



North Sound Mental Health Administration

Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties
Improving the mental health and well being of individuals and families in our communities

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NSMHA Contract Memorandum 2013-003

Date: May 7, 2013

To: Integrated Crisis Responder System Providers
Emergency Department Directors
NSMHA Quality Specialists

From: Greg Long, Deputy Director and Sandy Whitcutt, NSMHA Quality Specialists

Subject: Increased Crisis Call Volume

Please see attached memorandum regarding increased volume of crisis calls. NSMHA is beginning a monitoring of these calls and will continue to do so for the next two months. Please review protocols in the memorandum for details.

cc: Contract File

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MEMORANDUM

TO: Emergency Department Medical Directors

FROM: Greg Long, Deputy Director, NSMHA, and Sandy Whitcutt, Quality Specialist, NSMHA

SUBJECT: Increased Volume of Crisis Calls

DATE: May 7, 2013

CC: ICRS providers

In recent months, North Sound Mental Health Administration (NSMHA) has noted a significant increase in the volume of behavioral health crisis calls from community and Regional Emergency Departments (ED), as well as, staffing issues/changes at some ED. Emergency Mental Health Clinicians (EMHC) and Designated Mental Health Professionals (DMHP) continue to be as responsive as possible and are working within the established timelines to provide services to ED. The collaboration with our regional ED is critical in managing these crises and to the ongoing success of these programs.

Resources are stretched due to the current increased volume; EMHCs and DMHPs need to be readily available to perform outreach to both EDs and community locations, where the individual is often in an unstaffed location. NSMHA is asking Care Crisis Response Services (CCRS), our telephone triage line, to monitor the volume of calls due to this increase. During this time, Care Crisis will dispatch the EMHC/DMHP based on the priority of the safety need of the situation. This could be either to community locations or to multiple EDs in the region.

If there are multiple calls for the EMHC/DMHP on duty, there may be some delays in the EMHC/DMHP getting to the ED in the two hour timeframe. They will continue to work hard to meet that timeframe and response times will continue to be monitored. If the EMHC/DMHP is currently managing a case at an ED, and a call is dispatched to the EMHC/DMHP that is of an increased safety concern, the EMHC or DMHP will complete the current outreach at the ED, but then may have to leave the ED, and attend to the other call. The EMHC/DMHP will return to the ED for other pending cases as soon as it is clinically safe and possible to do so.

Each ED should communicate how many cases are pending to CCRS to get a sense of how the volume is at any given time. This will assist CCRS to coordinate with the EMHC/DMHP to provide rapid and responsive services. Information on pending cases should be communicated from the ED staff to the Care Crisis clinician when ED staff is calling on a new case. Care Crisis clinicians can then inform the ED of volume status for their county.

NSMHA will monitor this for the next two months. It is hoped this is a temporary blip in the volume of calls. After two months, NSMHA and the Emergency Services providers will re-evaluate the volume to see if other changes are needed.

If you have any questions regarding this memo, please contact Sandy Whitcutt at 360-416-7013 or at sandy_whitcutt@nsmha.org.