North Sound BH-ASO Annual Crisis Assessment

2020 Summary and Analysis of the North Sound BH-ASO Crisis System

NORTH SOUND BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION

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Executive Summary

North Sound Behavioral Health Administrative Services Organization (BH-ASO) administers behavioral health services and programs, including crisis services for all people in an integrated managed care regional service area. Behavioral Health crisis services are provided to anyone, anywhere and at any time across five counties, regardless of a person's ability to pay.

North Sound BH-ASO contracts with three behavioral health agencies that make up a network of core crisis services that includes a regional Toll-Free Crisis Hotline (Crisis Line), Mobile Crisis Outreach and Designated Crisis Responders (DCRs). Volunteers of America (VOA) operates North Sound BH-ASO's regional Crisis Line and is one of two designated Crisis Call centers in Washington State for the National Suicide Prevention Lifeline. Crisis outreach services which include the administration of the Involuntary Treatment Act (ITA) are contracted with Snohomish County Human Services and Compass Health. Although not the focus on this report, North Sound BH-ASO contracts with receiving Crisis Stabilization and Triage facilities in Snohomish, Skagit, Island and Whatcom Counties, which offers viable placement for anyone needing urgent behavioral health stabilization support.

Crisis services are available 24/7 and help stabilize anyone in crisis by providing immediate treatment in a location best suited to meet their needs. Crisis services are intended to be solution-focused, person-centered, and recovery-orientated that avoids unnecessary hospitalization, incarceration, institutionalization or out of home placement. In addition to providing immediate crisis response, each agency coordinates closely with regional first responders, community court systems, Tribes, Indian Health Care Providers, Managed Care Organizations (MCOs), Behavioral Health Agencies (BHAs) and many other entities and community organizations.

North Sound BH-ASO is required by the Health Care Authority (HCA) to develop an Annual Crisis Assessment under Exbibit E of our contract. This Annual Assessment is developed to not only satisfy our reporting requirements with HCA, but to provide a brief examination of how the crisis system is operating and identify opportunities to improve or expand service delivery as part of our strategic planning. Although this report is not intended to outline or establish guidelines for crisis care, we do highlight 2020 system impacts, gaps in the continuum of crisis services and outline our regional collaboration structure that supports these needed system improvements.

For the purpose of this report, we will focus our analysis to 2020, though comparisons will be made to 2019 or earlier. This assessment outlines the first annual report of crisis services since the North Sound region transitioned to a fully Integrated Management Care (IMC) model.

Below is a summary of key findings for 2020:

A summary and analysis about each regions crisis system, to include information from the quarterly crisis system reports, callers funding sources (Medicaid, non-Medicaid, other) and caller demographics including age, gender, and ethnicity.

Report Reference Pages: Summary of Data

Key Findings

1. Crisis Line Activities

   The COVID pandemic had a significant, and increasing impact on Crisis Line services, starting in February and continuing to the present.

A. The number of calls to the Crisis Line increased steadily throughout the year starting in February. The number of monthly calls climbed to 4,291 in October and 4,582 calls in November. There was a slight drop in December but call volume was still higher than the previous year.
B. The length of time to resolve callers' concerns also increased. Caller concerns became more complex requiring additional coordination and referral efforts.
C. Crisis Line performance struggled as the volume and length of calls overwhelmed staffing capacity. The average number of calls answered under 30 seconds for the year was 85.2%, and the average abandonment rate was 6.3%. However, performance was on target for the first half of the year and the impacts from COVID didn't start affecting performance until July.
D. North Sound BH-ASO provided funding for additional staff and worked with the Crisis Line Administrator, VOA, on a corrective action plan that brought call answer time back on target by the end of the year, and abandonment rate almost the same.

2. ITA Investigation Activities
   A. The number of dispatches for ITA investigations remained steady throughout the year but represented a net increase of 13% when compared with 2019. Remarkably, in spite of the challenges of conducting ITA investigations under COVID restrictions, DCR dispatch time and continued to meet the performance metric of responding under 2 hours.
   B. The detention "rate" per 10,000 population was higher for the region as a whole than the 6 previous years, although this comparative increase in rates was not true of all counties. The number of detentions and commitments remained steady on a month-to-month basis, however.

A summary of crisis system coordination activities with external entities, including successes and challenges. External entities addressed in the summary must include but are not limited to regional Managed Care Organizations (MCOs), community behavioral health providers, First Responders, partners within the criminal justice system, and Tribal entities.

Reference Pages: Summary of Crisis System Coordination

Key Findings

1. North Sound BH-ASO continued engaging in an extensive array of coordination activities that it had begun in 2018 in planning for the implementation of the IMC model.
2. Key coordination mechanisms that North Sound BH-ASO facilitated and provided staff support to were: Interlocal Leadership Structure, the Joint Operating Committee, and Integrated Provider meetings. All these efforts represent joint partnerships between the 5 MCOs and North Sound BH-ASO.
3. North Sound BH-ASO staff continue to actively participate in and jointly chair the individual County Crisis Oversight Committees or equivalent county level coordination committees. The various activities of these committees in supporting crisis services coordination and improvements are detailed in this report. These are described in the section on "Summary of Crisis System Coordination".
4. Key successes associated with coordination included:
   A. Development of draft Crisis Care Coordination protocols between Crisis Agencies and MCO Care Coordinators.
   B. Implementation of project to develop a new platform for data sharing between MCOs, provide agencies and Crisis Services Agencies.

C. Funding mobile crisis outreach team co-responder models with law enforcement.
D. Finalizing the first Tribal Crisis Plan Coordination Agreement.

5. Some key challenges associated with coordination included:
   A. Needing to develop a replacement solution that would once again allow Crisis Agency staff access to key information regarding provider enrollment and crisis plans.
   B. Developing protocols that would allow Crisis Services staff to make real-time referrals for MCO Care Coordination.
   C. Developing agreed upon criteria and protocols for joint case coordination efforts focused on frequent, and at-risk, utilizers of crisis services.
   D. Assisting MCOs where we can in developing and implementing jail transition services protocols for Medicaid members.

A summary of how Individuals crisis prevention plans are used to inform DCRs dispatched on crisis visits, reduce unnecessary crisis system utilization and maintain the Individual's stability. Include in the summary an analysis of the consistency of use and effectiveness of the crisis prevention plans.

Reference Pages: Summary of Crisis Plans

Key Findings

1. With the implementation of Integrated Managed Care in July 2019, Crisis Line and Mobile Outreach Staff no longer had access to Crisis Plans, nor any information on who a person's current treatment provider might be.
2. The North Sound BH-ASO did create and implement policies that required Crisis Staff to utilize crisis plans if they were able to obtain them.
3. Protocols were worked out with the MCOs to at least begin to receive the rosters for persons enrolled in Program of Assertive Community Treatment (PACT) and Wraparound with Intensive Services (WISe) teams.
4. There has been ongoing work between the ASOs and the MCOs through the North Sound BH-ASO Joint Operating Committee to create a new platform for providing access to this information for Crisis Services staff using a platform similar to the Emergency Department Information Exchange System [EDIE].
5. Accompanying this work has been the development of draft protocols and contact lists to enable Crisis Services staff to connect more quickly with MCO Care Coordinators when they feel immediate follow up is needed.

Provide a summary of the development, implementation, and outcomes of activities and strategies used to improve the crisis system.

Reference Pages: Summary of Strategies to Improve the Crisis System

Key Findings

1. *Overview and analysis of call disposition*
   A. The section Information and Data About the Disposition of Crisis Calls includes two charts displaying the disposition of calls to the crisis line for each of the 4 quarters of 2020. The first chart shows only the top 10 outcomes, which represent 95% of all call dispositions.
      - Of those, about a third were reported as "resolved', and 27% resulted in a requested outreach and/or actual outreach.
2. *Coordination of referrals*

A. Coordination of referrals for MCO Care Coordination has been the subject of extensive partnership work between the MCOs, North Sound BH-ASO, and the Crisis Services agencies as described elsewhere in the section on "***Care Coordination Protocols***".
B. North Sound BH-ASO staff participate in and jointly chair county Crisis Oversight Committees as described in the section on "***Summary of Crisis System Coordination***". These County level meetings are the key venue where coordination with other local organizations involved in responding to persons in crisis takes place. This work is described in the section on "***Summary of Crisis System Coordination***" and "***At the Provider Level***".
C. North Sound BH-ASO also hosts monthly meetings with the leadership and key managers in the Crisis Service agencies, were specific coordination issues and protocols are developed such as coordinating protocols for no-bed reports as described in the section on "***Summary of Crisis System Coordination***."

3. *How crisis system data is used*
   A. North Sound BH-ASO develops both detailed monthly crisis metrics reports as well as weekly key indicator reports.
   B. These are reviewed and analyzed in detail by the North Sound BH-ASO's Internal Quality Management Committee (IQMC), Utilization Management Committee, and the North Sound BH-ASO Leadership Team.
   C. They are also shared and discussed with the North Sound BH-ASO's Advisory Board, Board of Directors, the North Sound Interlocal Leadership Structure, Joint Operating Committee, County Coordinators, and the Crisis Services Leadership Committee.
   D. These reviews look for trends in either service demand or performance. Data showing increased usage of the Crisis Line led to the North Sound BH-ASO providing additional funding for VOA staffing and to update the VOA Crisis Line call management system.
   E. Monthly review of areas of performance that failed to meet target led to the development and successful implementation of a corrective action plan with the VOA Crisis Line.
   F. Review of service encounter data submitted by the Mobile Crisis Outreach teams, led to increased emphasis on providing mobile crisis outreach to persons in crisis who did not need an ITA investigation or for providing non-ITA related follow-up to persons who had been assessed by a DCR.
4. *The use of data and crisis system assessment information to target areas for improvement.*
   A. The data displayed throughout this report is being coupled with the results from surveys conducted with stakeholders and with crisis services agency staff to identify key areas for improvement.
   B. The results of these surveys are summarized in the section on "***Summary of Crisis System Coordination***"/ "***2020 Stakeholder Survey***".
   C. Key areas for planned improvement include:
      - Work with Crisis Services agencies to encourage and fund the expansion of follow up services to persons who have been assessed for involuntary commitment services.
      - Expand mobile crisis outreach services to home and community settings to prevent crises from deteriorating to the point where ITA Services are needed.
      - Assess the degree to which communities of color and Limited English-Speaking persons know how to access crisis services and/or are comfortable doing so.
      - Expand funding for co-responder models involving mobile crisis outreach staff and law enforcement.
      - Maintain North Sound BH-ASO funding for Crisis Triage and Withdrawal Management facilities and encourage their use as a central access point for crisis services for first responders and others.
      - Reach out to primary care providers to educate them on the availability of crisis response services.
      - Continue support of telehealth services for video ITA evaluations and support expansion of the use of telehealth for community-based crisis services.

Summary Data and Analysis

Crisis System Metric Dashboards

North Sound Crisis Calls
Period From Jan-20 To Dec-20

	crisis calls	Calls Answered	Calls LT 30 sec	Average answer time (sec)	Calls Abandoned
Monthly average	2,935	2,749	2,501	0:00:22	186
Min	1,982	1,883	1,883	0:00:09	93
Max	4,582	4,312	3,913	0:00:33	322
St dev	807	749	712	0:00:07	77
2020 total	35,224	32,992	30,010	0:00:22	2,232

North Sound Investigations
Period From Jan-20 To Dec-20

	invest.	detentions	MH invest.	SUD invest.	MH and SUD invest.	Referred from Law Enforcement	avg dispatch response time hrs.
monthly average	368	175	217	17	133	43	1.60
Min	317	145	177	12	107	25	1.23
Max	428	201	249	25	154	60	2.57
Standard dev.	35	21	21	4	15	10	0.43
2020 total	4,410	2,095	2,599	208	1,596	515	1.60

	Detentions and Commitments	Less Restrictive Options MH	No Detention Due to Issues	Voluntary MH Treatment	Other
monthly average	190	3	4	106	65
Min	157	0	1	81	46
Max	221	8	7	122	87
Standard dev.	22	2	2	11	12
2020 total	2,275	31	52	1,272	780

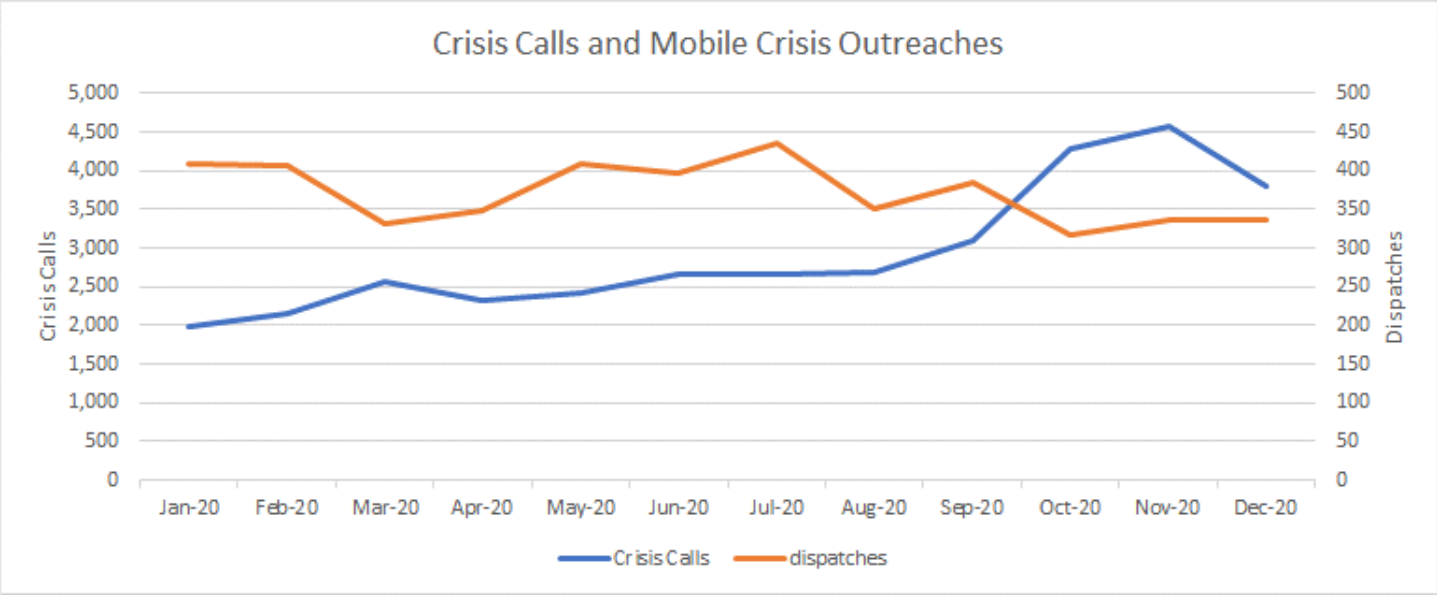
Unduplicated People Served in Crisis System

The table included below is an unduplicated count of people across all three crisis system services - crisis calls, investigations and crisis services. All totals are unduplicated totals of people across the subcategories.

Crisis, Investigation and Hotline Services

Unduplicated People	fund source							
	Medicaid		Medicaid	Non Medicaid			Non Medicaid	Undup. Total
Month	Crisis Call	Crisis Service	Total	Crisis Call	Crisis Service	Investigation	Total	
Jan-20	385	302	687	472	280	340	959	1,465
Feb-20	406	250	656	439	288	342	911	1,405
Mar-20	377	231	608	414	226	273	796	1,270
Apr-20	382	218	600	352	209	283	731	1,178
May-20	439	232	671	383	215	327	791	1,297
Jun-20	420	257	677	388	247	362	833	1,326
Jul-20	470	290	760	395	245	361	846	1,414
Aug-20	464	280	744	364	230	328	795	1,357
Sep-20	457	318	775	385	263	342	855	1,436
Oct-20	495	303	798	376	240	326	841	1,493
Nov-20	454	312	766	367	222	297	793	1,413
Dec-20	396	290	686	360	256	308	794	1,324
Undup. Total	**3,250**	**2,244**	**5,494**	**3,690**	**2,311**	**2,862**	**7,505**	**11,289**

North Sound BH-ASO reviews weekly dashboards on crisis service utilization to ensure our system is responding to the needs of the region. As discussed under *Crisis Calls* below, during 2020 we saw a significant increase in call volume and individuals served through the Crisis Line. This led to us working with our delegate, VOA, to provide funding for additional staff and technical enhancements. These funds led to a direct improvement in key performance metrics and allowed VOA to better serve the individuals in our region. North Sound BH-ASO also recognized early on the impact that the preventative measures put in place in response to the COVID-19 pandemic could have an impact on service delivery. To ensure our providers had the necessary tools to do their work, North Sound BH-ASO provider crisis outreach teams with iPad technology to conduct telehealth services during crisis events. The table above shows a slight dip in March, April, and May for individuals served in the crisis system due to the pandemic, with an increase in individuals served occurring after the implementation of the telehealth technology.



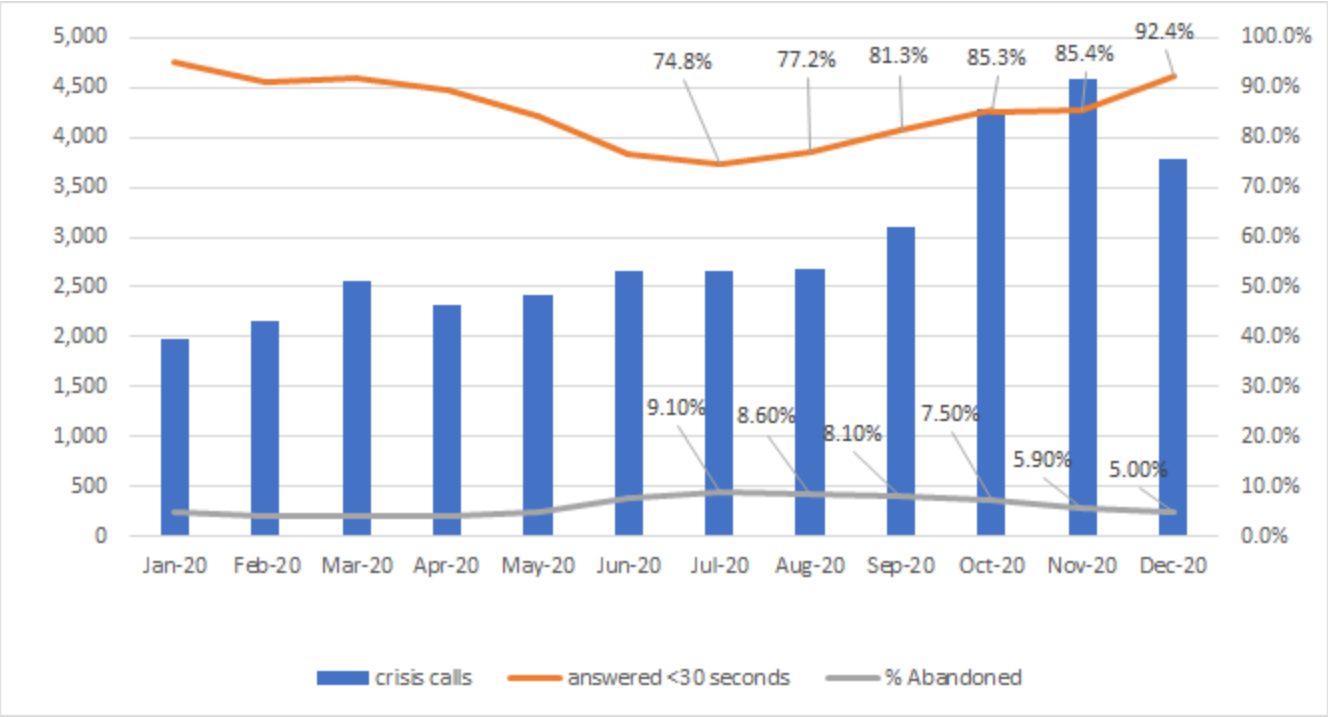
Crisis Line

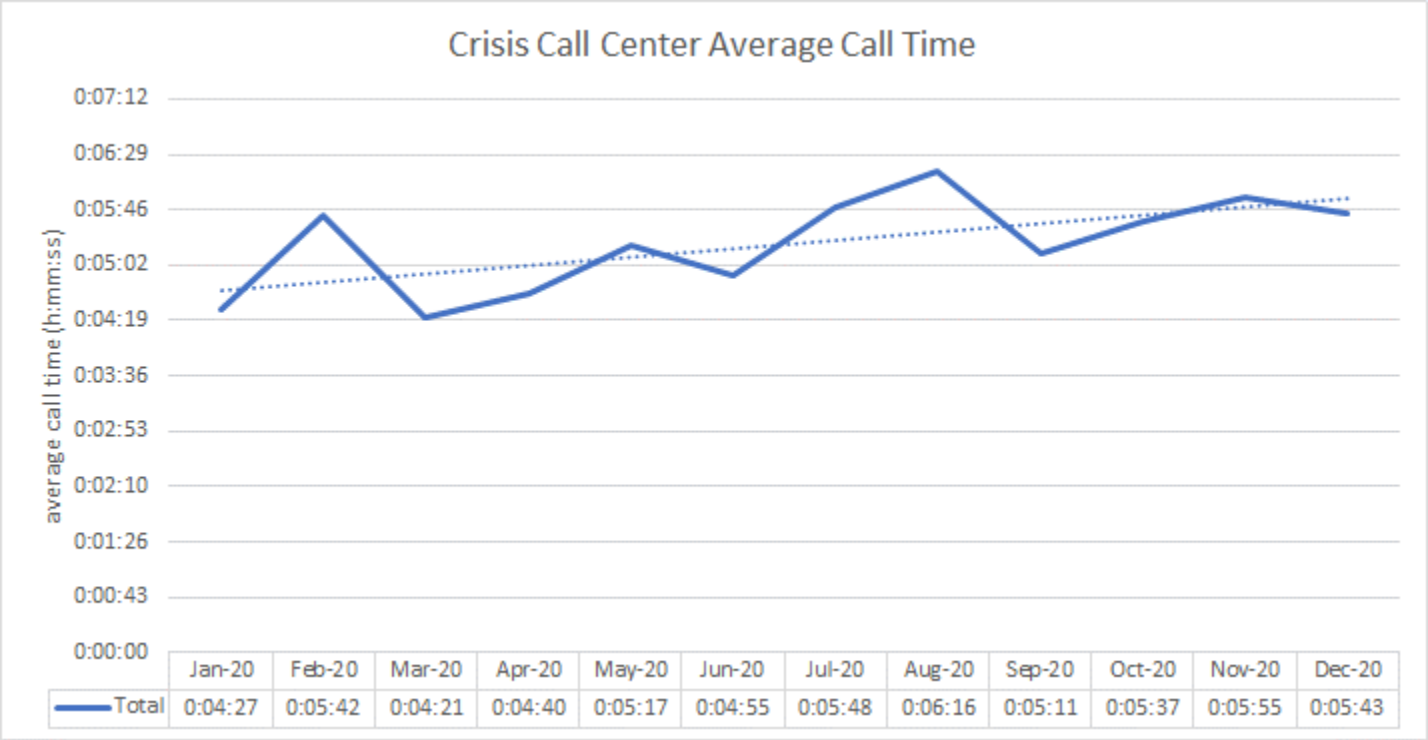
Crisis Lines are often the first point of contact for an individual experiencing a behavioral health crisis. Crisis Line services are available on a 24-hour basis and provide immediate interventions to stabilize and help link the individual to ongoing behavioral health and community service support. VOA has been North Sound BH-ASO's centralized crisis call center for over two decades and is staffed by professionally trained behavioral health clinicians who employ a range of interventions from supportive listening and suicide prevention techniques to making immediate triage referrals for mobile crisis outreach. VOA is also one of the two crisis call center hubs in Washington State for the National Suicide Prevention Lifeline.

In 2020, VOA Crisis Line maintained full onsite operations in Snohomish County, handling 35,224 total calls. As indicated in the graph below "*Crisis Calls Monthly Comparison"*, the number of monthly crisis calls started to increase in February 2020, with the most significant increase occurring in late September. This increasing trend continued with a total number of monthly calls reaching 4,291 in October and 4,582 calls in November. The month of December maintained the trend increase but settled slightly to 3,789 total crisis calls.

In addition to the increasing number of calls to the Crisis Line, the length of time to resolve the caller's concerns steadily increased in 2020. As indicated in the graph below, "*Crisis Call Length"*, the average call length increased from a 6-month average of 0:04:54 in Q1 and Q2, to 0:05:45 average in Q3 and Q4. VOA's assessment of this trend suggests that caller concerns have become more complex during the COVID-19 pandemic, often requiring additional coordination and referral efforts to resources such as Washington 211 or community organizations.

Crisis Calls Monthly Comparison





The COVID-19 pandemic presented North Sound BH-ASO and VOA with several opportunities to improve operations. As discussed throughout this report, we will outline system challenges which impacted crisis line performance in 2020 and actions taken to improve operations.

Crisis Line Performance

North Sound BH-ASO maintains HCA contract performance standards of 90% for all call to be answered within 30 seconds and a call abandonment rate of less than 5%. These performance metrics replicate national call center standards and ensures callers are connected to a live clinician as soon as possible. Inbound crisis calls are only answered by trained clinicians without placing the caller in a waiting queue. Call abandonment rate is defined as a caller who hangs up after 30 seconds prior to connecting to a live clinician.

VOA's call performance consistently outperformed required standards in the years prior to 2020. In 2019, VOA met both performance standards maintaining an average 92.9% rate for calls answered in less than 30 seconds and 1.7% for abandonment rate. In 2020, the yearly average for calls answered in 30 seconds was 85.2% and call abandonment rate was 6.3%.

As noted in the "*Crisis Calls Monthly Comparison"* graph above, crisis calls answered in less than 30 seconds fell below the 90% benchmark in April 2020. During Q2, Crisis Line operations faced a familiar challenge – how to maintain full staff capacity during the wake of the COVID-19 pandemic. Q2 and Q3 saw the largest decrease in performance, when calls answered in 30 seconds dropped to the lowest level of 75% in July. In Q4 of 2020, calls answered in 30 seconds improved month over month, reaching 92.4% answer rate in December.

In 2020, call abandonment rate maintained a 5.0% or better performance until the month of June. Call abandonment rate exceeded the 5.0% monthly average throughout the remainder of 2020, though there was significant improvement in November and December, dropping from a high of 9.10% in July to 5.9% in November and 5.0% in December.

North Sound implemented a Correction Action Plan (CAP) with VOA in May 2020. The CAP involved weekly leadership meetings to review performance metrics, assess staffing plans at peak call periods and had a targeted goal to improve both performance metrics outlined above. The CAP also involved a review of VOA's staffing patterns and an assessment of their technical systems. This process allowed VOA to work with North Sound BH-ASO to identify areas where additional support was needed to ensure metrics were being met.

In addition to setting VOA on a path of sustainable improvement in the metrics, the CAP process has also allowed North Sound BH-ASO and VOA to work together to implement additional funding to support enhancements of the Crisis Line. North Sound BH-ASO was able to provide funding for additional FTE's to support the increase in call volume that was seen throughout 2020. This funding gave VOA flexibility in their scheduling as it allowed more staff to be available due to call outs, call volume fluctuations, and scheduling complications due to the COVID-19 pandemic. North Sound BH-ASO also provided funding for a technical system upgrade so VOA could enhance their call management software and hardware to create greater flexibility. This system change will allow VOA to utilize teleworking, which was a function that was not available with the previous technology. This will also allow VOA to be responsive in situations that cause teleworking to be a necessity, such as with the pandemic.

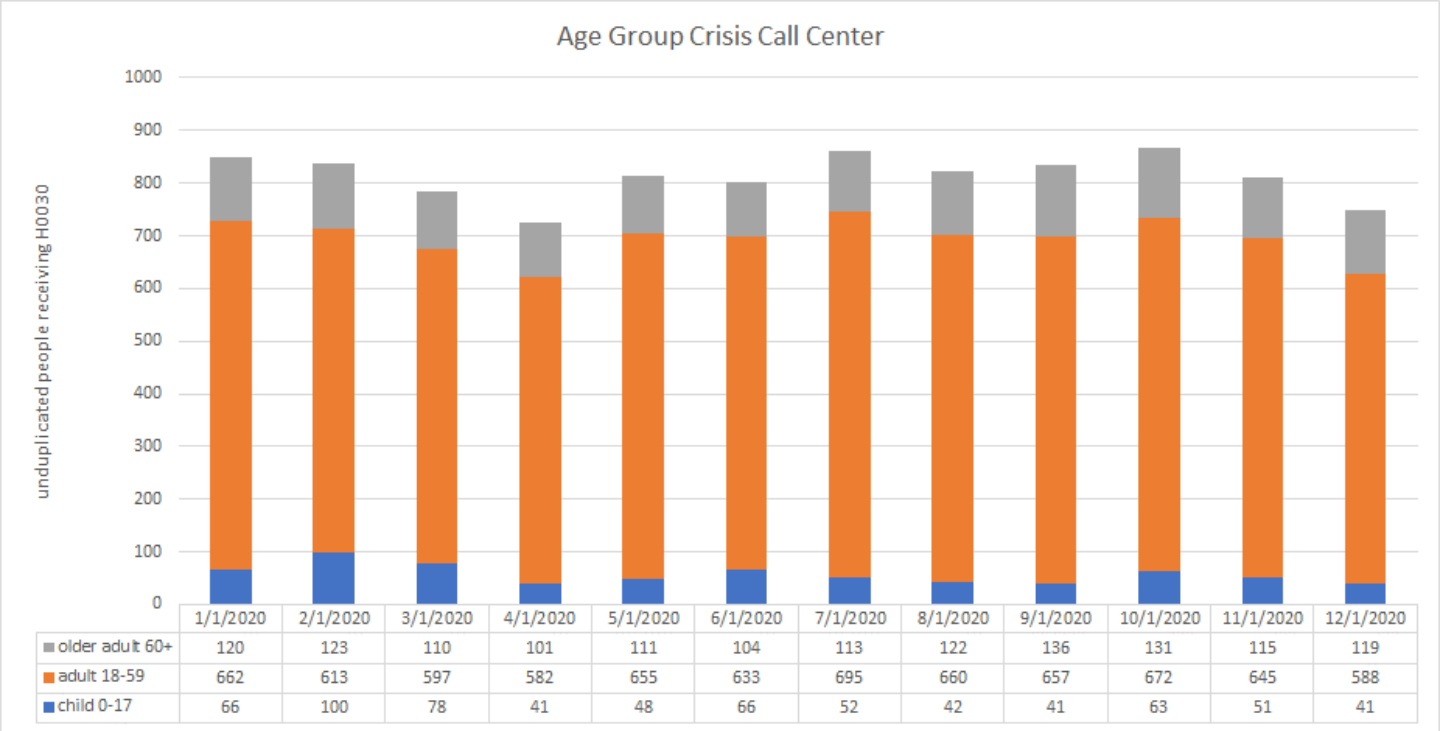
North Sound BH-ASO will continue to work with VOA into 2021 and identify other opportunities to enhance the Crisis Line system. Some additional ideas currently being explored is the use of differential pay and metric based payment enhancements. These pay increases will be based on identified crisis line key performance indicators (KPIs) to ensure staff are compensated for the good work that they do. The belief is this process will help drive staff morale and aid in the retention of quality staff.

Crisis Call Center Demographics

Crisis caller demographic data is monitored monthly and reported as a quality improvement activity. Demographic data is routinely compared to population demographics to assess how the crisis system is serving the region's population and whether service improvements can be identified to strengthen outreach efforts. Understanding how crisis services can improve service delivery for underserved or unrepresented populations has been identified as a strategic goal for 2021. We will briefly outline the demographic data for crisis call by Age Group, Funding Source, Ethnicity, Primary language, and Gender.

Age Group

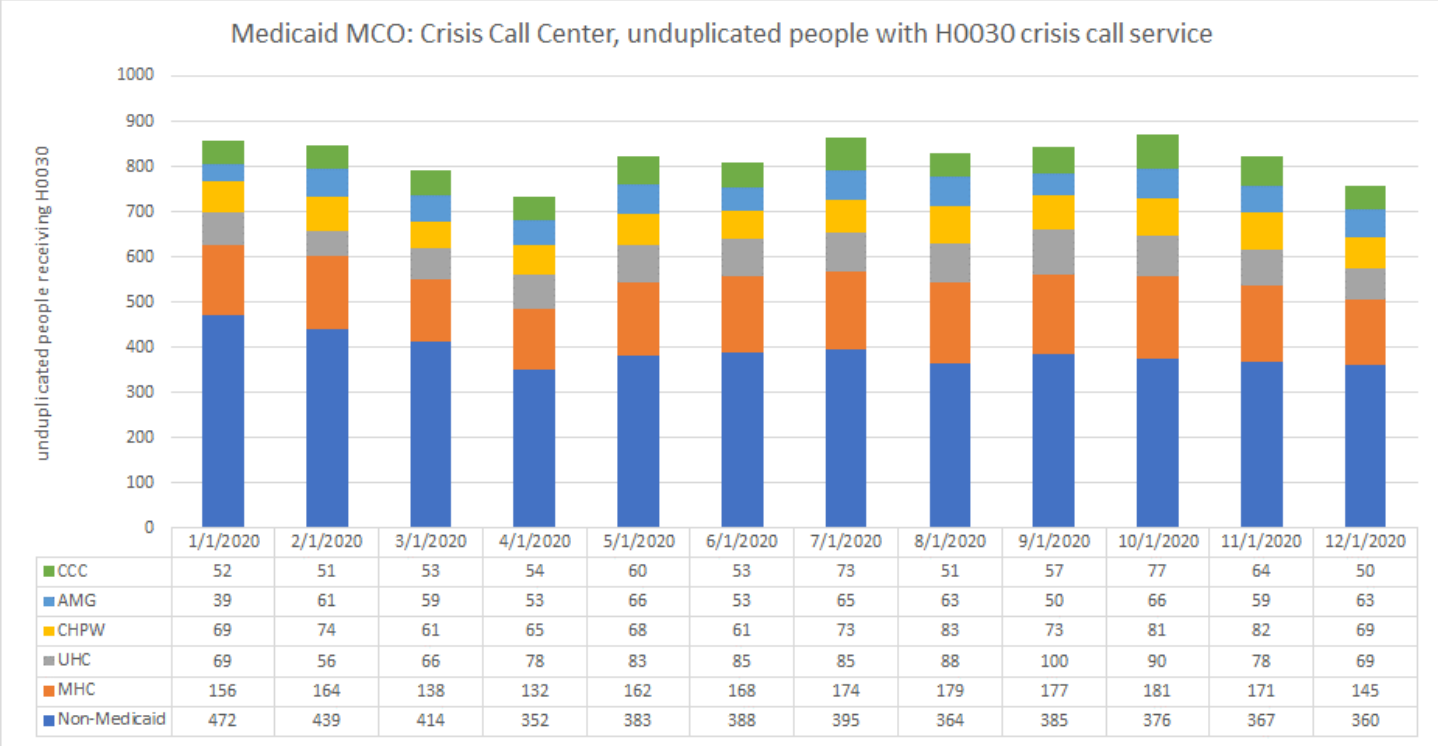
For ages 0-17, 18-59 and 60+



	1/1/2020	2/1/2020	3/1/2020	4/1/2020	5/1/2020	6/1/2020	7/1/2020	8/1/2020	9/1/2020	10/1/2020	11/1/2020	12/1/2020
older adult 60+	120	123	110	101	111	104	113	122	136	131	115	119
adult 18-59	662	613	597	582	655	633	695	660	657	672	645	588
child 0-17	66	100	78	41	48	66	52	42	41	63	51	41

Children aged 0-17 years of age represented 8.8% of crisis calls in 2020, while Adults aged 18-59 accounted for 77.3% and older adult 60+ years accounted for 14.0%.

Funding Source

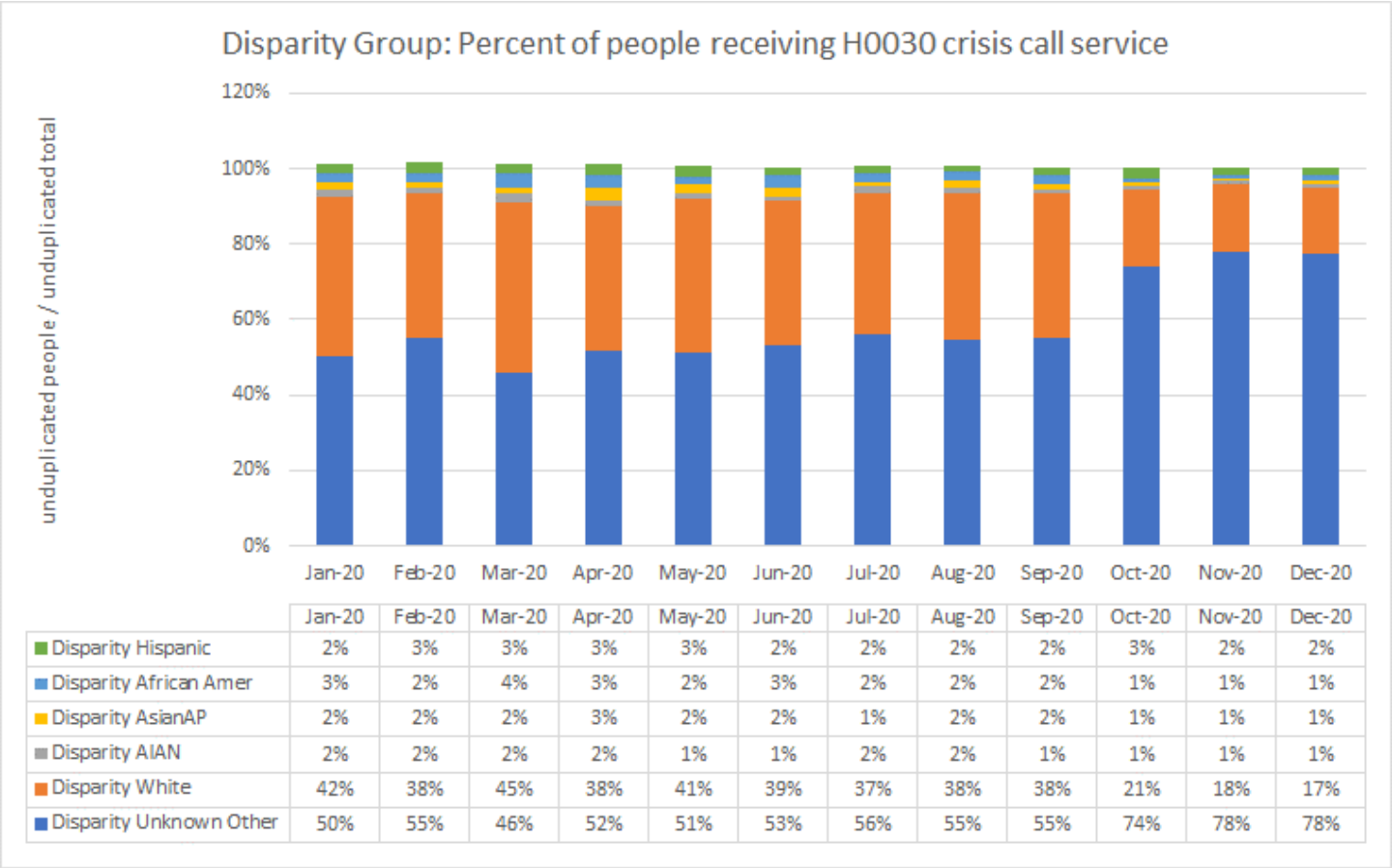


	1/1/2020	2/1/2020	3/1/2020	4/1/2020	5/1/2020	6/1/2020	7/1/2020	8/1/2020	9/1/2020	10/1/2020	11/1/2020	12/1/2020
CCC	52	51	53	54	60	53	73	51	57	77	64	50
AMG	39	61	59	53	66	53	65	63	50	66	59	63
CHPW	69	74	61	65	68	61	73	83	73	81	82	69
UHC	69	56	66	78	83	85	85	88	100	90	78	69
MHC	156	164	138	132	162	168	174	179	177	181	171	145
Non-Medicaid	472	439	414	352	383	388	395	364	385	376	367	360

In 2020, 55.2% of individuals accessing the crisis line was identified as non-Medicaid, while 44.8% were identified to be connected to a Medicaid benefit and assigned to a Managed Care Organization (MCO).

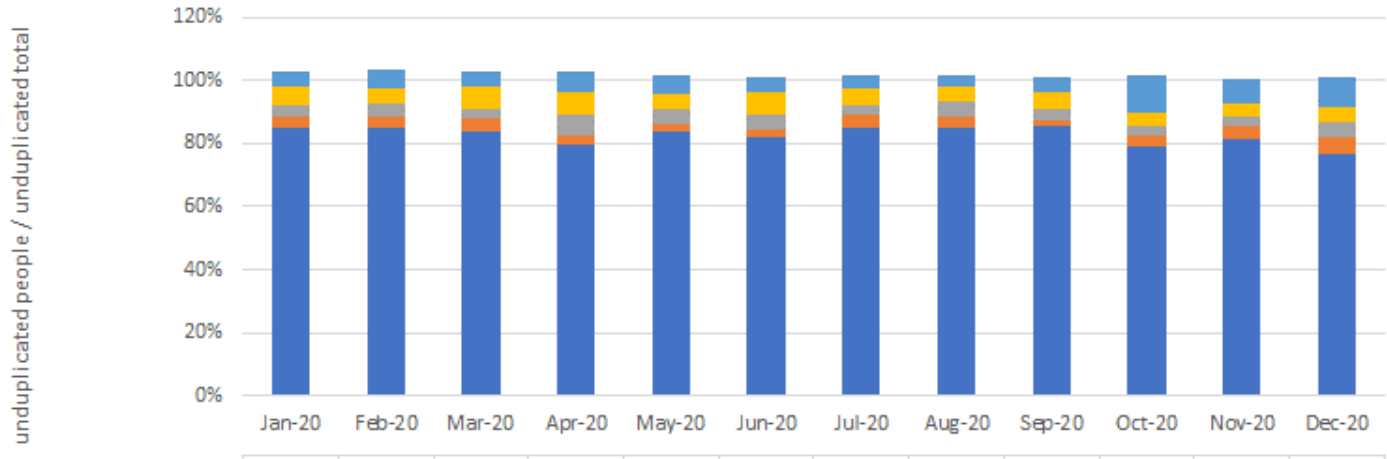
Ethnicity

The largest group in ethnicity is other/unknown because often the ethnicity is not provided by the caller.



	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Disparity Hispanic	2%	3%	3%	3%	3%	2%	2%	2%	2%	3%	2%	2%
Disparity African Amer	3%	2%	4%	3%	2%	3%	2%	2%	2%	1%	1%	1%
Disparity AsianAP	2%	2%	2%	3%	2%	2%	1%	2%	2%	1%	1%	1%
Disparity AIAN	2%	2%	2%	2%	1%	1%	2%	2%	1%	1%	1%	1%
Disparity White	42%	38%	45%	38%	41%	39%	37%	38%	38%	21%	18%	17%
Disparity Unknown Other	50%	55%	46%	52%	51%	53%	56%	55%	55%	74%	78%	78%

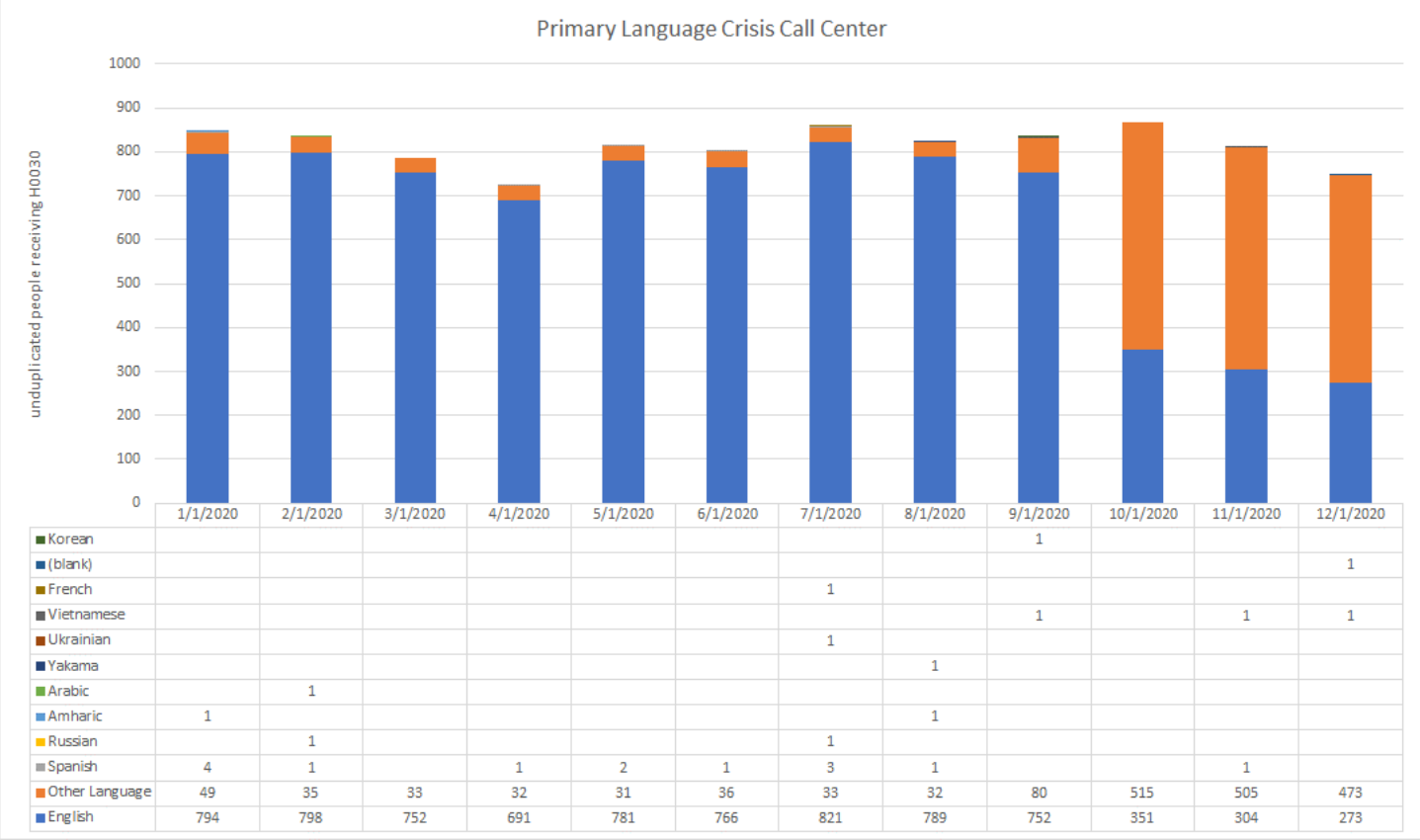
The below graph shows Ethnicity grouping when ‘other / unknown group’ is excluded.



	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Disparity Hispanic	5%	6%	5%	7%	6%	4%	4%	3%	5%	12%	8%	10%
Disparity African Amer	6%	5%	7%	7%	5%	7%	5%	5%	5%	4%	4%	5%
Disparity AsianAP	4%	4%	3%	6%	5%	5%	3%	5%	3%	3%	3%	5%
Disparity AIAN	4%	3%	4%	3%	3%	2%	4%	3%	2%	4%	4%	5%
Disparity White	85%	85%	84%	80%	84%	82%	85%	85%	86%	79%	81%	77%

Primary Language

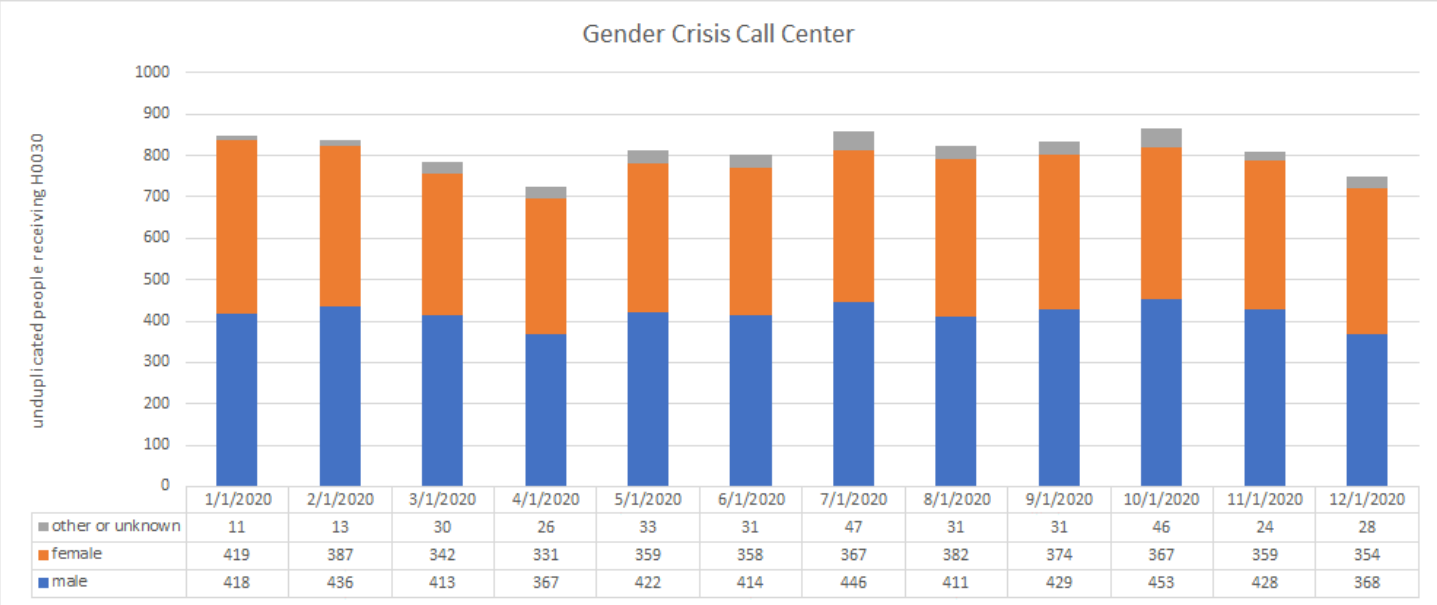
English as a primary language represented 76.1% of total 2020 calls to the Crisis line, while "other" language represented 23.5%. As indicated below, callers with a primary language of Spanish, Russian, Vietnamese, Amharic, ASL, Korean, Ukrainian, Arabic, Yakama, and French called into the crisis line at least once in 2020. In October 2020, transaction requirements for demographic data changed which impacted how providers submitted primary language.



	1/1/2020	2/1/2020	3/1/2020	4/1/2020	5/1/2020	6/1/2020	7/1/2020	8/1/2020	9/1/2020	10/1/2020	11/1/2020	12/1/2020
Korean									1			
(blank)												1
French							1					
Vietnamese									1		1	1
Ukrainian							1					
Yakama								1				
Arabic		1										
Amharic	1							1				
Russian		1					1					
Spanish	4	1		1	2	1	3	1			1	
Other Language	49	35	33	32	31	36	33	32	80	515	505	473
English	794	798	752	691	781	766	821	789	752	351	304	273

Gender

The below graph shows a monthly comparison of gender of either Male, Female or Other/Unknown. In 2020, 50.4% callers identified as Male, 45.4% identified as Female and 4.3% identified as other/unknown. Gender categories replicated state reporting.



	1/1/2020	2/1/2020	3/1/2020	4/1/2020	5/1/2020	6/1/2020	7/1/2020	8/1/2020	9/1/2020	10/1/2020	11/1/2020	12/1/2020
other or unknown	11	13	30	26	33	31	47	31	31	46	24	28
female	419	387	342	331	359	358	367	382	374	367	359	354
male	418	436	413	367	422	414	446	411	429	453	428	368

Crisis Triage

As part of VOA's Crisis Line operations, Crisis Triage services are provided to determine the urgency of the needs and identify the supports and services necessary to include coordinating the dispatch of mobile crisis outreach staff and DCRs. Similar to the Crisis Line, Triage services are available 24/7 and is staffed with behavioral health professionals trained to manage and coordinate services for all ages and behavioral health conditions including SMI, SUDs and co-occurring disorders. Crisis Triage is primarily utilized by health care professionals and Crisis Agency staff to coordinate DCR dispatches and follow up care activities under RCW 71.05, 71.24.300 and 71.34. In 2020, Crisis Triage handled a total of 21,852 calls with a monthly average of 1,821.

Regional Designated Crisis Responder (DCR) Dispatches

In 2020, there was a total of 4,410 dispatches for a ITA investigation in the North Sound Region. A break down by county would indicate that 65.1% of those dispatches occurred in Snohomish County, 11.9% occurred in Skagit County, 17.0% occurred in Whatcom County, 5.3% occurred in Island County, and the remaining 0.8% were dispatched in San Juan County. The North Sound Region saw a 13.0% increase in regional DCR dispatches when compared to 2019.

Crisis Dispatch Performance Metrics

Dispatch and Investigation data is captured through service transactions submitted by our DCR agencies. DCR response times are indicated as emergent (2-hours), or urgent (24-hours) requests. VOA and DCR's triage dispatch referrals to determine the response need. North Sound BH-ASO policies and procedures outline DCR dispatch protocols.

DCR response for emergent (2 hour) dispatches have historically outperformed the performance standard of 2 hours. The graph below shows average monthly DCR response times. 2020 Q1 and Q2 6-month average is around 1.8 hours, while Q3 and Q4 6-month averaged 1.4 hours. Monitoring performance for urgent (24 hour) dispatches is not easily

available, though any dispatch request that is considered urgent is included in the weighted average for emergent. Implementation of the new state Mobile Crisis Response (MCR) transaction will improve our efforts to capture urgent response.

month	avg dispatch response time hrs.
Jan-20	2.6
Feb-20	2.4
Mar-20	1.5
Apr-20	1.5
May-20	1.3
Jun-20	1.6
Jul-20	1.6
Aug-20	1.3
Sep-20	1.7
Oct-20	1.2
Nov-20	1.3
Dec-20	1.3
12 mo. avg.	1.6
min	1.2
max	2.6

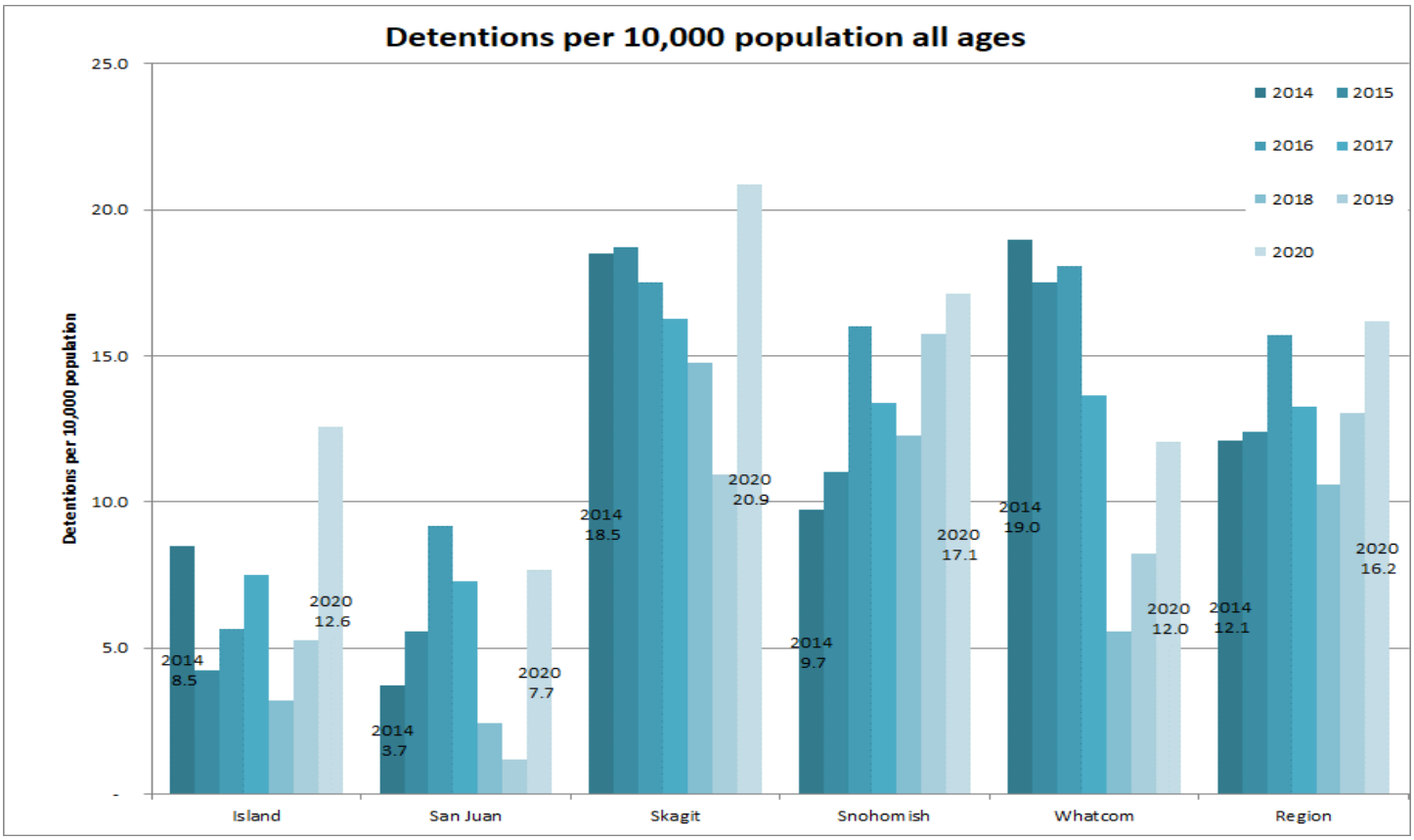
ITA Detentions and Detention Rates

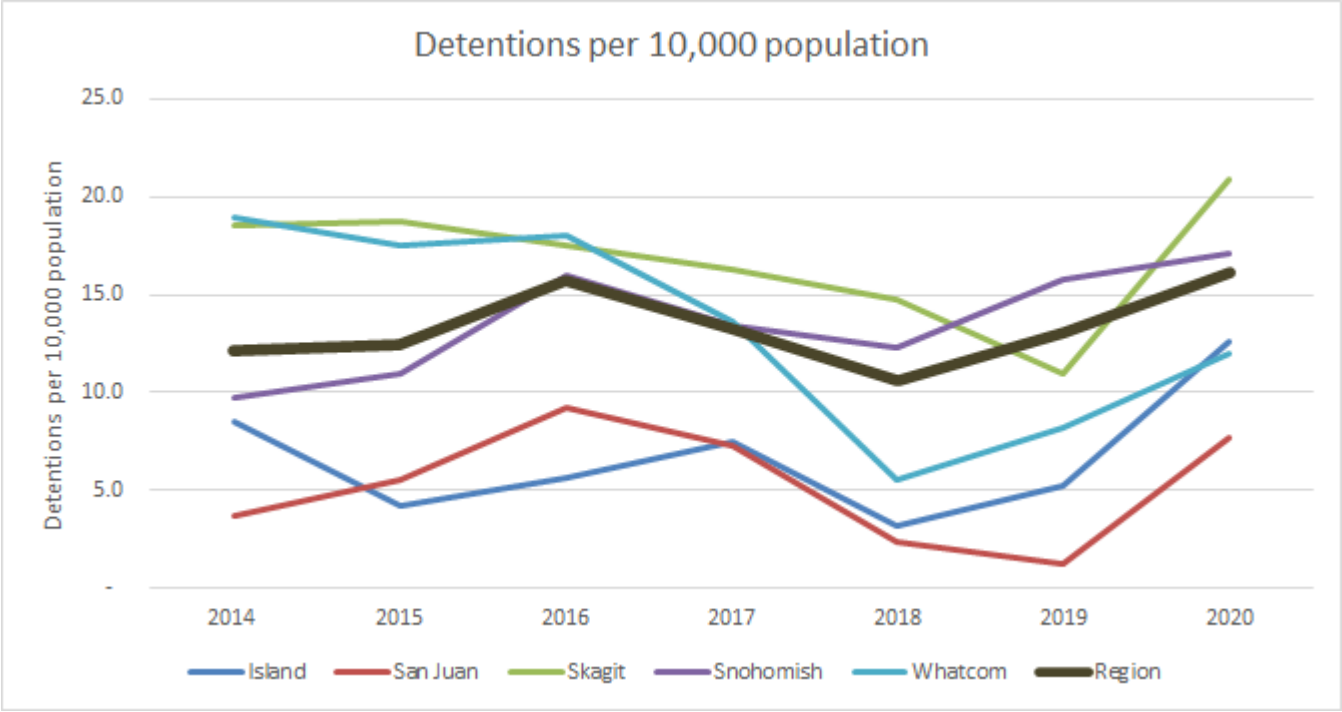
The number of DCR investigations that resulted in an initial detention increased across all five counties in the North Sound Region. Compared to 2019's total detentions of 1,661, there were 2,094 detentions with a regional per capita rate of 16.2. As illustrated in the graph below "*Detentions per 10,000 Populations All Ages"*, detentions for all age ranges saw a forecasted increase. This increasing trend began in late 2018 and continued through 2019-2020.

As you will note in the *"Detentions per 10,000 population" grids* below, comparing the rate of detentions in 2020 to 2019, there was a slight regional increase from 13.1 detentions in 2019 to 16.2 detentions in 2020 per 10,000. All five counties experienced an increase in the number of detentions when compared to the previous year.

The 2020 detention rate, which is a comparison of the number of DCR dispatches to initiated ITA holds, increased slightly across our two contracted crisis agencies. Snohomish County's 2020 detention rate was 50%, which was a 1% decrease from 2019. Compass Health's detention rate for Skagit, Whatcom, Island County and San Juan County was 42% in 2020, which was an increase of 17% from 2019. As a region, this would be an increase of 5.0%. Although the region experienced an increase in the number of detentions and detention rates from 2019 levels, the data shows we are still below the last peak of ITA services in 2016-2017. We discuss further in the report under ***Dispatch and Detainment History***, broader behavioral health service impacts that may have contributed to this increase.

Per Capita Detention Rates





detention count	
County	2020
Island	108
San Juan	13
Skagit	269
Snohomish	1,433
Whatcom	271
Grand Total	**2,094**

Population

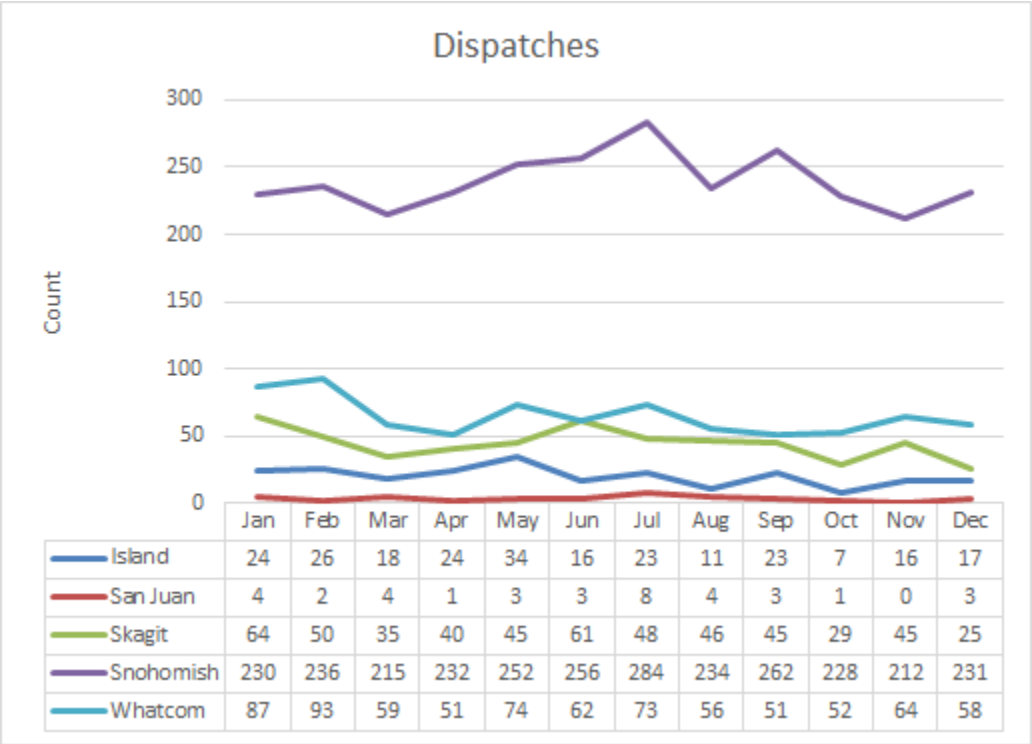
population	2020
Island County	86,008
San Juan County	16,935
Skagit County	128,833
Snohomish County	837,465
Whatcom County	225,140
Grand Total	**1,294,380**

Per Capita Detention Rate

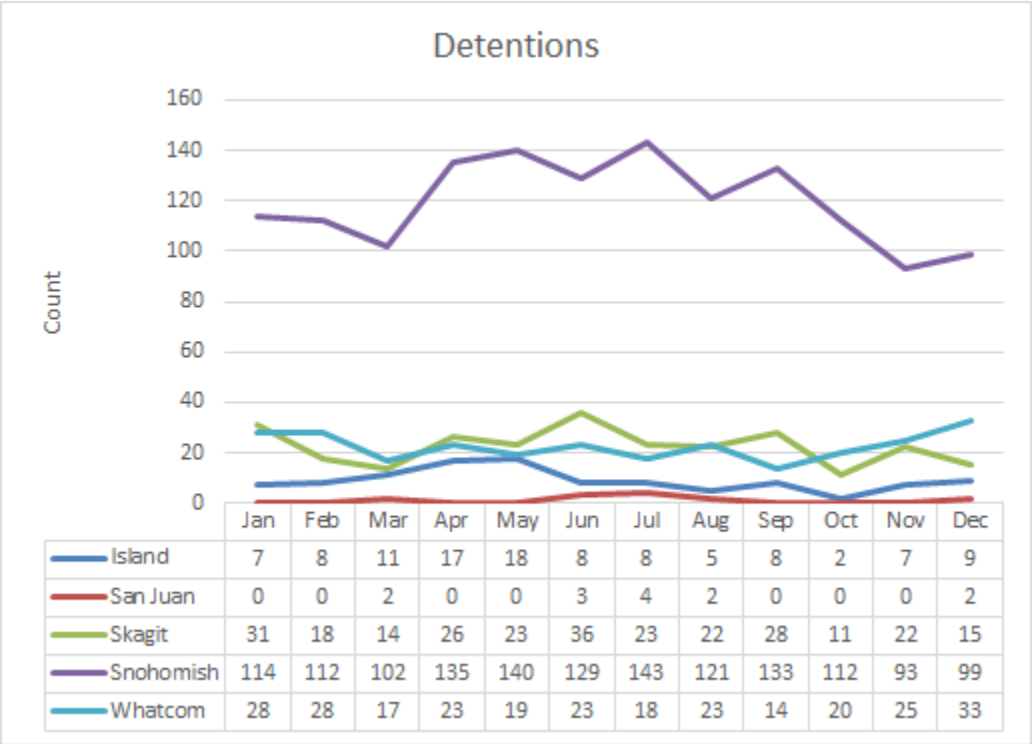
Detention Rates per 10,000 Population

county	2020
Island	12.6
San Juan	7.7
Skagit	20.9
Snohomish	17.1
Whatcom	12.0
Region	16.2

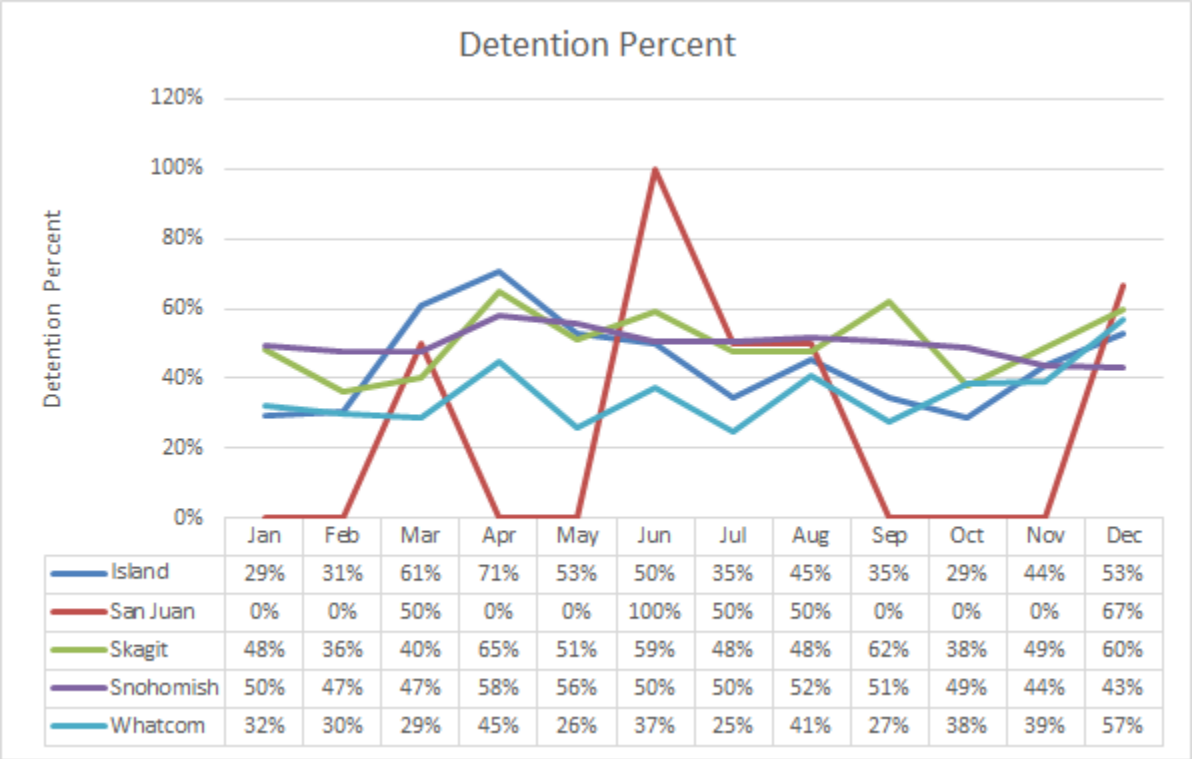
Regional Detention Rates



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Island	24	26	18	24	34	16	23	11	23	7	16	17
San Juan	4	2	4	1	3	3	8	4	3	1	0	3
Skagit	64	50	35	40	45	61	48	46	45	29	45	25
Snohomish	230	236	215	232	252	256	284	234	262	228	212	231
Whatcom	87	93	59	51	74	62	73	56	51	52	64	58



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Island	7	8	11	17	18	8	8	5	8	2	7	9
San Juan	0	0	2	0	0	3	4	2	0	0	0	2
Skagit	31	18	14	26	23	36	23	22	28	11	22	15
Snohomish	114	112	102	135	140	129	143	121	133	112	93	99
Whatcom	28	28	17	23	19	23	18	23	14	20	25	33



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Island	29%	31%	61%	71%	53%	50%	35%	45%	35%	29%	44%	53%
San Juan	0%	0%	50%	0%	0%	100%	50%	50%	0%	0%	0%	67%
Skagit	48%	36%	40%	65%	51%	59%	48%	48%	62%	38%	49%	60%
Snohomish	50%	47%	47%	58%	56%	50%	50%	52%	51%	49%	44%	43%
Whatcom	32%	30%	29%	45%	26%	37%	25%	41%	27%	38%	39%	57%

Crisis Services in Conjunction with Investigation Services

Documenting crisis services on the same day before and after the investigation is important to encourage and quantify the diversion and recovery work being done around investigations. Follow up services do the same for crisis services occurring the next two days. It is important to note this is a new measure and no goals or expectations have been set for it yet. All measures in this section are 7/1/2019- ytd. Please note that the data displayed below represents counts of "service", not "units of service". A service can have multiple units depending on length of the service.

	Percent of investigations with **Same Day** service	Percent of investigations with **Follow-Up** service - not same day
Same day Crisis Service	67.7%	19.9%

A review of same day and follow up services allows North Sound BH-ASO staff to determine the various connections being made by and within the crisis system. Same Day Crisis Services data indicates whether an investigation service had a corresponding crisis outreach service in the same day. This information could provide insight as to whether a crisis outreach occurred prior to investigating an individual for meeting the criteria for ITA placement. Follow up Crisis Services data indicates whether an investigation service had a corresponding crisis outreach service in the days following the investigation. This information could provide insight as to whether crisis provider agency follow up is being conducted with individuals that were deemed to have such a severe crisis event that it required a DCR investigation though detention grounds under 71.05 or 71.34 were not meet.

These two data points are critical in determining how well our crisis outreach is supporting the overall crisis response. North Sound BH-ASO is currently reviewing 1st year data and working with our crisis providers to determine a benchmark for these two data points. Having a better understanding of what circumstances would require necessary same day or

next day follow up will allow us to better utilize corresponding metrics to identify what an appropriate percentage would look like.

Our assumption for 2020 is that we would want to see a 1:1 ratio for crisis outreach services to investigation services. This ratio assumes every investigation service began as an outreach service. However, this does not account for circumstances in which the most immediate and necessary outcome would be an ITA investigation. We would also like to see a 1:1 ratio for investigation services that resulted in follow up crisis services. However, this does not account for circumstances where no follow up was necessary or the individual declined. Working with information we receive supplemental to the service and identifying circumstances with our crisis providers will allow us to better utilize this data in the future.

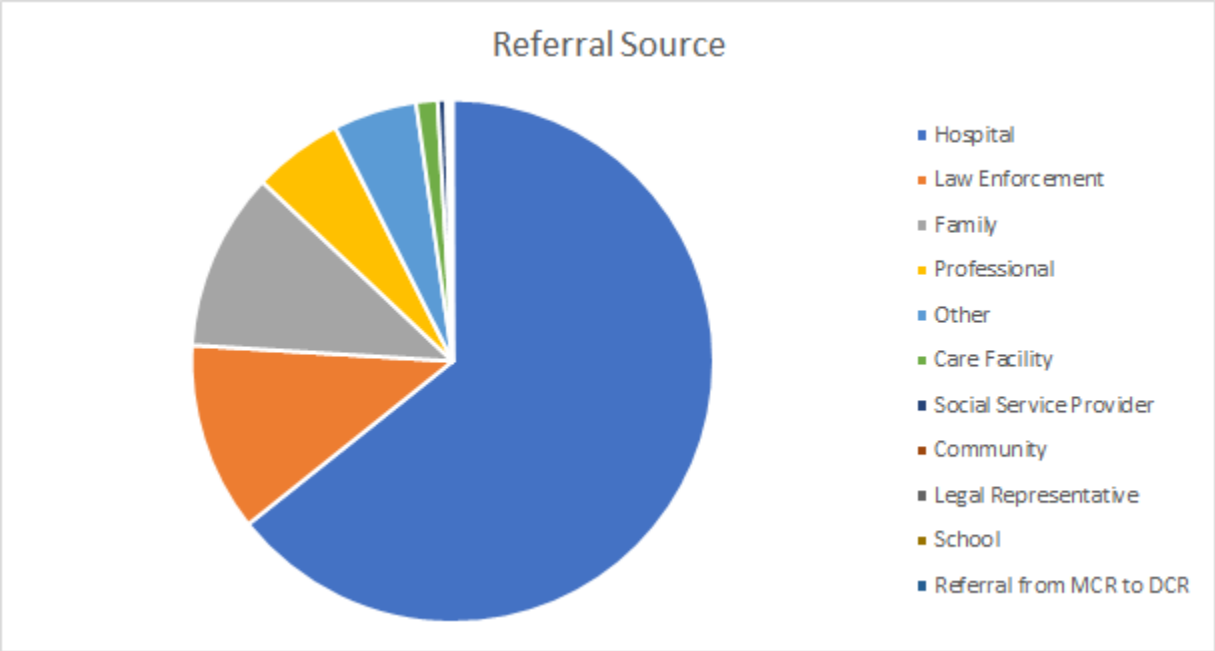
North Sound DCR Investigation Metrics

North Sound investigation data is monitored monthly to include DCR Investigation referral source, investigation reason, and outcomes. This data is monitored for not only utilization purposes but illustrates how behavioral health and community partners are accessing crisis services, the underlying treatment need for ITA services and investigation outcomes, which includes diversion activity to more appropriate levels of care.

Referral source

As outlined in the 2020 *Investigation Referral Source* grid below, Hospital settings made the most referrals for DCR investigations, followed by Law Enforcement, family, professional, other and care facility.

Investigations	county					
Referral Source	Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
Hospital	203	7	419	1,709	496	2,834
Law Enforcement	16	18	90	277	114	515
Family	7	1	5	420	54	487
Professional	3	3	5	196	38	245
Other		3	3	197	25	228
Care Facility	4		2	44	9	59
Social Service Provider				15	8	23
Community				5	4	9
Legal Representative				5		5
School		2				2
Referral from MCR to DCR					1	1
Grand Total	**233**	**34**	**524**	**2,868**	**749**	**4,408**



Partnering with Law Enforcement

Law enforcement referrals which are triaged through VOA or referred by Law Enforcement directly to DCR offices was steady in 2020 with a total number of Law Enforcement referrals at 515. Although the count of Law Enforcement referrals remained steady month over month, County and local Law Enforcement agencies have identified behavioral health needs likely not reflected in the number of referrals received by our crisis agencies. As discussed further in the section "Summary of *Crisis System Coordination"*, feedback from local Law Enforcement suggests continued police contacts involving behavioral health needs and targeted diversion measures are needed.

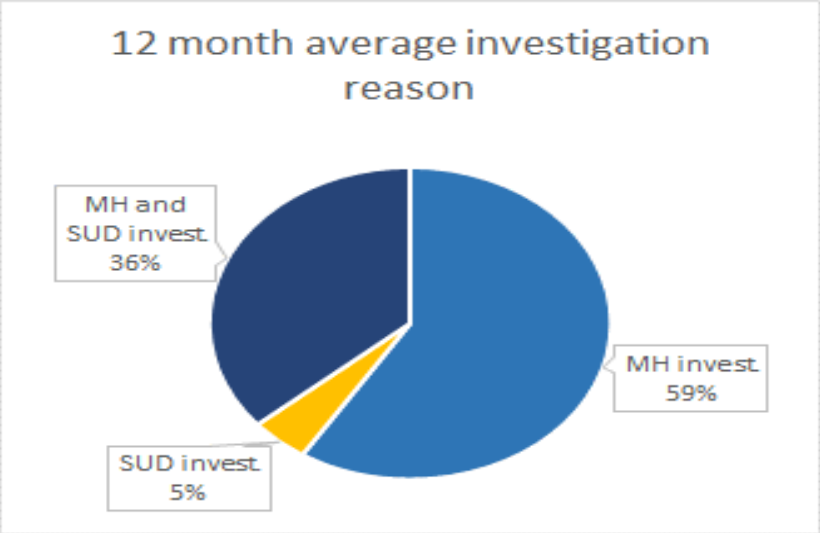
North Sound BH-ASO increased capacity funding in Skagit County to pilot a Mental Health Professional (MHP) embedded Law Enforcement model with the goal to decrease mobile crisis response times, increase number of crisis contacts prior to booking and to increase diversion efforts to more appropriate behavioral health treatment. In late 2020, Compass Health launched a "Impact Team" that embeds MHPs with Skagit County law enforcement and in Q4 reported 359 contacts.

Similarly, in 2019 Snohomish County launched a Law Enforcement Direct Access program model that provides Everett Police Department a direct referral line and ensures DCR response within 30 minutes.

As discussed further below, North Sound BH-ASO has identified strengthening partnerships with Law Enforcement as part of our 2021 Strategic Plan. This will involve identifying program needs and funding opportunities to increase the crisis system's partnership with local law enforcement agencies and other diversion programs currently operating.

Investigation Reasons

Investigation reason is one key metric to understand capacity needs for involuntary treatment. Investigation reasons are indicated as primarily related to a Mental Health (MH), Substance Use disorder (SUD) or involved both MH and SUD. As indicated in the graph below, on average 41% of all investigations were related to some underlying SUD condition. Average monthly number Investigations for SUD *only* was 17, while Mental Health *only* Investigations had an average of 217 and MH and SUD investigations had a monthly average of 133.



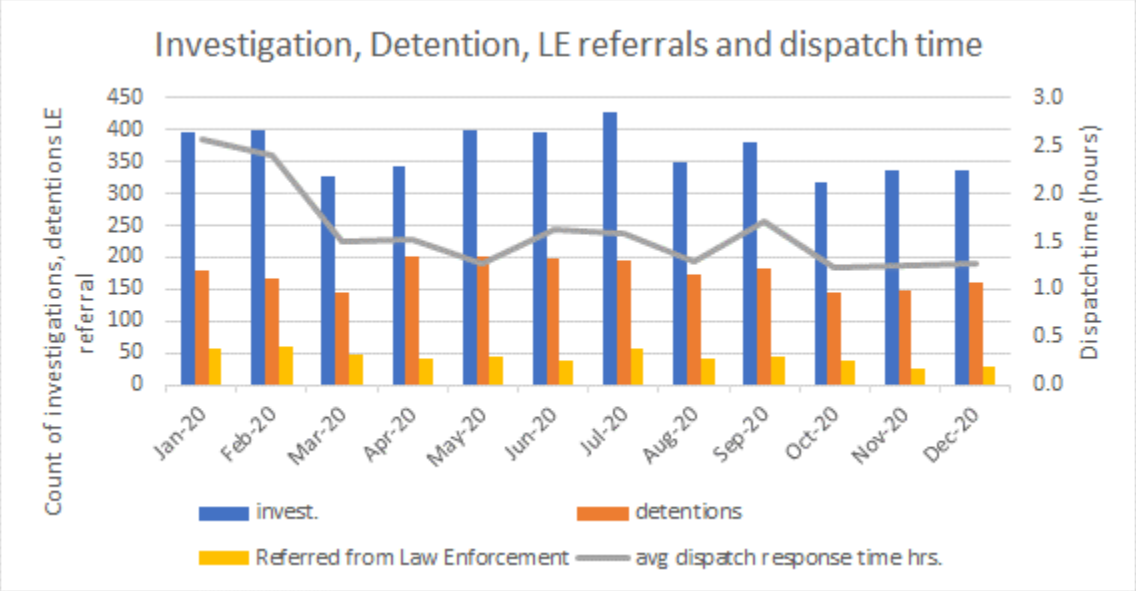
Investigation Outcomes

Investigation outcomes are monitored monthly and outcome groupings are based on HCA defined categories. In the Investigation outcomes table below, you will see the percentage of investigations that either resulted in an initial ITA detention, referred to less restrictive (LRs), referred to Voluntary MH services, Unavailable Detention Facility reports (No Bed Reports), or "Other".

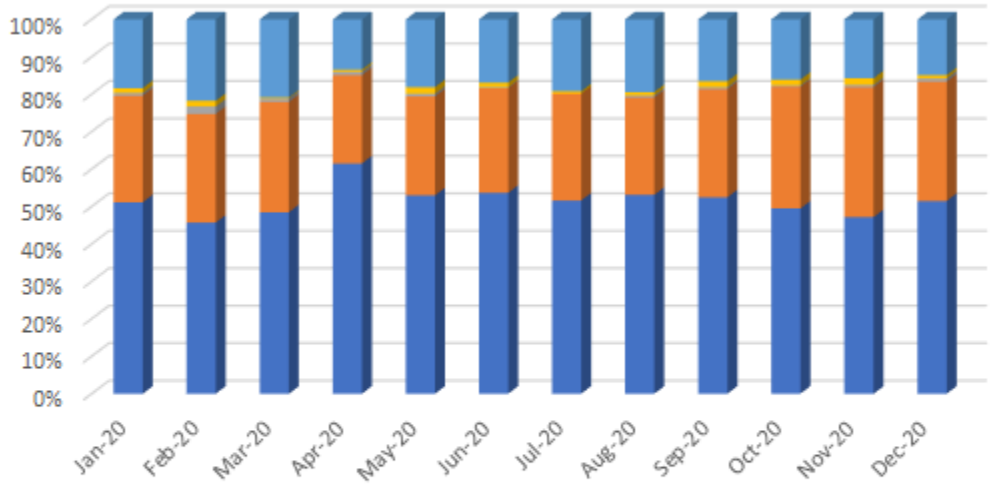
As the below tables indicate, the third most reported outcome, "Other" accounted for 17.7% of all investigation outcomes. For this report, "Other" is defined as "insufficient evidence to detain and the individual declined a referral to voluntary behavioral health services."

month	Detentions and Commitments	Voluntary MH Treatment	Less Restrictive Options MH	No Detention Due to Issues	Other
Jan-20	203	113	3	5	73
Feb-20	183	116	8	6	87
Mar-20	158	96	3	1	68
Apr-20	211	81	3	2	46
May-20	211	105	3	7	72
Jun-20	213	111	1	5	67
Jul-20	221	122	0	3	82
Aug-20	186	91	2	3	68
Sep-20	200	110	2	6	63
Oct-20	157	103	1	5	51
Nov-20	159	117	2	6	53
Dec-20	173	107	3	3	50
prior 12 mo. avg.	190	106	3	4	65
min	157	81	0	1	46
max	221	122	8	7	87

North Sound Investigation Metrics over Time



Investigation Outcomes Over Time Percent of Total



	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Other	73	87	68	46	72	67	82	68	63	51	53	50
No Detention Due to Issues	5	6	1	2	7	5	3	3	6	5	6	3
Less Restrictive Options MH	3	8	3	3	3	1	0	2	2	1	2	3
Voluntary MH Treatment	113	116	96	81	105	111	122	91	110	103	117	107
Detentions and Commitments	203	183	158	211	211	213	221	186	200	157	159	173

Investigation Outcome Grouping

The "State Investigation Outcome Group" grid below shows DCR investigation outcomes that mirror investigation outcomes published by HCA. As indicated, the *Detention and Commitment group* accounted for 51.6% of total outcomes, while referrals to *Voluntary Mental Health Treatment* accounted for 28.8%. Of the *Voluntary MH Treatment group*, *Referrals to Voluntary Outpatient Mental Health (MH) services* had the largest percentage of reported outcomes at 23.8%, and referrals to *Voluntary Inpatient Services* had the second largest outcome at 3.7%.

State Investigation Outcome Group	Investigation Outcome	all invest. in period	Percent of total
Detentions and Commitments	Detention (72 hours as identified under RCW 71.05).	2,054	46.6%
Detentions and Commitments	Detention to Secure Detox facility (72 hours as identified under 71.05)	38	0.9%
Detentions and Commitments	Returned to inpatient facility/filed revocation petition.	146	3.3%
Detentions and Commitments	Non-emergent detention petition filed	37	0.8%
Less Restrictive Options MH	Filed petition - recommending LRA extension.	30	0.7%
Less Restrictive Options MH	Petition filed for outpatient evaluation	1	0.0%
No Detention Due to Issues	No detention - E&T provisional acceptance did not occur within statutory timeframes	18	0.4%
No Detention Due to Issues	No detention - Unresolved medical issues	34	0.8%
Voluntary MH Treatment	Referred to crisis triage	23	0.5%
Voluntary MH Treatment	Referred to voluntary inpatient mental health services.	164	3.7%
Voluntary MH Treatment	Referred to voluntary outpatient mental health services.	1,050	23.8%
Voluntary MH Treatment	Referred to chemical dependency intensive outpatient program	17	0.4%
Voluntary MH Treatment	Referred to acute detox	8	0.2%
Voluntary MH Treatment	Referred to chemical dependency residential program	4	0.1%
Voluntary MH Treatment	Referred to sub acute detox	4	0.1%
Voluntary MH Treatment	Referred to chemical dependency inpatient program	2	0.0%
Other	Referred to non-mental health community resources.	58	1.3%
Other	Other	685	15.5%
Other	Did not require MH or CD services	37	0.8%
Grand Total	Total	4,410	100.0%

Unavailable Detention Facility Reports

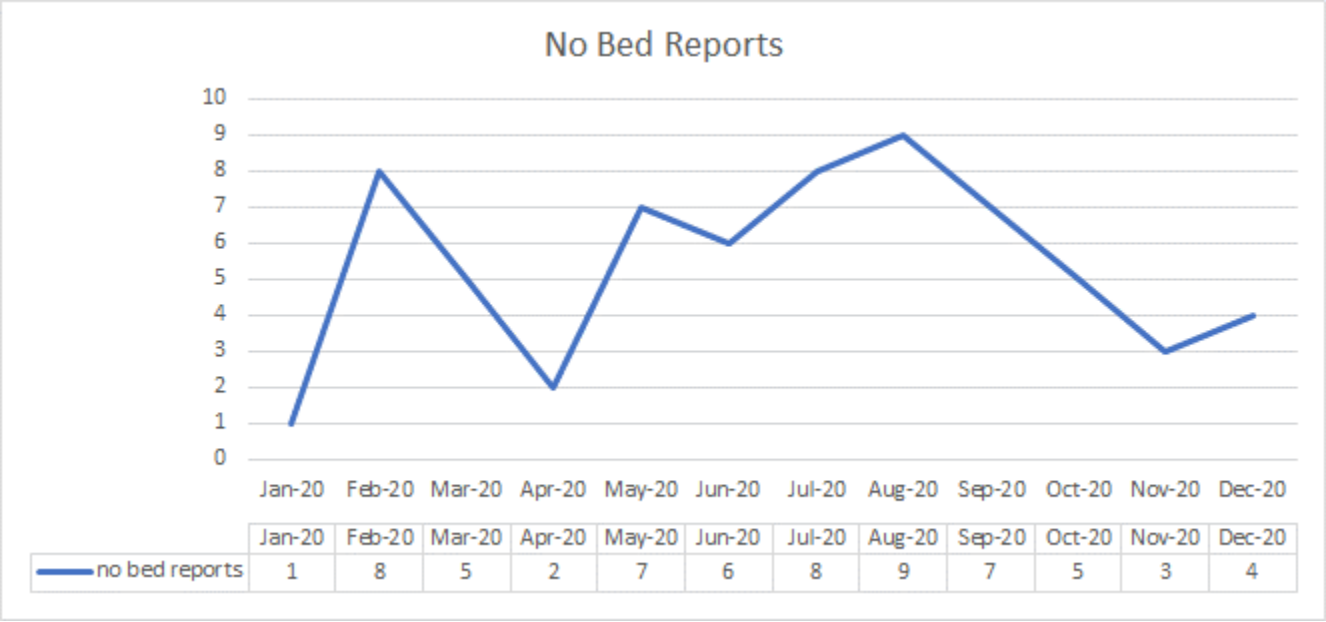
Unavailable Detention Facility Reports (No Bed Reports) are initiated if a DCR investigation meets detention grounds under RCW 71.05 or 71.34, but there are no Evaluation and Treatment (E&Ts) beds available and the DCR does not have the ability to place the individual under a Single Bed Certification (SBC). No Bed Reports are required to be filed to HCA within 24 hours and ongoing DCR or MHP follow up and re-assessments are coordinated between North Sound BH-ASO and our crisis agencies.

Capacity for appropriate involuntary treatment (either at an E&T or SBC setting) can impact the volume of DCR No Bed Reports. Regionally, the total number of DCR No Bed Reports was 65, with a monthly average of 3.5. The largest percentage of No Bed Reports was filed in Island County at 31.0%, Skagit County at 33.3%, Snohomish County at 31.0% and Whatcom County at 2.4%. There were zero DCR No Bed Reports filed originating from San Juan County. As indicated in the data below, No Bed Reports disproportionately occurred in counties in which community hospitals are not

certified to provide involuntary treatment under an SBC. A breakdown of No Bed Reports by hospital is also outlined below.

No Bed Reports - County

No Bed month	County Island	Skagit	Snohomish	Whatcom	(blank)	Grand Total
2020	25	19	18	2	1	65
Jan	1					1
Feb	4	1	3			8
Mar	2	2		1		5
Apr			2			2
May	5	2				7
Jun		4	1	1		6
Jul	1	4	3			8
Aug	2	3	3		1	9
Sep	6		1			7
Oct	3	2				5
Nov		1	2			3
Dec	1		3			4
Grand Total	**25**	**19**	**18**	**2**	**1**	**65**



No Bed Reports - Hospital

no bed report	mor													
	2020												2020 Total	Grand Total
hospital	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Cascade Valley Hospital							1	1					2	2
Evergreen Monroe		2		1		1	1	1	1		2	3	12	12
Home								1					1	1
Island County Jail							1						1	1
Island Hospital		1			1	1	2	1		1			7	7
Providence		1					1						2	2
Providence Medical Center				1									1	1
Skagit Valley			1			2		2			1		6	6
St. Joseph			1			1							2	2
United General			1		1	1	2			2			7	7
Whidbey General		1	2		4			2	3	1		1	14	14
Whidbey Health	1	3			1				3	1			9	9
(blank)								1					1	1
Grand Total	**1**	**8**	**5**	**2**	**7**	**6**	**8**	**9**	**7**	**5**	**3**	**4**	**65**	**65**

Dispatch and Detainment history

Involuntary detention history is the number of involuntary commitments that a single person experiences within a certain period of time. Understanding detainment history trends requires consideration of available less restrictive options within each county or region. Medicaid and non-Medicaid capacity for Residential treatment, PACT, Intensive Outpatient Programs (IOP), WISe and other treatment resources are critical in supporting recovery in community settings. Although Telehealth services have been utilized for intensive outpatient services during the COVID-19 pandemic, the ability for these programs to offer the full complement of wraparound support has been a challenge.

Conducting an exhaustive analysis of involuntary detention history would go beyond the scope of this report, though it is important to briefly look at the number of unduplicated people outreached by a DCR who had a prior detainment within the previous 6 or 12 months. This criterion allows a baseline metric to monitor.

As the graph below illustrates, 12.6% of total DCR dispatches had at least one previous detainment in the past 6 months. This was a 2.4% increase from 2019. DCR dispatches that had a prior detention in the past 12 months was 15.5%, which was an increase of 2.6% from 2019. This slight increase in prior detention rates for DCR dispatches corresponds to the increase in detention rates by population as discussed earlier.

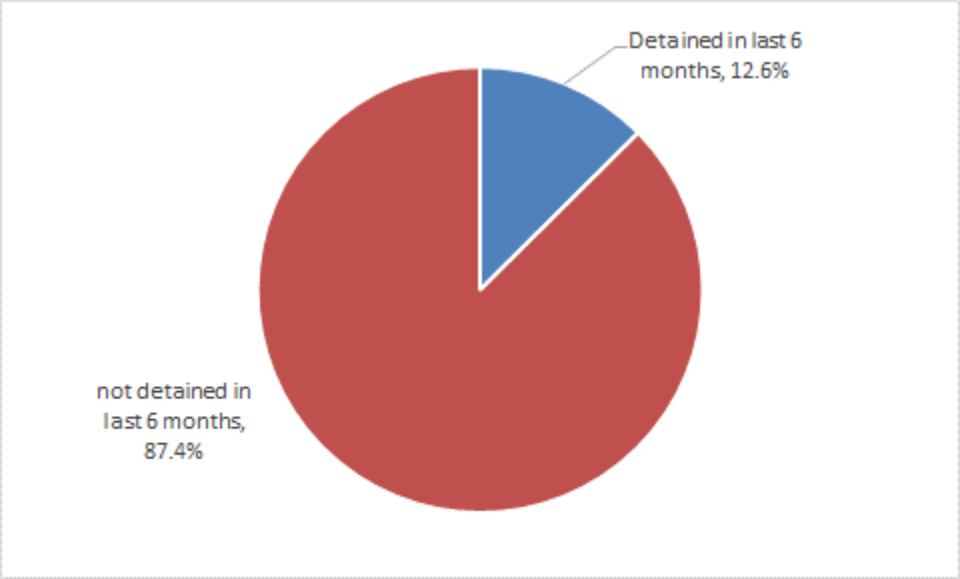
As outlined later in this report under ***System Coordination***, we have made significant efforts in 2020 to pilot care coordination protocols with the five MCOs with a target to reduce unnecessary crisis system utilization. This pilot tested crisis service utilization criteria and developed ASO/MCO protocols to assess individual service needs, streamline referrals to more appropriate treatment and monitor cross-system follow up. Although further work is required to fully implement a cross-system care coordination protocol, we believe these efforts will reduce detention rates by improving how we monitor to ensure individuals are receiving the most appropriate service level to meet their needs.

Regional capacity of diversion resources such as Crisis Stabilization and Triage beds may also contribute to detention rates. Prior to COVID-19, mental health Crisis Stabilization and Triage bed capacity was reduced in Skagit County, as the provider shifted its service model to a sub-acute withdrawal management program. The COVID-19 pandemic likely had

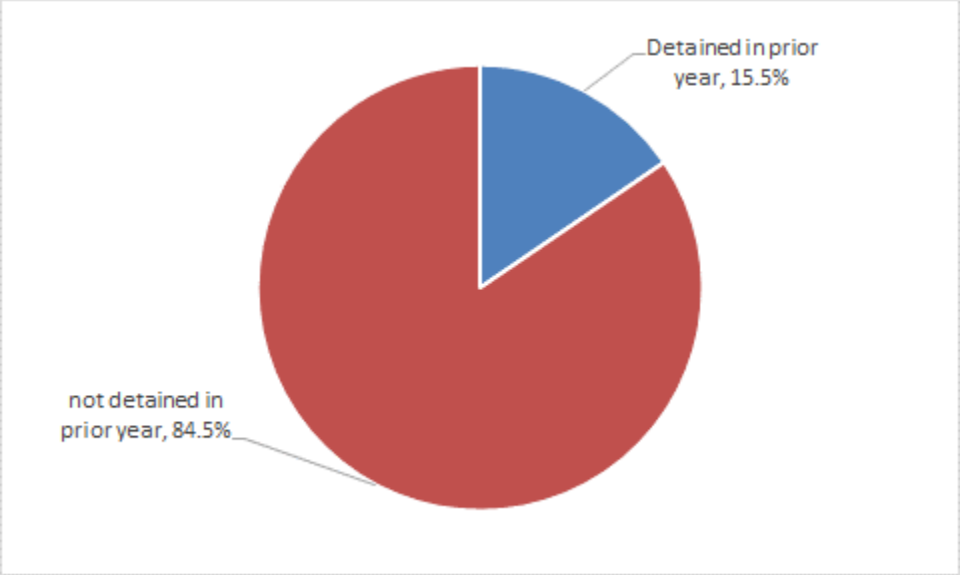
further impacts to Crisis Stabilization and Triage capacity in the region as many of these providers had to adjust programing for health and safety precautions such as reducing bed capacity and suspending admissions.

The North Sound Region has two new Crisis Stabilization and Triage centers opening in early 2021. Island County will be opening a new 10-bed Crisis Stabilization facility in Oak Harbor, WA. Whatcom County will be opening a joint 16-bed Crisis Stabilization and Triage program and 16-bed Acute Withdrawal Management program. These facilities will expand critical access points for individuals in behavioral health crisis and increase viable less restrictive treatment options. North Sound BH-ASO will be working closely with our counties to understand system impacts as these beds become fully utilized.

Detained Prior 6 Months



Detained Prior Year

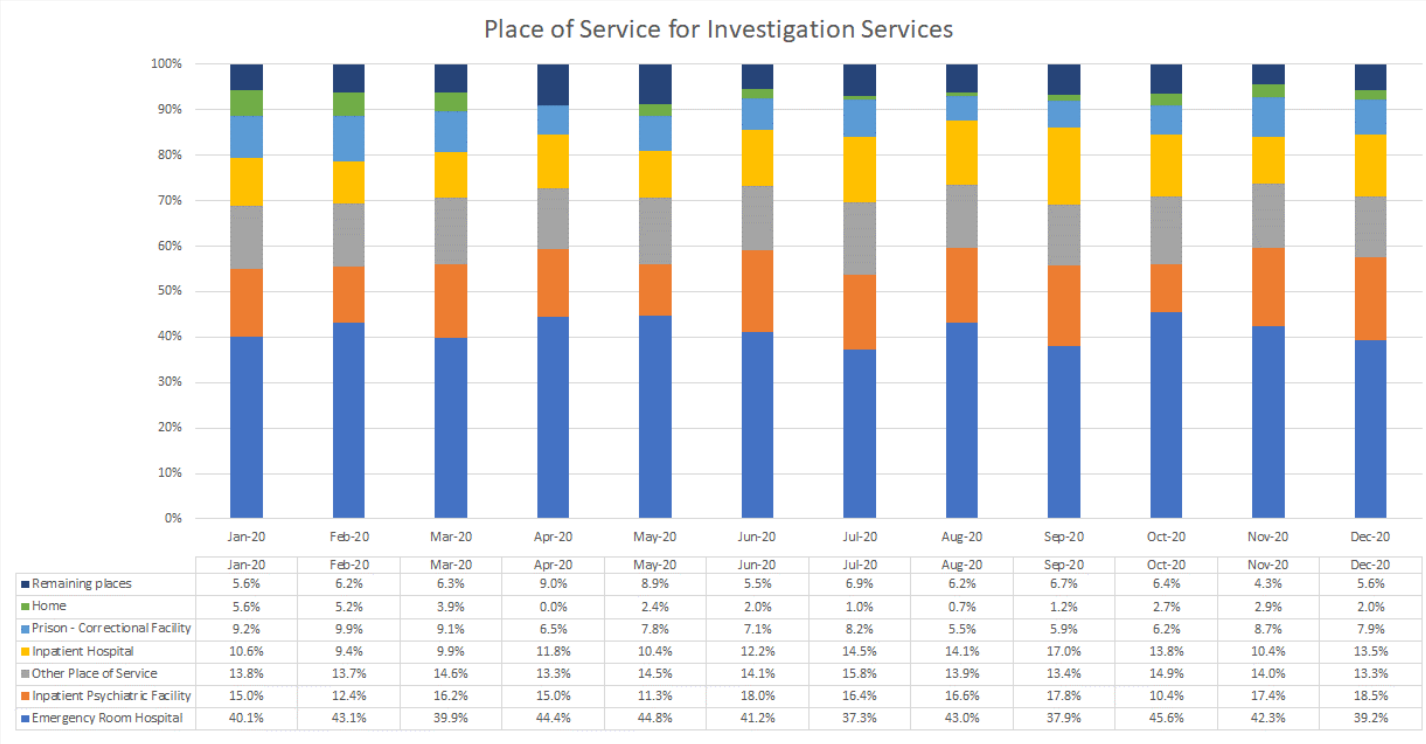


Place of Service for DCR Investigations

Place of service in which DCR's are conducting ITA investigations is monitored monthly and indicates locations that DCR's are most frequently outreaching. In addition, North Sound BH-ASO and our crisis agencies use place of service trends to improve response, coordination and follow up efforts. For this report, we are representing the top 5 places of service in which DCR conducted a ITA investigation.

Although the graph below indicates some monthly variation, place of services percentages by location has remained somewhat stable through 2020. Emergency rooms accounted for the most frequent place of service for DCRs at 41.5%, while inpatient hospitals accounted for 12.4%, inpatient psychiatric facilities 15.4%, "other" at 14.1% and jails at 7.6%. It should be noted that "Other" place of services typically represents unstaffed locations not represented in the place of service table below. Lastly, DCR investigations at skilled nursing facilities or personal residences (homes) showed a decreasing trend in 2020, though this decrease is likely due to COVID-19 health and safety restrictions.

Place of Service for Investigation Compared Monthly



	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Remaining places	5.6%	6.2%	6.3%	9.0%	8.9%	5.5%	6.9%	6.2%	6.7%	6.4%	4.3%	5.6%
Home	5.6%	5.2%	3.9%	0.0%	2.4%	2.0%	1.0%	0.7%	1.2%	2.7%	2.9%	2.0%
Prison - Correctional Facility	9.2%	9.9%	9.1%	6.5%	7.8%	7.1%	8.2%	5.5%	5.9%	6.2%	8.7%	7.9%
Inpatient Hospital	10.6%	9.4%	9.9%	11.8%	10.4%	12.2%	14.5%	14.1%	17.0%	13.8%	10.4%	13.5%
Other Place of Service	13.8%	13.7%	14.6%	13.3%	14.5%	14.1%	15.8%	13.9%	13.4%	14.9%	14.0%	13.3%
Inpatient Psychiatric Facility	15.0%	12.4%	16.2%	15.0%	11.3%	18.0%	16.4%	16.6%	17.8%	10.4%	17.4%	18.5%
Emergency Room Hospital	40.1%	43.1%	39.9%	44.4%	44.8%	41.2%	37.3%	43.0%	37.9%	45.6%	42.3%	39.2%

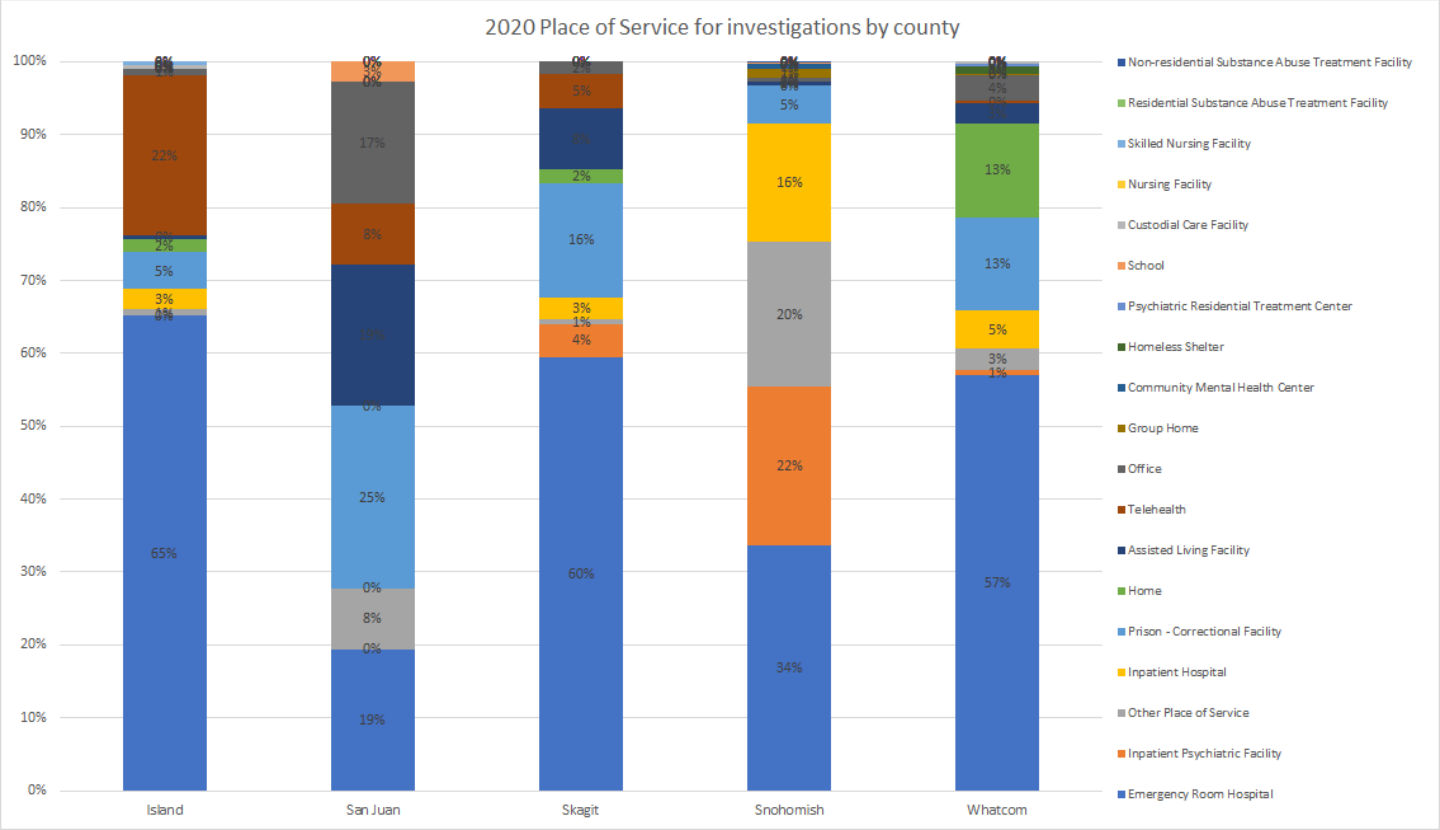
Place of Service for Investigation Compared by County

Distinguishing DCR investigation place of service by county is important to monitor, as each county may have a different capacity of resources, and those providers and organizations may vary in how they interface with the crisis system.

As illustrated in the summary below, the majority of DCR investigations in emergency rooms are occurring in Snohomish County at 36%, which is also the case for DCR investigations at inpatient psychiatric facilities at 15%, inpatient hospitals 19%, "other" category 20% and jails/prisons at 5%.

The largest percentage of DCR investigations conducted in a personal residence (home) occurred in Whatcom 13% and Skagit 2%. Whatcom County also had the largest percentage of DCR investigation conducted in office at 4% and San Juan

County had the greatest percentage of DCR investigations conducted in Assisted Living Facilities (ALFs) at 19% while Island had the highest use of Telehealth at 22%.



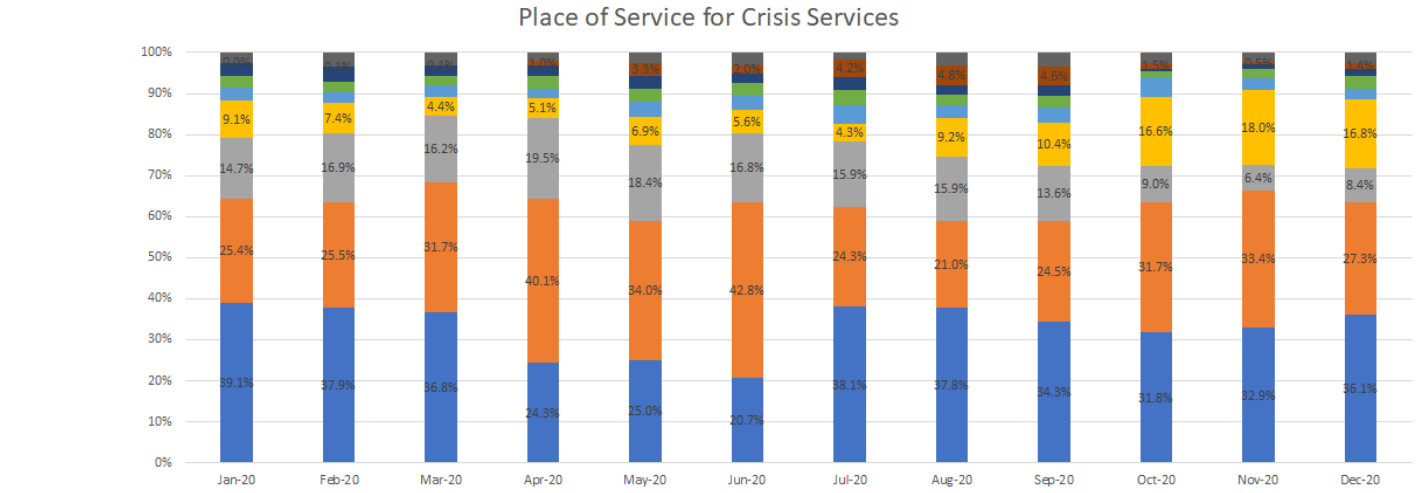
Crisis Services – Mobile Crisis Outreach

Mobile Crisis Outreach are voluntary crisis services intended to provide stabilization support for individuals experiencing a crisis. A behavioral health crisis is defined as a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of great danger or trouble, whose outcome decides whether possible bad consequences will follow.

Comparison of Crisis Service Place of Service by Month

Similar to DCR investigation place of services, monitoring Mobile Crisis Outreach (H2011) place of service is critical for our crisis agencies to strengthen response, coordination and referral protocols. For this report, we have provided a summary of the top 5 place of service.

Reviewing the total count of Crisis Services by location per month in the graph below, you will see that mobile crisis outreach programs conducted 12,693 outreaches. The largest percentage of services are coordinate through the crisis agency's office 33%. The second largest is "Other" at 30% and for the purpose of this report, "Other" is defined as an unstaffed location not categorized by the current place of service locations. Emergency Rooms accounted for 14%, personal residence (Home) at 10%, and inpatient hospital settings accounted for 3%.



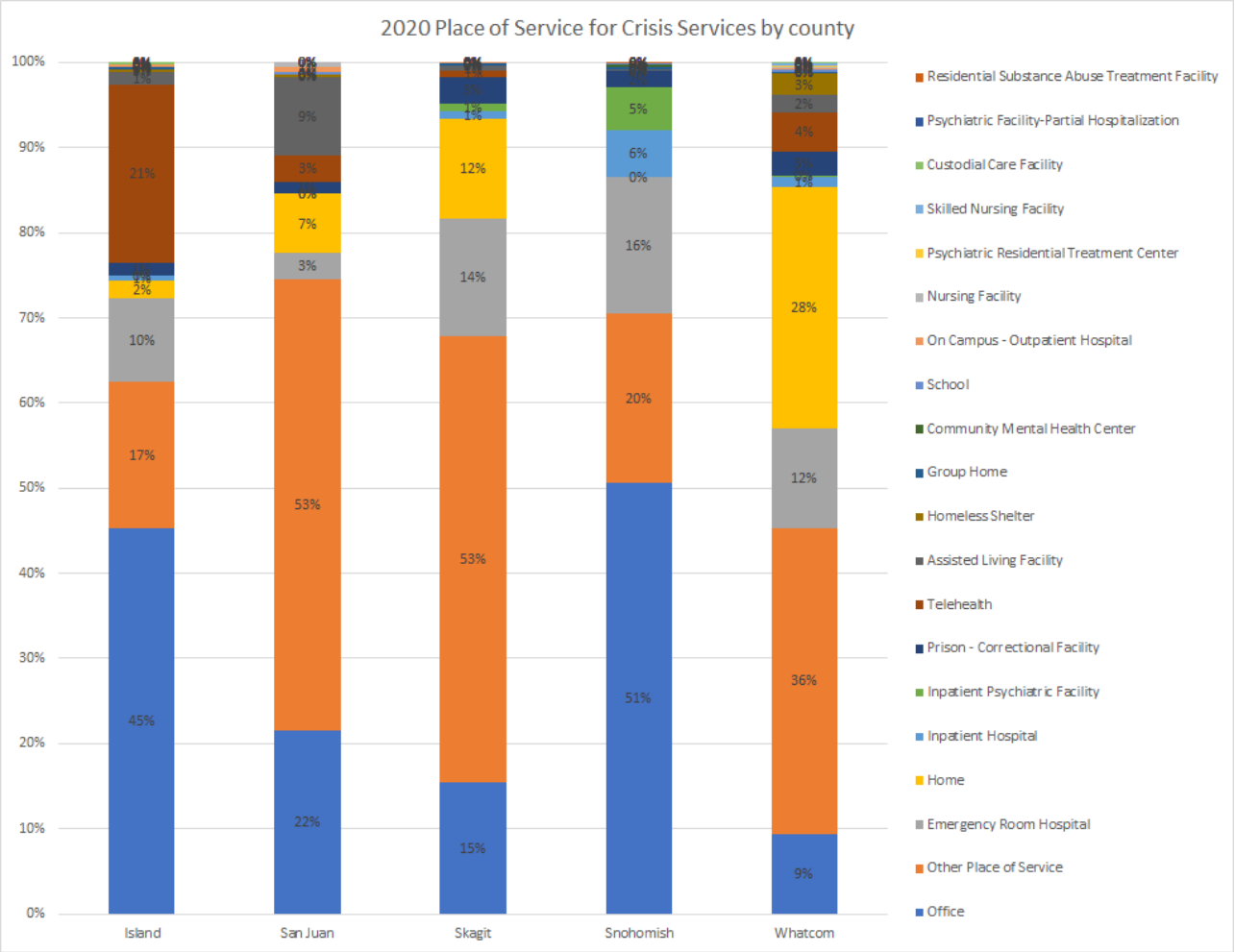
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
remaining places	3%	3%	3%	2%	3%	3%	2%	3%	3%	3%	2%	3%
Telehealth	0.0%	0.1%	0.1%	1.0%	3.3%	2.0%	4.2%	4.8%	4.6%	1.5%	0.5%	1.4%
Prison - Correctional Facility	3.1%	3.5%	2.4%	2.7%	3.1%	2.4%	3.2%	2.2%	2.4%	0.7%	1.1%	1.8%
Inpatient Psychiatric Facility	3.0%	2.8%	2.3%	3.3%	3.2%	3.1%	3.9%	2.8%	2.9%	1.2%	2.4%	2.9%
Inpatient Hospital	3.1%	2.5%	3.0%	2.1%	3.6%	3.4%	4.5%	3.1%	3.8%	5.0%	2.9%	2.7%
Home	9.1%	7.4%	4.4%	5.1%	6.9%	5.6%	4.3%	9.2%	10.4%	16.6%	18.0%	16.8%
Emergency Room Hospital	14.7%	16.9%	16.2%	19.5%	18.4%	16.8%	15.9%	15.9%	13.6%	9.0%	6.4%	8.4%
Other Place of Service	25.4%	25.5%	31.7%	40.1%	34.0%	42.8%	24.3%	21.0%	24.5%	31.7%	33.4%	27.3%
Office	39.1%	37.9%	36.8%	24.3%	25.0%	20.7%	38.1%	37.8%	34.3%	31.8%	32.9%	36.1%

Count of Crisis Services by County and Place of Service

Distinguishing Mobile Crisis Outreach place of service data by county, you will notice county differences in the volume of mobile crisis outreaches to specific locations. It is important to note that not all counties have services or facilities as outlined by the categories below. For example, the number of outreaches to a “community mental health center” may be disproportionally larger in one county due to current operations.

Snohomish County had the largest percentage of mobile crisis outreaches conducted from the office 51%, emergency rooms 16%, and inpatient psychiatric settings 5% and community mental health centers 3%.

Whatcom has the highest percent of services conducted in home at 28.4%. Skagit has the highest percent in jail at 3.0%. San Juan has the highest percent delivered at Other - 52.9% and Assisted Living Facility - 9.2%.

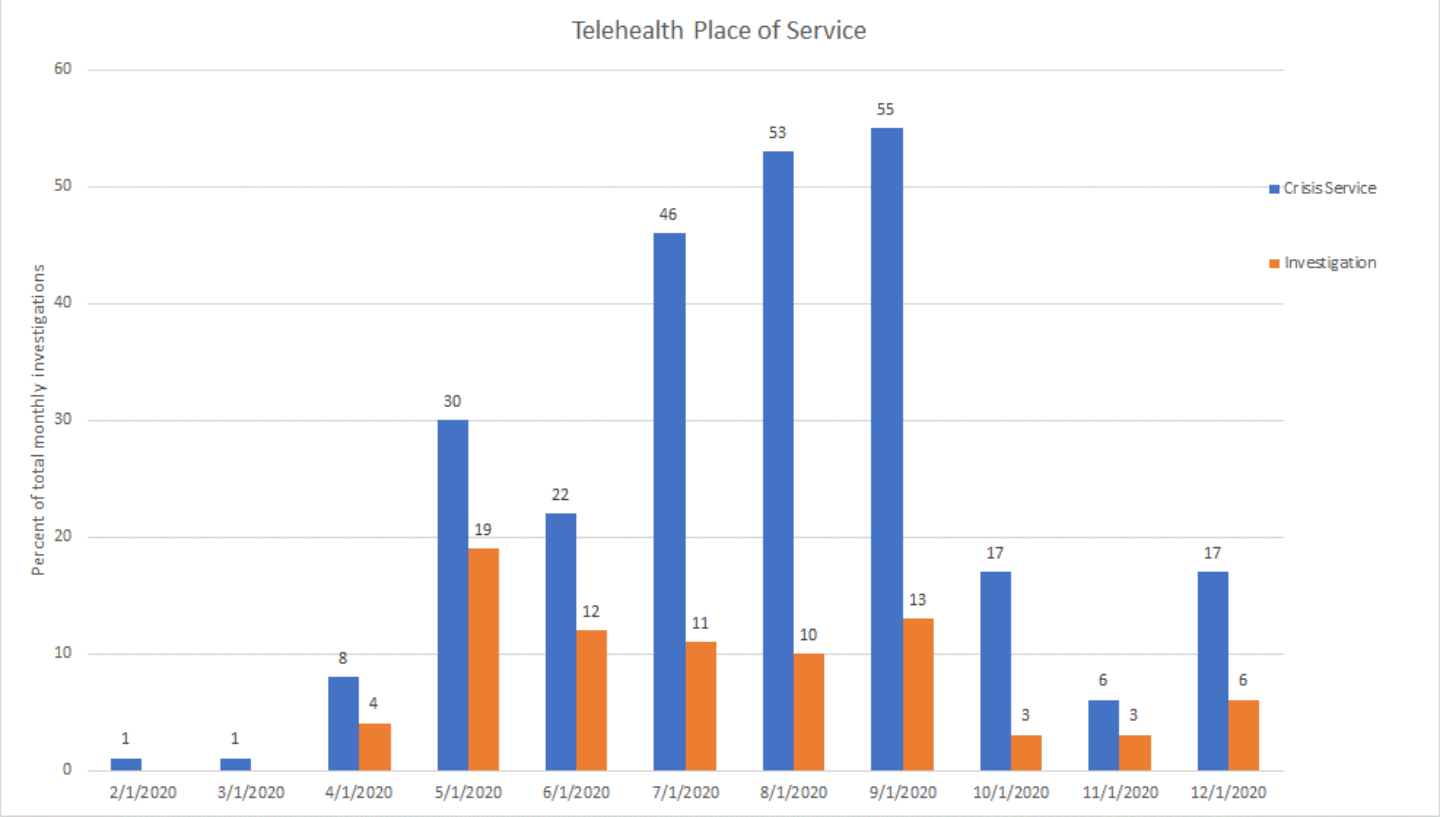


Telehealth Place of Service – Crisis and Investigation Services

Telehealth Services utilize Place of Service code '2' and modifier 'GT'.

Due to the nature of the service, crisis outreach and investigation services tend to be provided face-to-face at a location best suited by the individual. During 2020 there has been a natural increase in the utilization of telehealth as a means for crisis evaluation due to the COVID-19 pandemic. The graph below shows an increase in the usage of telehealth services in the crisis system that corresponds with the onset of the pandemic. At the beginning of the second quarter of 2020 North Sound BH-ASO provided crisis teams with iPads to use in the community hospitals to allow for greater utilization of telehealth as it was determined that the pandemic would continue to impact service delivery throughout the year.

The 4th Quarter of 2020 shows a significant decrease in the utilization of telehealth that does not correspond with the COVID-19 response during that time. North Sound BH-ASO is working with crisis providers to determine what drove the decrease with the assumption that data transmission errors are a likely factor. North Sound BH-ASO feels that telehealth is a viable option for the future to remain flexible during unforeseen disruptions in the traditional service delivery model.

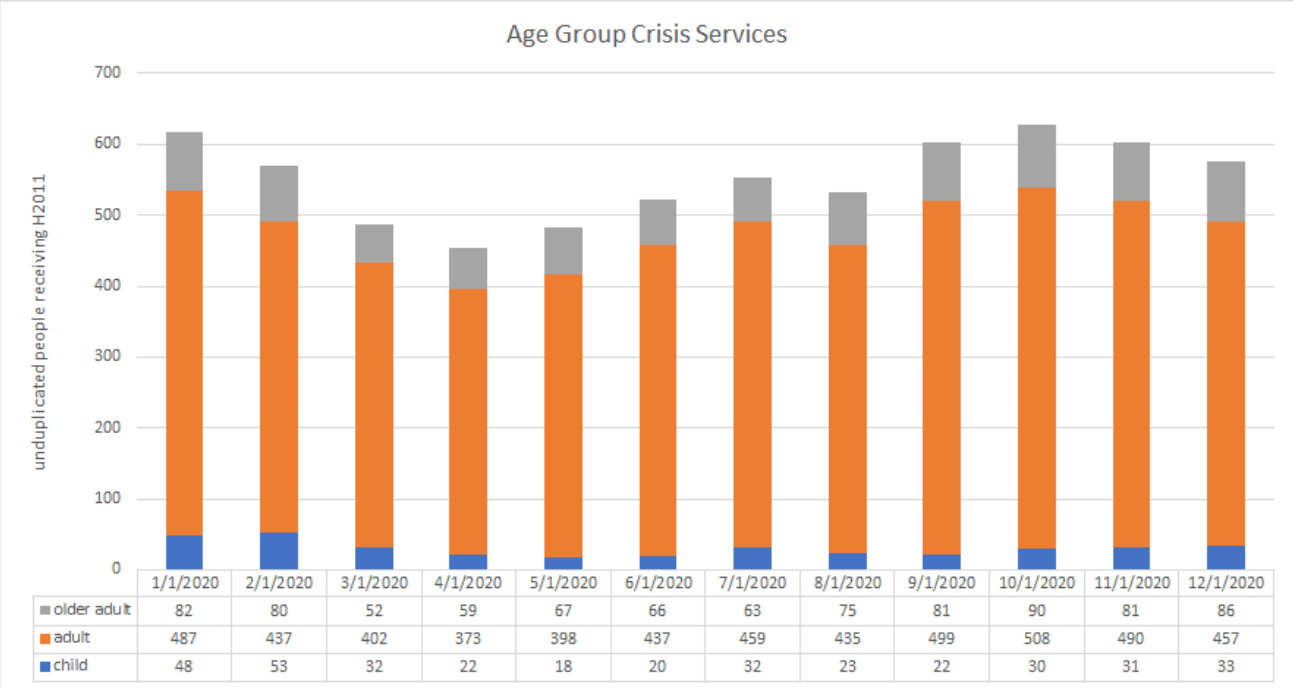


Crisis Service (H2011) Demographics

Crisis Service demographic data is monitored monthly and reported as a quality improvement activity. Demographic data for crisis services are compared to regional population demographics to assess how the crisis system is serving the region's population and whether service improvements can be identified to strengthen outreach efforts. For this report, we will briefly outline crisis services by Age Group, Funding Source, Ethnicity, Primary language, and Gender.

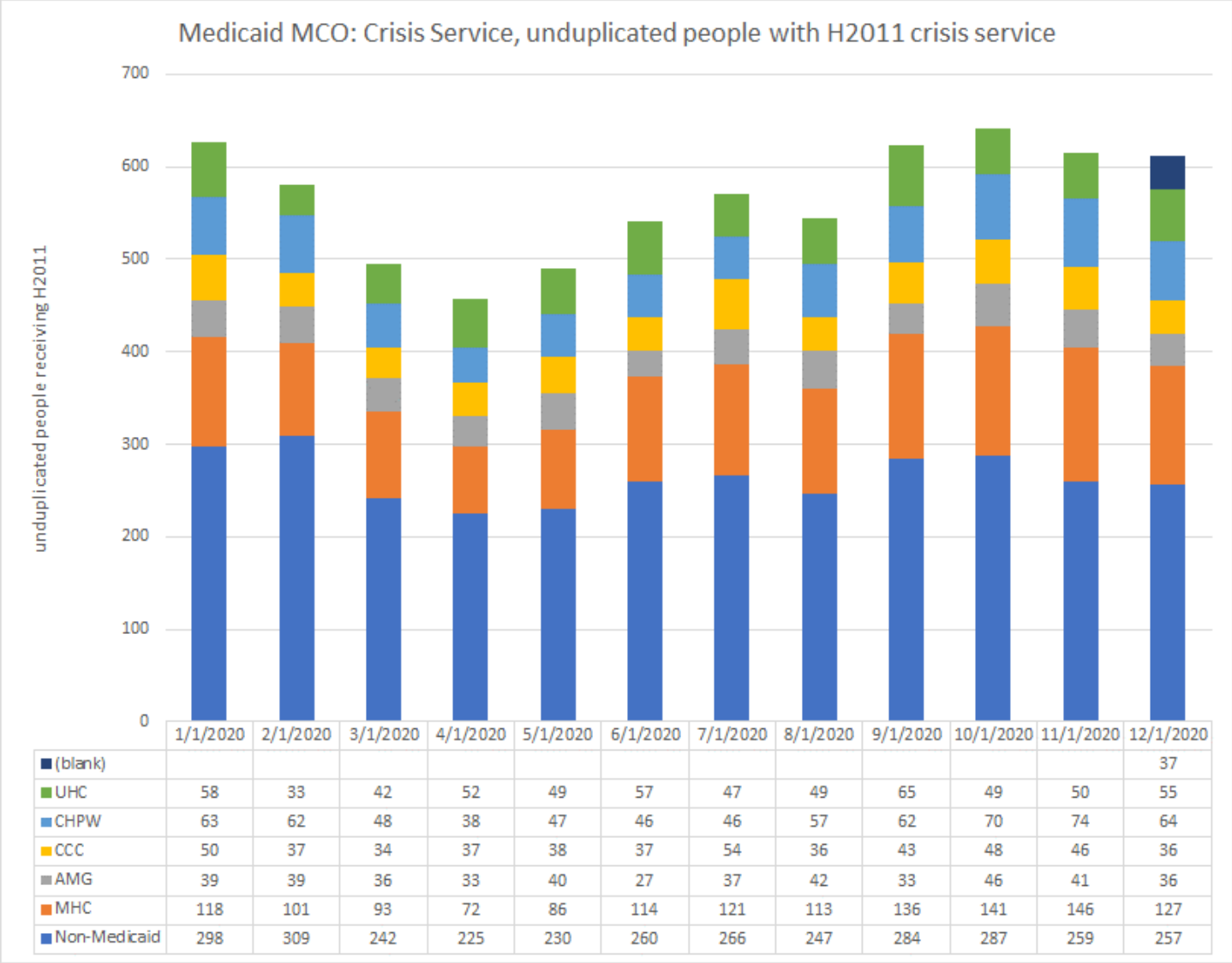
Age Group

For ages 0-17, 18-59 and 60+



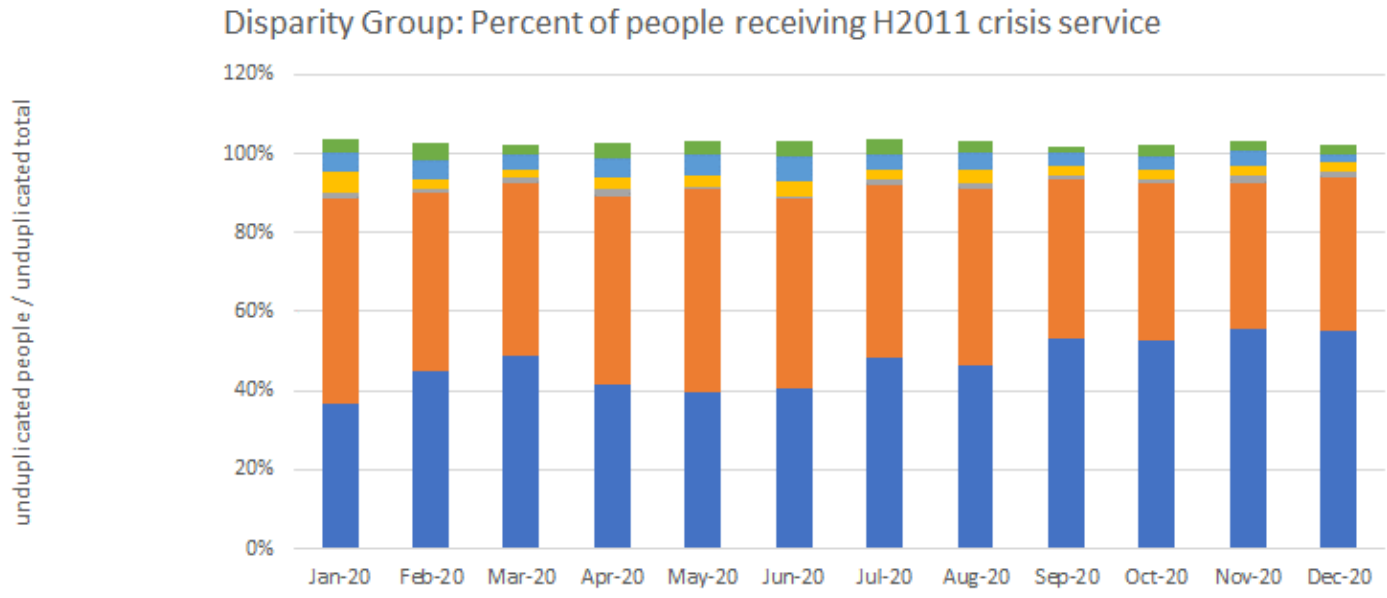
	1/1/2020	2/1/2020	3/1/2020	4/1/2020	5/1/2020	6/1/2020	7/1/2020	8/1/2020	9/1/2020	10/1/2020	11/1/2020	12/1/2020
older adult	82	80	52	59	67	66	63	75	81	90	81	86
adult	487	437	402	373	398	437	459	435	499	508	490	457
child	48	53	32	22	18	20	32	23	22	30	31	33

Funding Source



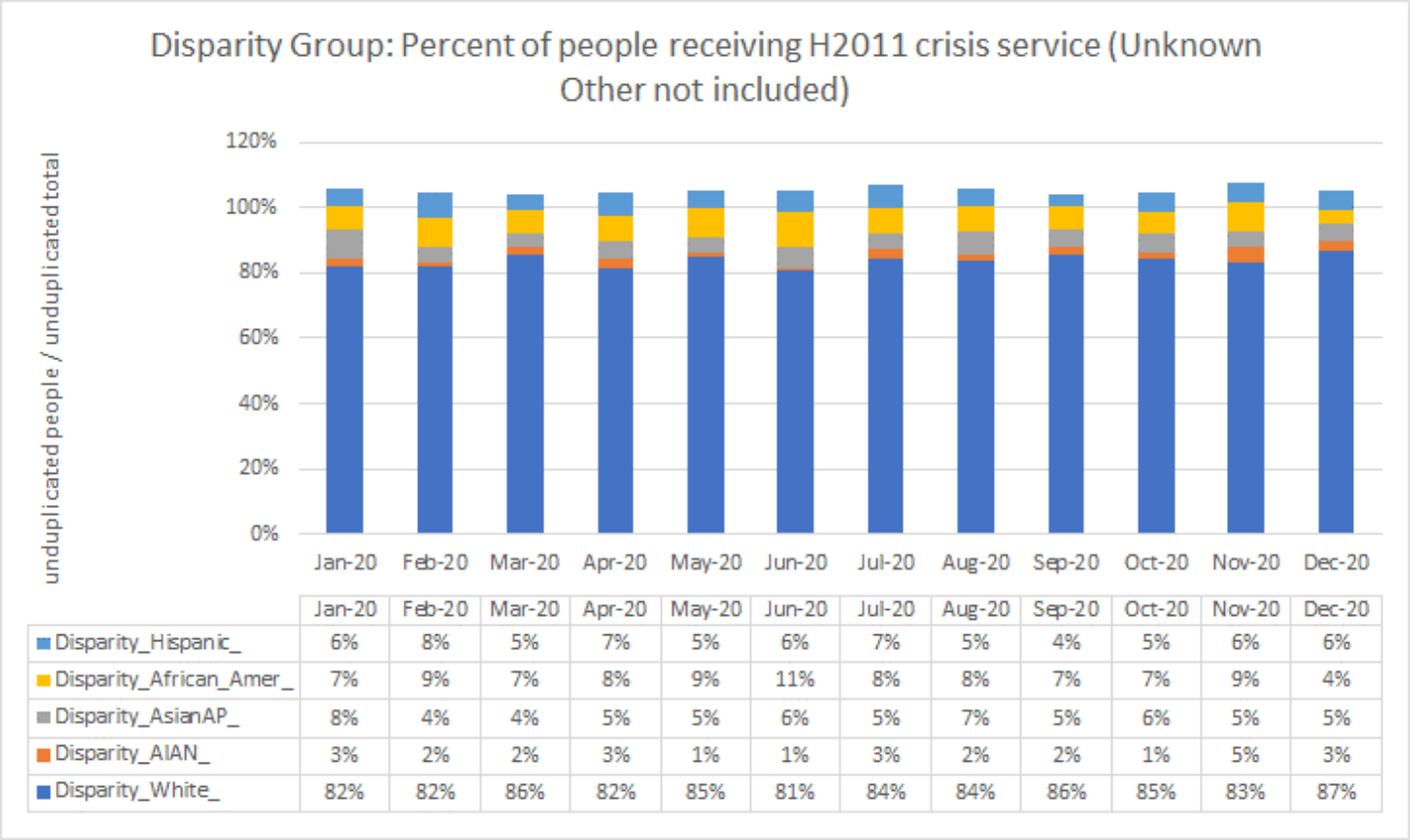
	1/1/2020	2/1/2020	3/1/2020	4/1/2020	5/1/2020	6/1/2020	7/1/2020	8/1/2020	9/1/2020	10/1/2020	11/1/2020	12/1/2020
(blank)												37
UHC	58	33	42	52	49	57	47	49	65	49	50	55
CHPW	63	62	48	38	47	46	46	57	62	70	74	64
CCC	50	37	34	37	38	37	54	36	43	48	46	36
AMG	39	39	36	33	40	27	37	42	33	46	41	36
MHC	118	101	93	72	86	114	121	113	136	141	146	127
Non-Medicaid	298	309	242	225	230	260	266	247	284	287	259	257

Ethnicity



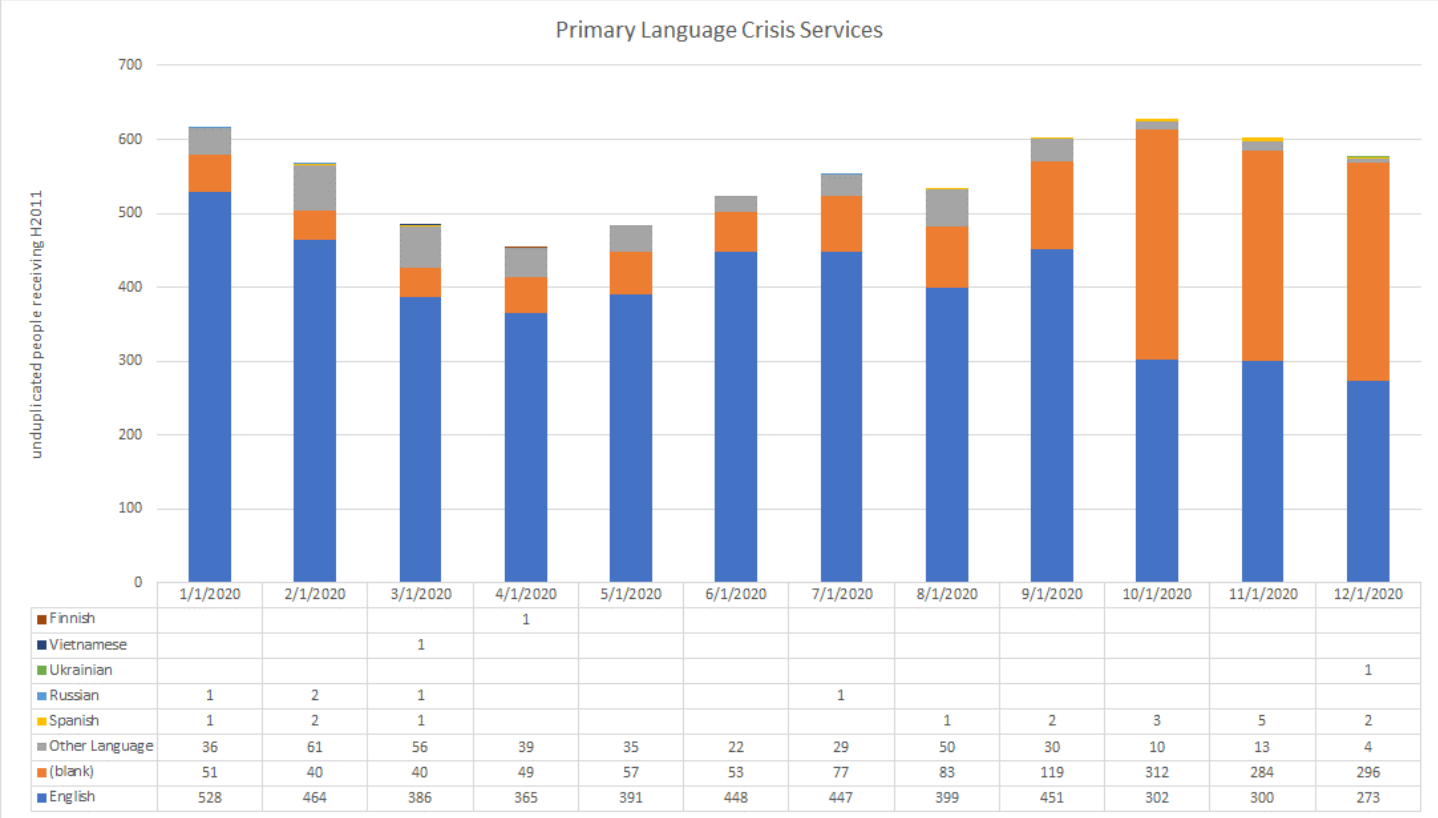
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Disparity_Hispanic_	4%	4%	2%	4%	3%	4%	4%	3%	2%	3%	3%	3%
Disparity_African_Amer_	5%	5%	4%	5%	5%	6%	4%	4%	3%	3%	4%	2%
Disparity_AsianAP_	5%	2%	2%	3%	3%	4%	2%	4%	2%	3%	2%	2%
Disparity_AIAN_	2%	1%	1%	2%	1%	1%	2%	1%	1%	1%	2%	1%
Disparity_White_	52%	45%	44%	48%	51%	48%	44%	45%	40%	40%	37%	39%
Disparity_Unknown_Other_	36%	45%	49%	42%	40%	41%	48%	47%	53%	52%	56%	55%

Taking out the other / unknown group



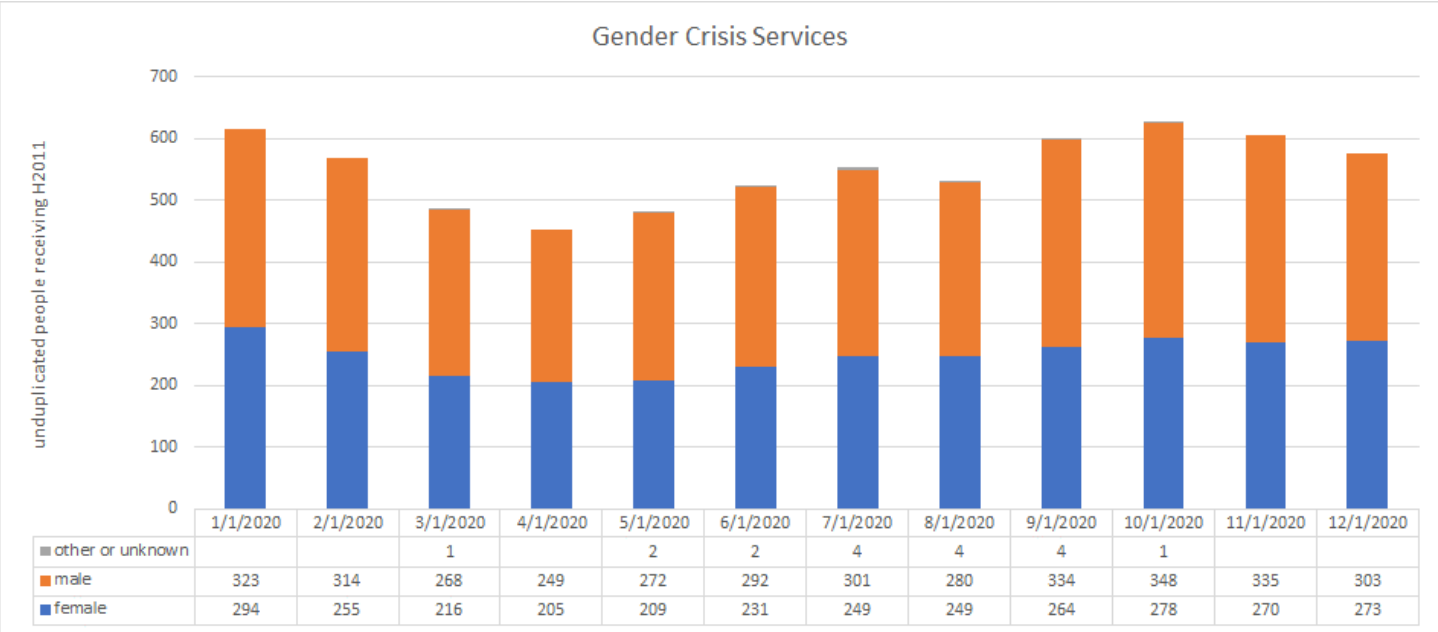
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Disparity_Hispanic_	6%	8%	5%	7%	5%	6%	7%	5%	4%	5%	6%	6%
Disparity_African_Amer_	7%	9%	7%	8%	9%	11%	8%	8%	7%	7%	9%	4%
Disparity_AsianAP_	8%	4%	4%	5%	5%	6%	5%	7%	5%	6%	5%	5%
Disparity_AIAN_	3%	2%	2%	3%	1%	1%	3%	2%	2%	1%	5%	3%
Disparity_White_	82%	82%	86%	82%	85%	81%	84%	84%	86%	85%	83%	87%

Primary Language



	1/1/2020	2/1/2020	3/1/2020	4/1/2020	5/1/2020	6/1/2020	7/1/2020	8/1/2020	9/1/2020	10/1/2020	11/1/2020	12/1/2020
Finnish				1								
Vietnamese			1									
Ukrainian												1
Russian	1	2	1				1					
Spanish	1	2	1					1	2	3	5	2
Other Language	36	61	56	39	35	22	29	50	30	10	13	4
(blank)	51	40	40	49	57	53	77	83	119	312	284	296
English	528	464	386	365	391	448	447	399	451	302	300	273

Gender



	1/1/2020	2/1/2020	3/1/2020	4/1/2020	5/1/2020	6/1/2020	7/1/2020	8/1/2020	9/1/2020	10/1/2020	11/1/2020	12/1/2020
other or unknown			1		2	2	4	4	4	1		
male	323	314	268	249	272	292	301	280	334	348	335	303
female	294	255	216	205	209	231	249	249	264	278	270	273

Contract Crisis Metric Summary and Report Cross Reference

Exhibit E

The Appendix E format is submitted Quarterly to HCA. It is submitted to the North Sound BH ASO Utilization Management Committee prior to submission.

2020 Appendix E

	2020	Q1	Q2	Q3	Q4
	Crisis Calls				
1a	Total number of crisis calls received	6,707	7,406	8,449	12,662
1b	Total number of crisis calls answered	6,410	6,977	7,725	11,880
1c	Average answer time of all crisis calls (seconds)	0:00:21	0:00:25	0:00:33	0:00:26
1d	Percentage of crisis calls answered live within 30 seconds	93	83	78	88
1e	Percentage of crisis calls abandoned	4	6	9	6
	Mobile Crisis Team				
2a	Total number of face to face crisis contacts	1,094	1,097	1,130	945
	DCR				
3a	Total number of DCR events	1,070	1,081	1,118	945
3b	Total number of DCR events resulting in a referral to outpatient treatment	281	253	263	270
3c	Total number of DCR events resulting in a referral to voluntary inpatient treatment	36	34	51	44
3d	Total number of DCR events resulting in detention under ITA	444	545	513	408

Summary of Crisis System Coordination

In Calendar Year 2020, the North Sound BH-ASO continued with the extensive collaboration structure that it had developed and used since 2018 to plan for and support the transition to Integrated Managed Care. As the key program function for North Sound BH-ASO, Crisis Services coordination was one of the key focus areas for these collaborations.

List of Coordination Activities

Community System	Coordination Activity
Counties	Interlocal Leadership Structure [ILS] County Coordinator Meetings County Crisis Oversight meetings
Criminal Justice System	ILS County Coordinator Meetings [Trueblood Misdemeanor Funds] County Crisis Oversight Meetings
First Responders	ILS County Crisis Oversight Meetings Expansion of Mobile Crisis Outreach
Community Hospitals	ILS County Crisis Oversight Meetings

	Hospital Contracting – Development of streamlined protocols
Behavioral Health Agencies	ILS Integrated Provider Meetings COVID Provider Meetings Crisis Services Leadership Meetings
Crisis Stabilization Facilities	Integrated Provider Meetings Expansion of Funding for Crisis Stabilization Services
Managed Care Organizations	ILS Joint Operating Committee MCO-ASO Clinical Coordination Meetings Integrated Provider Meetings COVID Provider Meetings CLIP Coordination Committee
Tribes	ILS North Sound Tribal Coordination Meetings NS Accountable Community of Health Tribal Alignment Committee

Description of Coordination Activities

Activity	**Description**
Interlocal Leadership Structure	The formally charted collaboration body overseeing implementation of Integrated Managed Care in the North Sound region. The ILS is co-chaired by rotating representatives of the MCOs and Counties. Staff support is provided by North Sound BH-ASO. Core membership also includes the North Sound ACH and Tribes. Approximately once a quarter, an expanded ILS meeting is held that includes invited representatives from Hospitals, County Law Enforcement, and all Behavioral Health Agencies. Agenda items include review of Crisis Services metrics, care coordination protocols, network sustainability, and capacity building. The ILS has recently included discussions with key stakeholders and BHAs on the impact of COVID on behavioral health needs and service availability.
Joint Operating Committee	The joint technical workgroup chartered by the ILS to develop care coordination protocols. It is co-chaired by an MCO representative and the North Sound BH-ASO Director. All 5 MCOS and the contracted Crisis Services agencies are members. Counties are also invited to participate if they wish. The JOC has been working both on the development of enhanced crisis-care coordination protocols as well as exploring technology platforms that can better support the exchange of crisis care coordination data.

County Coordinator Meetings	North Sound BH-ASO staff meet monthly with the county behavioral coordinator leadership staff. Agendas include identifying local needs, strategies for coordinating crisis and non-Medicaid services across the region and coordinating with county criminal justice agencies. County staff are assisting North Sound BH-ASO with strategies to utilize the recently allocated "Trueblood Misdemeanor Funds" to support the diversion of misdemeanants with behavioral health issues from the criminal justice system.
County Crisis Oversight Committees	Each county hosts a "Crisis Oversight Committee", or an equivalent group comprised of stakeholders from first responders, hospitals, BHAs and other social services and treatment providers. A North Sound BH-ASO clinical staff person is assigned to each county. These local county committees share information across and identify strategies to improve crisis response services across all the different stakeholder systems.
Integrated Provider Meetings	Every other month the MCOs and North Sound BH-ASO jointly host a Behavioral Health Agency "Integrated Provider Meeting". These meetings both provide a forum MCOs and North Sound BH-ASO to present and explain changes in policies and procedures but also provide a chance for the providers to raise concerns and ask questions. Surveys are sent out to providers prior to each meeting to solicit suggestion for the issues and questions they want to discuss. Topics have included questions and concerns about billing, forms, and authorization policies. Recently, these meetings have also been used to solicit concerns from providers regarding the impact of the COVID pandemic on both agency staff and operations, and the people they serve.
COVID Provider Meetings	North Sound BH-ASO staff have also been participating in MCO hosted meetings with North Sound BHAs specific to the impact of COVID.
MCO-ASO Clinical Coordination Meetings	North Sound BH-ASO continues to actively participate in the bi-monthly MCO & ASO Clinical Coordination Meetings. This has helped standardize clinical protocols across the IMC region. It has also provided a forum to discuss billing and data challenges for providers and crisis care coordination protocols.
Tribal Coordination Meetings North Sound ACH Tribal Alignment Committee	North Sound BH-ASO Director and Tribal Coordination Liaison participate in both the bi-monthly North Sound Tribal Coordination meetings and the meetings of the North Sound ACH Tribal Alignment Committee. These meetings have provided a forum for detailed discussion of the ASO-Tribal Crisis Coordination plans.

Successes

- Created draft protocols for crisis care coordination between Crisis Services Agencies and MCO care coordinators.
- Created a joint contact list for use by both MCOs, North Sound BH-ASO, and Crisis Services agencies.
- Developed the data requirements for an information exchange platform based on the EDIE system that would allow Crisis Services agencies to access treatment provider and crisis plan information.
- Developed an ongoing focus in Joint Operating Committee meetings on crisis care coordination.
- Developed and shared common solutions for coordination between crisis services agencies and community stakeholders using the Crisis Services Leadership meetings.
- Expanded funding for mobile crisis outreach including new partnerships with law enforcement.
- A final Tribal Crisis Plan Coordination agreement was developed with and approved by the Upper Skagit Tribe. This agreement is serving as a useful example for agreements with other tribes.

Challenges

- The ongoing challenges around getting statewide clarity and agreement about the purpose of the Crisis Logs, and developing better, and less burdensome, methods of information exchange.
- Getting agreement between ASOs and MCOs on what criteria to use to target more intensive efforts on persons who are frequent utilizers of the Crisis System and need more intensive follow up, e.g., not all frequent callers to Crisis Lines may need a more intensive level of MCO follow up.
- In order for the proposed model for an information exchange platform to be developed, development costs will have to be jointly funded by the MCOs.
- Once developed, there will need to be sponsorship agreements with MCOs and Behavioral Health Agencies and MCOs will need to require providers to enter information into it.
- Protocols for more immediate referrals from mobile crisis outreach teams to MCOs will need to be finalized, tested and refined.
- The significant impact of COVID on crisis line services will require more work between North Sound BH-ASO and the MCOs to develop a strategy to identify and engage persons who have become frequent users of the crisis line system.
- Assisting with the transition to HCA to serve as the lead in developing Tribal Crisis Plan Coordination agreements. An initial HCA/ASO meeting has already been held with the Tulalip Tribe.
- For a variety of reasons, the available demographic data on ethnicity and primary language probably does not fully reflect the extent to which crisis services are being provided to communities of color and limited English-Speaking persons.
- Assisting with the transition to HCA to serve as the lead in developing Tribal Crisis Plan Coordination agreements. An initial HCA/ASO meeting has already been held with the Tulalip Tribe.

Criminal Justice System

North Sound BH-ASO has worked diligently to develop relationships with the criminal justice systems in the five (5) county region. Participation on county specific Crisis Oversight Committees, Law and Justice Councils, Interlocal Leadership Committee, contracting for services such as Juvenile Court Treatment Services, Criminal Justice Treatment Account (CJTA), Jail Transition Services (JTS) and Law Enforcement co-responder partnerships.

The five counties have been instrumental in bridging system relationships on behalf of the North Sound BH-ASO. Diverting individuals from jails and/or an arrest is a priority for the North Sound BH-ASO and its member counties.

Successes

- Law Enforcement collaboration with crisis outreach workers in the Regional Service Area. This has been a huge success in responding appropriately to individuals in crisis. Law Enforcement has overwhelmingly been supportive of this type of intervention.
- County crisis oversight committees have been successful in bringing all the interested parties together, Courts, Law Enforcement, Probation, and other stakeholders interested in ensuring individuals receive an intervention that is appropriate and timely.
- Local Jails have benefited from Jail Transition Services and consider it an invaluable service for a stretched jail system. Our counties manage the JTS services on behalf of North Sound BH-ASO due to their established relationship with the respective jails. Most of the counties add local dollars to ensure the services meet the needs of their local jail.
- We are fortunate to have two (2) Law Enforcement Officers on our Behavioral Health Advisory Board. Their input on what is occurring in our communities provides North Sound BH-ASO direction on where our funds are best used to support the most vulnerable in our communities.
- North Sound's Interlocal Leadership Meeting is a venue for representatives of the criminal justice system to bring their concerns and recommendations to improve services/coordination of services.
- 45% of first responders, such as Law Enforcement, indicate on the Crisis Survey they either agree or strongly agree our Mobile Crisis Teams are partnering effectively with Law Enforcement.

Challenges

- Jail Transition Services coordination between the JTS provider, Counties and MCOs has been difficult since IMC. Access to information on coverage is difficult to attain. Local JTS staff currently do not know who the MCO was prior to incarceration for coordinated discharge. Access to medications after discharge is often not occurring due to lack of MCO assignment, some progress has been made but it is still a struggle. Additionally, there is role confusion for North Sound BH-ASO funded JTS staff and the MCO Jail Coordinators, many of whom are not known to local JTS staff.
- A five (5) county region with four jails, five courts and numerous Sheriff/Municipal Police agencies is a challenge in trying to address the vast criminal justice needs within the RSA.

At the Provider Level

Local Crisis Oversight Committees

As noted above, North Sound BH-ASO has maintained an extensive provider collaboration structure. In partnership with our five counties, North Sound BH-ASO supported the convening of local Crisis Oversight Committees with broad input from local law enforcement, first responders, community hospitals, behavioral health agencies, Tribes, community organizations and crisis providers. Committee goals vary by county based on community and provider needs, though the basic structure focuses on strengthening the crisis system's service delivery with local entities. Below is a summary of the issues and topics addressed in 2020:

Snohomish County Crisis Oversight Committee

- Everett Police Department: expansion of Community Outreach and Enforcements teams
- Crisis system partnership with Everett Diversion Center
- DCR protocols and placement under Rickey's Law

- Identifying system gaps in system communication – MCO, DCRs and BHAs)
- COVID-19 Impacts – DCR health and safety dispatch protocols, BHA service impacts, DOH Behavioral Health impact reports
- Diversion/Less Restrictive for DCRs - Snohomish County Triage capacity
- Local and regional hospital trends
- Crisis System Metrics – System utilization and trends
- Washington Legislative updates

Skagit County Crisis Oversight Committee

- Mobile Crisis Outreach coordination with Law Enforcement – Strengthen response protocols.
- Presentations on DCR/Mobile Crisis Outreach dispatch protocols
- Law Enforcement presentations on current BH trends and volumes
- COVID-19 system impacts – ASO, County, hospital and agency response; DOH Behavioral Health impact reports
- Launch of Compass Health's embedded/co-response outreaches with Law Enforcement – protocols and coordination
- Crisis System Metrics – system utilization and trends
- Washington Legislative updates

Whatcom County Crisis Oversight Committee

- Whatcom County Crisis Stabilization Facility – Capacity and treatment needs, coordination between community stakeholders and DCRs
- COVID-19 Impacts – DCR health and Safety protocols, local shelter capacity, local Crisis Triage/Detox capacity
- COVID-19 DOH behavioral health impact reports
- Crisis System coordination with county outreach programs – Ground Level Response and Coordinate Engagement (GRACE) and Law Enforcement Assisted Diversion (LEAD)
- Local EMS/Community Paramedic coordination with DCRs
- Crisis System coordination with Law Enforcement on cases requiring ED admission
- Youth Behavioral health needs – collaboration on local resources and meetings

Island County Crisis Oversight Committee – No meetings were held in 2020.

- Crisis agency managers attended San Juan and Skagit County oversight meetings
- 2021 oversights scheduled

San Juan County Crisis Oversight Committee

- DCR/Mobile Crisis outreach protocols and coordination with San Juan Hospital
- Community needs – outpatient capacity, family resource center, best practice with the crisis system
- Expansion of MHP Mobile Crisis Outreach
- Challenges and barriers for rural counties – access to treatment
- COVID-19 Impacts – DCR health and safety protocols, county, and agency's response
- COVID-19 DOH Behavioral Health impact reports
- Crisis System Metrics – system utilization and trends
- Washington Legislative updates

2020 Stakeholder Survey

In late 2020, North Sound BH-ASO conducted a stakeholder survey to evaluate key areas of the behavioral health crisis system. This assessment was completed in effort to partner with our crisis agencies to support ongoing improvements in service delivery and to gather community input on the effectiveness and responsiveness of the crisis system. A copy of

the survey results (Companion Report *2020 Stakeholder Survey Report*) is included as part of this report. We will briefly summarize the survey below.

Survey Response

North Sound BH-ASO received responses from a wide variety of professionals and organizations across North Sound to include MH/SUD professionals, community members, hospital emergency departments and County/State or Local Governments.

As outlined in the survey report, we asked a series of broad questions related to how well the Crisis System was operating and partnering with various agencies and whether individuals who accessed the crisis system received the services they need. Mobile crisis outreach teams partnering effectively with community services such as hospitals, schools, social service agencies, jails, and law enforcement received the most positive response. Further, the question regarding how well the crisis system was operating in their respected county also had an overall positive response. Questions rating whether individuals who accessed the crisis system received the services they needed, respondents had the least positive responses.

The survey also asked stakeholders to rank in level of level of importance Behavioral Health service priorities for the North Sound Region. Strengthening access or expanding capacity to Crisis Stabilization and Triage services had the most responses, along with designating Crisis Stabilization and Triage facilities as a primary point of entry and expanding cross system care coordination support for individuals who frequently interface with emergency departments. Other priorities such as strengthening hospital discharge follow up services, expanded funding for non-Medicaid BH services, expanded embedded (law enforcement co-response) crisis workers and strengthening access to withdrawal management were indicated. Additional service rankings can be reviewed in the full attached report.

As outlined in the attached full report, key improvement areas were identified such as strengthening follow up services by a DCR/MHP. Many respondents outlined challenges within the broader behavioral health system including the need to strengthen hospital discharge protocols and aftercare, access to Crisis Stabilization and Triage beds, increased inpatient hospitalization capacity and increase homeless outreach support.

Stakeholder feedback will be important for North Sound BH-ASO and community partners to consider. Although some recommendations may not be directly applicable to North Sound BH-ASO Crisis Services, we see these issues as critical gaps in the full continuum of Behavioral Health care.

2020 Mobile Crisis Outreach – Crisis Prevention Plan Survey

In 2020, North Sound BH-ASO conducted a Crisis Agency survey to assess the availability, effectiveness, and consistency of use of Crisis Prevention Plans. This assessment was completed in effort to partner with our crisis service agencies, MCOs and BHAs to support ongoing improvements to cross-system crisis coordination. A copy of the survey results (Companion Report *2020 Crisis Agency Survey Report*) is included as part of this report. We will briefly summarize the survey below.

Survey Response

As outlined in the attached report, crisis agency staff on average confirmed that if a recent Crisis Prevention Plan was made available from a BHA, it can be an effective tool to ensure follow up service are provided. Concerning the availability of Crisis Prevention Plans, most crisis agency staff noted that when a person is enrolled in Medicaid funded services, Crisis Prevention Plans are either sometimes or never available. Related, if a Crisis Prevention Plan is not available, most crisis agency staff relied on their own agency's health care records to support the individual in crisis.

Finally, the majority of crisis agency staff indicated that they were not able to identify and contact a BHA to support the individual with ongoing outpatient services.

Crisis agency staff had the opportunity to qualify their responses to each question, which is outlined in the attached report. Overall, the survey feedback reinforces known best practice that Crisis Prevention Plans can be effective in ensuring follow up outpatient services and the fact they are not usually available presents a critical information gap. Crisis Prevention Plans remain a critical tool for crisis agencies to provide interventions and referrals that are in the best interest of the individual.

Summary of Crisis Plans

Background

- Since the beginning of the planning for the transition to Integrated Managed Care, the BHO and then the successor ASO, have worked with the MCOs and crisis services agencies to address a critical information gap that was created when health information for Medicaid members was moved from the former BHO to the 5 MCOs.
- The Crisis Line and mobile crisis outreach teams no longer had access to information about a person's current treatment provider or the person's current crisis plan. This created a gap in crisis treatment planning.
- In compliance with RCW 71.05.715 and WAC 246-341-0910, North Sound BH-ASO maintains policies that require Crisis Services staff to utilize all available information and request a crisis plan if one is available. This information was no longer readily available, however.
- The health information gap was partly addressed when protocol was created for MCOs to transmit to North Sound BH-ASO, PACT and WISe enrollment information. This allowed more immediate connection of persons in crisis back with their PACT or WISe treatment provider.
- For all other Medicaid members needing crisis services however, neither the Crisis Line nor the Mobile Crisis Outreach team had access to this information unless the persons was also being served by Compass Health in one of the 4 northern counties.
- Without immediate access to treatment provider or crisis plan information, DCRs have to either obtain this information from the person being served, if they're willing or able to provide it, or from available collateral informants, or contact the MCO which could result in a delay of a day or two.
- There has been ongoing work at the North Sound Joint Operating Committee and with the Crisis Services Leadership group to develop solutions on how crisis services staff could access this information and the development of protocols to support it.

Successes

- Created draft protocols for crisis care coordination between Crisis Services Agencies and MCO care coordinators.
- Created a joint contact list for use by both MCOs, North Sound BH-ASO, and Crisis Services agencies.
- Developed the data requirements for an information exchange platform based on the EDIE system that would allow Crisis Services agencies to access treatment provider and crisis plan information.
- Developed an ongoing focus in Joint Operating Committee meetings on crisis care coordination.
- Developed and shared common solutions for coordination between crisis services agencies and community stakeholders using the Crisis Services Leadership meetings.
- Expanded funding for mobile crisis outreach including new partnerships with law enforcement.
- A final Tribal Crisis Plan Coordination agreement was developed with and approved by the Upper Skagit Tribe. This agreement is serving as a useful example for agreements with other tribes.

Challenges

- In order for the proposed model for an information exchange platform to be developed, development costs will have to be jointly funded by the MCOs.
- Once developed, there will need to be sponsorship agreements with MCOs and Behavioral Health Agencies and MCOs will need to require providers to enter information into it.
- Protocols for more immediate referrals from mobile crisis outreach teams to MCOs will need to be finalized, tested and refined.
- The significant impact of COVID on crisis line services will require more work between North Sound BH-ASO and the MCOs to develop a strategy to identify and engage persons frequently utilizing the crisis line system and is clinically indicated that additional treatment interventions and cross-system coordination is warranted.
- Assisting with the transition to HCA to serve as the lead in developing Tribal Crisis Plan Coordination agreements. An initial HCA/North Sound BH-ASO meeting has already been held with the Tulalip Tribe.

Stakeholder Feedback

- As part of the work in conducting an assessment of the Crisis Services system, North Sound BH-ASO sent a survey to both key community stakeholders as well as Crisis Services Agency Staff.
- The survey to Crisis Services agency staff included questions asking them to rate both the availability and effectiveness of Crisis Plans.
- In general, survey respondents indicated that:
    - Crisis Plans are usually not readily available; and,
    - When they are available, they are usually effective in ensuring follow-up services are provided.
- The results of this survey will be used to continue work on improving both the availability, the use of, and the effectiveness of crisis plans.

North Sound BH-ASO has worked with all 5 MCOs since the time of our planning to transition to a BH-ASO to ensure the MCOs are receiving the information they need to conduct care coordination. Workgroups chartered by the Interlocal Leadership Structure – first the “Model of Care” and technical workgroups, and subsequently the “Joint Operating Committee” - have done detailed work on how to transfer information to the MCOs and how to in turn provide access to current behavioral health treatment information for the Crisis Services Behavioral Health Agencies.

North Sound BH-ASO has transmitted the data required by the MCO crisis log template by using service encounter data and supplemental transactions to auto populate the fields embedded in the log. An auto-populating process was necessary due to the large volume of crisis encounter data received on a daily basis, often averaging between 200-400 encounters a day.

There have been several limitations with the current process to support two-way care coordination between the MCOs and the Crisis Services Agencies. For example, Crisis Line staff and Mobile Crisis Outreach staff no longer have access to whom an individual’s current treatment provider is as they did under the BHO. This hinders their ability to readily connect with and coordinate with the individual’s treatment provider. North Sound BH-ASO and MCOs have worked out a plan to receive monthly roster updates for MCO members enrolled in WISe and/or PACT services. However, not all MCOs have been able to provide the monthly rosters to full completeness or on a routine basis.

Since mid-2019 North Sound BH-ASO has been working with Collective Medical Technologies on identifying a solution to the issue of not having readily available crisis plans or outpatient provider information for an individual during the time of a crisis. Using the Joint Operating Commmittee as a vehicle for conversations with MCOs and providers, we have

begun the process of building a platform that enhances 2-way communication between an individual's outpatient provider and the crisis providers.

Care Coordination Protocols

North Sound BH-ASO is tasked with developing and implementing crisis system protocols that promote coordination, continuity and quality of care. As outlined above, our work continues in partnership with the MCOs on several key elements: (1) Accessing Crisis Prevention plans and coordination information for individual in crisis, and (2) piloting programs and strategies to reduce unnecessary crisis system utilization and improve linkages to the most appropriate level of care. North Sound BH-ASO's contract with HCA outlines care management and coordination requirements for all aspects of the North Sound BH-ASO's service, but for the purpose of this reporting section, we will focus on strategies to reduce unnecessary crisis system utilization.

Crisis services are made available and provided as a means to immediately stabilize and support an individual in crisis. Crisis services by design are not limited or reduced based on the person's needs or how frequently they may require crisis services. Strategies to reduce unnecessary crisis services must consider the individual's unique treatment needs, personal circumstances, broader support systems and whether the individual's recovery would be better supported in a different level of care.

In 2019, North Sound's Joint Operating Committee convened a sub-workgroup to focus on developing shared protocols between the ASO/MCO care coordinators and crisis agencies with the goal to ensure individuals had access to care management supports. From 2019-2020, North Sound BH-ASO and the Five MCO's developed a regional *Behavioral Health Care Coordination Protocol* (BHCCP) agreement that outlined referral reasons and processes for MCO care coordination involvement. In addition, this agreement outlined the following basic guiding principles and key objectives:

Guiding Principles:

- Interventions regarding individual members should happen at the lowest level possible.
- Confidential information should be shared only as necessary and appropriate.
- Interventions should be minimally invasive and conducted in consideration of the member's wishes regarding their own care.

Key Objectives:

- Connect individuals with services that adequately meet their behavioral health needs.
- Identify trends and gaps in services and improve member transitions between levels of care.
- Identify instances wherein an individual has been assigned to a level of care or setting that is too restrictive to promote recovery.

During 2019-2020, North Sound BH-ASO established criteria for 'high utilization' of crisis services and developed routine care management reports for both Medicaid and Non-Medicaid populations served. These care management reports identified frequency of crisis services based on a set of utilization criteria and break down by MCO or categorized as non-Medicaid. Of the individuals identified in our Medicaid care management reports, all pilot cases were identified by the MCO as currently receiving care management and coordination, suggesting a causal relationship between utilization of crisis services and potential need for payer level care coordination involvement. It may also suggest the need for care coronation efforts to be revaluated to include assessing whether interventions have been effective.

As noted above, ongoing work is needed to refine ASO-MCO care coordination protocols, and this has been identified as a priority for JOC in 2021.

As briefly outlined in the Summary *of Crisis System Coordination* above*,* developing regional care coordination protocols established a system improvement need within various North Sound regional committees and workgroups. In addition to the successes outlined above, North Sound BH-ASO's care coordination pilot identified a possible value add to how utilization of crisis services could inform the potential need for payer level care coordination involvement. More importantly, the pilot revealed that utilization of crisis service alone is not a good indicator of whether an individual would benefit from payer level involvement. Crisis provider's clinical judgement and case knowledge is often the most important indicator of treatment coordination need. This furthered the need to develop joint ASO/MCO protocols to include provider care coordination referral reasons specific to scenarios often seen in the crisis system.

Summary of Strategies Used to Improve the Crisis System

Crisis line and Mobile Crisis Outreach

- Provided funding to expand Crisis Line staff.
- Provided funding to support the procurement of a new call management system for the crisis line what will support having some of the workforce work remotely.
- Developed a joint corrective action plan with the Crisis Line to maintain crisis line metrics within the contracted standards.
- Expanded funding for voluntary mobile crisis outreach and follow up services.
- Developed monthly reports shared with Crisis Services agencies on their performance in meeting goals for expanded crisis outreach.
- Funded new initiatives to fund mobile crisis outreach positions partnering with law enforcement first responders.
- Provided funding for telehealth ITA evaluations.
- Developed new data collection protocols to better capture voluntary crisis outreach as opposed to involuntary treatment investigations.

Crisis Stabilization and Triage Facilities

- Provided funding for existing crisis stabilization services to serve non-Medicaid persons in Snohomish, Skagit, and Whatcom counties.
- Provided start-up funding for new crisis stabilization facilities in Whatcom and Island counties.

Crisis Care Coordination and Management

- Developed and tested criteria to identify frequent utilizers of the crisis system.
- Worked with MCO care coordinators to pilot crisis care coordination protocols.
- Created a joint contact list for use by both MCOs, North Sound BH-ASO, and Crisis Services agencies.
- Developed the data requirements for an information exchange platform based on the EDIE system that would allow Crisis Services agencies to access treatment provider and crisis plan information.
- Currently piloting with one MCO a more timely and efficient process for linking persons with MCO care coordination to reduce crisis system utilization.

Information and Data About the Disposition of Crisis Calls

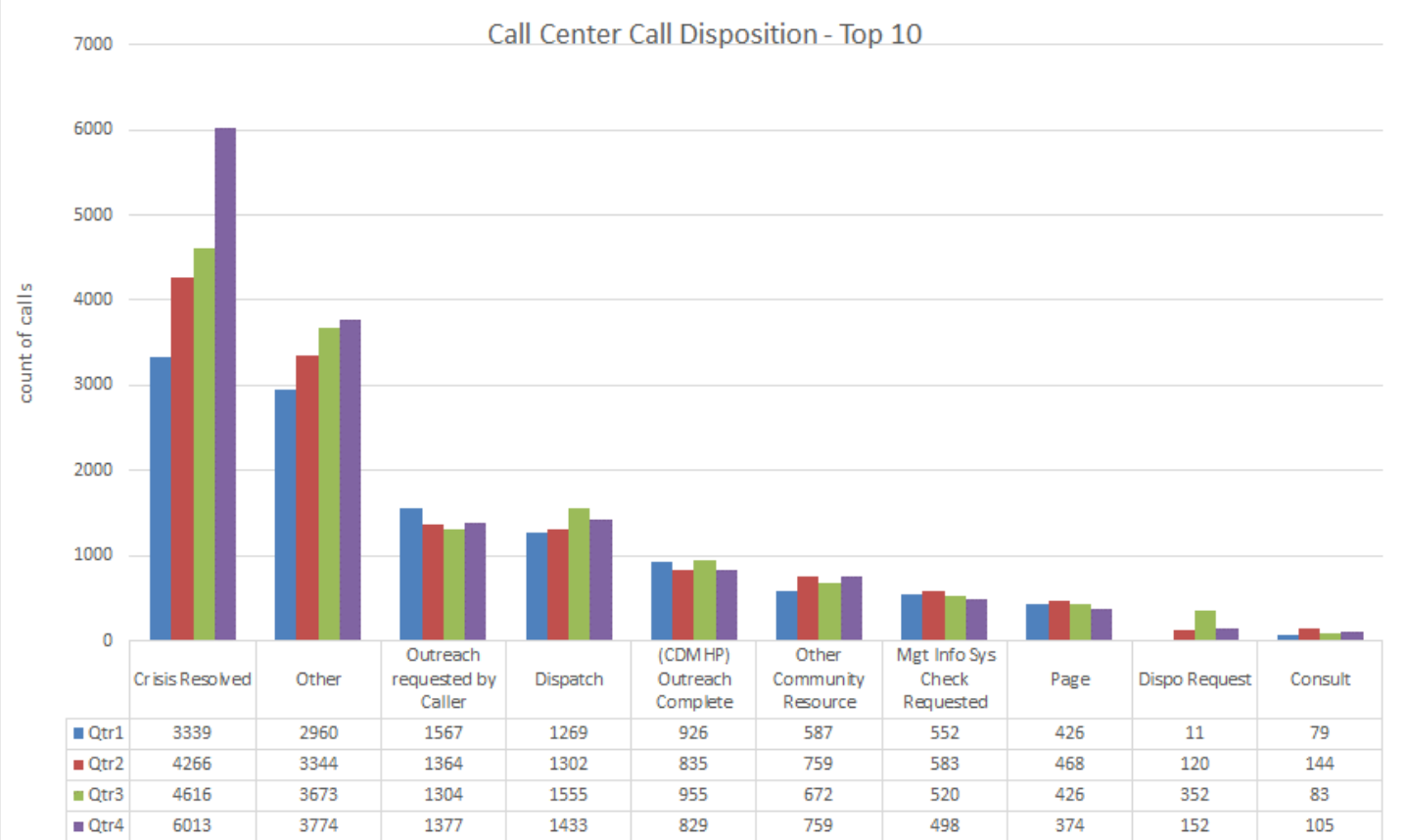
Overview

North Sound BH-ASO delegates Crisis Line services to VOA while providing oversight for performance and quality. VOA submits monthly performance metrics to North Sound BH-ASO in compliance with the delegation agreement outlined in

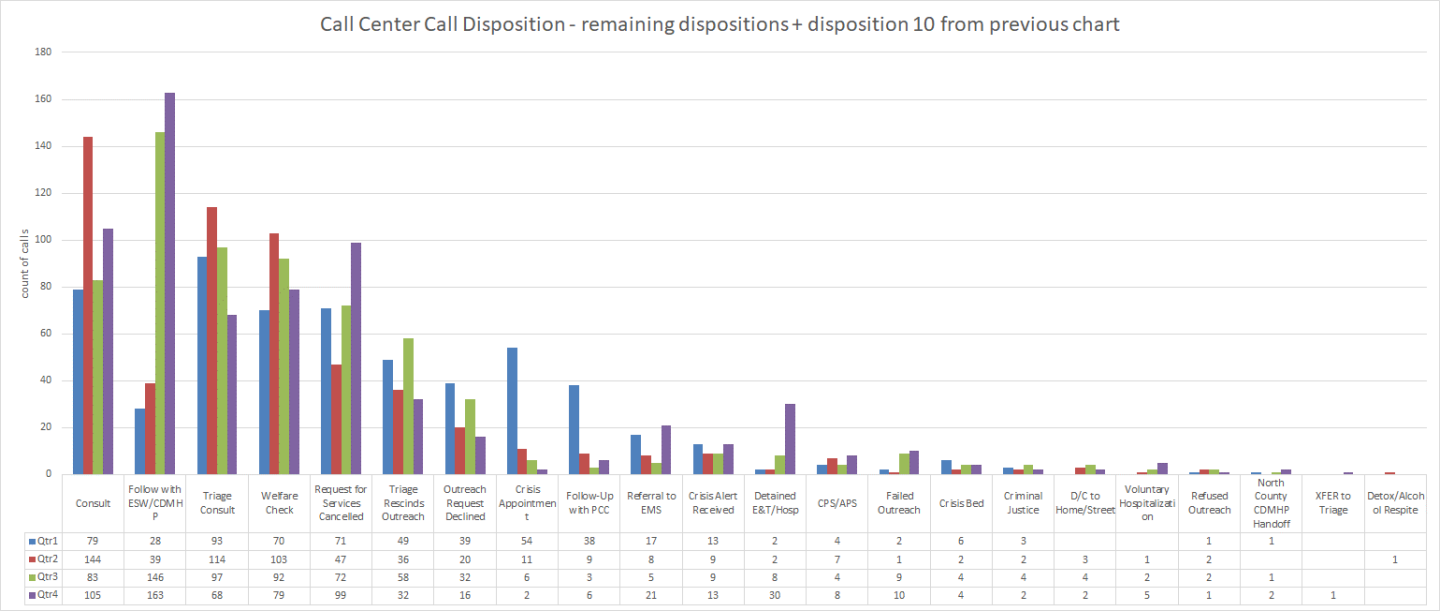
contract. Call disposition is not a part of routine monitoring as it is not collected in any of the electronic transactions submitted to North Sound BH-ASO or required per the delegation agreement. North Sound BH-ASO requested VOA provide an annual extract of call disposition data for review by the North Sound BH-ASO IQMC.

Analysis

The graphs below display all of the Crisis Line disposition reasons that were used during calendar year 2020. The top 10 are put into one graph for readability. The top 10 selections represent approximately 95% of the dispositions rendered. Of the top 10 selections "Crisis Resolved" was the most frequent selection at 34%. This disposition indicates the nature of the call was resolved while the individual was on the line with crisis line staff and no further intervention was necessary. The second largest category, that represents 25% of the selections, selected was "other" and does not equate to a specific action taken. North Sound BH-ASO will be working with VOA during 2021 to see if there are common themes in the "Other" selection to identify potentially adding more unique codes. Having such a large number of "other" selections does not provide useful data to allow VOA or North Sound BH-ASO to take any necessary action. The next 2 most represented selections, both at 10%, are "Outreach Requested by Caller" and "Dispatch". These selections indicate the need for further intervention with the individual and represent calls in which the crisis outreach team or a DCR would be sent out to the individual's location to intervene.



	Crisis Resolved	Other	Outreach requested by Caller	Dispatch	(CDM HP) Outreach Complete	Other Community Resource	Mgt Info Sys Check Requested	Page	Dispo Request	Consult
Qtr1	3339	2960	1567	1269	926	587	552	426	11	79
Qtr2	4266	3344	1364	1302	835	759	583	468	120	144
Qtr3	4616	3673	1304	1555	955	672	520	426	352	83
Qtr4	6013	3774	1377	1433	829	759	498	374	152	105



	Consult	Follow with ESW/CDMHP	Triage Consult	Welfare Check	Request for Services Cancelled	Triage Rescinds Outreach	Outreach Request Declined	Crisis Appointment	Follow-Up with PCC	Referral to EMS	Crisis Alert Received	Detained E&T/Hosp	CPS/APS	Failed Outreach	Crisis Bed	Criminal Justice	D/C to Home/Street	Voluntary Hospitalization	Refused Outreach	North County CDMHP Handoff	XFER to Triage	Detox/Alcohol Respite
Qtr1	79	28	93	70	71	49	39	54	38	17	13	2	4	2	6	3			1	1		
Qtr2	144	39	114	103	47	36	20	11	9	8	9	2	7	1	2	2	3	1	2			1
Qtr3	83	146	97	92	72	58	32	6	3	5	9	8	4	9	4	4	4	2	2	1		
Qtr4	105	163	68	79	99	32	16	2	6	21	13	30	8	10	4	2	2	5	1	2	1	

System Coordination

Coordination of Referrals to Provider Agencies or MCOs for Case Management

As identified in the ***Summary of Crisis System Coordination*** above, coordination of referrals from crisis agencies to Behavioral Health Agencies (BHA) or MCOs for case management is critical to ensure continuity of care for individuals in an active course of treatment for any acute or chronic behavioral health condition. North Sound BH-ASO is required to support the coordination or transfer of individual information, including initial assessments and care plans with MCOs and other entities as needed. North Sound BH-ASO maintains policies and procedures for Care Coordination and Care management and has worked to developed streamlined referral mechanism between crisis agencies and MCO care coordination programs when there is a need for payer level interventions. As referenced above, North Sound BH-ASO and the five MCO's developed a regional *Behavioral Health Care Coordination Protocol (BHCCP)* agreement that outlined referral reasons and processes for MCO care coordination involvement.

Challenges exist with cross-system care coordination for acute Behavioral Health crisis. Care management strategies for Crisis services require responsive interventions that are often grounded in local resource knowledge. One of the challenges noted by our crisis agency staff has been that out-of-region or out-of-state care coordination programs may not be aware of regional crisis service operations and may not be aware of local behavioral health resources.

Awareness of Frequent Crisis Line Callers

Collectively, frequent callers have a significant impact on crisis lines. National Suicide Prevention Lifeline provides guidance for Crisis Call Centers to manage frequent callers as this can be challenging for clinical staff and impact program operations. North Sound BH-ASO and VOA undertook an assessment of frequent callers and found that only a small number of callers made up a large percentage of calls abandoned. More importantly, many of the frequent callers were identified by VOA as needing additional supports to facilitate treatment engagement or cross-system care coordination.

North Sound BH-ASO and VOA have begun coordinating with each MCO to facilitate cross-system case consultations to examine how the crisis system can improve or tailor interventions that are in the best interest of the individual. In addition, the work focused on exploring current and past treatment offered and developing a unified behavioral health

plan between the MCOs, current provider and the Crisis Line. One of the preliminary findings of this work is that often treatment providers are not aware that an individual is calling into the crisis line or the reasons they are requesting crisis line support. Supporting a cross-system collaboration structure for care management is necessary for crisis service to delivered tailored and well-informed interventions that can support someone's recovery while preserving individual provider relationships.

Reduction of Law Enforcement Involvement with the Crisis System

As discussed in the ***Referral Source – Partnering with Law Enforcement*** analysis, North Sound BH-ASO has prioritized funding for targeted crisis service programs with local law enforcement agencies and will continue this partnership through our strategic planning in 2021.

Crisis System Data

North Sound BH-ASO's Crisis system continues to operate as a centralized network of services for individuals requiring immediate interventions to stabilize and connect to ongoing services. North Sound BH-ASO processes and reviews crisis system data on a weekly, monthly, and annual basis. Data is shared and discussed in a multitude of venues that include both internal and external stakeholders.

Internal review is conducted by North Sound BH-ASO clinical and leadership staff through weekly report outs and other routine reporting structures. The North Sound BH-ASO IQMC and Utilization Management Committees serve as monthly venues to review quality and utilization related crisis metrics to determine action steps if necessary. These committees provide in depth discussion and analysis of issues detected through the data or reported by external stakeholders. Individual cases and coordination activities are discussed during weekly clinical team meetings. North Sound BH-ASO also conducts monthly care coordination reviews of individuals listed as frequent utilizers of the crisis system to determine how to best work with system partners to satisfy the needs of the individual.

North Sound BH-ASO's staff and crisis agencies continue to collaborate at county and regional committees that are tasked with assessing system performance, developing and improving service delivery and building cross system relationships in order to improve access and outcomes. These local and regional committees/groups include:

- North Sound BH-ASO County Local Crisis Oversights (Snohomish, Skagit, Island, San Juan and Whatcom Counties)
- North Sound Joint Operating Committee
- North Sound Crisis Service Leadership Group
- North Sound Interlocal Leadership Structure

In addition, North Sound BH-ASO staff and our crisis agencies participate as needed in our Advisory Board and Board of Directors meetings. These meetings provide valuable feedback from stakeholders that have intimate knowledge of North Sound BH-ASO operations and programs. This feedback is shared through internal routine committees and the regional committee groups described above.

The North Sound BH-ASO maintains a strong relationship with community providers and agencies. Feedback from our partners is integrated into regional and local strategies for quality improvement. This includes active participation of North Sound BH-ASO staff in county-based crisis oversight committees that focus on local issues and efforts related to crisis services. Through 2019-2020, Local Crisis Oversight committees have:

- Provided North Sound BH-ASO and our crisis provider direct feedback from community stakeholders and partners. Local Crisis Oversights acts as a system feedback loop regarding service delivery strengths and opportunities for improvement.

- Improved Mobile Crisis Outreach and Law Enforcement collaboration. North Sound BH-ASO has provided funding and resources to coordinate more responsive outreach services to law enforcement referrals. Compass Health and Snohomish County have established MOUs with local Law enforcement.
- Improved coordination with county-based outreach programs and EMS to strengthen the continuum of acute crisis care.
- Maintained a cross-system dialogue about changes to the continuum of acute care services, to include program or facility capacity changes and coordination protocols.
- Maintained a cross-system analysis of North Sound BH-ASO Crisis performance metrics, to include current Mobile Crisis Outreach capacity and program models.

Monitoring of North Sound BH-ASO's crisis system has been improved by significant enhancements to our crisis metrics reporting. North Sound BH-ASO believes that a data driven crisis system is necessary to immediately identify service trends, provide feedback to our providers and community stakeholders, and improve operations and responsiveness of the system.

Opportunities

- Work with Crisis Services agencies to encourage and fund the expansion of follow up services to persons who have been assessed for involuntary commitment services.
- Expand mobile crisis outreach services to home and community settings to prevent crises from deteriorating to the point where ITA Services are needed.
- Assess the degree to which communities of color and Limited English-Speaking persons know how to access crisis services and/or are comfortable doing so.
- Expand funding for co-responder models involving mobile crisis outreach staff and law enforcement.
- Maintain ASO funding for Crisis Triage and Withdrawal Management facilities and encourage their use as a central access point for crisis services for first responders and others.
- Reach out to primary care providers to educate them on the availability of crisis response services.
- Continue support of telehealth services for video ITA evaluations and support expansion of the use of telehealth for community-based crisis services.