



# North Sound BH-ASO Annual Crisis Assessment

2025

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

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# North Sound BH-ASO Annual Crisis Assessment

2025

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# North Sound BH-ASO Annual Crisis Assessment

## 2025

### Executive Summary

A synchronized behavioral health crisis system is a regionally coordinated network in which emergency services, call center hubs, mobile crisis teams, and the broader behavioral health partners are aligned in real-time with clearly defined roles to ensure timely, clinically appropriate, and least-restrictive responses to individuals experiencing a behavioral health crisis—regardless of the point of entry. North Sound BH-ASO continues our mission to administer an integrated care crisis continuum as a critical component of our regional behavioral health ecosystem that prioritizes suicide prevention and ensures a safety net in preventing unnecessary loss of life.

A robust network of crisis services can create unintentional complexities for individuals trying to access support. Coordinated services provide safeguards for individuals and help-seekers to receive the right service at the right time to advance health equity and improve well-being of our communities and service providers. Our primary commitment, in partnership with our counties, Tribal Governments and network of providers, is to ensure a service delivery structure that responds to the needs as defined by the help-seeker.

2025 marked a critical legislative year for Behavioral Health with North Sound BH-ASO and our regional partners prioritizing extensive planning and operations to include:

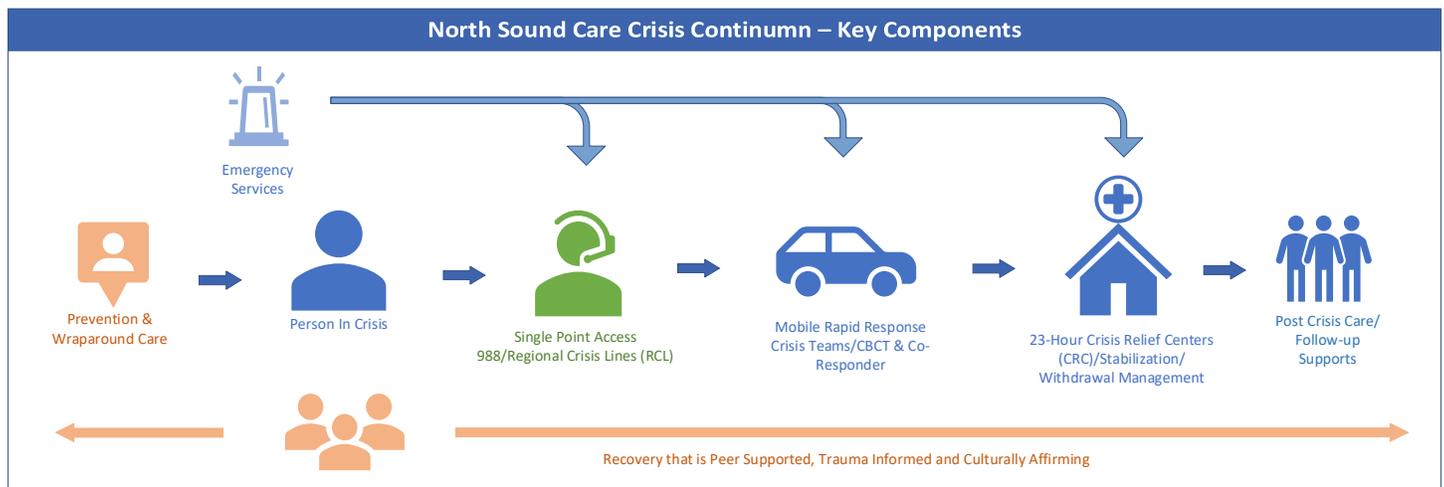
- **Senate Bill 6251**: Scaling **North Sound BH-ASO Regional Care Crisis Dispatch (RCCD) protocols** in partnership with key leaders from Emergency Services, 988 Hubs, Regional Crisis Line and mobile crisis outreach teams.
- **House Bill 1813**: Realignment of behavioral health crisis service for Medicaid enrollees.
- **House Bill 1811**: Enhancing crisis response services through co-response integration and support.
- **House Bill 1427**: Certified Peer Support Specialists - Expands peer support policy and access expansion efforts.
- **Senate Bill 5696**: Expands allowable uses of local mental health & chemical dependency sales tax revenues to include new facility construction for behavioral health treatment.

In addition, significant statewide efforts across the Health Care Authority (HCA) and BH-ASOs occurred in the advancement of 23-hour Crisis Relief Centers [**SB 5120**] as a necessary component for behavioral health crisis response, particularly for law enforcement and first responders. North Sound BH-ASO in partnership with Snohomish County and the city of Lynnwood secured operational funding and an experienced behavioral health agency to operate a Crisis Stabilization Unit (CSU) and Crisis Relief Centers (CRC) at the Lynnwood Crisis Care Center [**Press Release**]. North Sound BH-ASO continues to prioritize securing necessary operational funds and developing a sustainable and strategic funding plan for expanded critical access points for individuals in crisis to include **Skagit County North Star Center's CSU** and **Compass Health's Marc Healing Center's CSU**.

Our county leaders play a critical role in supporting access to behavioral health services through local planning, community investments, and integration with public health initiatives that advance equity-driven access to care, system accountability, and continuous improvement through shared data, community engagement, and coordinated funding approaches that strengthen the behavioral health safety net.

Looking ahead, the North Sound BH-ASO and our county partners continue to deepen our relationship by moving from coordination to shared system stewardship—aligning data, funding, and accountability to proactively identify gaps, scale effective crisis and access models, and reduce avoidable emergency and justice system involvement. Together, we will leverage regional planning, community voice, and cross-system integration to build a more responsive, equitable, and youth and family-centered behavioral health system that anticipates need rather than reacts to crisis.

# North Sound BH-ASO Annual Crisis Assessment 2025



North Sound BH-ASO’s prior [Annual Crisis Assessments](#) call out key regional opportunities to improve or expand service delivery as part of our strategic planning. One major theme has persisted over the years: continue to leverage our region’s robust collaboration structure to secure sustainable approaches to new or enhanced services. This includes initiatives such as:

- True Interoperability between 911 -> 988 -> Regional Crisis Line (RCL) operations
- Endorsed Mobile Rapid Response Crisis Teams (MRRCT)
- [Child, Youth and Family Crisis Teams \(CYFCT\)](#) – Mobile Response and Stabilization Service (MRSS)
- Expansion of Mental Health Care Professionals (MHCP) and Certified Peer Specialists within MRRCT teams
- Redesigning Designated Crisis Responder (DCR) deployment with first responders.
- Planning for sustainable Medicaid funding for Behavioral Health clinicians embedded with first responders.
- Scaling [Youth Navigator Program](#) (YNP) region wide
- [Recovery Navigator Program](#) (RNP) budgetary realignment without the loss of services
- Homeless Outreach and Stabilization Team (HOST) expansion
- [Assisted Outpatient Treatment](#) (AOT) and sustaining effective superior court and agency partnerships

North Sound BH-ASO’s 2025 Annual Crisis Assessment will provide an overview of:

- Key Crisis System Coordination activities.
- [Project highlights](#) and follow ups from last year
- [Activities and strategies](#) used to improve the crisis system.
- Core analysis of [Crisis Utilization and Performance data](#).
- [2026-2027 Key Organizational Opportunities](#)

## Executive summary of key findings for 2025:

Our 2025 Annual Crisis Assessment will focus on ASO contracted crisis services delivered and provide a summary of the development, implementation, and outcomes of activities and strategies used to improve the crisis system.

*A summary and analysis of the region's 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 (HCA contract 22.1.1.2.1)*

## Key Findings

### 1. Regional Crisis Line (RCL) Activities

Calls to the Regional Crisis Line (RCL) have remained elevated since peaks experienced during 2020-2021.

- The monthly number of calls to the RCL decreased slightly, averaging 3,509 a month in 2025 down from 3,690 calls a month in 2024. The total number of annual calls decreased from 44,284 calls in 2024 to 42,103 in 2025.
- The RCL met key performance metrics for answering calls within 30 seconds and kept the abandonment rate below 5%. Their performance maintained the significant improvement that occurred in 2023 with call abandonment rate remaining below 1% during 2025.

### 2. ITA Investigation Activities

- The total number of dispatches for Involuntary Treatment Act (ITA) investigations increased from 4,843 in 2024 to 5,135 in 2025. Dispatches increased throughout the year and represented a net increase of ~6.0% when compared with 2024.
- Average Designated Crisis Responder (DCR) ITA dispatch time continued to be under two (2) hours. The detention rate per 10,000 population decreased from 2024 to 2025. The number of average monthly detentions was 137.8 in 2024 and decreased to 136.3 in 2025 and was between 113 and 163 a month.

### 3. Medicaid-linked individuals

- Medicaid-linked individuals represented approximately 39% of utilization, indicating that a substantial portion of individuals accessing crisis services are uninsured or not actively enrolled in Apple Health at the time of crisis — reinforcing the importance of maintaining a publicly accessible, no-wrong-door crisis system regardless of coverage status.

### 4. Ethnicity reporting

- Continues to show a significant percentage categorized as “unknown,” which reflects the inherent limitations of collecting demographic data during crisis events. North Sound BH-ASO remains committed to improving demographic data collection in ways that do not burden individuals while strengthening our ability to assess disparities.

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***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 (HCA Contract 22.1.1.2.2)***

### Key Findings

1. North Sound BH-ASO and our regional partners continued an extensive array of coordination activities and targeted behavioral health Task Force structures to plan pooled funding strategies, execute joint provider or facility procurements, and develop gap need initiatives that improve community access to services.
2. Our county partners have continued operative public-private planning structures to address the most critical care and housing needs and strategically solve problems and identify opportunities to improve service delivery.
3. In partnership with regional Tribal Governments and HCA, North Sound BH-ASO continues our support of **Tribal DCR expansion** and memorializing government-to-government Tribal Crisis Coordination plans for ASO administered crisis services. North Sound BH-ASO will continue our Tribal DCR technical assistance plans through direct contracting with HCA and have expanded our assistance with Tribal Governments outside of the North Sound Region.
4. North Sound BH-ASO fully implemented **Senate Bill 6251 Regional Care Crisis Dispatch (RCCD)** Protocols.
5. In partnership with Snohomish County Superior Court, North Sound BH-ASO has sustained our 2024 project plan to establish an **Assisted Outpatient Treatment (AOT) program** and has expanded access to court ordered behavioral health treatment.
6. North Sound BH-ASO implemented various project management structures in partnership with HCA and regional BH-ASOs to implement HB 1813, including procuring external consulting, developing readiness structures and leading various implementation discussions that continue through 2026.
7. Maintained data sharing with Medicaid Managed Care Organizations (MCO) for high utilizer care management reports, DCR ITA Hearing and Less Restrictive Alternative (LRA) reports, and Crisis-Trueblood Coordination reports. These reports are produced bi-monthly and uploaded to SFTP sites to aid in care coordination and referral efforts.
8. Continued regional planning to enhance critical information sharing platforms and conducting feasibility assessments on regional technology to modernize 988 Hub, RCL and mobile crisis response dispatch operations.

***A summary of how Individual's 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 (HCA Contract 22.1.1.2.3).***

### Key Findings

- Although we have seen a steady increase in utilization with information sharing platforms, such as Point Click Care (PCC), Medicaid crisis plans have remained limited or unavailable to inform 988/RCL, DCRs or MRRCT teams dispatched in the community. North Sound BH-ASO's crisis agencies support the development of crisis plans and attempt to obtain any crisis plan or other critical health information as part of any crisis outreach or engagement.

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- North Sound BH-ASO has maintained our regional [Crisis Alert System](#) that transmits real-time clinical and safety information so that crisis providers can respond and deliver stabilization services in the best interest of the individual.
- North Sound BH-ASO remains a committed partner with HCA in statewide 988 investments to support coordinated information sharing to include crisis plans and pertinent health information.

***Provide a summary of the development, implementation, and outcomes of activities and strategies used to improve the crisis system (HCA Contract 22.1.1.2.4)***

### Key Findings

- North Sound BH-ASO held our second annual Regional Legislative Summit (2025) with representatives from all five (5) counties to include law enforcement and emergency service providers. A highlight presentation by Consejo Counseling and Referral Services, can be viewed here: [North Sound 2025 Legislative Summit](#)
- In 2025, North Sound BH-ASO continued our comprehensive planning and project management structure to address 911-988 coordination, RCL-988 alignment, expanded ASO operations to coordinate onboarding and oversight activities for 988-Endorsed Mobile Rapid Response Crisis teams (MRRCT) and future state Community Based Crisis Teams (CBCT).
- Approved increased 2025-26 operating budgets across North Sound’s RCL, MRRCT and DCR agencies and developed a regional funding model to expand endorsed MRRCT- Mobile Response and Stabilization Services MRSS (Child, Youth and Family Crisis Teams-CYFCTs) in Snohomish, Skagit and Whatcom Counties.
  - Expanded embedded Mental Health Care Professionals (MHCP) and Certified Peer Specialists.
  - Expanded DCR capacity for law enforcement and first responder coordination.
- North Sound held several planning and informational meetings with first responders to discuss 988 endorsed MRRCT and CBCT models.
- In 2025, North Sound BH-ASO implemented a robust structure for the [Youth Navigator Program](#) (YNP) that supports alignment with MRRCT-MRSS crisis outreach programs, Family Youth System Partner Roundtable (FYSPRT) and regional Children’s Long-Term Inpatient (CLIP) activities.

### Care Crisis Continuum - Project Highlights

#### Regional Crisis Line (RCL)

In 2025, North Sound BH-ASO and VOA continued our planning with HCA and DOH on RCL-988 alignment implementation for the North Sound Region. VOA has provided extensive education and information for Tribal services to include the Native Resource Hub and the Native and Strong Lifeline. Under contract with HCA, North Sound BH-ASO and VOA has continued our technical assistance and training for Tribal DCR expansion with several Tribal Authorities in and out of region.

#### RCL-988 Alignment

As outlined in our Executive report, Statewide ASOs, in partnership with HCA, DOH, 988-hubs and our RCLs are actively planning further system alignment to support 988 expansion in Washington state. North Sound BH-ASO met key planning milestones in developing and demonstrating 988/RCL current operational alignment through protocols, operational pathways and identifying future state planning needs to be completed in 2026 following DOH/HCA 988 Hub



## Mobile Rapid Response Crisis Teams (MRRCT)

North Sound currently supports endorsed adult MRRCT teams in Whatcom and Skagit Counties and is proud to support Washington State’s first endorsed Child, Youth & Family Crisis Team (CYFCT – “Youth GO”) in Snohomish County. The Youth GO model represents a critical evolution in crisis services by providing developmentally appropriate, family-centered, trauma-informed mobile response specifically tailored to children, youth, and families. This includes specialized staffing configurations, youth-competent MHCPs, expanded Certified Peer Specialist engagement, family partners, and coordination with schools, law enforcement, pediatric providers, and community-based organizations.

Full implementation of endorsed 988 MRRCT and CYFCT teams across the North Sound region will require:

- Integration and coordination with 988, the Regional Crisis Line, and 911 systems to ensure seamless triage and warm handoffs.
- Deployment standards aligned with HCA endorsed team requirements (response times, staffing ratios, supervision, documentation, and data reporting).
- Strengthened collaboration with county partners, law enforcement, EMS, hospitals, and community providers.
- Expansion of Certified Peer Specialists and Mental Health Care Professionals (MHCPs) consistent with state best practices emphasizing co-responder and peer-inclusive models.
- Enhanced youth and family engagement strategies under the CYFCT model to reduce ED utilization, law enforcement involvement, and out-of-home placements.

In response to evolving contract requirements and statewide endorsed team standards, North Sound is conducting a region-wide funding and capacity assessment of mobile crisis services. This includes evaluating current FTE allocations, credentialed staffing mix, geographic coverage gaps, dispatch integration, Medicaid and non-Medicaid funding streams, and sustainability planning to ensure endorsed team criteria while maintaining equitable access across rural and urban counties.

Compass Health, in partnership with North Sound BH-ASO, is supporting expanded community information and education efforts related to 988, endorsed MRRCT, and Youth GO services. This includes coordinated outreach campaigns, updated promotional materials, stakeholder briefings, school and community presentations, provider toolkits, and cross-system education to increase public awareness and appropriate utilization of mobile crisis services. Materials are being aligned with state messaging guidance while tailored to local community needs and cultural responsiveness standards.

## Fire, Emergency Medical Services (EMS) and Law Enforcement Co-Responders

North Sound BH-ASO continues to support regional planning efforts to expand and integrate Behavioral Health services within Fire, EMS, and law enforcement systems. Building on strong county partnerships and established criminal justice and emergency response task forces, the region is advancing a coordinated behavioral health response model that aligns emergency services, 911 and 988 systems, and the public-private crisis infrastructure.

Through sustained collaboration with county leadership, Sheriff and Police Chief associations, Fire Chiefs, EMS administrators, and regional dispatch authorities, North Sound supports cross-system task forces focused on:

- 911–988 operational integration, including call triage pathways, warm handoffs, shared dispatch protocols, and data alignment.

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- Expansion and alignment of Community-Based Crisis Teams (CBCT) and endorsed 988 Mobile Rapid Response Crisis Teams (MRRCT) with first responder systems.
- Strengthened coordination between Designated Crisis Responders (DCRs), mobile crisis teams, co-responder units, and facility-based crisis services.
- Information-sharing improvements that enhance situational awareness, reduce duplication, and improve real-time response decision-making.
- Joint training initiatives across behavioral health professionals, law enforcement, and Fire/EMS personnel to promote trauma-informed, least-restrictive interventions.

North Sound also continues to partner with counties and first responder leadership to assess and advance the feasibility of Medicaid reimbursement for behavioral health professionals embedded within emergency service settings. This includes exploring billing pathways for crisis intervention (e.g., H2011), therapeutic behavioral supports (e.g., H2019 where appropriate), and other allowable services delivered by licensed or credentialed behavioral health professionals functioning within co-responder or alternative response models.

The goal of this feasibility work is to:

- Establish sustainable funding streams that reduce sole reliance on local levy or general fund resources.
- Strengthen long-term viability of co-responder programming.
- Expand access to behavioral health expertise during first responder encounters.
- Improve fiscal alignment between ASO-administered services and county-operated emergency response models.
- Ensure compliance with Medicaid documentation, supervision, and credentialing requirements.

These efforts are supported in alignment with guidance from HCA and applicable state standards governing crisis services, endorsed team requirements, and Medicaid billing parameters.

### **Kids Mental Health Washington – [Youth Navigator Program](#) (YNP)**

YNP is a statewide program through Kids Mental Health Washington. The North Sound Region launched YNP in phase 3 of the statewide rollout to build the program starting in January 2025. In October 2025 the YNP program officially launched along with the accompanying website. The Regional Steering Committee consists of allied system partners who are essential to the development, strategic direction and oversight of the YNP program. Their continued support is valuable to the success of assisting youth and their families throughout the North Sound Region.

The North Sound YNP Program staff have established community partnerships in all five counties (Snohomish, Skagit, Whatcom, Island, and San Juan) to include but not limited to, emergency department social workers, crisis oversight committees, community resource centers, and youth suicide prevention task forces. YNP is quickly becoming a regional hub for children, youth and family system navigation and care coordination supports across the behavioral health system.

### **HB 1813 – Operational Readiness**

North Sound BH-ASO continues our regional leadership in planning, Medicaid financing alignment, and operational coordination of Crisis Stabilization Units (CSUs) and Crisis Relief Centers (CRCs) across Snohomish, Skagit, Island, and Whatcom Counties. Through coordinated partnerships with counties, providers, hospitals, law enforcement, EMS, and Managed Care Organizations (MCOs), North Sound has supported the expansion of a robust, geographically distributed

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crisis stabilization network designed to reduce emergency department boarding, prevent unnecessary inpatient admissions, and ensure timely, least-restrictive care.

- [Marc Healing Center](#) – CSU - Everett, Snohomish County.
- [Lynnwood Crisis Care Center](#) - CRC - Lynnwood, Snohomish County
- [Star Center](#) – CSU & Withdrawal Management - Sedro-Woolley, Skagit County
- [ITUHA](#) – CSU & Withdrawal Management – Oak Harbor, Island County.
- [Anne Deacon Center for Hope](#) – CSU & Withdrawal Management, Bellingham, Whatcom County.

In alignment with Washington House Bill 1813, which delegates certain Crisis Stabilization responsibilities from Managed Care Organizations (MCOs) to BH-ASOs, North Sound is fully operationally positioned to meet delegated standards.

### **Strengthen Follow-up/Post Crisis Care**

We continue to maximize our resources to fund increased capacity for MRRCT follow up/post-crisis care coordination and navigation support to include Certified Peer Specialists and Mental Health Care Providers (MHCPs). We continue to expand these supports in line with SAMHSA’s [National Guidelines for Behavioral Health Coordinated system of Care](#) (2025), [National Guidelines for Child and Youth Behavioral health Crisis Care](#).

### **Assisted Outpatient Treatment (AOT)**

Access to court-ordered less restrictive outpatient services can be a life-saving intervention for individuals with serious mental illness and substance use disorder (SUD) needs. North Sound BH-ASO in partnership with Snohomish County Superior Court has launched a dedicated [AOT program](#) to address a reduction in access to less restrictive treatment.

AOT programs differ from other forms of court-ordered less restrictive outpatient services via their greater focus on intensive wrap-around treatment capable of meeting all or most of a recipient’s behavioral health needs, as well as the longer maximum order length and being eligible for clients not currently receiving ITA treatment.

In 2025, North Sound BH-ASO, in partnership with Snohomish County Superior Court, fully implemented an active court AOT model that supports access to court ordered, comprehensive multidisciplinary treatment interventions.

### **Non-Medicaid Access to Outpatient and Residential Services**

We have been fortunate to continue our funding for behavioral health outpatient and residential treatment for individuals that are not eligible for Medicaid to include expansion of child and youth residential services and adult telehealth services. In 2025, we’ve expanded our network of providers to include children outpatient services in Snohomish County.

# North Sound BH-ASO Annual Crisis Assessment 2025

## Summary Data and Analysis

### North Sound Crisis Calls Period From Jan-25 To Dec-25

	crisis calls	Calls Answered	Calls LT 30 sec	Average answer time (sec)	Calls Abandoned
Prior 12 mo. Avg	3,509	3,498	3,393	0:00:13	10
Min	3,178	3,172	3,121	0:00:12	0
Max	3,861	3,857	3,757	0:00:16	27
St dev	191	193	197	0:00:02	9
Dec-25	3,659	3,633	3,396	0:00:16	26
Current Month	✔	✔	✔	✔	✔

### North Sound Investigations Period From Jan-25 To Dec-25

	invest.	detentions	MH invest.	SUD invest.	MH and SUD invest.	Referred from Law Enforcement	avg dispatch response time hrs.
Prior 12 mo. Avg.	428	136	267	22	135	36	0.27
Min	372	113	233	14	109	26	0.20
Max	485	163	300	27	156	58	0.39
Standard dev.	30	15	24	4	13	8	0.05
Dec-25	429	146	266	22	136	34	0.24
Current Month	✔	✔	✔	✔	✔	✔	✔

	Detentions and Commitments	Less Restrictive Options MH	Voluntary MH Treatment	Other	No Detention Due to Issues	Place of Service Prison - Correctional	
Prior 12 mo. Avg.	152	7	171	91	6	72	
Min	121	4	154	74	4	60	
Max	190	10	201	108	10	93	
Standard dev.	20	2	14	11	2	10	✔ Inside 2 stdev
Dec-25	161	8	160	96	4	69	⚠ at 2 stdev
Current Month	✔	✔	✔	✔	✔	✔	✘ outside 2 stdev

# North Sound BH-ASO Annual Crisis Assessment 2025

## Unduplicated People Served in Crisis System

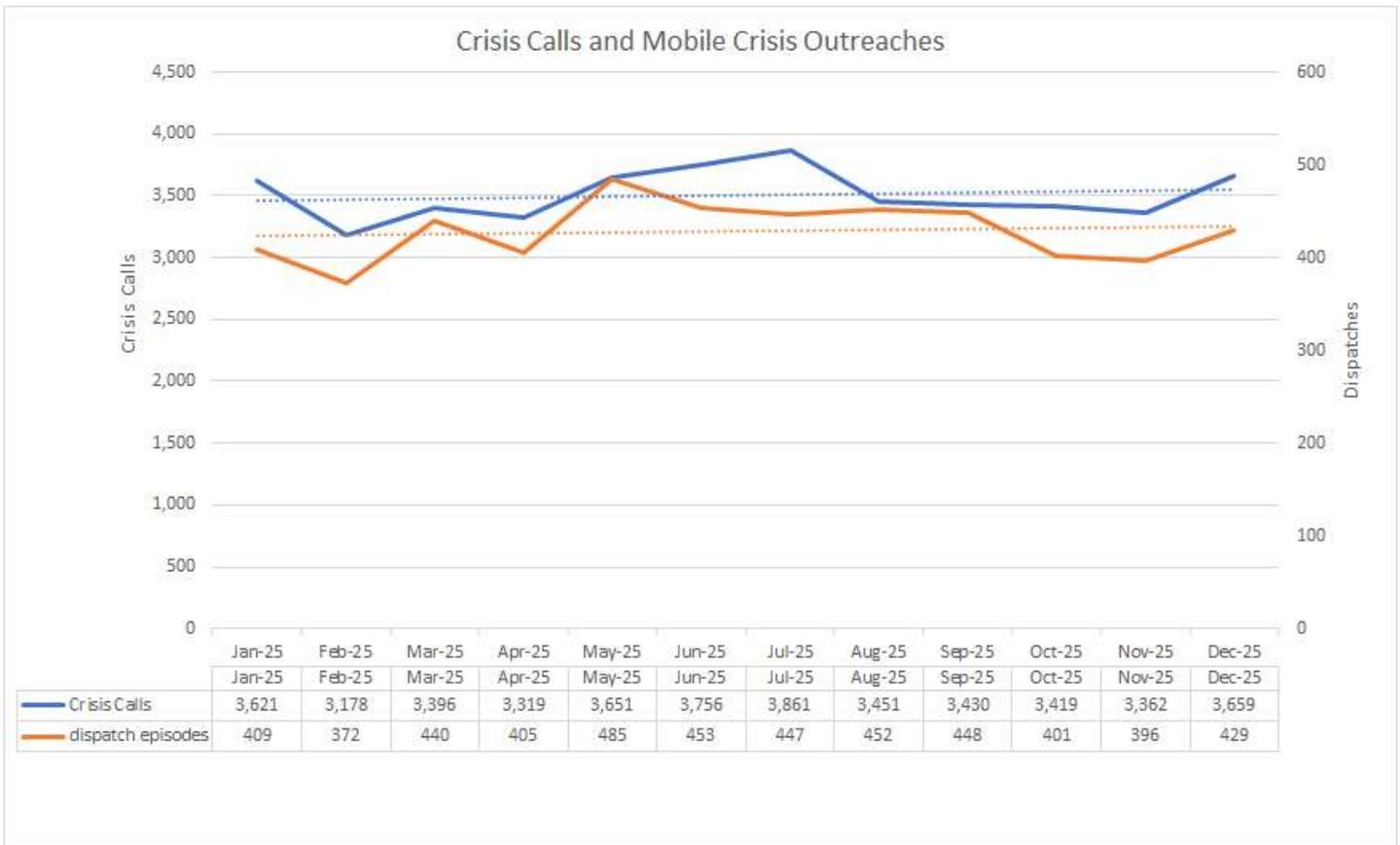
The table included below is an unduplicated count of people across all three crisis system services - crisis calls, ITA investigations and crisis services (MRRCT). All totals are unduplicated totals of people across the subcategories.

Unduplicated People	fund source/modality		Medicaid Total	Non Medicaid			Non Medicaid Total	Undup. Total
	Crisis Call	Crisis Service		Crisis Call	Crisis Service	Investigation		
Month								
Jan-25	389	273	662	476	305	332	956	1,461
Feb-25	366	253	619	434	287	294	879	1,348
Mar-25	438	316	754	464	322	342	969	1,545
Apr-25	404	249	653	462	310	295	914	1,441
May-25	466	319	785	518	362	378	1,070	1,680
Jun-25	440	319	759	546	430	336	1,115	1,735
Jul-25	431	356	787	552	401	342	1,124	1,736
Aug-25	388	235	623	515	350	366	1,016	1,512
Sep-25	399	252	651	534	338	349	1,017	1,525
Oct-25	380	210	590	497	268	339	929	1,388
Nov-25	373	207	580	494	264	340	912	1,361
Dec-25	404	205	609	516	230	349	937	1,417
<b>Undup. Total</b>	<b>3,201</b>	<b>2,177</b>	<b>5,378</b>	<b>4,703</b>	<b>3,066</b>	<b>3,240</b>	<b>9,111</b>	<b>12,884</b>

Unduplicated People	fund source/modality		Medicaid Total	Non Medicaid			Non Medicaid Total	Undup. Total
	Crisis Call	Crisis Service		Crisis Call	Crisis Service	Investigation		
Month								
2024	3,329	2,391	5,720	4,702	3,080	3,120	9,266	13,220
2025	3,201	2,177	5,378	4,703	3,066	3,240	9,111	12,884
<b>Undup. Total</b>	<b>5,777</b>	<b>4,082</b>	<b>9,859</b>	<b>8,871</b>	<b>5,773</b>	<b>5,841</b>	<b>17,099</b>	<b>23,687</b>

The table above shows a 2.5% decrease compared to 2024 in the number of unduplicated individuals receiving a crisis service in 2025. As discussed under *Crisis Calls* below, during 2025 we saw a moderate decrease in call volumes and individuals served through the Crisis Line.

# North Sound BH-ASO Annual Crisis Assessment 2025



## Regional Crisis Line (RCL) – Volunteers of America

988 and Regional Crisis Lines (RCLs) are often the first point of contact for an individual experiencing a behavioral health crisis. Volunteers of America (VOA) have been North Sound Region’s centralized RCL for over 30 years and operator of North Sound 988 Hub coverage area. VOA’s RCL is staffed by professionally trained behavioral health professionals who employ a range of interventions from supportive listening and suicide prevention techniques to making immediate triage referrals for mobile crisis response. North Sound BH-ASO’s RCL plays a critical role in coordinating and deploying crisis teams and ensuing local knowledge is available.

In 2025, North Sound’s RCL handled 42,103 total calls, which was a 4.9% decrease from 2024 volumes. As indicated in the graph below “Crisis Calls Monthly Comparison”, the number of monthly crisis calls had a steady decreasing trend in 2025, with the most call volumes occurring in July with 3,861 total monthly crisis calls.

The percentage of calls answered in less than 30 seconds, percent of calls abandoned, and average wait times have continued extraordinary metric improvements begun in 2022 to the VOA crisis call line services. Staffing is reported as the primary cause of the improvement, but the implementation of the 988 line coincides with these improvements also.

# North Sound BH-ASO Annual Crisis Assessment 2025

## Regional Crisis Line Annual Cost

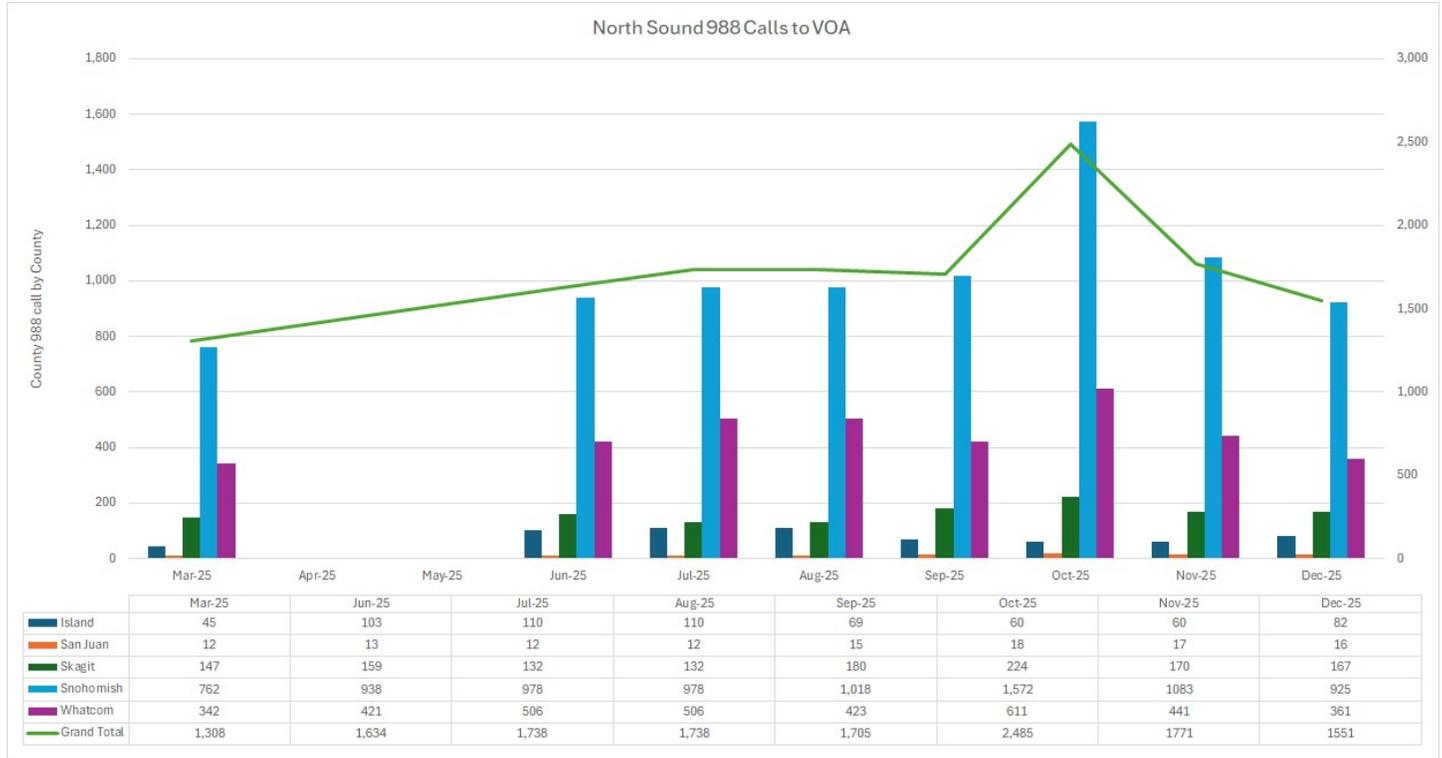
The annual costs to operate the regional crisis line and a breakdown of the number of calls, by Medicaid and non-Medicaid, to the regional crisis line for the year (17.9.2.4.2).

Crisis Calls Row Labels	Funding		Grand Total	Medicaid %	RCL Billing	Medicaid \$'s
	Medicaid	Non-Medicaid				
1/1/2025	1,904	2,747	4,651	40.9%	\$278,849	\$114,154
2/1/2025	1,774	2,403	4,177	42.5%	\$225,032	\$95,573
3/1/2025	2,001	2,628	4,629	43.2%	\$262,621	\$113,524
4/1/2025	1,929	2,529	4,458	43.3%	\$254,004	\$109,909
5/1/2025	2,296	2,983	5,279	43.5%	\$284,907	\$123,915
6/1/2025	2,373	3,022	5,395	44.0%	\$263,068	\$115,711
7/1/2025	2,337	3,002	5,339	43.8%	\$260,814	\$114,164
8/1/2025	1,913	2,909	4,822	39.7%	\$232,425	\$92,208
9/1/2025	1,718	2,993	4,711	36.5%	\$243,189	\$88,686
10/1/2025	1,660	2,879	4,539	36.6%	\$239,110	\$87,447
11/1/2025	1,585	2,824	4,409	35.9%	\$220,120	\$79,131
12/1/2025	1,769	2,957	4,726	37.4%	\$106,153	\$39,734
<b>Grand Total</b>	<b>23,259</b>	<b>33,876</b>	<b>57,135</b>	<b>40.7%</b>	<b>\$2,870,292</b>	<b>\$1,174,156</b>

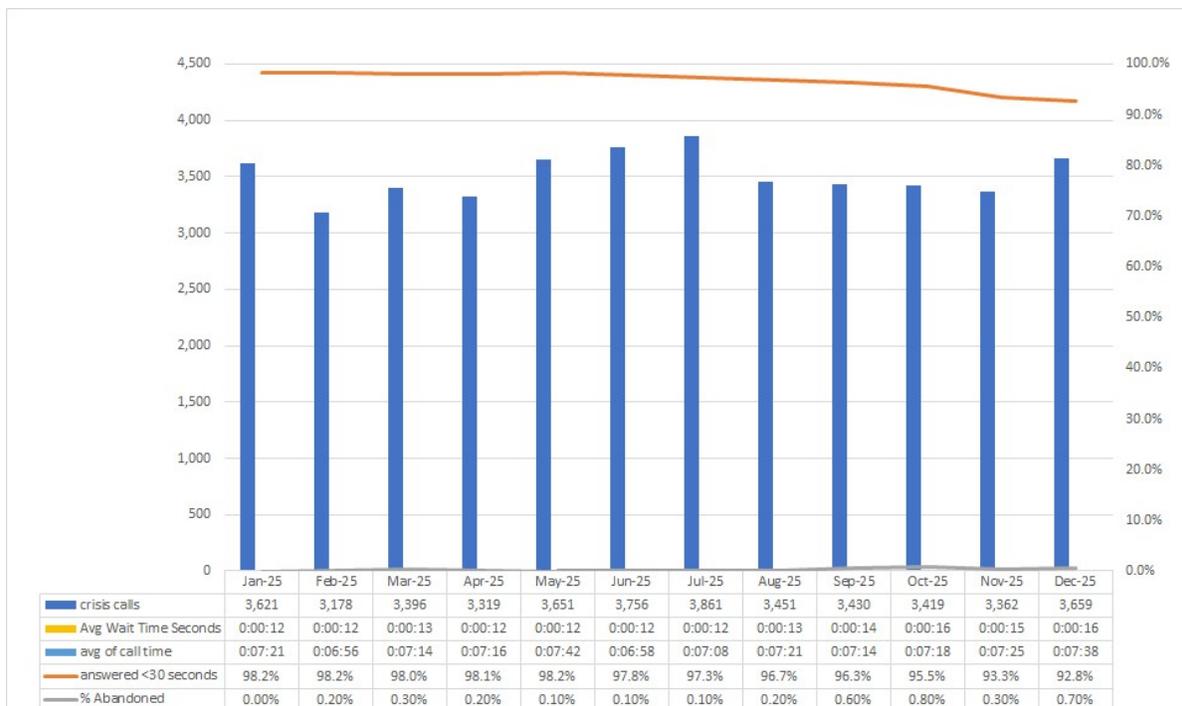
# North Sound BH-ASO Annual Crisis Assessment 2025

## 988 Line in North Sound Region

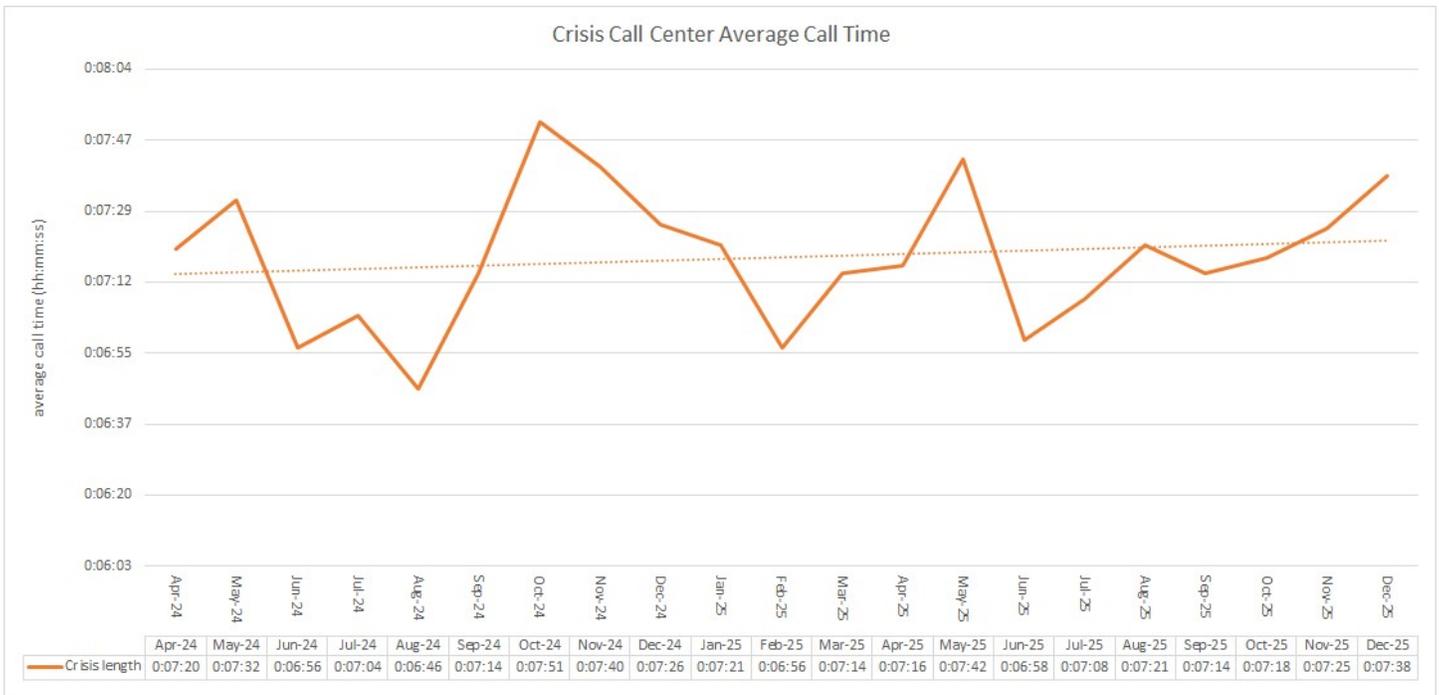
North Sound began receiving 988 call count for the region in 2023. The chart below shows the most recent year of data available.



## Crisis Calls Monthly Comparison



# North Sound BH-ASO Annual Crisis Assessment 2025



## Crisis Line Performance

North Sound BH-ASO maintains HCA contract performance standards of 90% for all calls to be answered within 30 seconds and a call abandonment rate of less than 5%. These performance metrics replicate National call center standards and ensure callers are connected to a live clinician as soon as possible. Inbound crisis calls to the RCL 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 the required metrics for 2025. VOA maintained an average 96.7% rate for calls answered in less than 30 seconds and 0.3% for abandonment rate.

As noted in the “Crisis Calls Monthly Comparison” graph above, crisis calls answered in less than 30 seconds did not fall below the 90% benchmark in 2025. The lowest monthly percentage was 92.8% in December.

Call abandonment rate maintained a 5.0% or better performance. Call abandonment rate was the highest in Q4 of 2025 at 0.8% for the month of October, and improved a bit in November and December, with abandonment rate starting the year at a low of 0.0% in January.

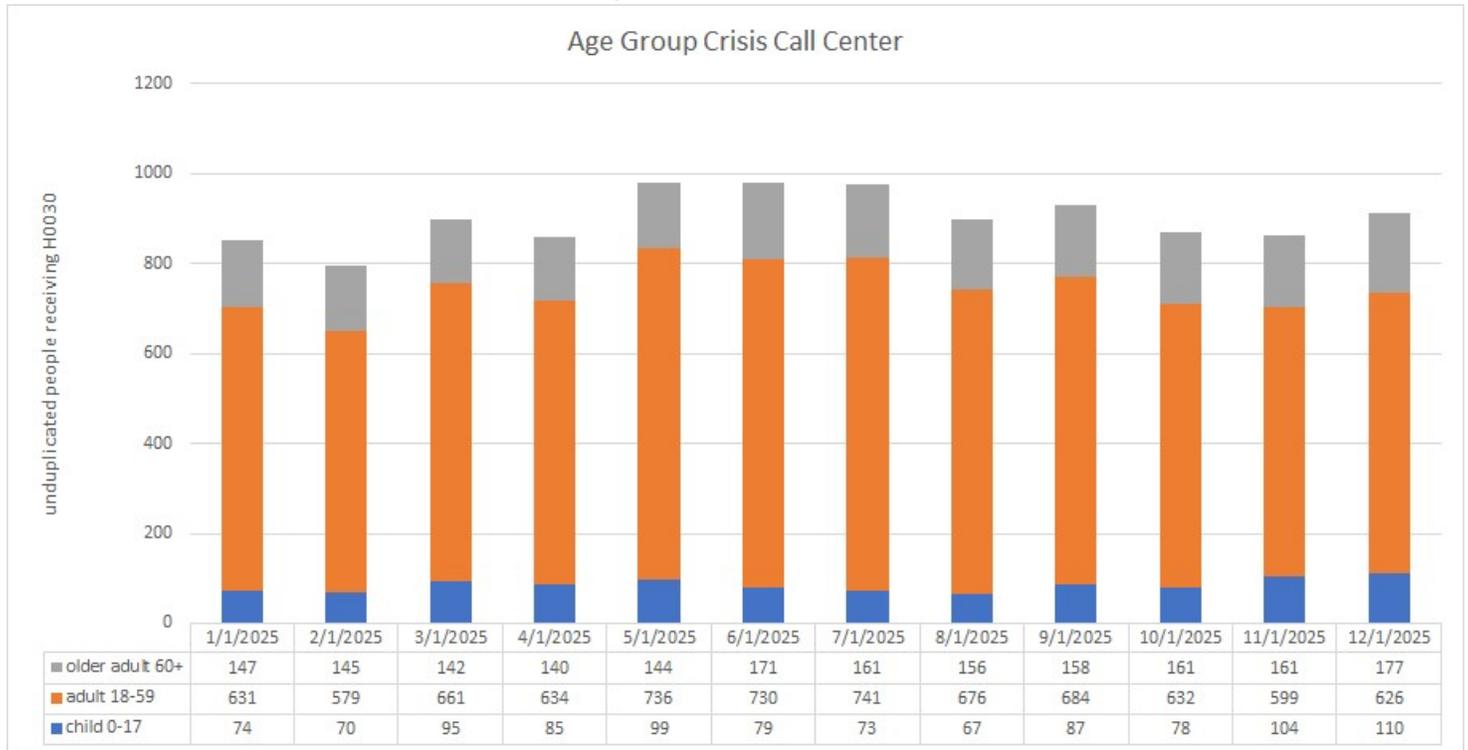
## Crisis Call Center Demographics

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. Call demographics are difficult to obtain during a crisis call due to the nature of the service. VOA continues to attempt to collect as much demographic information as possible without causing stress or undue burden on the caller. We will briefly outline the demographic data for crisis call by Age Group, Funding Source, Ethnicity, Primary language, and Gender.

# North Sound BH-ASO Annual Crisis Assessment 2025

## Age Group

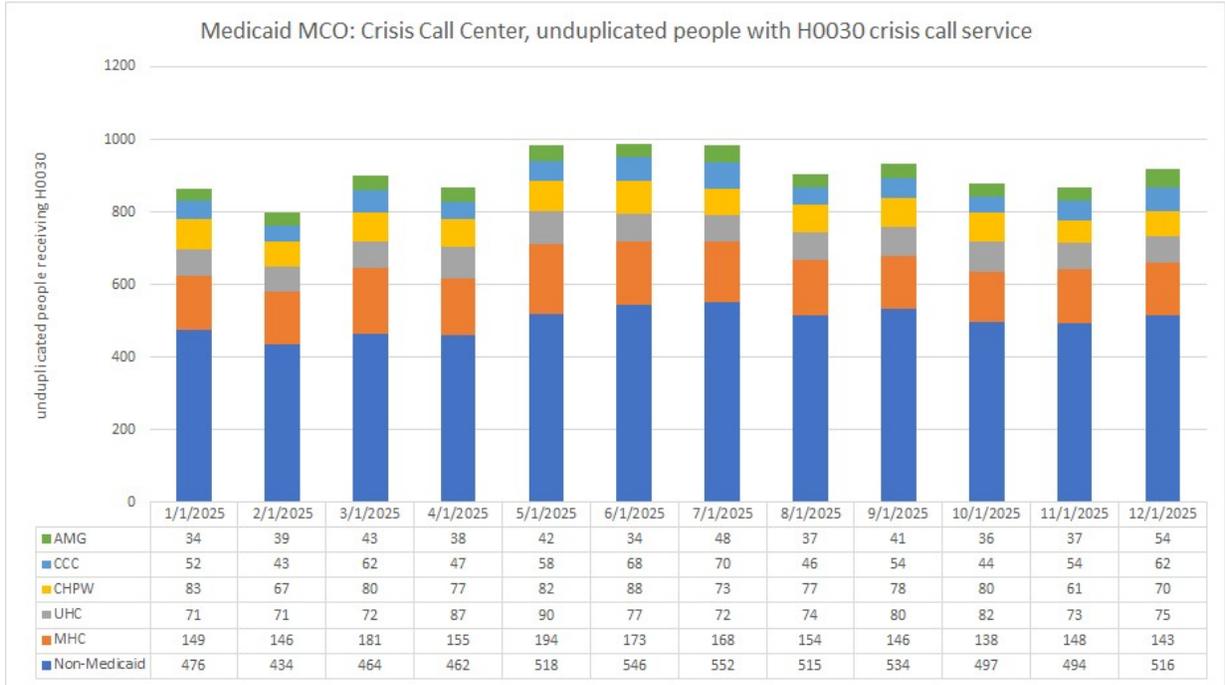
For ages 0-17, 18-59 and 60+



Children aged 0-17 years of age represented 11.4% of crisis calls in 2025, while Adults aged 18-59 accounted for 72.4% and older adults 60+ years accounted for 16.4%. Although not the focus on this year’s report, VOA’s [Crisis Chat](#) program provides targeted suicide prevention and emotional support services with a high rate of children (0-17) and transition age (18-25) adults utilizing this service.

# North Sound BH-ASO Annual Crisis Assessment 2025

Funding Source

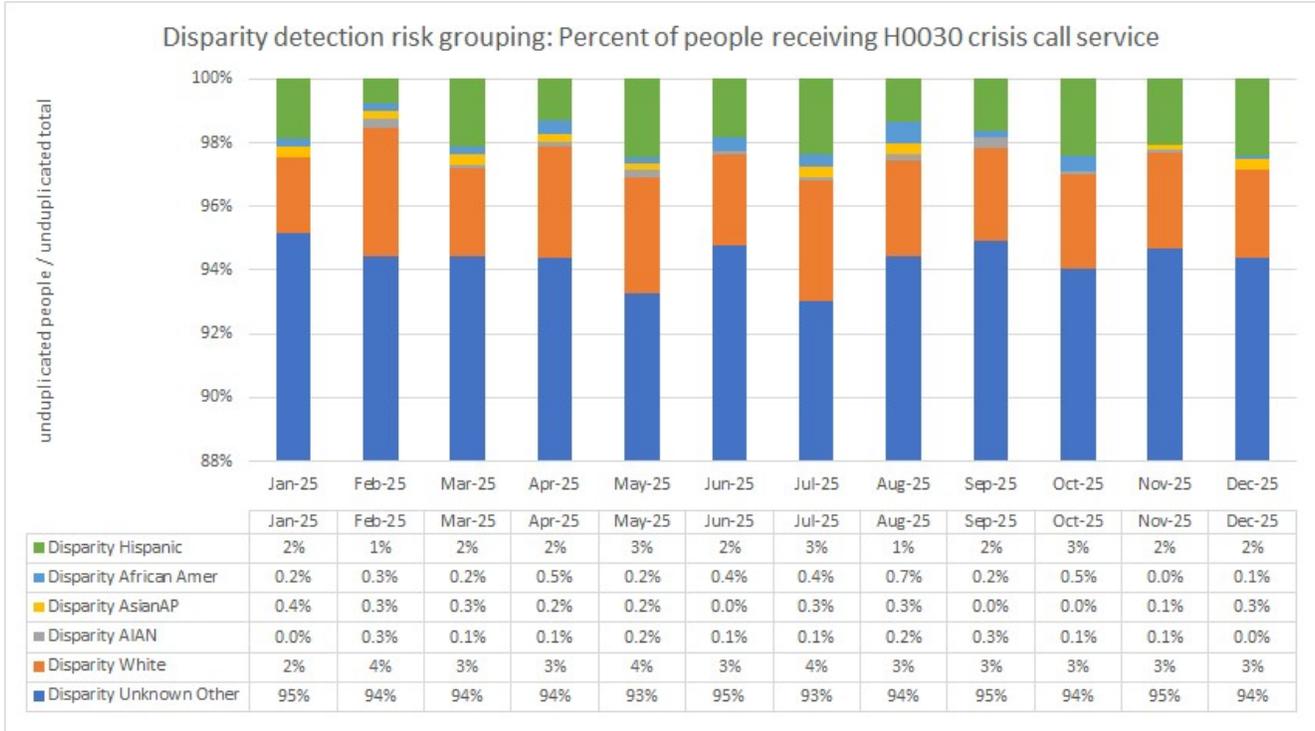


In 2025, 38.6% of the individuals accessing the crisis line were identified as belonging to an Apple Health Plan while 61.4% of the individuals were not linked to an Apple Health Plan at the time of the call. This contrasts with 2024 where 60.8% of individuals accessing the crisis line were identified as non-Medicaid, while 39.2% were identified to be connected to a Medicaid benefit and assigned to a Managed Care Organization (MCO).

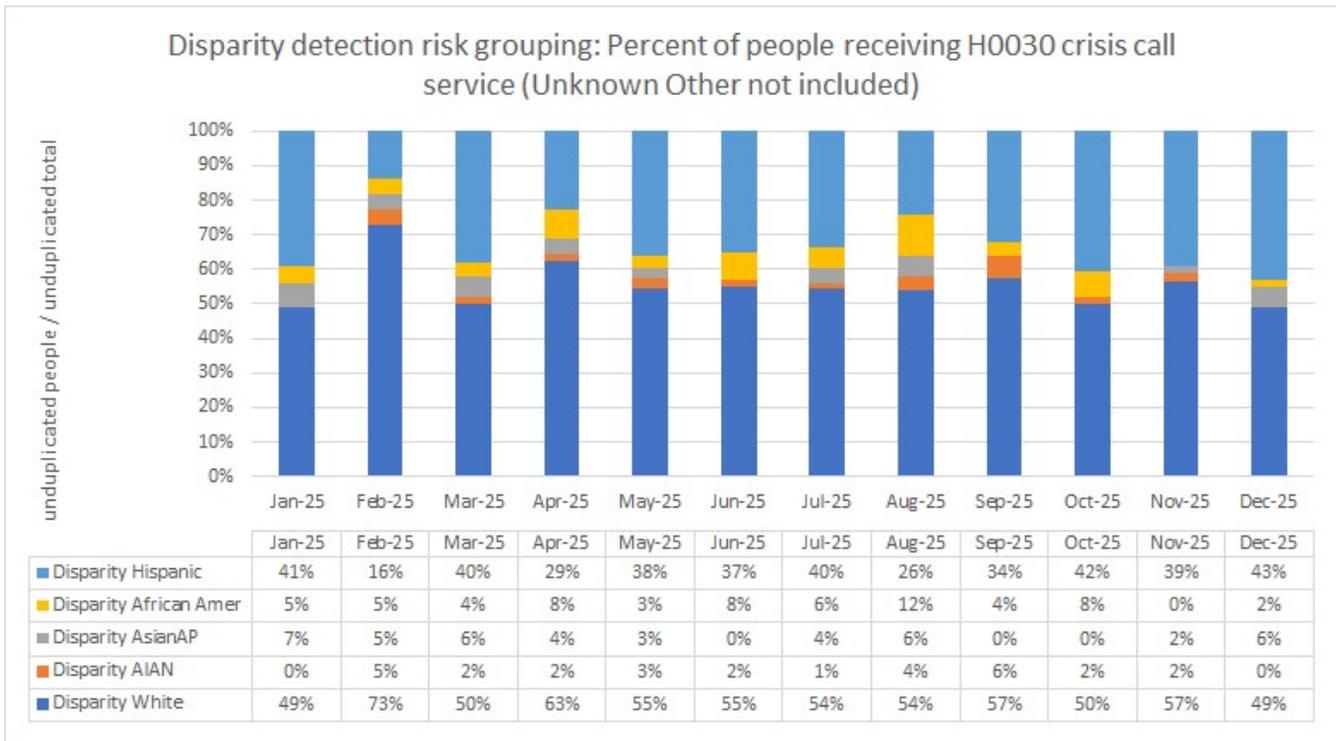
# North Sound BH-ASO Annual Crisis Assessment 2025

## Ethnicity

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



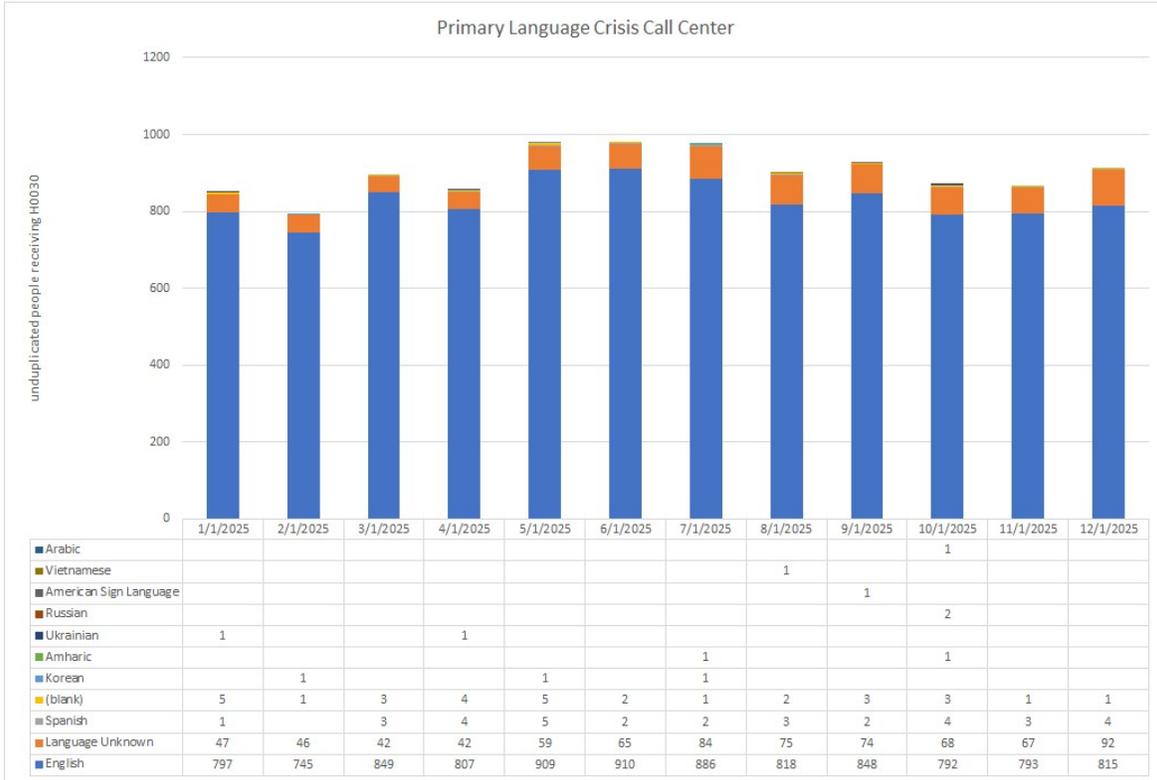
The graph below shows Ethnicity grouping when 'other / unknown groups are excluded.



# North Sound BH-ASO Annual Crisis Assessment 2025

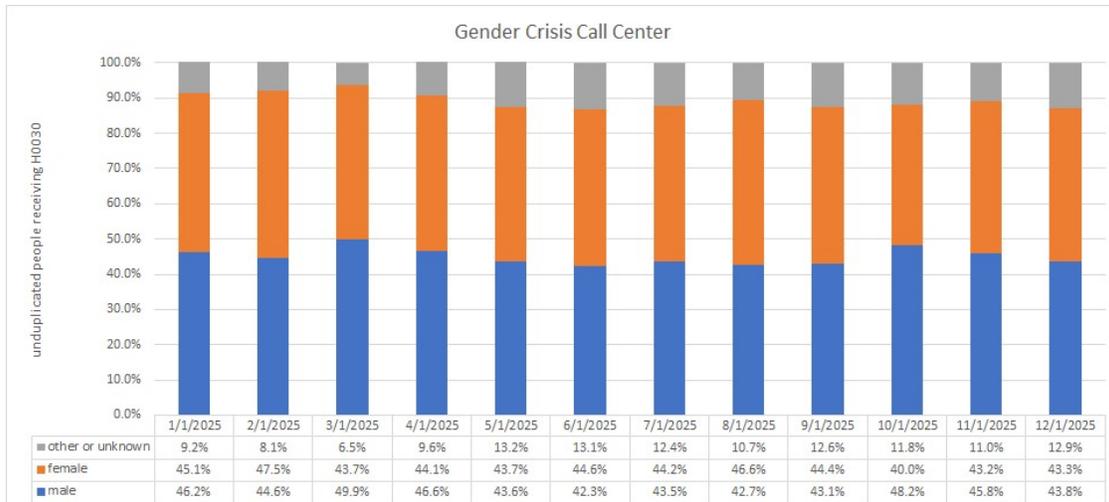
## Primary Language

English as a primary language represented 91.5% of total 2025 calls to the RCL, while “unknown” represented 7.8%. As indicated below, callers with a primary language of Spanish, Korean, Amharic, Ukrainian, Russian, ASL, Vietnamese, and Arabic called into the crisis line at least once in 2025.



## Gender

The below graph shows a monthly comparison of gender of either Male, Female or Other/Unknown. In 2025, 45.0% callers identified as Male, 43.2% identified as Female and 12.3% identified as Other/Unknown. 2024 in comparison, was 47.2%, 44.8% and 8.8% respectively. Gender categories replicated state reporting.



# North Sound BH-ASO Annual Crisis Assessment

2025

## Designated Crisis Responder (DCR) - Dispatches

In 2025, there was a total of 5,135 dispatches for an ITA investigation in the North Sound Region. A breakdown by county is shown in the table below. The North Sound Region saw a 6.07% increase in regional DCR dispatches when compared to 2024.

year	year	county					Grand Total
		Island	San Juan	Skagit	Snohomish	Whatcom	
dispatches	2024	150	27	612	3,138	916	4,843
	2025	142	39	643	3,229	1,084	5,137
% dispatches	2024	3.1%	0.6%	12.6%	64.8%	18.9%	100.0%
	2025	2.8%	0.8%	12.5%	62.9%	21.1%	100.0%
<b>Total dispatches</b>		<b>292</b>	<b>66</b>	<b>1,255</b>	<b>6,367</b>	<b>2,000</b>	<b>9,980</b>
<b>Total % dispatches</b>		<b>2.9%</b>	<b>0.7%</b>	<b>12.6%</b>	<b>63.8%</b>	<b>20.0%</b>	<b>100.0%</b>

## Crisis Dispatch Performance Metrics

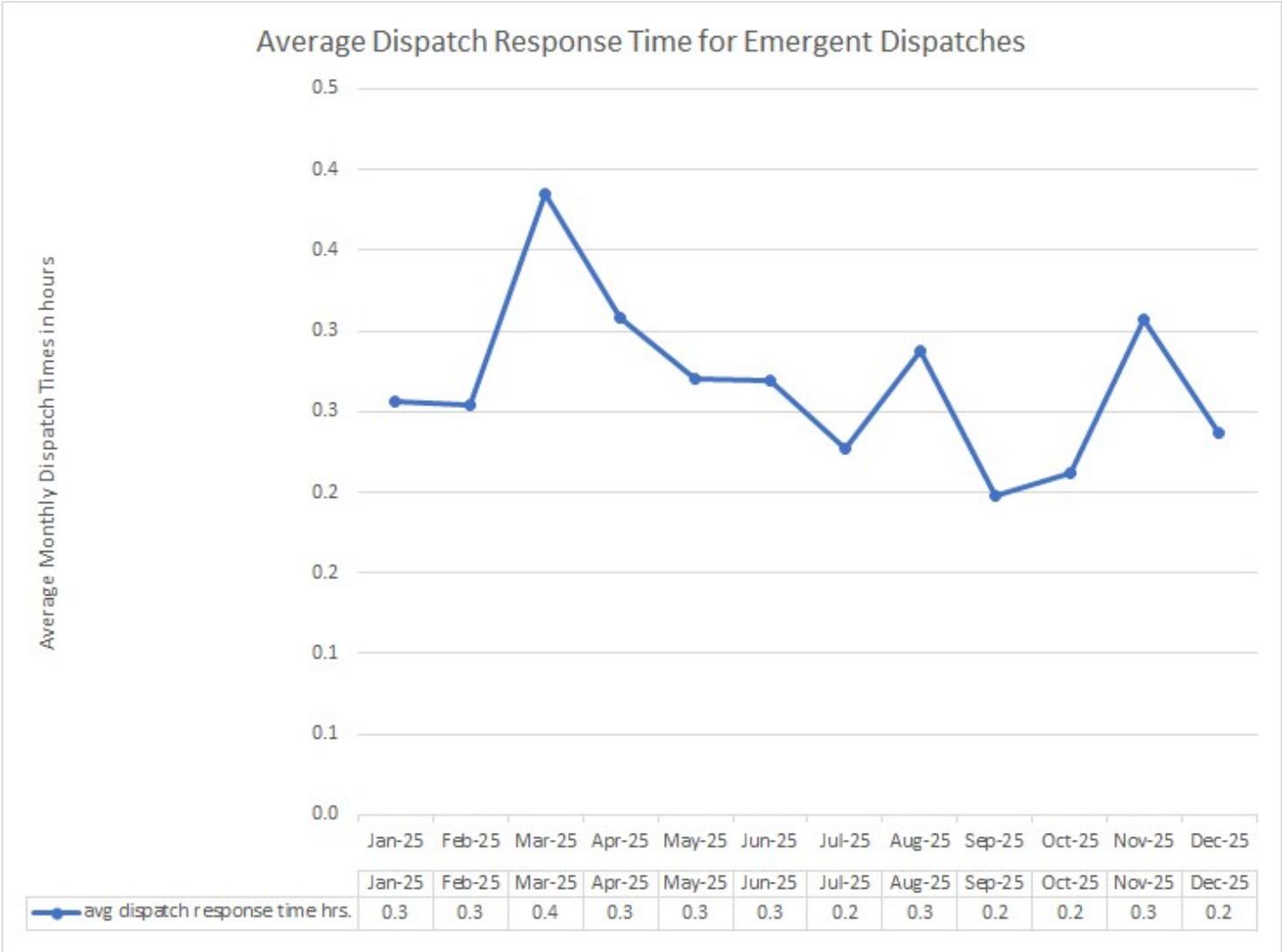
Dispatch and ITA investigation data are captured through service transactions submitted by our DCR agencies. DCR response times are indicated as emergent (2-hours), or urgent (24-hours) requests. North Sound’s RCL and DCR agencies triage referrals for dispatch and determine the response need according to North Sound BH-ASO’s policies and procedures.

In 2025, DCR response for emergent (2-hour) dispatches continued to outperform the standard. The graph below shows average monthly DCR response times. 2025 Q1 and Q2 had a 6-month average of 0.3 hours, while Q3 and Q4 6-month averaged 0.2 hours. The 2025 total percentage of emergent dispatches that were responded to within two (2) hours was 98.0%. The 2025 total percentage of urgent dispatches that were responded to within twenty-four (24) was 100.0%.

month	avg Time
1/1/2025	0.3
2/1/2025	0.3
3/1/2025	0.4
4/1/2025	0.3
5/1/2025	0.3
6/1/2025	0.3
7/1/2025	0.2
8/1/2025	0.3
9/1/2025	0.2
10/1/2025	0.2
11/1/2025	0.3

# North Sound BH-ASO Annual Crisis Assessment 2025

month	avg Time
12/1/2025	0.2
<b>Grand Total</b>	<b>0.3</b>



Because the response time calculation methodology changed in October 2024, direct year-over-year comparisons should be interpreted with caution.

# North Sound BH-ASO Annual Crisis Assessment

## 2025

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### ITA Detentions and Detention Rates

The number of DCR investigations that resulted in initial detention remained stable across all five counties in the North Sound Region. Compared to 2024's total detentions of 1,653, there were 1,636 detentions in 2025 with a regional per capita rate of 12.0. As illustrated in the graph below "*Detentions per 10,000 Populations All Ages*", detentions for all age ranges saw a decrease in the rate from 12.3 in 2022 to 12.0 in 2025.

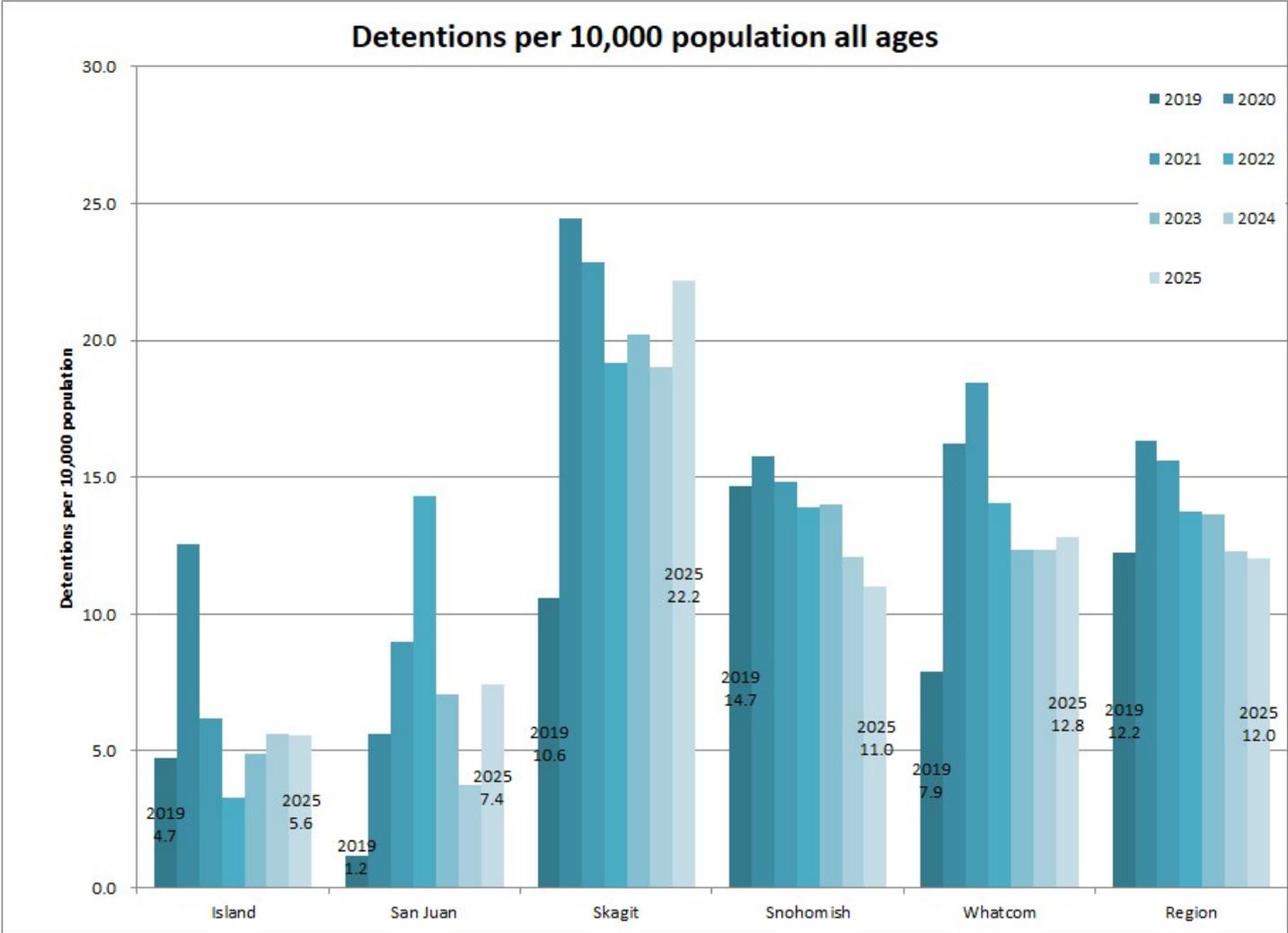
As you will note in the "*Detentions per 10,000 population*" grids below, comparing the rate of detentions in 2024 to 2025, there was a regional decrease from detentions to detentions per 10,000. Snohomish County saw a decrease in detentions when compared to the previous year while Whatcom, Skagit and San Juan, and Island Counties saw an increase or stayed the same.

The 2025 detention rate, which is a comparison of the number of DCR dispatches to ITA holds, differed in trending between our two contracted crisis agencies. Snohomish County's 2025 detention rate was 30%, which was lower than the 34% from 2024. Compass Health's detention rate for Skagit, Whatcom, Island County and San Juan County was 35% in 2025, the same as the 2024 rate of 35%.

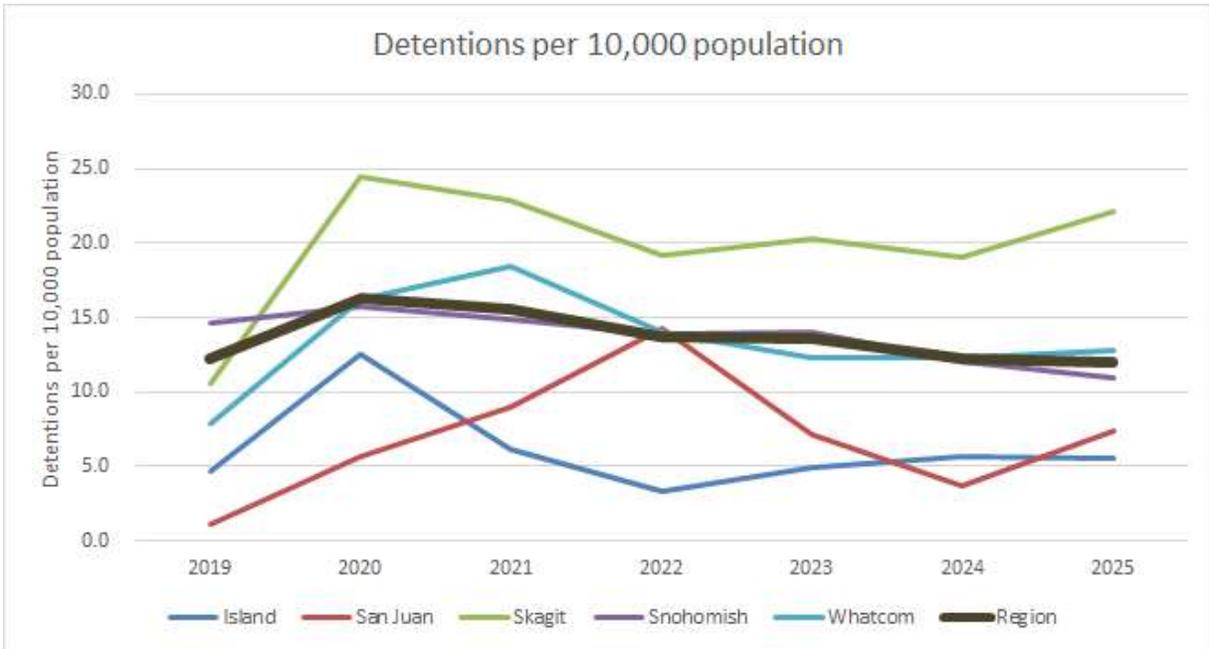
The region experienced an overall decrease in the number of total detentions and a decrease in regional detention rates from 2023 levels. We discuss further in the report under [\*Dispatch and Detainment History\*](#), broader behavioral health service impacts.

# North Sound BH-ASO Annual Crisis Assessment 2025

Per Capita Detention Rates



# North Sound BH-ASO Annual Crisis Assessment 2025



2025 is imputed based on current data available

## Detentions

detentions

as of 1/18/26

detention count	year of detention							Proj.
County	2019	2020	2021	2022	2023	2024	2025	2025
Island	40	109	54	29	43	50	50	50
San Juan	2	10	16	26	13	7	14	14
Skagit	137	317	297	252	267	252	296	296
Snohomish	1,202	1,303	1,244	1,178	1,205	1,052	968	968
Whatcom	178	368	417	326	291	292	308	308
<b>Grand Total</b>	<b>1,559</b>	<b>2,107</b>	<b>2,028</b>	<b>1,811</b>	<b>1,819</b>	<b>1,653</b>	<b>1,636</b>	<b>1,636</b>

## Population

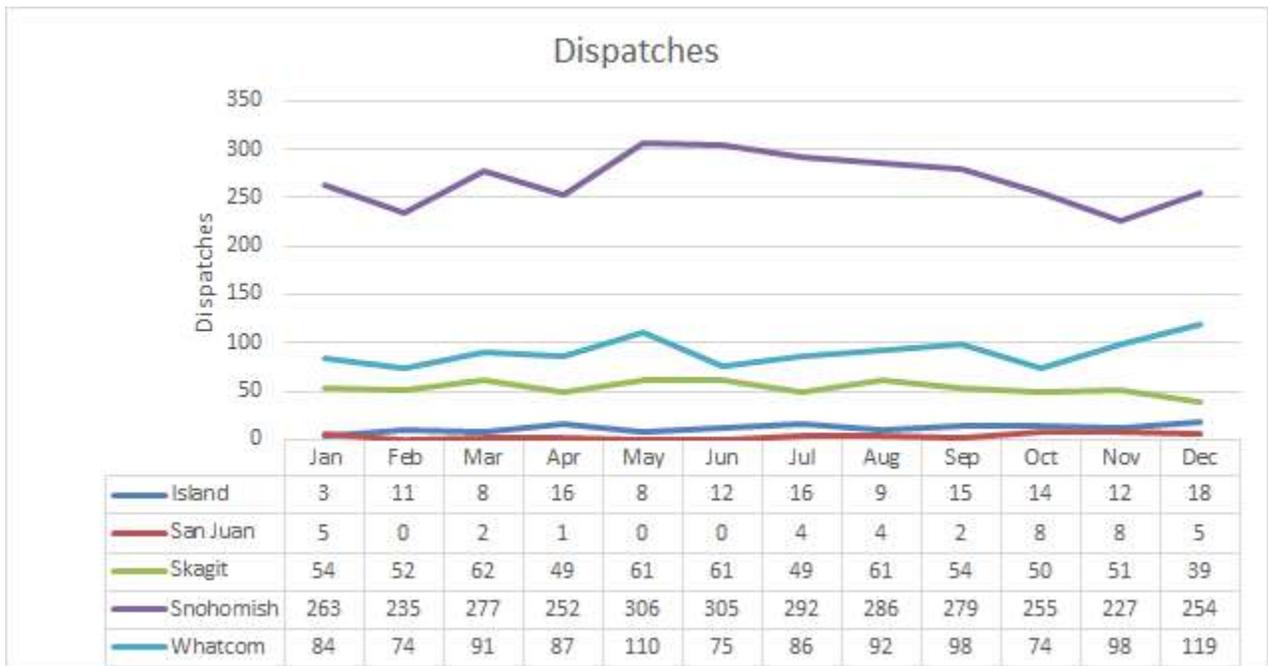
County	2019	2020	2021	2022	2023	2024	2025
Island	84,820	86,857	87,100	87,700	88,150	89,176	89,503
San Juan	17,150	17,788	17,850	18,150	18,350	18,686	18,854
Skagit	129,200	129,523	130,000	131,250	132,000	132,593	133,515
Snohomish	818,700	827,957	837,800	847,300	859,800	868,774	879,417
Whatcom	225,300	226,847	226,300	231,650	235,800	236,920	240,397
<b>Grand Total</b>	<b>1,275,170</b>	<b>1,288,972</b>	<b>1,299,050</b>	<b>1,316,050</b>	<b>1,334,100</b>	<b>1,346,150</b>	<b>1,361,686</b>

# North Sound BH-ASO Annual Crisis Assessment 2025

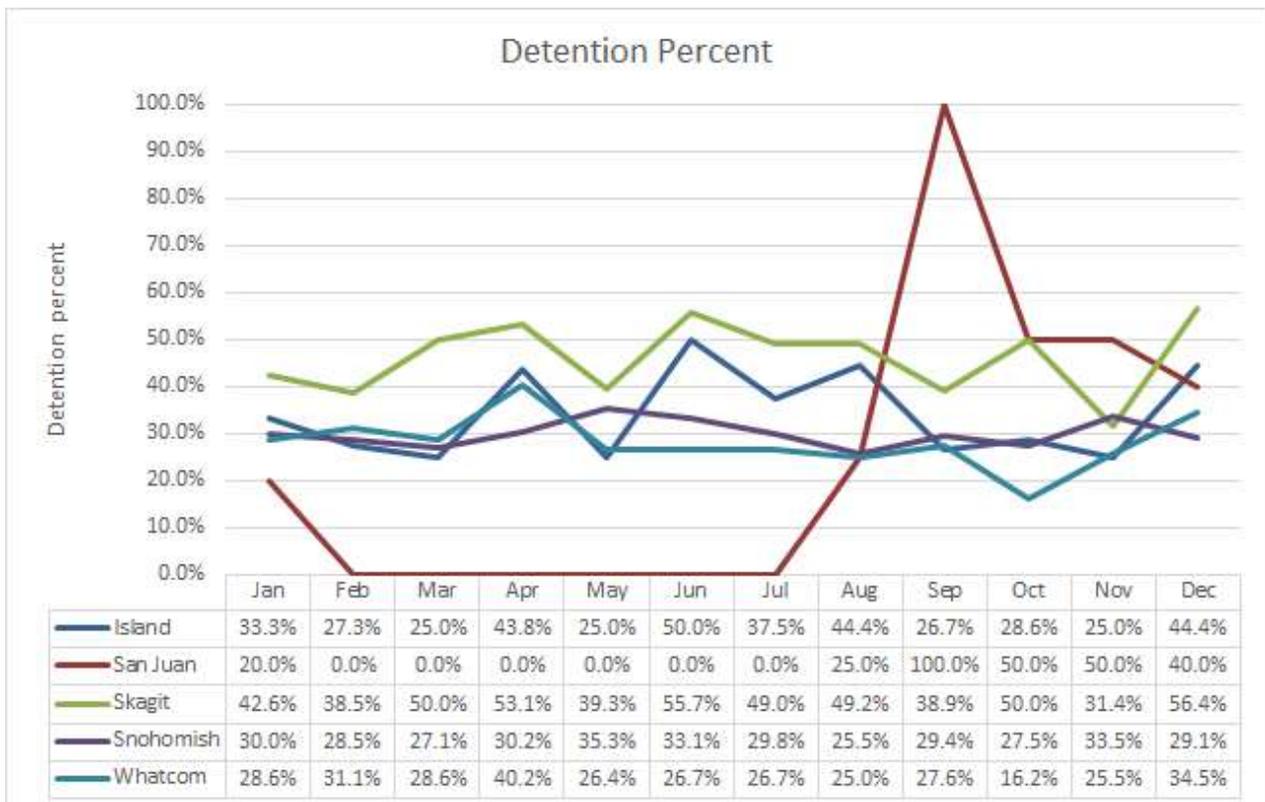
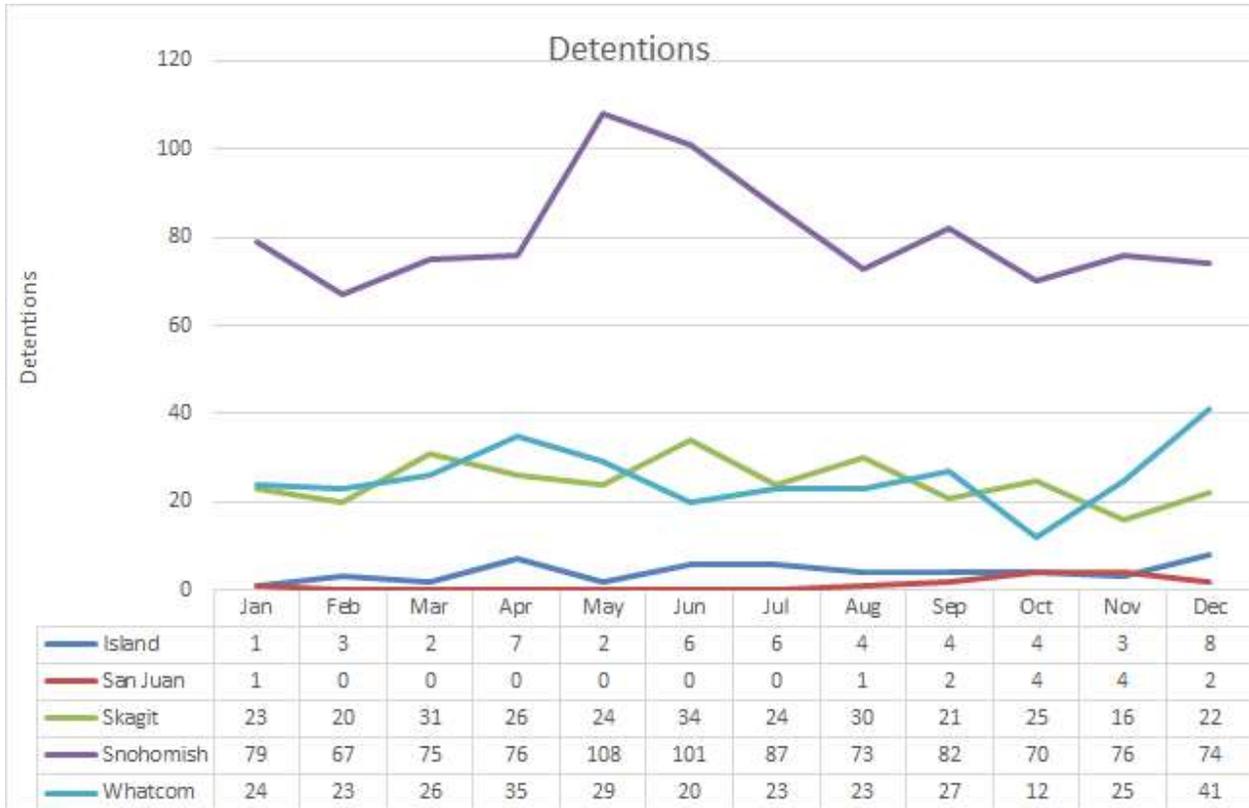
## Per Capita Detention rate

Detention Rates per 10,000 Population							Projected
county	2019	2020	2021	2022	2023	2024	2025
Island	4.7	12.5	6.2	3.3	4.9	5.6	5.6
San Juan	1.2	5.6	9.0	14.3	7.1	3.7	7.4
Skagit	10.6	24.5	22.8	19.2	20.2	19.0	22.2
Snohomish	14.7	15.7	14.8	13.9	14.0	12.1	11.0
Whatcom	7.9	16.2	18.4	14.1	12.3	12.3	12.8
Region	12.2	16.3	15.6	13.8	13.6	12.3	12.0

## Regional Detention Rates



# North Sound BH-ASO Annual Crisis Assessment 2025



# North Sound BH-ASO Annual Crisis Assessment 2025

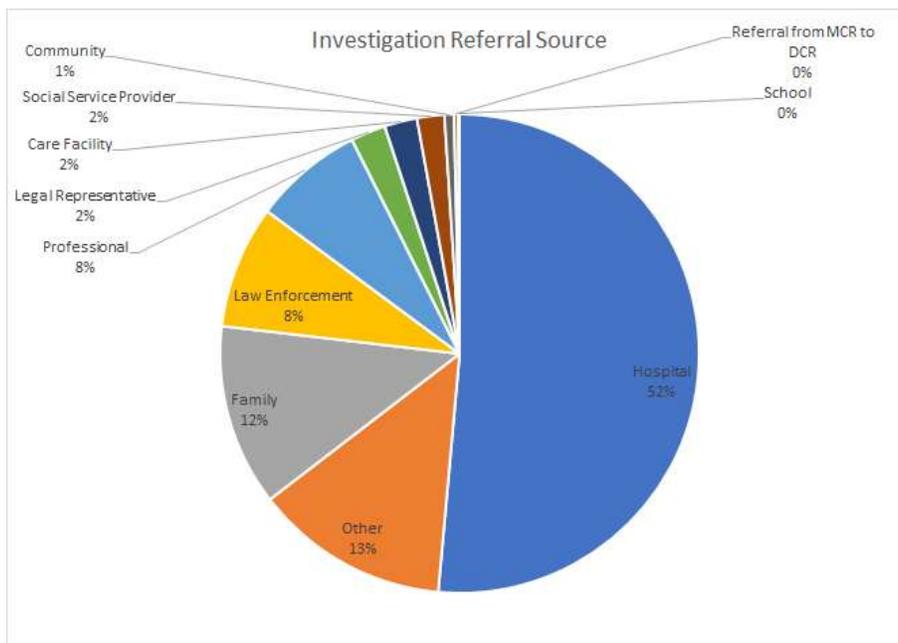
## DCR Investigation Metrics

North Sound investigation data is monitored monthly to include DCR referral source, investigation reason, and outcome. This data is monitored for utilization purposes and illustrates how behavioral health and community partners are accessing crisis services, the underlying treatment need for ITA services and investigation outcomes, which could include diversion activity to more appropriate levels of care.

### Referral source

As outlined in the 2025 *Investigation Referral Source* grid below, Hospital settings made the most referrals for DCR investigations, followed by “other”, family, and law enforcement.

Sum of investigations referral source	county Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
Hospital	80	17	383	1,542	619	2,641
Other	2	1	62	502	108	675
Family	13		26	513	78	630
Law Enforcement	36	16	139	152	83	426
Professional	2	1	10	280	89	382
Legal Representative			5	101	15	121
Care Facility	1		3	75	34	113
Social Service Provider	5	2	8	40	40	95
Community		1	6	17	9	33
Referral from MCR to DCR	3	1		3	8	15
School				4		4
<b>Grand Total</b>	<b>142</b>	<b>39</b>	<b>642</b>	<b>3,229</b>	<b>1,083</b>	<b>5,135</b>



# North Sound BH-ASO Annual Crisis Assessment 2025

## Partnering with Law Enforcement

Law enforcement referrals for ITA investigations decreased 2.0% in 2025 compared to 2024 with a total number of referrals at 426. Compared to 2022, this would be a 2-year increase of 0.6%. County and local Law Enforcement partners continue to report unmet behavioral health needs likely not reflected in the number of referrals received by our crisis agencies.

% invest. referral source	county 2022	2023	2024	2025	Grand Total
Hospital	54.1%	52.0%	51.4%	51.4%	52.2%
Family	14.6%	14.0%	14.1%	12.3%	13.7%
Other	9.8%	9.7%	9.4%	13.1%	10.5%
<b>Law Enforcement</b>	<b>7.7%</b>	<b>9.6%</b>	<b>10.3%</b>	<b>8.3%</b>	<b>9.0%</b>
Professional	8.7%	9.2%	7.5%	7.4%	8.2%
Legal Representative	1.7%	2.0%	3.2%	2.4%	2.3%
Social Service Provider	1.2%	1.5%	2.0%	1.9%	1.6%
Care Facility	1.1%	1.5%	1.4%	2.2%	1.6%
Community	0.8%	0.4%	0.6%	0.6%	0.6%
School	0.2%	0.1%	0.2%	0.1%	0.1%
Referral from MCR to DCR	0.1%	0.1%	0.1%	0.3%	0.1%
<b>Grand Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

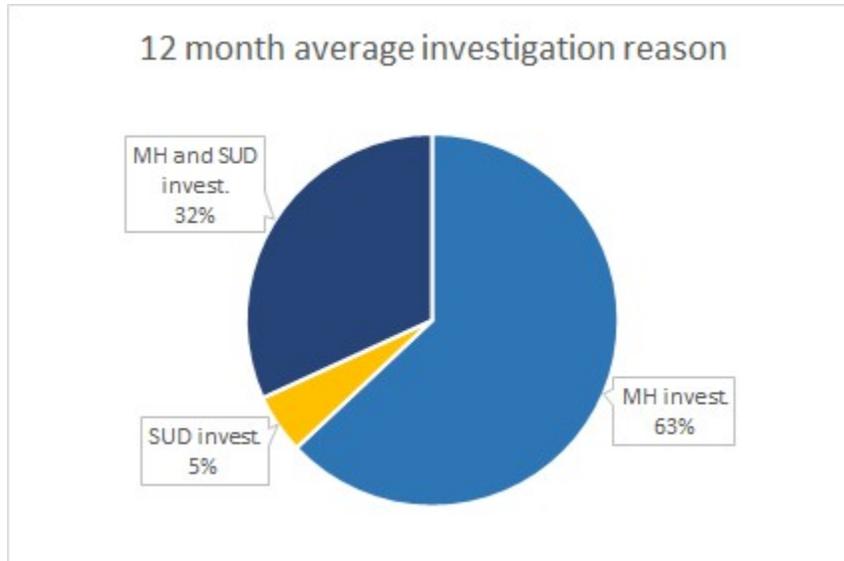
North Sound continues our co-responder funding initiatives with five (5) law enforcement agencies to embed behavioral health professionals and other staff to provide pre-arrest, early diversion engagement and case management for individuals who have frequent criminal legal system contact, at risk of arrest and have unmet behavioral healthcare needs.

In 2026-27 we aim to continue to target our efforts to expand behavioral health capacity within Fire/EMS agencies. Law enforcement co-response programs marked a transition away from traditional H2011 Medicaid crisis services to a more community-based response model. North Sound BH-ASO is well positioned to support state planning to evaluate co-responder programs as a Medicaid billable service.

Name	Location/Jurisdiction	Funding Source
Whatcom County Alternative Response Program	Bellingham, Whatcom County	Local Sales Tax, NSBHASO
Snohomish County Sheriff Embedded SW	Snohomish County	Local Sales Tax, NSBHASO
Outreach Coordinator Program – Mount Vernon Police Department (expansion to MVP IOS – LEAD Model)	Mount Vernon Police Department Mount Vernon, Skagit County	Local Sales Tax, NSBHASO
Skagit County Sheriff’s Department	Skagit County	Local Sales Tax, NSBHASO
Island County Human Services – Co-Responder Behavioral Health Program	Island County	Local Sales Tax, NSBHASO

## Investigation Reasons

Investigation reason is one metric to understand capacity needs for involuntary treatment. Investigation reasons are indicated as primarily related to mental health (MH), substance use disorder (SUD) or involved both MH and SUD. As indicated in the graph below, on average 38% of all investigations were related to some underlying SUD condition. The average monthly number of Investigations for SUD *only* increased from 2024 levels at 20.6 to 2024 levels of 21.9, while MH *only* Investigations had an average of 267.3 and MH and SUD investigations had a monthly average of 135.1.



## DCR Investigation Outcomes

Investigation outcomes are monitored, 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 21.3% 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."

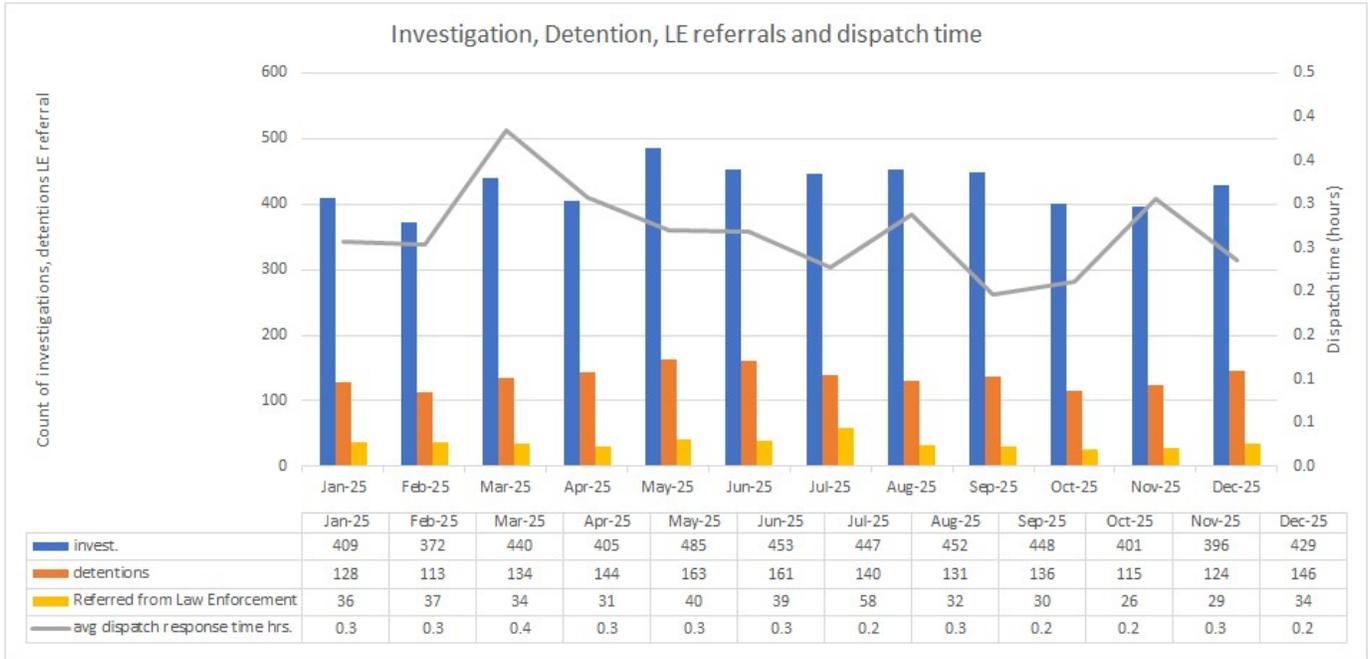
DCR's had a 31.5% increase in No Detention Due to Issues category with a total of 71 (up from 54 in 2024), representing 1.4% of all investigations. The Unavailable Detention Facility Reports are discussed further below.

# North Sound BH-ASO Annual Crisis Assessment 2025

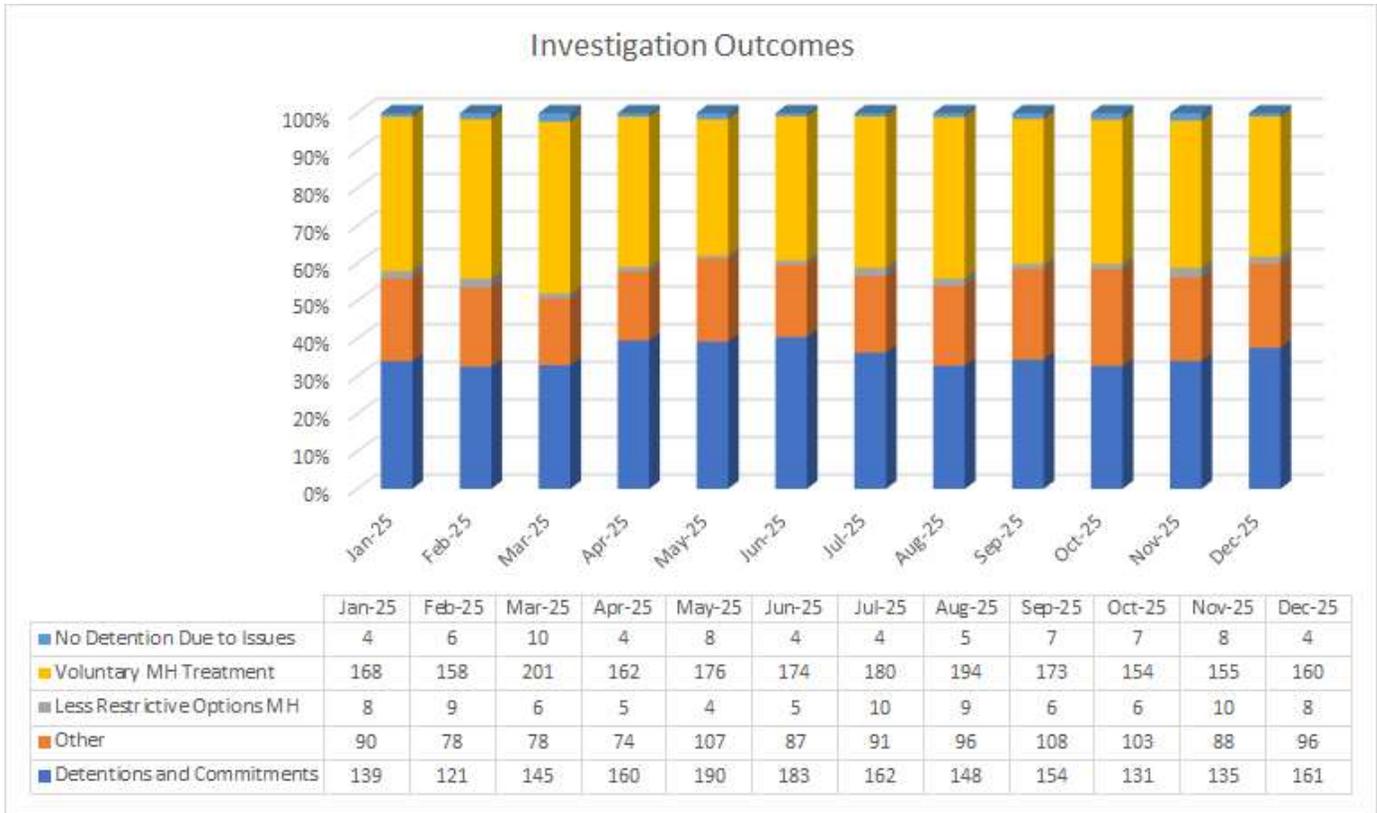
month	Detentions and Commitments	Other	Less Restrictive Options MH	Voluntary MH Treatment	No Detention Due to Issues
Jan-25	139	90	8	168	4
Feb-25	121	78	9	158	6
Mar-25	145	78	6	201	10
Apr-25	160	74	5	162	4
May-25	190	107	4	176	8
Jun-25	183	87	5	174	4
Jul-25	162	91	10	180	4
Aug-25	148	96	9	194	5
Sep-25	154	108	6	173	7
Oct-25	131	103	6	154	7
Nov-25	135	88	10	155	8
Dec-25	161	96	8	160	4
prior 12 mo. avg.	152	91	7	171	6
min	121	74	4	154	4
max	190	108	10	201	10

# North Sound BH-ASO Annual Crisis Assessment 2025

## North Sound Investigation Metrics over Time



## Investigation Outcomes Over Time Percent of Total



# North Sound BH-ASO Annual Crisis Assessment 2025

## Investigation Outcome Grouping

The “State Investigation Outcome Group” grid below shows DCR investigation outcomes that mirror HCA investigation outcomes. As indicated, the *Detention and Commitment group* accounted for 35.6% of total outcomes, a decrease of 2.00% from 2024 levels. Referrals to *Voluntary Mental Health Treatment* increased slightly from 2024 levels and accounted for 40.0%. Of the Voluntary MH Treatment group, *Referrals to Voluntary Outpatient Mental Health (MH) services* had the second largest percentage of reported outcomes at roughly 29.84%. Referrals to *Voluntary Inpatient Services* had the third largest distinguishable outcome at 8.2%. Investigations with an outcome of either of the three (3) “other” groupings accounted for 21.3%.

State Group	Investigation Outcome	all invest. in period	Percent of total
Detentions and Commitments	Detention	1,568	30.52%
Detentions and Commitments	Detention to Secure Detox facility	67	1.30%
Detentions and Commitments	Returned to inpatient facility/filed revocation petition.	83	1.62%
Detentions and Commitments	Non-emergent detention petition filed	111	2.16%
Less Restrictive Options MH	Filed petition - recommending LRA extension.	82	1.60%
Less Restrictive Options MH	Petition filed for outpatient evaluation	4	0.08%
Voluntary MH Treatment	Referred to voluntary inpatient mental health services.	421	8.20%
Voluntary MH Treatment	Referred to acute detox	14	0.27%
Voluntary MH Treatment	Referred to chemical dependency inpatient program	18	0.35%
Voluntary MH Treatment	Referred to chemical dependency intensive outpatient program	13	0.25%
Voluntary MH Treatment	Referred to crisis triage	47	0.91%
Voluntary MH Treatment	Referred to sub acute detox	4	0.08%
Voluntary MH Treatment	Referred to voluntary outpatient mental health services.	1,533	29.84%
Voluntary MH Treatment	Referred to chemical dependency residential program	5	0.10%
Other	Other	847	16.49%
Other	Did not require MH or CD services	182	3.54%
Other	Referred to non-mental health community resources.	67	1.30%
No Detention Due to Issues	No detention - E&T provisional acceptance did not occur within statutory timeframes	15	0.29%
No Detention Due to Issues	No detention - Unresolved medical issues	47	0.91%
No Detention Due to Issues	No detention – Secure Detox provisional acceptance did not occur within statutory timeframes	9	0.18%
Grand Total	0	5,137	100.00%

# North Sound BH-ASO Annual Crisis Assessment

2025

## 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 (NBRs) are required within twenty-four (24) hours and ongoing DCR or MHP follow-up and reassessments are coordinated between North Sound BH-ASO, our Regional Crisis Line and our DCR agencies.

As noted above, capacity for involuntary treatment (either at an E&T, SWMS or SBC setting) can impact the volume of DCR No Bed Reports. The total number of DCR No Bed Reports increased by 2 from 17 in 2024 to 19 in 2025. The largest number of NBRs were filed in Skagit, Whatcom, and Snohomish counties. As indicated in the grid below, NBRs disproportionately occurred in counties in which community hospitals are not certified to provide involuntary treatment under an SBC. A breakdown of NBRs by hospital is also outlined below.

### No Bed Reports - County

walk aways date	County					Grand Total
	Island	San Juan	Skagit	Snohomish	Whatcom	
2024	4	1	5	3	4	17
2025	4		4	5	6	19
Jan			1		1	2
Feb	1		1	1		3
Mar				1	2	3
Apr				1		1
May	1		1	1		3
Jun					2	2
Sep					1	1
Nov	2		1			3
Dec				1		1
<b>Grand Total</b>	<b>8</b>	<b>1</b>	<b>9</b>	<b>8</b>	<b>10</b>	<b>36</b>

# North Sound BH-ASO Annual Crisis Assessment 2025



### No Bed Reports - Hospital

walk aways	date										Grand Total
	2025										
hospital	Jan	Feb	Mar	Apr	May	Jun	Sep	Nov	Dec		
Cascade Valley			1	1							2
Island		1									1
Island Health								1			1
N/A Island County Jail					1						1
Peace Health	1				1			1			3
Providence		1									1
St. Joes	1		1				1				3
St. Joseph			1			2					3
Swedish Edmonds					1					1	2
Whidbey Health		1						1			2
<b>Grand Total</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>19</b>	

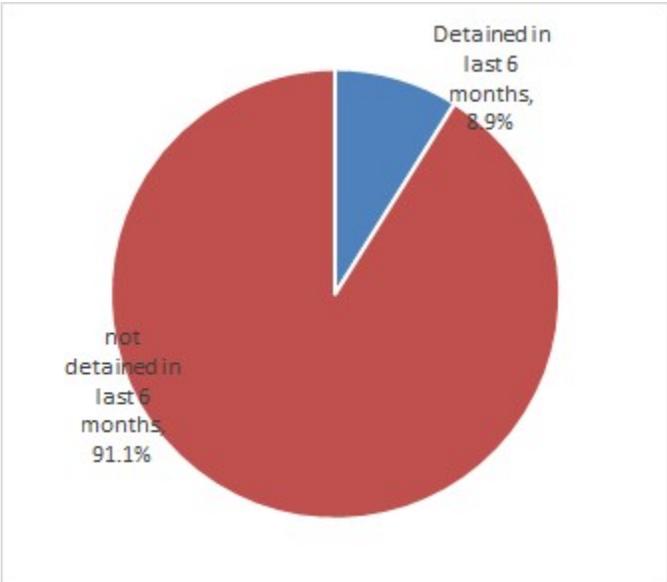
# North Sound BH-ASO Annual Crisis Assessment 2025

## Dispatch and Detainment History

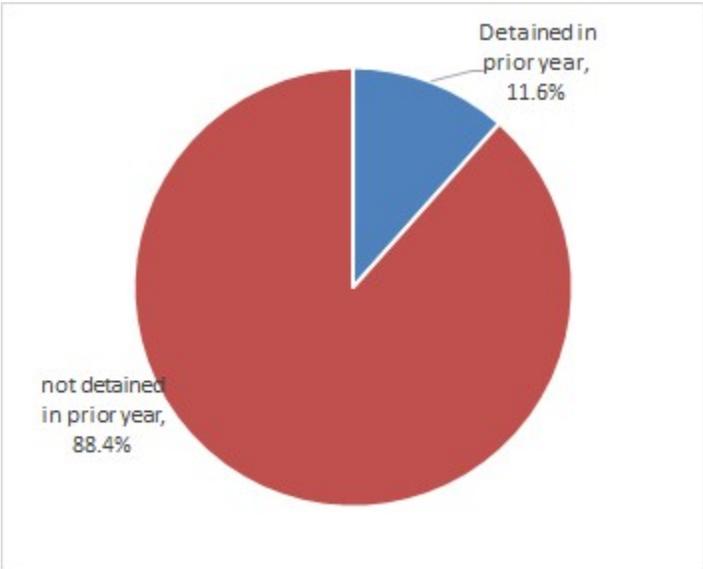
Involuntary detention history is the number of involuntary commitments that a single person experiences within a certain period. Understanding detainment history requires consideration of available less restrictive options. Medicaid and non-Medicaid capacity for residential treatment, intensive outpatient treatment, community wrap-around and case management programs and other treatment resources are critical in supporting recovery in community settings.

As the graph below illustrates, 8.9% of total 2025 DCR dispatches had at least one previous detainment in the past 6 months, which is consistent with 2024 data. DCR dispatches that had a prior detention in the past 12 months showed similar consistency with 2024 data at 11.6% for 2025.

**Detained Prior 6 Months**



**Detained Prior Year**



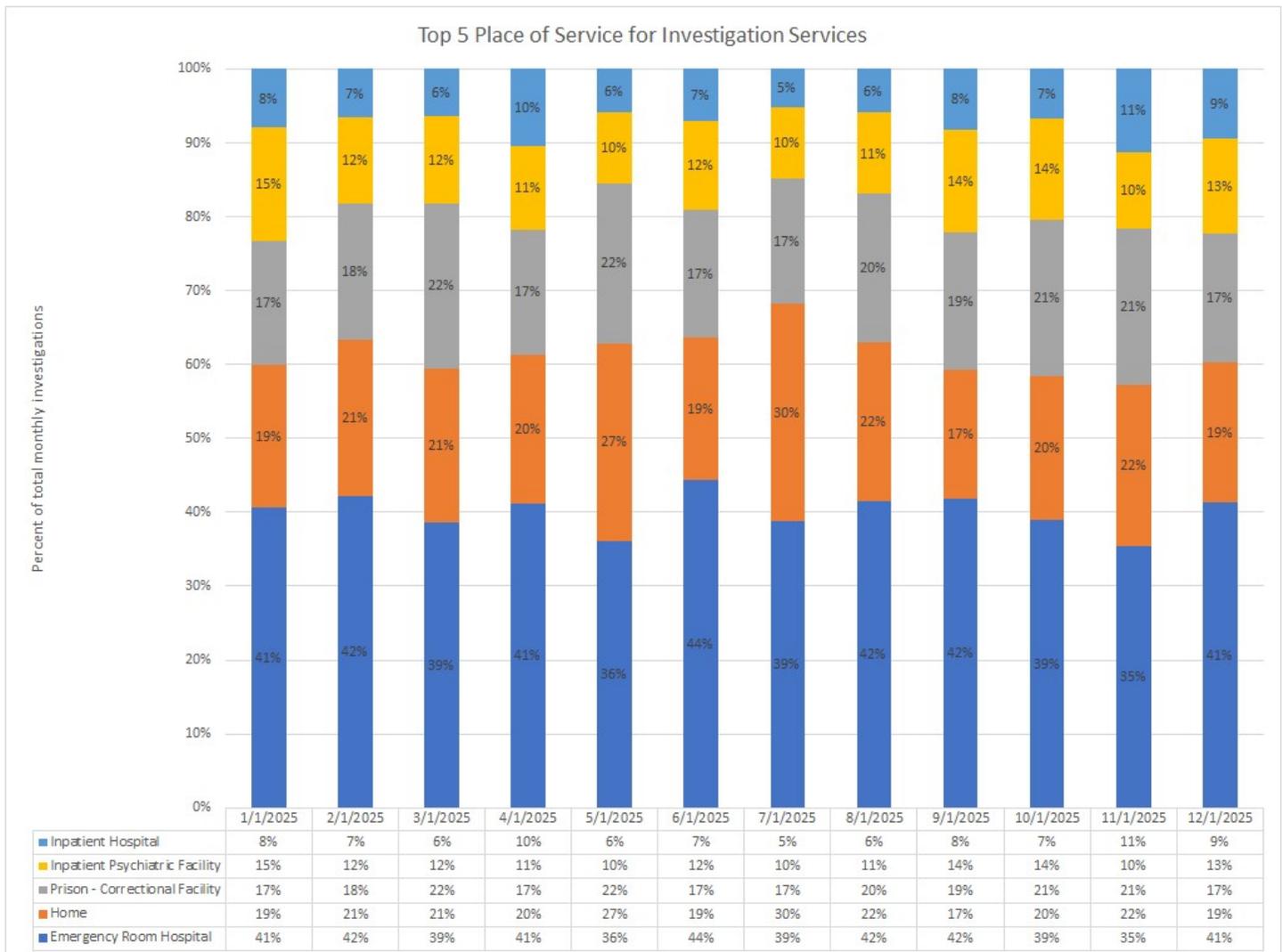
# North Sound BH-ASO Annual Crisis Assessment 2025

## Place of Service for DCR Investigations

The 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’s conducted an ITA investigation.

Although the graph below indicates some monthly variation, place of services percentages by location have remained somewhat stable through 2025. Emergency rooms accounted for the most frequent place of service for DCRs at 40%, while “Home” accounted for 21%, inpatient psychiatric facilities 12%, Correctional Facilities 19% and Inpatient Hospital at 8%.

**Place of Service for Investigation Compared Monthly**

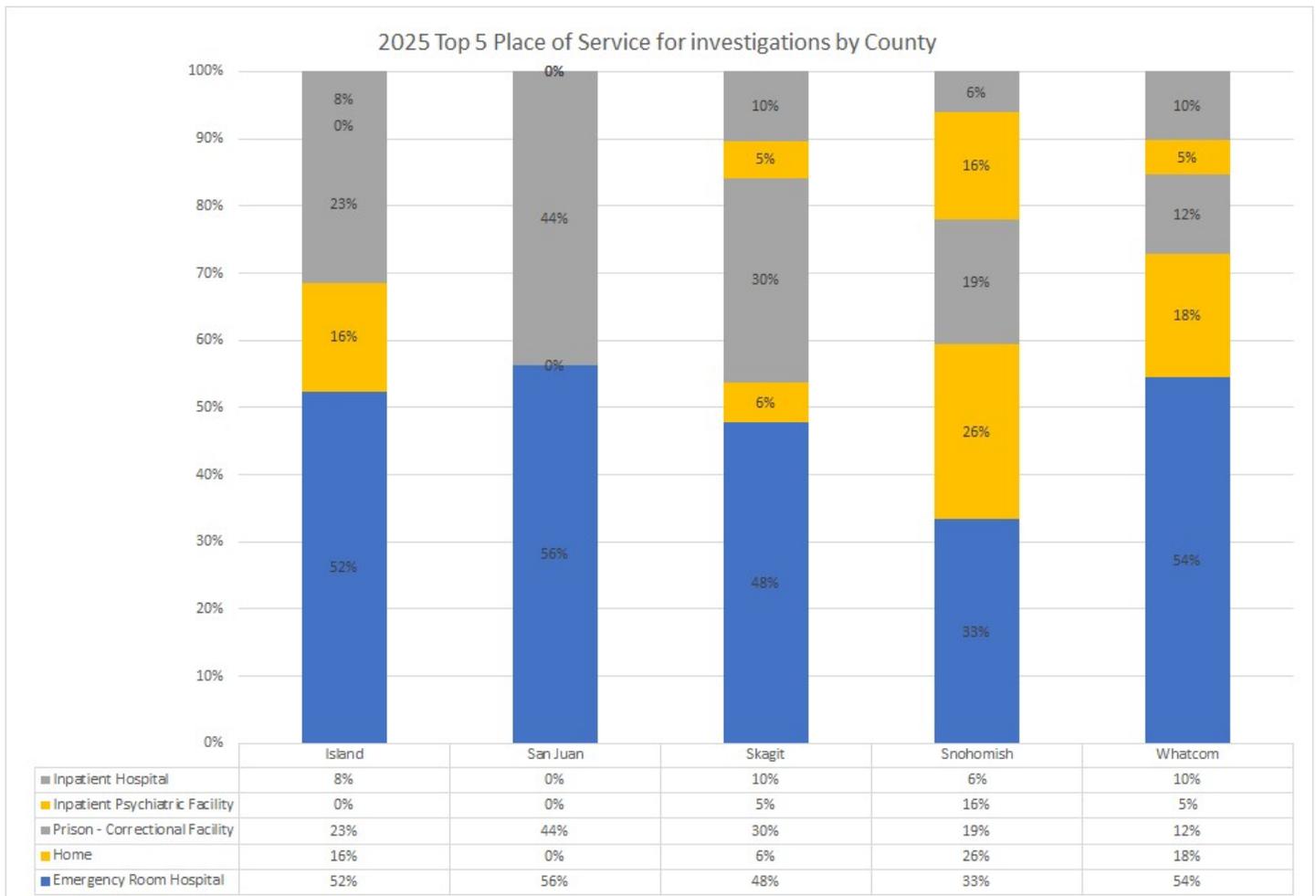


# North Sound BH-ASO Annual Crisis Assessment 2025

## 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 array 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 conducted in emergency departments are occurring in Island County at 52%. DCR investigations coded as “Correctional” place of service at 44% in Skagit County is the highest, Snohomish County had the largest percentage of investigations occurring at ‘home’ at 26% and the largest percent occurring at Inpatient Psychiatric Facility at 16%.



## Crisis Services – Mobile Rapid Response Crisis Teams

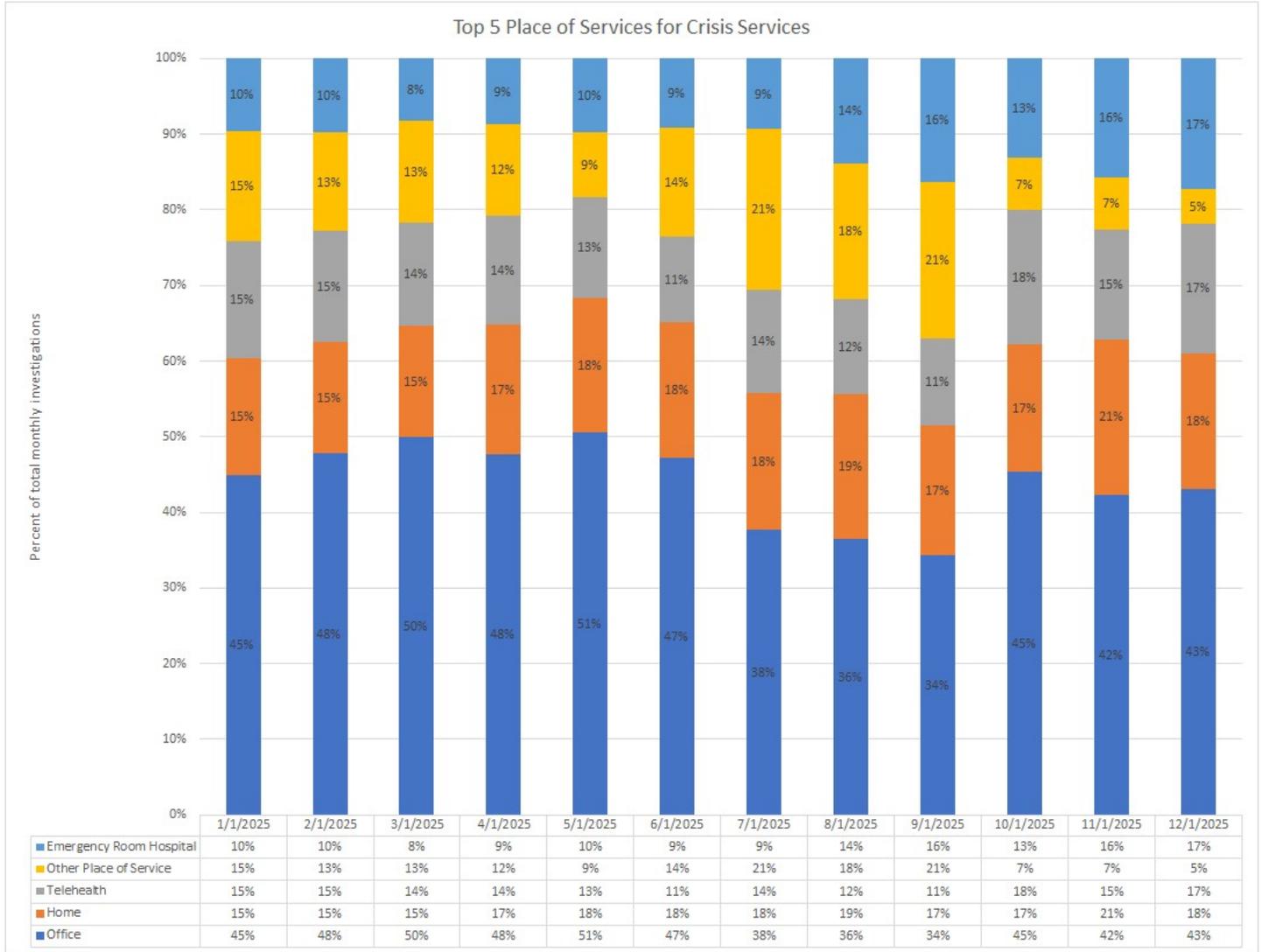
Mobile Rapid Response Crisis Teams (MRRCT) are voluntary crisis services (H2011) intended to provide stabilization support for individuals experiencing a crisis.

### Comparison of Crisis Service Place of Service by Month

Similar to the DCR investigation place of services, monitoring MRRCT 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.

# North Sound BH-ASO Annual Crisis Assessment 2025

Reviewing the total count of Crisis Services by location per month in the graph below, you will see that mobile crisis response conducted 16,441 outreaches. The largest percentage of services are coordinated through the crisis agency’s office 44%. The second largest is “Home” at 17%, ‘Telehealth’ accounted for 14%, ‘other’ at 14%, and ‘Emergency Room hospital’ accounted for 11%. It should be noted that the high rate of Place of Service – Office is the result of the place of service codes for the initial referent call that is captured as a service.

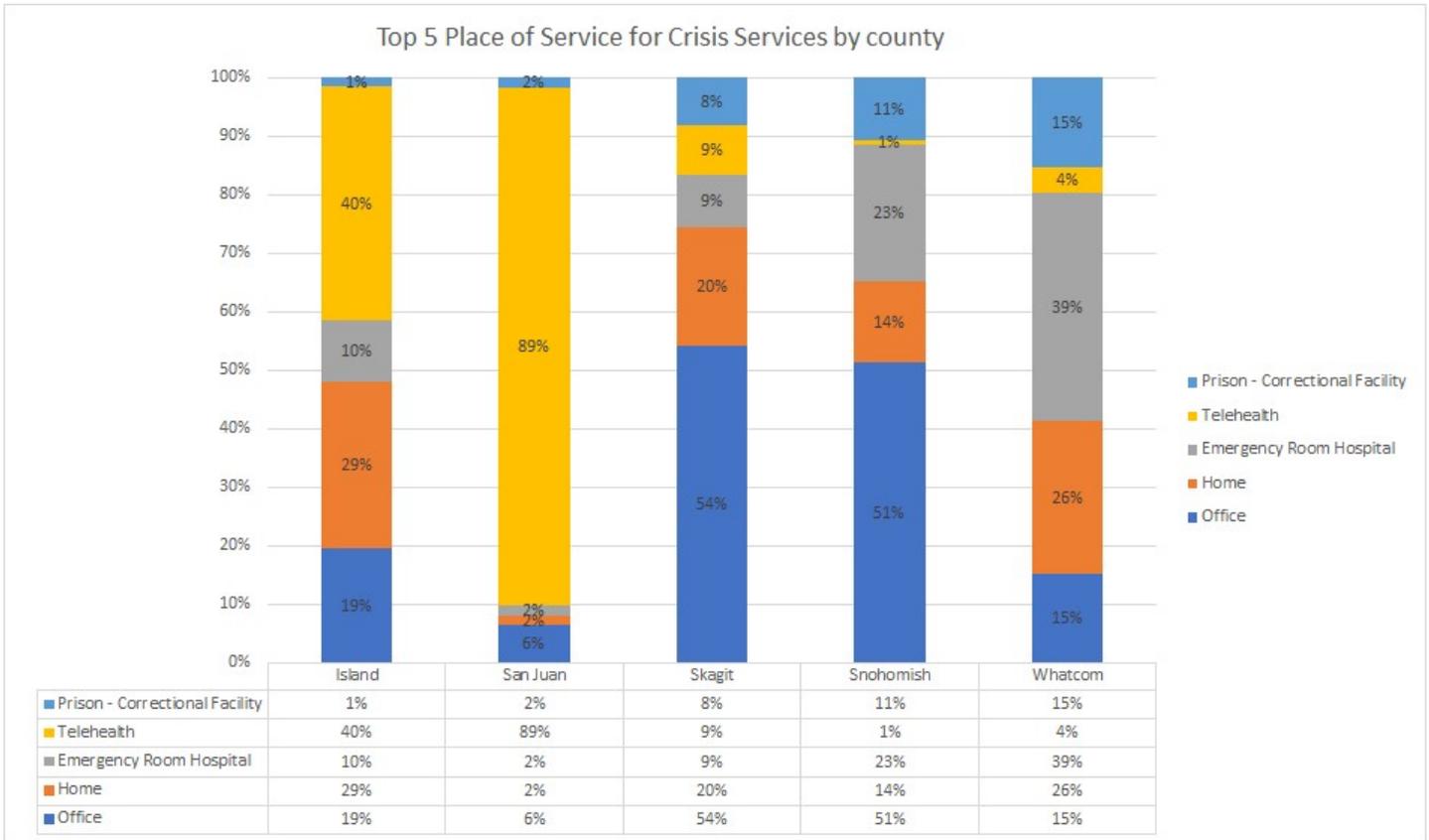


## Count of Crisis Services by County and Place of Service

Distinguishing MRRCT place of service data by county, you will notice county differences in the volume of 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 disproportionately larger in one county due to current capacity.

Skagit County had the largest percentage of MRRCT conducted from the office at 54%. The highest Emergency room percentage at 39% belongs to Whatcom and also the highest percent delivered in Prison or correctional facility at 15%. San Juan and Island have the 2 largest Telehealth place of service at 89% and 40% respectively.

# North Sound BH-ASO Annual Crisis Assessment 2025



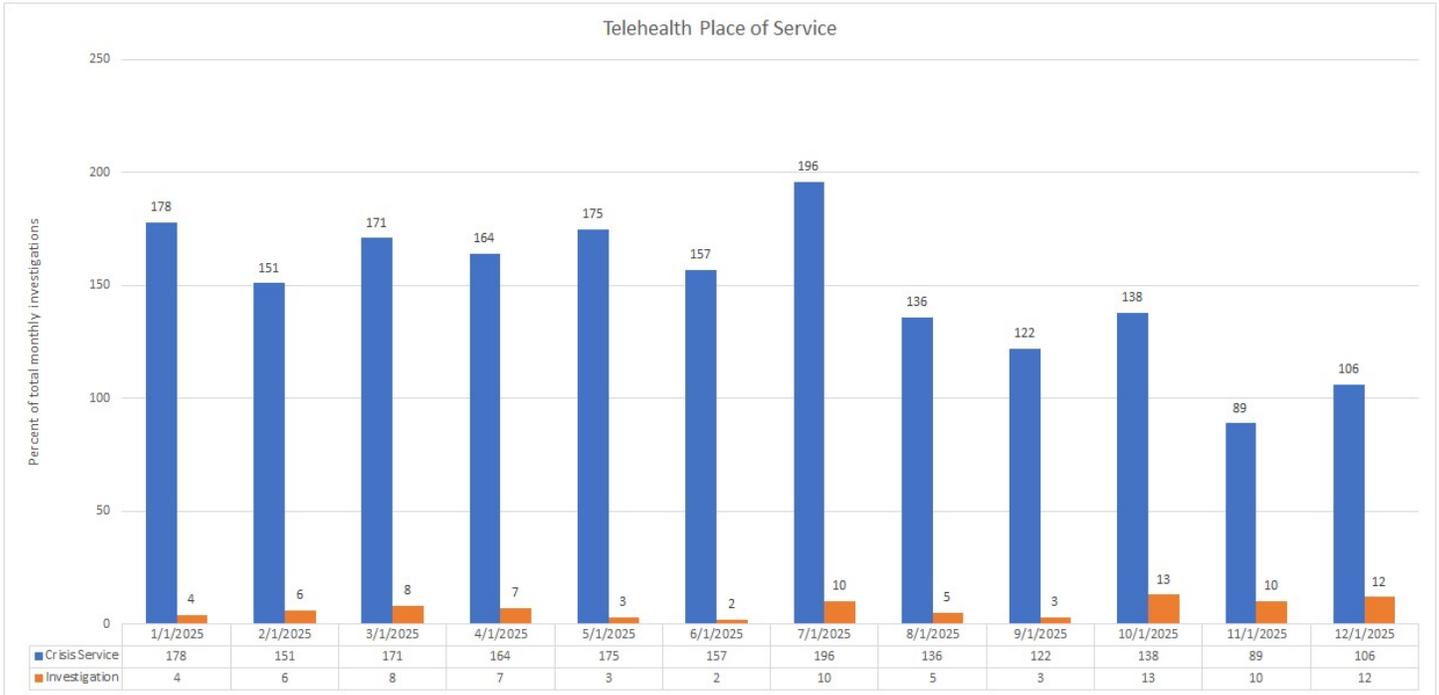
## Telehealth Place of Service – Crisis and Investigation Services

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

Due to the nature of the service, MRRCT and ITA investigation services tend to be provided face-to-face at a location best suited by the individual. The graph below shows increased usage of telehealth services in the crisis system in the first half of 2025, with decreasing levels to the end of 2025.

North Sound BH-ASO engaged in a quality process with our crisis agencies in 2023 on the use of Telehealth for Crisis Services. As a result, North Sound BH-ASO and our crisis agency identified a telehealth coding discrepancy which was determined to be associated with how staff education/training about telehealth coding was taking place within the provider agency.

# North Sound BH-ASO Annual Crisis Assessment 2025

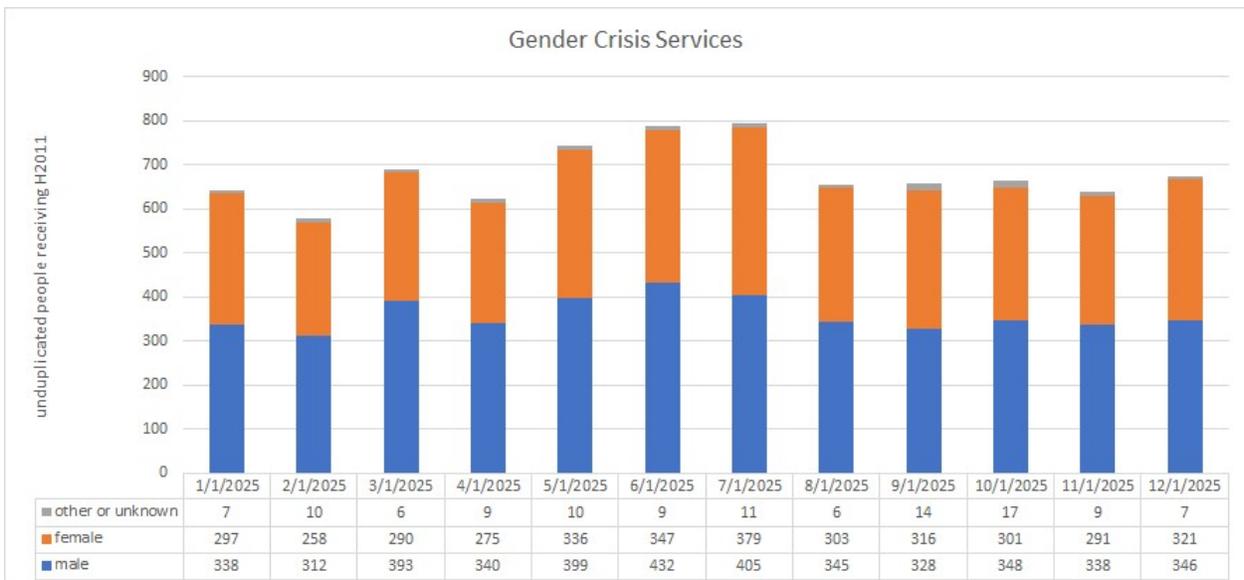


## Crisis Service (H2011) Demographics

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.

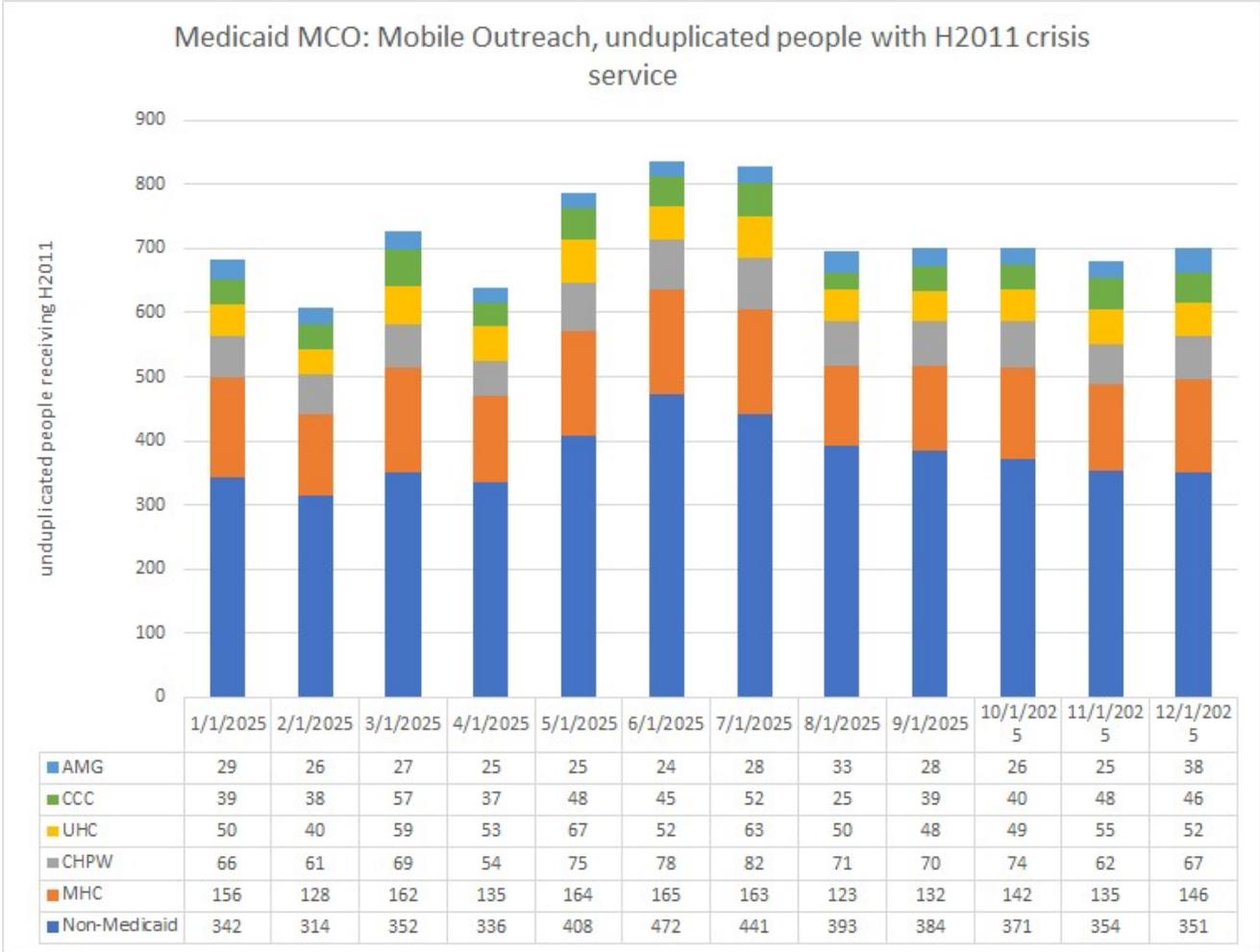
### Age Group

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



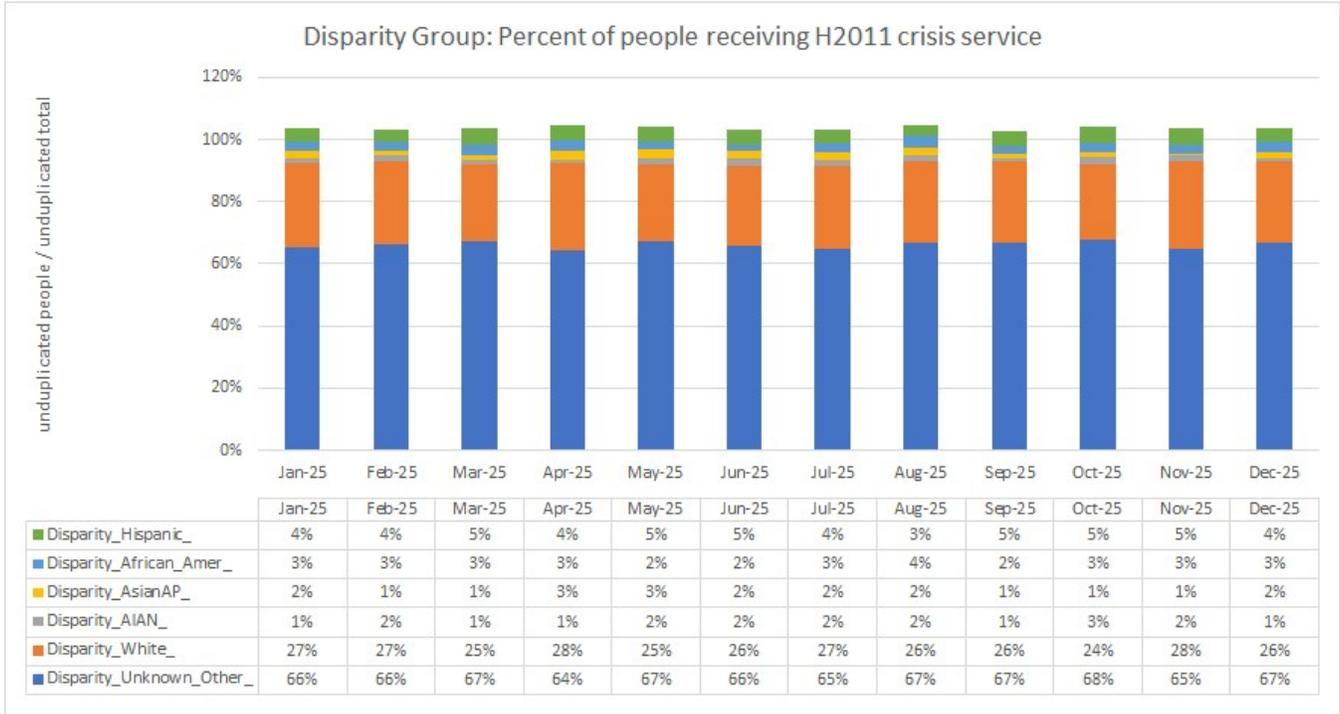
# North Sound BH-ASO Annual Crisis Assessment 2025

Funding Source

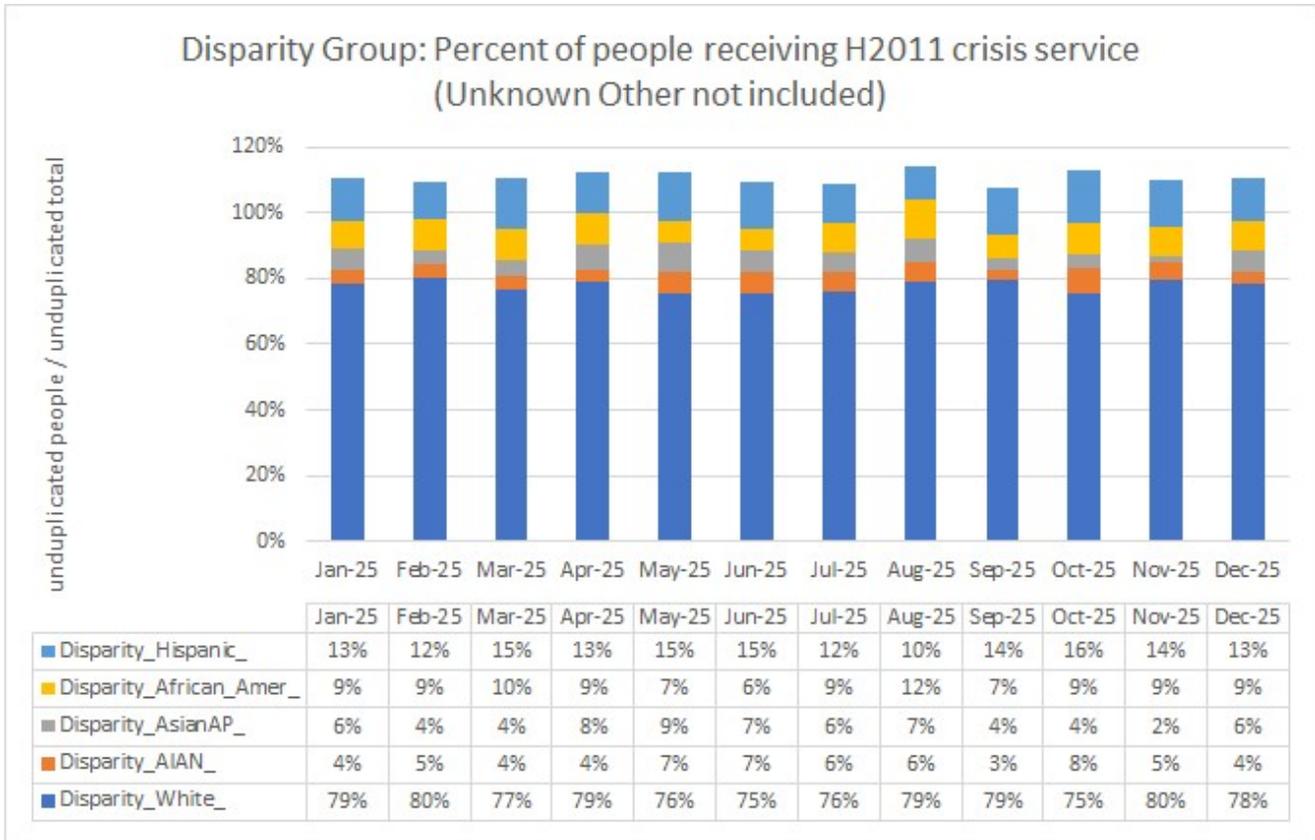


# North Sound BH-ASO Annual Crisis Assessment 2025

## Ethnicity

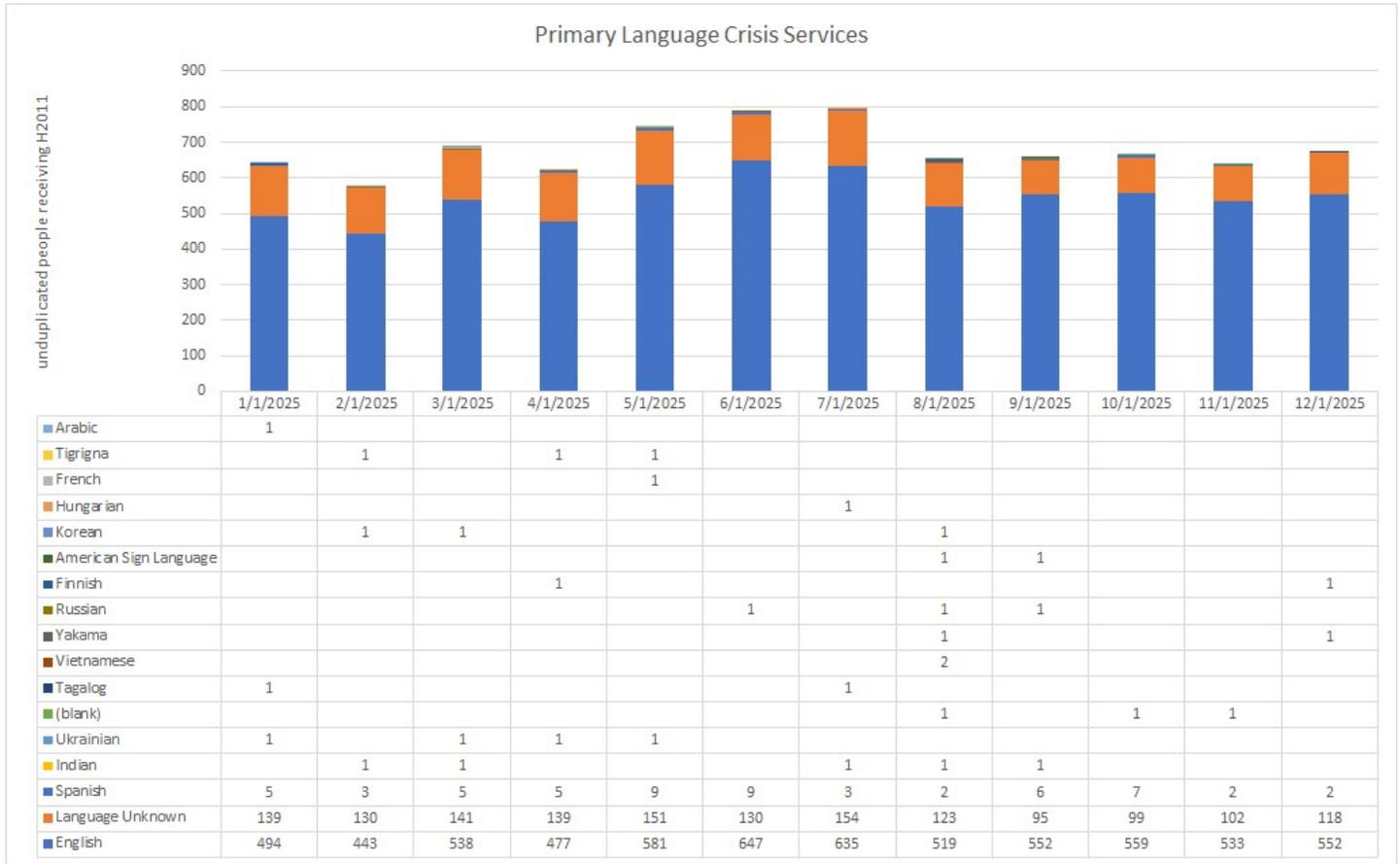


## Taking out the other / unknown group

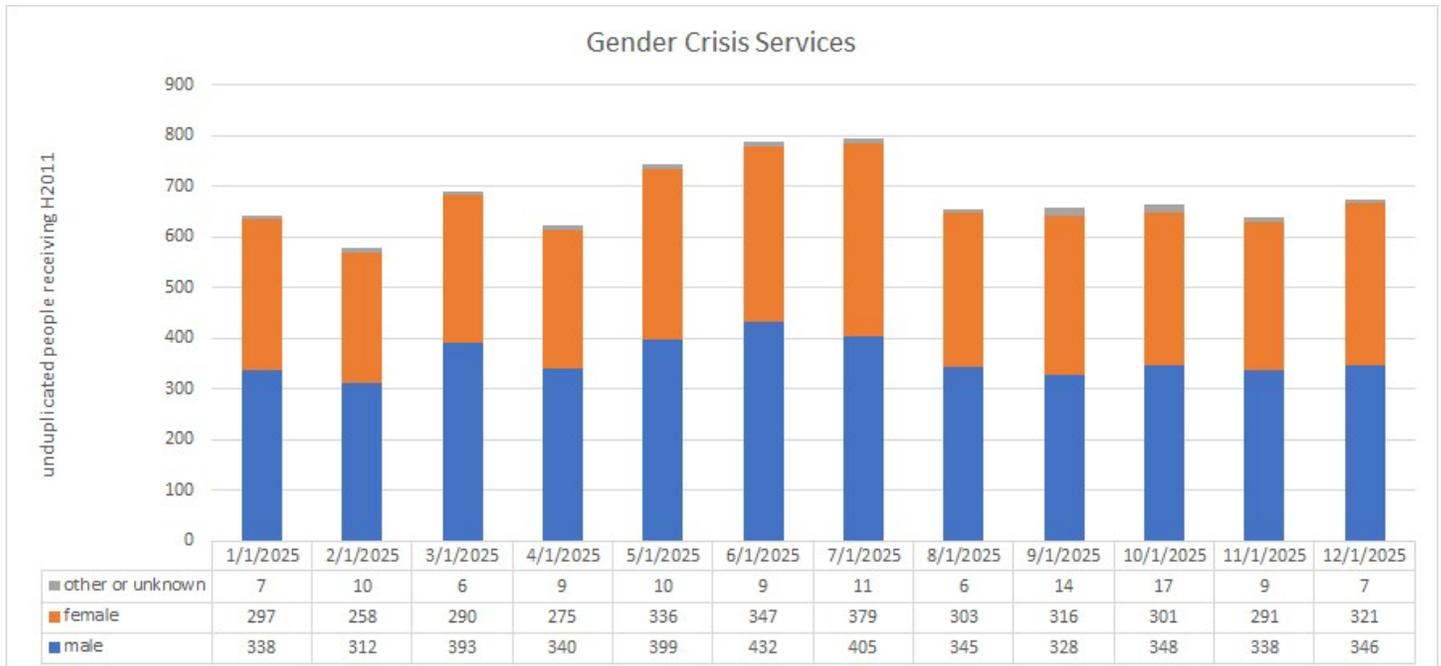


# North Sound BH-ASO Annual Crisis Assessment 2025

## Primary Language



## Gender



# North Sound BH-ASO Annual Crisis Assessment 2025

## 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.

### 2025 Crisis Metric Deliverable

Q4/2025 Metric	Month 1	Month 2	Month 3	Quarter Total
<b>Crisis Calls</b>				
Total number of calls to crisis line	3,419	3,362	3,659	10,440
Total number of calls to crisis line answered	3,392	3,352	3,633	10,377
Average answer time of calls to crisis line (seconds)	16	15	16	16
Total number of calls to crisis line answered live within 30 seconds	3,265	3,137	3,396	9,797
Percentage of calls to crisis line answered live within 30 seconds	95.50%	93.30%	92.80%	93.85%
Total number of calls to crisis line abandoned	27	10	26	62
Percentage of calls to crisis line abandoned	0.80%	0.30%	0.70%	0.60%
<b>Mobile Crisis Outreach Events</b>				
Total number of mobile crisis outreach events	869	806	774	2,449
Percentage of EMERGENT mobile crisis outreach events requests/referrals that were responded to within two (2) hours	100.00%	100.00%	100.00%	100.00%
Percentage of URGENT mobile crisis outreach events requests/referrals that were responded to within twenty-four (24) hours	100.00%	100.00%	100.00%	100.00%
Total number of youth mobile crisis outreach events	75	84	67	226
Total number of adult mobile crisis outreach events	794	722	707	2,223
<b>Involuntary Treatment Act (ITA) Investigations</b>				
Total number of ITA investigations	401	396	429	1226
Total number of ITA court hearings	129	110	159	398
Total number of ITA investigations conducted via telehealth	15	10	12	37
Total number of ITA investigations not meeting detention criteria, resulting in a referral to outpatient behavioral health (MH/SUD) treatment	129	131	122	382
Total number of ITA investigations not meeting detention criteria, resulting in a referral to voluntary inpatient treatment	31	34	46	111
Total number of ITA investigations not meeting detention criteria, resulting in referral to other community based or medical resources	3	6	4	13
Total number of ITA investigations not meeting detention criteria, resulting in no further follow up.	107	90	96	293
Total number of ITA investigations resulting in detention or revocation	131	135	161	427
Total number of ITA investigations resulting in detentions or revocations filed as SUD	40	51	53	144
Total number of ITA investigations resulting in detentions or revocations filed as MH	91	84	108	283

# North Sound BH-ASO Annual Crisis Assessment 2025

## Summary of Crisis System Coordination

North Sound BH-ASO, in conjunction with county, city and behavioral health system leaders, continues our extensive collaboration structure to drive system alignment and coordination.

### List of Coordination Activities

System	Coordination Body
Counties	County Coordinator Meetings County Crisis & BH provider meetings
Criminal Justice System	County Coordinator Meetings [Trueblood Misdemeanor Funds] County Crisis Oversight Meetings County BH Task Force structures
First Responders	County Crisis Oversight Meetings Expansion of Mobile Crisis Outreach County BH Task Force structures
Community Hospitals	County Crisis Oversight Meetings Hospital Contracting – Development of streamlined protocols
Behavioral Health Agencies	ASO/MCO Behavioral Health Provider Meetings Crisis Services Leadership Meetings County BH Task Force Structures ASO-County Listening Sessions
Crisis Stabilization Facilities	Behavioral Health Provider Meetings County Crisis Oversight Meetings
Managed Care Organizations	Joint Operating Committee MCO-ASO Clinical Coordination Meetings Integrated Provider Meetings CLIP Coordination Committee
Tribes	North Sound Tribal DCR Coordination and Technical Assistance Structure NS Accountable Community of Health Tribal Alignment Committee North Sound Crisis Leadership Structure

### Description of Coordination Activities

Activity	Description
Joint Operating Committee	The joint technical workgroup was originally chartered by the Interlocal Leadership Structure (ILS). It is co-chaired by an MCO representative and the North Sound BH-ASO Director.
County Coordinator Meetings	North Sound BH-ASO staff meet monthly with the county behavioral coordinator leadership. Agendas include identifying local needs,

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	strategies for coordinating crisis and non-Medicaid services across the region.
County Crisis Oversight Structures	In partnership with our Counties, North Sound BH-ASO supports local “Crisis Oversight Committee”, or an equivalent group comprised of stakeholders from 911, first responders, hospitals, BHAs and other social services and treatment providers. These local county committees share information across and identify strategies to improve crisis response services across all the different stakeholder systems.
Behavioral Health Provider Meetings	These meetings provide a forum for BHAs, MCOs and North Sound BH-ASO to provide updates, raise concerns and ask questions. Topics have included MCO reimbursement, billing, forms, and authorization policies. The regional BH provider meetings are also used to solicit concerns from providers regarding workforce, coordinating services or other system impacts.
MCO-ASO Clinical Coordination Meetings	North Sound BH-ASO continues to actively participate in the bi-monthly MCO & ASO Clinical Coordination Meetings.
Tribal Coordination Meetings North Sound ACH Tribal Alignment Committee	North Sound BH-ASO’s Executive Director and Tribal Coordination Liaison continues to partner in regional Tribal Coordination meetings, meetings of the Regional Tribal Coordinating Council, and the meetings of the North Sound ACH Tribal Alignment Committee. These meetings have provided a forum for providing updates on crisis services and detailed discussion of the ASO-Tribal Crisis Coordination activities.
Advisory Board	The North Sound Behavioral Health Advisory Board advocates for a system of care that is shaped by the voices of our communities and people using behavioral health services. The Advisory Board provides independent and objective advice and feedback to the North Sound BH-ASO Board of Directors and local jurisdictions, and county advisory boards and service providers.
Joint Stakeholder Problem Solving Workgroups	North Sound facilitates local problem-solving discussions with crisis agencies, law enforcement leadership, hospitals, community BHAs aimed to preserve provider relations and coordinate better care and services.

## Criminal Justice System

North Sound BH-ASO maintains strong, coordinated partnerships with criminal justice systems across the five-county region, supported by active county leadership and cross-system governance structures. Through participation in county Crisis Oversight Committees, Law and Justice Councils, Interlocal Leadership Committees, and regional diversion task forces, the ASO advances shared accountability for behavioral health diversion, treatment access, and system alignment.

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Consistent with RCW 71.05 intent, Washington Health Care Authority (HCA) contract requirements, and statewide diversion initiatives, North Sound BH-ASO prioritizes the diversion of individuals from arrest, jail booking, and unnecessary detention into clinically appropriate behavioral health treatment and community-based support. This approach aligns with Washington's Trueblood system reform efforts and broader 988 and crisis system transformation strategies designed to reduce reliance on jails and emergency departments as default behavioral health response settings.

Key ASO–Criminal Justice initiatives include:

- Recovery Navigator Program (RNP) and Law Enforcement Assisted Diversion (LEAD/Let Everyone Advance with Dignity), in partnership with law enforcement and regional court systems, supporting adherence to emerging statewide program standards.
- Contracted services supporting diversion and treatment engagement, including Juvenile Court Treatment Services, Criminal Justice Treatment Account (CJTA) programs, and Jail Transition Services (JTS).
- Expansion of the Homeless Outreach and Stabilization (HOST) Program in Skagit and Island Counties utilizing federal block grant funding to address co-occurring homelessness and justice involvement.
- Increased Designated Crisis Responder (DCR) capacity to enhance field-based response in coordination with law enforcement.
- Continued support for embedded behavioral health co-responder programs with law enforcement and Fire/EMS to improve real-time information sharing, diversion decision-making, and safe field stabilization.

Through data-informed monitoring, cross-system coordination, and investment in diversion infrastructure, North Sound BH-ASO advances a behavioral health–first framework that strengthens public safety outcomes, improves continuity of care, and reduces recidivism across the North Sound region.

## The Provider Level

### Local Crisis Oversight Committees

In partnership with our five counties, North Sound BH-ASO supports the convening of local Crisis Oversight Committees that include local law enforcement, first responders, community hospitals, behavioral health agencies, Tribes, National Alliance on Mental Illness (NAMI), community organizations and crisis providers. Committee goals vary by county based on community and provider needs, though the basic structure focuses on strengthening the care crisis continuum with local entities. Below is a summary of the issues and topics for 2025:

#### Snohomish County Crisis Oversight Committee

- Ongoing coordination of DCR outreach, referral pathways, and least-restrictive diversion strategies.
- Real-time capacity monitoring and system updates from Swedish Medical Center, PRMC, Evergreen Recovery Center, Everett Diversion Center, PACT and IOP programs to support network adequacy and diversion optimization.
- Assisted Outpatient Treatment (AOT) implementation planning, including court coordination, provider capacity alignment, and fidelity to state AOT standards.
- 988 system updates, including endorsed MRRCT/CYFCT integration, 911 collaboration, and mobile response deployment tracking.

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- Behavioral health provider capacity discussions, including Less Restrictive Alternatives (LRA), PACT expansion, and outpatient access stabilization.
- Identification of service and system gaps
- Review of crisis facility admission criteria, screening protocols, and interfacility coordination standards.
- Legislative and state policy updates, including HB 1813 crisis stabilization delegation readiness and funding implications.

### **Skagit County Crisis Oversight Committee & North Star Co-responder Task Force**

- Ongoing refinement of local crisis workflows among DCRs, law enforcement, hospitals, and mobile crisis providers to strengthen endorsed team fidelity and system responsiveness.
- Updates on Funding awards and county planning to expand crisis stabilization and diversion capacity, including CSU alignment.
- Cross-system DCR and co-responder coordination focused on operational protocols, Medicaid feasibility, and embedded BH professional sustainability.
- Law Enforcement leadership presentations reviewing behavioral health call volumes, acuity trends, and diversion opportunities.
- DOH 988-911 Diversion operational presentation and updates and integration with mobile crisis dispatch and regional call triage.
- Review of Skagit crisis system metrics, including utilization trends, ED boarding, mobile deployment volumes, and diversion outcomes.
- Legislative updates and state-directed crisis system modernization initiatives.

### **Whatcom County Crisis Oversight Committee**

- Coordination and evaluation of Whatcom County Alternative Response Teams (ART) and co-responder programming within the broader ASO-administered and County crisis framework.
- Cross-system collaboration with Ground Level Response and Coordinate Engagement (GRACE) and Law Enforcement Assisted Diversion (LEAD) to enhance pre-arrest diversion and community stabilization pathways.
- EMS and Community Paramedic coordination with DCRs and MRRCT teams to improve field-based stabilization and referral outcomes.
- 988 updates, mobile response coordination, and endorsed team deployment oversight.
- Structured coordination with Law Enforcement and hospital partners for crisis cases requiring ED admission or higher levels of care.

### **Island County Crisis Oversight Committee**

- Maintained cross-system care coordination structures focused on high utilizers and complex-needs individuals to reduce avoidable ED and inpatient utilization.
- ITUHA CSU and Withdrawal Management referral, admission, and capacity coordination, including integration into the regional crisis stabilization network.
- Presentations and system planning related to Island County behavioral health law enforcement co-response programming and sustainability pathways.

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- Outpatient mental health and substance use disorder capacity assessment and workforce stabilization discussions.
- Crisis system coordination with Island County Sheriff’s Office to align field response and diversion pathways.
- 988 integration updates and mobile crisis deployment tracking.

### San Juan County Crisis Oversight Committee

- DCR and Mobile Crisis outreach protocol refinement to address geographic barriers and rural response challenges.
- Community needs assessment including outpatient behavioral health capacity, family resource support, and identified continuum gaps.
- Development of stabilization and referral pathways for high-intensity service needs, including strengthened partnerships with outpatient providers and mainland crisis resources.
- Law enforcement and first responder co-responder planning to enhance field-based behavioral health intervention capacity.
- Legislative and state-level policy updates impacting rural crisis service delivery.

### Care Coordination

North Sound BH-ASO ensures that crisis system policies and procedures are implemented that promote coordination, continuity, and quality of care for individuals receiving crisis services. As outlined above, our work continues with several key elements: (1) coordinating and accessing crisis prevention plans, and (2) supporting strategies to reduce unnecessary crisis system utilization and improve linkages to the most appropriate level of care.

Crisis services by design are not limited or reduced based on the person’s needs or how frequently they may require support. Strategies to reduce unnecessary crisis services must consider the individual’s unique treatment needs, personal circumstances, provider clinical judgement, available support systems and whether the individual’s recovery would be better supported in a different level of care.

The table below represents the average number of people identified as high-need or “high utilizer” by MCO and included as part of our bi-weekly reporting for possible care coordination engagement.

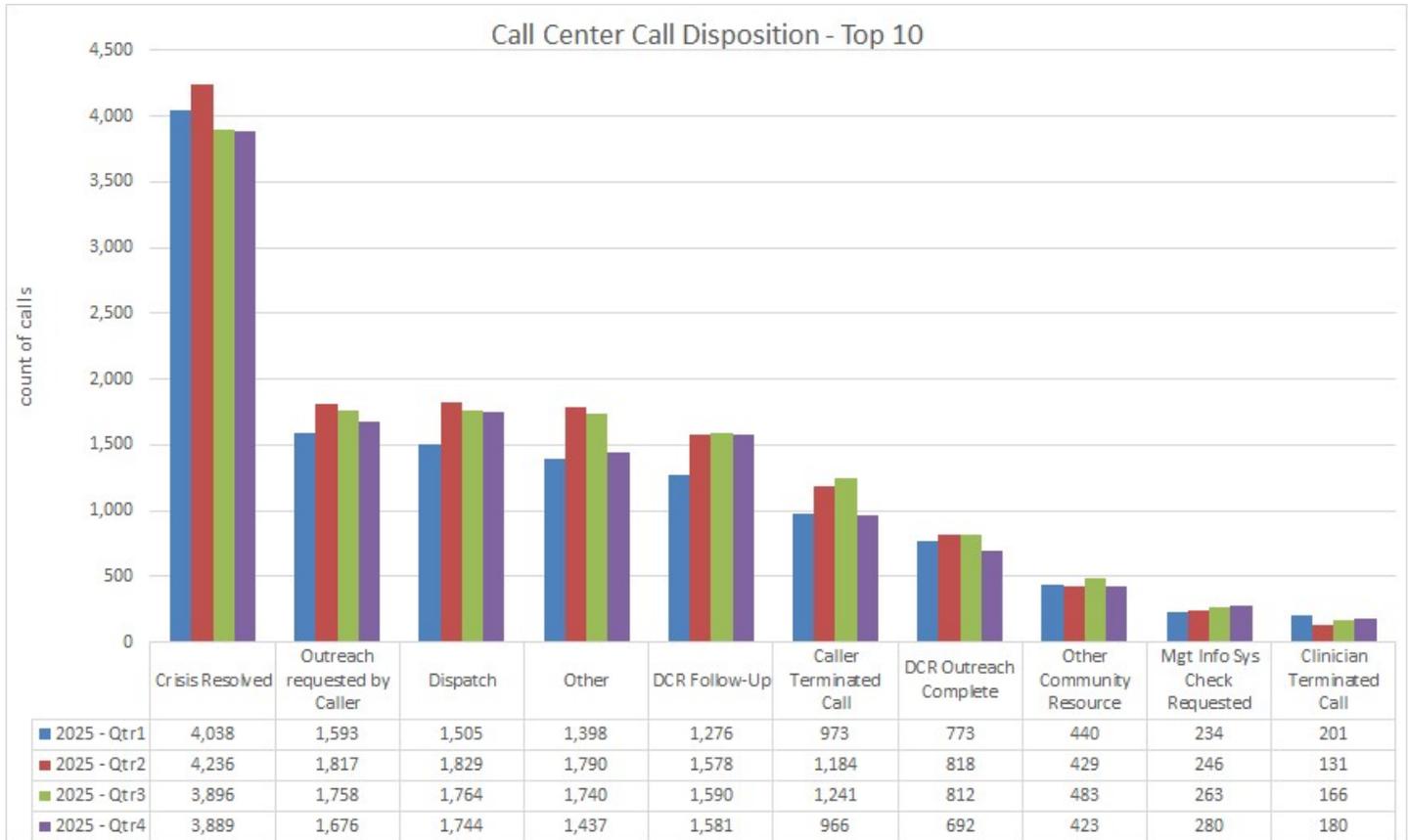
<b>Average number of People included on the bi-weekly high utilizer lists in 2025</b>	AMG	CCC	CHPW	MHC	UHC	OTHER	Total
Count of People with 3 or more detentions or LRO revocations last 180 days	0.3	0.3	0.4	1.9	0.7	10.7	14.3
Count of People with 5 or more investigations in last 180 days and 0 in the last 30 days	0.2	0.4	0.5	2.7	0.7	8.9	13.5

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## Regional Crisis Line - Information and Data About the Disposition of Crisis Calls

The graphs below display the Crisis Line disposition reasons that were used during calendar year 2024. The top 10 selections represent approximately 94.1% of the dispositions rendered. Of the top 10 RCL dispositions reported, the most frequent selection was “Crisis Resolved” at 28.47%. 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 12.13% of the selections, selected was “Outreach Requested by Caller”. The “Dispatch” category is third at 12.13% of the selections. The next 3 most represented selections, at 11.29%, 10.68% and 7.74% are “Other”, “DCR Follow-Up” and “Caller Terminated Call” respectively. “Dispatch” and “Outreach Requested by Caller” 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. “DCR Follow-Up” is coordination with DCR’s.



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## System Coordination

### Coordination of Referrals to Provider Agencies or MCOs for Case Management

Coordination of referrals between crisis agencies, community outreach teams (i.e., co-responders), 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 assessments and crisis prevention plans with appropriate entities as needed. North Sound BH-ASO employs licensed professionals with expertise in Mental Health and Substance Use Disorder (SUD) treatments who offer a range of **coordination support** for individuals accessing crisis services or authorized treatment services in the North Sound region.

### Awareness of Frequent Crisis Line Callers

Frequent crisis line callers have a measurable operational and clinical impact on crisis systems. Consistent with guidance from the 988 Suicide & Crisis Lifeline. North Sound BH-ASO and the Regional Crisis Line (RCL) implement structured protocols to identify, assess, and clinically manage high-utilization patterns while ensuring ongoing access to crisis support.

In alignment with Washington Health Care Authority (HCA) contract requirements, 988 performance standards, and WAC 246-341 crisis service expectations, the RCL utilizes data-informed processes to monitor call frequency, risk acuity, and service connection outcomes. Both North Sound BH-ASO and VOA independently track Medicaid and non-Medicaid high utilizers to assess patterns of repeat crisis engagement, equity considerations, and potential service gaps across the region.

The RCL coordinates directly with behavioral health providers, community-based organizations, Indian Health Care Providers, Tribal authorities, Managed Care Organizations (MCOs), and the ASO to facilitate cross-system case consultation and individualized engagement strategies. This approach supports:

- Development of tailored response plans for frequent callers
- Warm handoffs to Mobile Rapid Response Crisis Teams (MRRCT), outpatient providers, or stabilization services
- Integration with care coordination and case management resources
- Reduction of unnecessary emergency department or law enforcement utilization

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Consistent with Washington State’s crisis system transformation and 988 implementation framework, the ASO emphasizes proactive engagement, data transparency, and collaborative intervention planning to ensure frequent callers receive appropriate, person-centered, and culturally responsive care while maintaining operational sustainability of the crisis line.

### Reduction of Law Enforcement Involvement with the Crisis System

As outlined in the [\*Referral Source – Partnering with Law Enforcement\*](#) analysis, North Sound BH-ASO continues to strategically prioritize and fund targeted behavioral health diversion and outreach programs in partnership with local law enforcement, fire, and emergency medical services agencies. These partnerships are designed to reduce unnecessary criminal justice system involvement and ensure individuals experiencing behavioral health crises are diverted to clinically appropriate services whenever possible.

Consistent with Washington State’s crisis system transformation efforts, North Sound BH-ASO recognizes that cross-system collaboration is a critical component of a fully integrated crisis continuum. In alignment with RCW 71.05 intent, 988 implementation standards, and HCA contract requirements, the ASO supports models that improve early identification, field-based intervention, and timely connection to care for individuals experiencing mental health or substance use disorder crises.

North Sound BH-ASO is committed to implementing best practices consistent with:

- SAMHSA’s National Guidelines for Behavioral Health Crisis Care (2020) that emphasize “Someone to Call, Someone to Respond, and Somewhere to Go.”
- NASMHPD crisis system standards that support reduced reliance on law enforcement and emergency departments as default crisis responses.
- Washington State Health Care Authority (HCA) Crisis Services Contract Requirements to include coordination with 988, Regional Crisis Lines (RCL), Mobile Rapid Response Crisis Teams (MRRCT), and Designated Crisis Responders (DCRs).
- Washington’s Trueblood and 988 system transformation framework that prioritizes community-based response and diversion from emergency rooms and jails.

North Sound BH-ASO supports models that:

- Embed behavioral health clinicians with law enforcement (co-responder models).
- Deploy behavioral health-first mobile crisis teams as the primary responder when clinically appropriate.
- Integrate 911–988 call triage and coordinated dispatch protocols to ensure the right response at the right time.
- Establish warm handoffs to stabilization, withdrawal management, or outpatient services.
- Use data-driven quality management processes to monitor diversion outcomes and reduce repeat crisis system utilization.

Consistent with Washington State best practices, the ASO prioritizes a **“behavioral health first” response model**, where law enforcement, fire, and EMS are engaged based on safety need rather than default protocol. This approach reduces unnecessary arrests, minimizes trauma associated with law enforcement transport, and improves engagement in ongoing treatment services.

Building a coordinated and synchronized behavioral health crisis system — inclusive of embedded partnerships with law enforcement, fire, EMS, 988 call centers, and community-based providers — increases opportunities for individuals to

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connect directly with trained behavioral health clinicians and resources. This integrated model strengthens public safety outcomes while advancing equity, diversion, and system efficiency across the North Sound Region.

### Crisis System Data – Quality Improvement

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 Internal Quality Management Committee (IQMC) and Utilization Management (UM) Committees review quality and utilization related crisis metrics to determine action steps if necessary. North Sound BH-ASO's Advisory Board, counties and external stakeholders play a critical role in discussing and making recommendations to IQMC or Leadership based on, among many variables, utilization data of crisis services. This organizational structure provides 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'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 to improve access and outcomes.

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. During 2022, Local Crisis Oversight committees continued to provide:

- Direct feedback from community stakeholders and partners. Our Local Crisis Oversight structure acts as a system feedback loop regarding service delivery strengths and opportunities for improvement.
- A venue for Improved collaboration and protocols between crisis services, law enforcement, Fire/EMS and critical emergency 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.

### 2026 Organizational Opportunities

Acknowledging that system needs are ever present across the behavioral health ecosystem, North Sound BH-ASO's key opportunities for 2026 include, but not limited to:

1. **Optimize Crisis Stabilization and Crisis Relief Centers** - With multiple CSUs and CRCs operational across the region, 2026 presents an opportunity to move from implementation to performance optimization. North Sound will focus on measuring throughput, diversion from inpatient E&T settings, length of stay, and 30-day recidivism to ensure facilities are functioning as true alternatives to higher levels of care.

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2. **SB 6251 Regional Care Crisis Dispatch Protocols** – Fully Scale to include 911-988-RCL-mobile crisis response alignment that memorializes expectations, understandings, lines of communications and information sharing that support a seamless crisis delivery system.
3. **Formalize Crisis Meric Diversion Strategy** – formalize a Regional Diversion Framework to better measure and expand least-restrictive outcomes across the crisis continuum. With dispatches increasing while detention rates stabilize or decline, the region is positioned to quantify and strengthen voluntary engagement, mobile response diversion, and emergency department avoidance. A standardized diversion dashboard will allow counties and partners to monitor outcomes and proactively scale effective models.
4. **Improve Crisis Prevention Plans** - Although crisis plans remain underutilized in real-time dispatch decision-making, 2026 will prioritize stronger integration of crisis prevention plans into mobile, DCR, and call center workflows. By partnering with HCA and regional providers to standardize plan development and accessibility, the ASO aims to reduce repeat dispatches and enhance continuity of care. Improved data visibility will support earlier intervention and sustained stabilization.
5. **Expand Youth and Family Crisis Infrastructure** - With the successful launch of Youth GO and the Youth Navigator Program, 2026 will focus on measuring youth-specific outcomes, including emergency department diversion, school-based referrals, and stabilization follow-up rates. Strengthening youth-centered mobile response and family engagement strategies will further reduce out-of-home placements and law enforcement involvement. North Sound is positioned to lead statewide implementation of developmentally appropriate crisis models.
6. **Convene Regional Leadership to Establish 2026–2027 Legislative Priorities** – Continue to support unified regional legislative agenda for the upcoming biennium. By aligning system data, on the ground need assessments, operational lessons, and fiscal priorities, the region will advance coordinated policy and funding strategies.
7. **Strengthen Behavioral Health Integration within Fire/EMS** - In partnership with counties and emergency service leaders, North Sound will continue evaluating sustainable Medicaid reimbursement pathways for embedded behavioral health professionals within Fire and EMS settings. Establishing viable billing and documentation frameworks will reduce reliance on local levy funding and enhance long-term program sustainability. This effort supports broader statewide alignment between crisis services and first responder systems.
8. **Evaluate Assisted Outpatient Treatment (AOT) Outcomes** - Following full implementation of the AOT model in 2025, 2026 will focus on measuring clinical and system impacts, including reductions in hospitalization, emergency department utilization, and criminal legal involvement. A structured evaluation framework will allow the region to assess return on investment and identify opportunities for model refinement. AOT remains a key strategy in strengthening less restrictive treatment pathways.
9. **Enhance Fiscal Sustainability of the Crisis Continuum** - As crisis services expand, 2026 will include a focused review of Medicaid claiming optimization, facility cost-offset performance, and long-term funding alignment across 988, MRRCT, DCR, and stabilization services. Developing a multi-year financial strategy will ensure operational stability while maintaining equitable access across rural and urban counties. Fiscal stewardship remains foundational to system reliability