Comprehensive Healthcare Activities

Template created by KCPHD

Instructions: Please provide a brief summary of progress made for each activity below for the CURRENT REPORTING QUARTER. This summary should include key points, stay on topic, and be simple enough for those who arent familiar with your project to understand.

	Q1 2026	Q2 2026	Q3 2026	Q4 2026
Hire two full-time staff to expand hours	All four staff are now in place. One hired each for day and night, so there are two full time staff on each grant.	All four have been consistently on shift over the quarter.	This report refers to the nighttime grant only. Numbers and comments do not include daytime staff or contacts. This grant maintained employment of two full time staff during Q3.	
Train Crisis Case Managers in use of Columbia-Suicide Severity Rating Scale (CSSRS) and ITA law within first 30 days of employment	All four staff were trained on the CSSRS during initial traning phase. They also shadowed DCRs and attend crisis team meetings to learn and stay up to date with ITA laws.	All four have continued to be exposed to the CSSRS, and have continued to work closely with the DCR's being exposed to the CSSRS. They all continue to shadow the DCR's, attend Crisis Team meetings, and they also attended Indivudal Supervision with the Program Manager on a weekly basis.	Both Crisis Case Managers (CCMs) were trained and utilized the CSSRS. No new hires during this quarter.	
Train Crisis Case Manager staff in the use of the DLA 20 within the first 90 days of employment	This has not yet occurred. We are working on how to offer the full training to all staff due to the night/day schedules and when it is available from trainers.	This continues to be a work in progress due to the all day training requirement, with limited training instructors.	DLA20 training has not been pursued. There is some discussion as to the efficacy in applying this particular measurement tool in the hospital setting, particularly the ER. Comprehensive leadership will explore this further with all invested parties.	
Screen all persons referred to a Crisi Case Manager using the Columbia-Suicide Severity Rating Scale.	Yes, this is done consistently.	Consistently completed.	Consistently applied.	

	Q1 2026	Q2 2026	Q3 2026	Q4 2026
Screen at least 80% of persons referred to Crisi Case Manager using the Daily Living Activities 20 (DLA 20)	This has not been a routine part of services. This is in part due to an oversight during the change of supervision and leadership. We are now aware and working on getting the four CCMs trained on the DLA20.	This has not yet become routine as the four have not been trained yet. A Training is in the works, with the barrier of limited trainers to be able to provide this training to a small group. The goal is to get this completed by end of next quarter.	See above comment D8.	
Refer all individuals with domain score of 4 or lower to address the need or skills coaching	Again, DLA20 is not part of services yet. However, there are already frequent referrals to outpatient services or community programs to meet individual needs. That is a large part of the CCM position.	As previously stated, the DLA-20 is currently not in use. CCM are making consistent referrals for both Mental Health and Substance Use Outpatient treatments as needed. And, the CCM are also consistently educating patients, in need, of what the community resources are beyond an Outpatient referral.	See above comment D8.	

Comprehensive Healthcare Successes

Template created by KCPHD

Instructions: Please provide a brief summary of successes you've seen during the CURRENT REPORTING PERIOD. This summary should include key points, stay on topic, and be simple enough for those who arent familiar with your project to understand. Each success needs to have its own cell.

Q1 2026	Q2 2026	Q3 2026	Q4 2026
This quarter had the second full-time night position filled. That staff was able to shadow and train with existing staff, then move into solo placement Thrusday-Sunday nights 5:00 pm-3:30 am. He continued to provide support and services to hospital patients, their families/support networks, KVH staff, and Compehensive DCRs. A strong understanding of the difference and collaboration between the two primary agencies was instilled in order to stupport both aspects of client intervention through KVH and Comprehensive.	Having consistent, day to day, Crisis Case Managers on staff has allowed the program to grow and continue to provide a higher level of Mental Health care to any/all patients that come into KVH. The Crisis Case Managers have also developed their skills to be able to consistently meet the needs of the patients that they are serving. Both of these bring credit to the success of this program. And, the continued collaboration between KVH Medical Staff and the Mental Health staff has added a depth to the experiences of the patients that have been served that has not been present before at KVH. With this consistency, we have also been more successful with making corrections or addressing issues before they have become much more meaningful issues and harder to address. Overall, the primary success from this Quarter has been having consistent staffing with consistent patient services.	Comprehensive continued to provide two fulltime CCMs to support KVH and the DCRs this quarter. They successfully offered supportive interventions for KVH patients in any department, though most occurred in the ER. Having site-based CCMs allowed faster response to KVH requests for interventions. This subsequently allowed patients to be seen more quickly and decrease wait times. CCMs worked alongside DCRs, facilitating safety plans, collateral contacts, and coordination of ITA placements and transportation. This teamwork approach contributed to shorter service episodes and time in the hospital. A recent example was a DCR and CCM working overnight with five individual patients in the ER at the same time. By the next morning, all five had been cleared from the ER and transitioned into the appropriate disposition. Without CCM assistance, this process would have taken one DCR hours longer to address and complete five cases.	

Q1 2026	Q2 2026	Q3 2026	Q4 2026
This program, both day and night shifts, is now fully staffed with four highly qualified individuals. There are changes in motion for Comprehensive to create a stand-alone Acute Care Team (ACS) for Kittitas County. The Crisis Case Managers (CCMs) are part of this team along with the Designated Crisis Responders (DCRs). CCMs are building their team of four through shadowing, training, and cross-over hours; and will be an intregal part of the new ACS team. Internal agency planning will be addressed to support team meetings and supervisions in a different way moving forward. This will not change or reduce any support already in place through the hours provided to KVH.			

Comprehensive Healthcare Challenges

Template created by KCPHD

Instructions: Please provide a brief summary of challenges you've seen during the CURRENT REPORTING PERIOD. This summary should include key points, stay on topic, and be simple enough for those who arent familiar with your project to understand. Each challenge needs to have its own cell.

Q1 2026	Q2 2026	Q3 2026	Q4 2026
Dynamics in the state have changed, dramatically impacting transportation of behavioral health patients between facilities. A major support utilized is the CCMs ability to assist in corrdination of transport for individuals detained and accepted for involuntary inpatient hospitalization by DCRs under RCW 71.05 and 71.34. Due to issues outside Comprehensive and KVH control, the availability of secure transport has become one of the most difficult and time consuming parts of an ITA detention. At times, patients can wait hours or even days for secure transport from KVH to the accepting facility. CCMs work with the DCRs and KVH staff to locate timely transport to reduce the length of time pateints remain in the ER as there is no specific psychiatric care available in our local ER. Timely transporation also capitalizes on quicker access to necessary treatment intervention at the next accepting facility once the 120-hour time limitation has begun. While waiting for transport, CCMs often must engage with the client, their family/supports, and KVH to manage long wait times and frustrations, as well as provide continued de-escalation and advocacy. This topic is a challenge to the program but not an oversight or deficiency of the program. It instead arises from broader systemic challenges at the state level.	The current issues related to secure transporation have continued to impact both the length of stay of some of the behavioral health patients that have been seen in the ER during this quarter, both taking time from the CCM to work on arranging secure transport, or meeting with the patient to calm and support them while they are waiting for transporation. This challenge had gotten better as the quarter progressed, but has continued to have a negative impact on the CCM time, as well as the available beds in the ER. And, this is something that is outside of the CCM ability to change, and is not a deficiency of the program itself. Having a CCM in place has assisted in getting a quicker resolution to the transportation issues due to their ability to consistently reach out for transportation for as soon as possible with each instance that finding transportation became at issue. This quarter witnessed less of this as a challenge, however the challenge continues to have an impact on the program and the efficient running of the ER.	Obtaining secure transport for behavioral health patients has continued as a systemic barrier. Regardless of SUD or MH placement, we have been consistently challenged to move completed cases to long term interventions at inpatient psychiatric facilities or secure detox facilities. It used to take the most time to locate and get acceptance for admission. Even after acceptance, cases continue to take hours longer due to refusals or inability for ambulance companies to provide secure transport. In some cases, patients have stayed several days in the hospital, admission secured, but without a way to get them there. Recently, a new secure detox was opened at Bridges in Yakima. There is hope that this will make a positive impact on transportation issues, particularly over the winter when mountain passes and weather have historically impeded transportation. Being locally placed within an hour's drive is hoped to reduce wait times for more of the SUD detentions and assist in moving out of the ER in a timely manner. This issue is not a deficit in the program or inherant to either Comphc or KVH. It is a statewide issue that also impacts our county.	

Comprehensive Healthcare Output Data

Template created by KCPHD

Instructions: Please provide updated numerical data for each of the following outputs for THE CURRENT QUARTER. Please do not use a year to date count; this will be automatically totalled in column F.

	Q1 2026	Q2 2026	Q3 2026	Q4 2026	Total to date	Average
Number of individuals receiving or participating in evidence-based behavioral health-related services as a result of the grant	56	69	35		160	53.33333333
Number of individuals trained in prevention or behavioral health promotion	4	4	2		10	3.333333333
Number of individuals trained in suicide risk assessment as a result of the grant	4	4	2		10	3.333333333
Number of individuals screened for suicide ideation as a result of the	52	69	34		155	51.66666667
Number of new staff hired	2	0	0		2	0.666666667