, chief complaint, and coded diagnoses. This [data collection system](#)<sup>11</sup> is the only source of emergency department (ED) data for Washington. Statistical<sup>5</sup> warnings and alerts are raised when a Centers for Disease Control and Prevention (CDC) algorithm detects a weekly count at least three standard deviations<sup>12</sup> above a 28-day average count, ending three weeks prior to the week with a warning or alert. While both warnings and alerts indicate more visits than expected, an alert indicates more caution may be warranted<sup>5</sup>. These warnings or alerts will be mentioned within each respective syndrome section.

Analysis conducted by the Washington State Department of Health and the Northwest Tribal Epidemiology Center found 9,443 misclassified visits in Washington hospitals from May 15 – September 15, 2020. The visits in question should have been classified as American Indian/Alaska Native and represent a 26.8% misclassification rate during that time period.

As of the Week of October 12, 2020 Situation Report (Situation Report 13), **visits of interest per 10,000 ED visits replaced visit count graphs**. This new measure can help provide insights into: behavioral health impacts since the implementation of the “Stay Home, Stay Healthy” order from March 23, 2020 (CDC Week 13), seasonal shifts year-over-year<sup>13</sup>, new visit trends due to COVID-19 symptoms and diagnosis, perceptions of disease transmission and risk, as well as the relative frequency of these indicators for 2019 and 2020. An additional feature of these graphs is the “average weekly difference” in the lower right-hand corner. This feature is a measure of the variation in the weekly volume of visits and allows readers to compare both the year-over-year averages for a particular week, along with the weekly visit fluctuations, to better assess demand for care and care-seeking behaviors.

As of the Week of June 7, 2021 Situation Report (Situation Report 44), due to recent novel categories in CDC syndromic indicators, all syndromic indicator graphs have been impacted and subsequently, the scale of graphs has been adjusted. In this report, visits for five syndromic indicators continue to be presented as a rate per 10,000 total ED visits.

As a note, data regarding suspected suicide attempts should be interpreted with caution. The current CDC definition for suspected suicide attempts, due to its broad inclusion of intentional self-harm behaviors that may or may not be interpreted as a suicidal act, could artificially inflate both the count and rate of such visits.

Because the volume of visits across care settings varied widely during 2020 and to date in 2021, rates presented in this report may not reflect the true magnitude and direction of trends for behavioral health conditions and should be interpreted cautiously. Furthermore, ED visits count for suicidal ideation, suspected suicide attempts, psychological distress, alcohol-related, and suspected overdoses might show an increase in awareness in mental health experiences, thus taking a larger share of the total ED visits.

## References

1. Psychological distress in this context is considered a disaster-related syndrome comprised of panic, stress, and anxiety. It is indexed in the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) platform as Disaster-related Mental Health v1. Full details are available at <https://knowledgerepository.syndromicsurveillance.org/disaster-related-mental-health-v1-syndrome-definitioncommittee>.
2. As created by partners in the CDC's National Center for Injury Prevention to support states and jurisdictions to query visits related to a suicide attempt, or self-directed and potentially injurious behavior with any intent to die as a result of the behavior. Full details are available at: <https://knowledgerepository.syndromicsurveillance.org/CDC-suicide-attempt-v1-syndromedefinitioncommittee>. However, data regarding suspected suicide attempts should be interpreted with caution. The current CDC definition for suspected suicide attempts, due to its broad inclusion of intentional self-harm behaviors that may or may not be interpreted as a suicidal act, could artificially inflate both the count and rate of such visits.
3. All drug: This definition specifies overdoses for any drug, including heroin, opioid, and stimulants. It is indexed in the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) platform as CDC All Drug v1. Full details available at <https://knowledgerepository.syndromicsurveillance.org/cdc-all-drug-v1>.
4. The homelessness syndrome identifies emergency department visits for patients who are experiencing homelessness or housing insecurity. For more information: <https://knowledgerepository.syndromicsurveillance.org/syndrome-categories/behavioral-health>
5. A warning is determined by statistical analysis using p-values from 0.01 – 0.05, while an alert is determined by statistical analysis using p-values of less than 0.01.
6. <https://www.doh.wa.gov/dataandstatisticalreports/healthcareinwashington/hospitalandpatientdata/hospitaldischargedatachars>
7. ICD-10 is the Tenth Revision of the International Classification of Disease and Related Health Problems published by the World Health Organization (WHO). F-codes are specifically related to mental, behavioral, and neurodevelopmental disorders.
8. <https://waportal.org/partners/home/WaListens>
9. <https://www.hca.wa.gov/assets/free-or-low-cost/19-0040-bh-aso-map.pdf>
10. <https://www.hca.wa.gov/health-care-services-supports/behavioral-health-recovery/mental-health-crisis-lines>
11. The DOH has agency standards for reporting data with small number. For more information: <https://www.doh.wa.gov/dataandstatisticalreports/dataguidelines> and [Guidelines for Working With Small Numbers \(wa.gov\)](#)
12. Standard deviation: A measure of the amount of variation or dispersion of a set of values. Standard deviation is often used to measure the distance of a given value from the average value of a data set.
13. Year-over-year: The comparison of two or more years, specifically 2022 to 2021, 2020, and 2019.