



North Sound BH-ASO Annual Crisis Assessment

2022 Summary and Analysis of the North Sound BH-ASO Crisis System

**NORTH SOUND BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION**

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Executive Summary

North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) administers behavioral health services and programs, including crisis services for all people in North Sound's Regional Service Area (RSN). Behavioral Health crisis services are provided to anyone, anywhere and at any time across our five counties, regardless of a person's ability to pay.

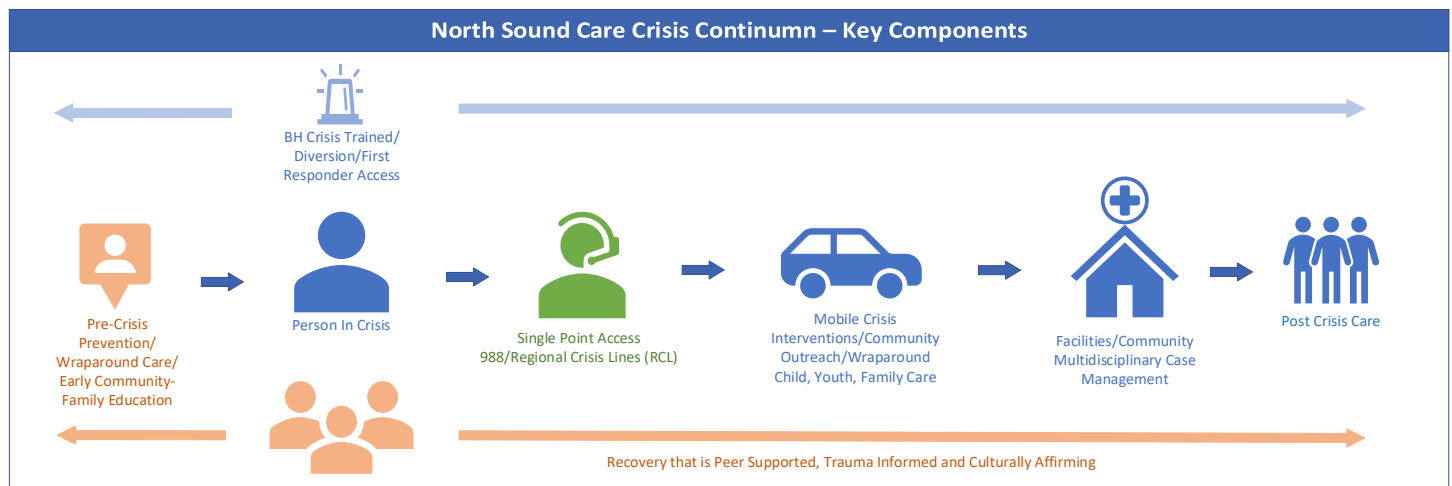
No one crisis is the same, and no one crisis requires the same intervention. Crisis services are available 24/7 and provide immediate treatment in a location best suited to meet the individual's needs. Crisis services are intended to be solution-focused, person-centered, and recovery-orientated that avoids unnecessary hospitalization, incarceration, institutionalization or out of home placement.

The Substance Abuse and Mental Health Services Administration (SAMHSA), the National Council for Behavioral Health and the National Association of State Mental Health Program Directors (NASMHPD) have provided updated crisis system best practice toolkits in 2022 to include new approaches such as the Mobile Response and Stabilization Service (MRSS). North Sound BH-ASO has a long-demonstrated history incorporating national best practices into the region's care crisis continuum. These guidelines continue to support a system that is responsive to the unique needs of each individual and accountable to our communities.

2022 marked an important milestone for our organization's commitment to racial justice for the services and programs we are funding. We implemented an 18-month Diversity, Racial Equity and Inclusion (DREI) initiative that has been incorporated into our ASO strategic plan and will ignite key initiatives in the coming years that will support our region's knowledge and action to address socioeconomic and racial inequalities in our system of care.

In addition, North Sound BH-ASO and our regional crisis providers are active partners with Washington State's HB 1477 (988) implementation that will include major service and infrastructure enhancements aimed to improve and provide a higher quality of crisis system response. Many of these crisis system enhancements involve the Administrative Service Organizations (ASOs) and require robust planning and coordination across various infrastructure and provider systems. North Sound BH-ASO's long standing commitment to a well-integrated network of crisis providers has well-positioned our region to expand the care crisis continuum in critical ways.

Although challenges remain and service gaps persists, North Sound BH-ASO strives to ensure a well-integrated crisis service continuum for individuals needing immediate access to care.



North Sound BH-ASO's [2020](#) & [2021](#) Annual Crisis Assessments provided an overview of crisis services and identified key opportunities to improve or expand service delivery as part of our strategic planning. One major 2020-2021 opportunity included leveraging our region's robust collaboration structure to implement new or enhanced outreach programs such as law enforcement co-responder programs, Homeless Outreach and Stabilization Teams (HOST), Recovery Navigator Programs (RNP), and Child, Youth and Family Crisis Teams. These new outreach programs, working in close collaboration within the care crisis continuum, will create new care pathways for individuals and families needing behavioral health services.

A second opportunity we identified focused on improving multi-system and payer coordination for crisis services. This included information sharing and referral protocols for high need individuals in the crisis system and providing project management and technical assistance with Collective Medical Technology (CMT) to support sharing of care crisis plans and pertinent treatment information.

Our *2022 Annual Crisis Assessment* will focus on crisis service delivered in 2022 and provide a summary of the development, implementation, and outcomes of activities and strategies used to improve the crisis system. We will also review previous opportunities identified in our 2021 Annual Crisis Assessment and provide a summary of our Community Information and Education Plan (CIEP) as well as our *Crisis Voice* initiative to integrate individual, family, and community voice into our regional strategic plan for crisis services.

Executive summary of key findings for 2022:

A summary and analysis about each 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.

Reference Pages: [Summary of Data](#)

Key Findings

1. Regional Crisis Line Activities

The COVID pandemic and aftermath has continued to have a significant impact on the number of calls to the Regional Crisis Line (RCL).

- The monthly number of calls to the RCL remained historically high in 2022, averaging 4,139 calls a month. The total number of annual calls increased from 46,576 in 2021 to 49,663 calls in 2022.
- Despite the elevated crisis call volume, and the increase in average length of calls, our RCL was able to meet the key metrics for answering calls within 30 seconds and kept the abandonment rate below 5%. Their performance significantly improved during 2022 with call abandonment rate remaining below 1% during the August to December reporting period.

2. ITA Investigation Activities

- The total number of dispatches for Involuntary Treatment Act (ITA) investigations slightly decreased from 4,888 in 2021 to 4,807 in 2022. Dispatches decreased throughout the year and represented a net decrease of 1.7% when compared with 2021.
- Average DCR ITA dispatch time continued to be under two (2) hours.
 - A. The detention "rate" per 10,000 population decreased from 2021 to 2022, 15.4 per 10,000 to 13.5. The number of average monthly detentions was 169.0 in 2021 and decreased to 150.5 in 2022 and was between 117 and 184 a month.

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

Reference Pages: [Summary of Crisis System Coordination](#)

Key Findings

1. North Sound BH-ASO maintains an extensive array of coordination activities that it had begun in 2018 in planning for the implementation of the Integrated Managed Care (IMC) model to include the Interlocal Leadership Structure (ILS), the Joint Operating Committee (JOC), Integrated Provider meetings, and Crisis Services Leadership meetings.
2. North Sound BH-ASO staff continue to actively participate in and jointly chair County Crisis Oversight Committees or equivalent county level coordination committees. The various activities of these committees in supporting crisis services coordination and improvements are described in the section "[Summary of Crisis System Coordination](#)".
3. North Sound BH-ASO is actively partnered with Health Care Authority (HCA) and our provider network through various state-wide and national workgroups for the development of new program standards and services. This includes Recovery Navigator Program, HOST, Co-Responder and Mobile Response and Stabilization Services (MRS) and others.
4. North Sound BH-ASO and our crisis provider network is fully integrated into the State's HB 1477 and SB 1688 system planning and participating in various state led workgroups to coordinate and improve the care crisis continuum.

Successes:

- Maintained automated crisis care management reports that lists individuals by MCO who have had multiple ITA investigations and/or detentions. These reports are produced bi-monthly and uploaded to a SFTP site for MCOs to access and aid in care coordination efforts.
- Operationalized the data sharing platform hosted by Collective Medical Technologies (CMT) that will allow crisis agencies to access treatment and crisis plan information on Medicaid members.
- Continue to expand funding for mobile crisis response including new partnerships with law enforcement.

Challenges:

- Although we have developed and maintained an alternative, more targeted care manager notification report on high utilizers of the crisis system, the ASOs are still required to produce daily crisis logs for the MCOs, though it appears the value remains minimal.
- The next phase of utilizing the CMT platform requires BHAs to get connected with CMT and to begin inputting Crisis Plan documentation. North Sound BH-ASO is working with CMT to mirror implementation of King County's process of uploading Crisis Plan data. Getting all BHAs onboard with CMT and uploading crisis data will be a significant lift but will ultimately lead to better coordination and care being provided by the crisis system.

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.

Reference Pages: [Summary of Crisis Plans](#)

Key Findings

Successes:

- Began operationalizing the data sharing platform hosted by CMT that will allow crisis services staff to access treatment and crisis plan information on Medicaid members.
- Maintained and updated a joint contact list for use by both MCOs, North Sound BH-ASO, and Crisis Services agencies.

Challenges:

- The next phase of utilizing the CMT platform requires BHAs to get connected with CMT and to begin inputting Crisis Plan documentation. North Sound BH-ASO is working with CMT to mirror implementation of King County's process of uploading Crisis Plan data. Getting all BHAs onboard with CMT and uploading crisis data will be a significant lift but will ultimately lead to better coordination and care being provided by the crisis system.

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

Reference Pages: [Summary of Strategies to Improve the Crisis System](#)

Key Findings

- Initiated a regional crisis system budget analysis that is evaluating funding and staffing needs to meet new state requirements for Mobile Crisis Response.
- Maintained RCL funding and additional funding for suicide prevention follow up support with COVID block grant funds.
- Executed our Child, Youth and Family Crisis Teams (CYFCT) contract and participated in Mobile Response and Stabilization Services (MRSS) best practice development.
- Funded law enforcement and first responder co-response programs and initiated development of model program standards.
- Targeted BH-ASO Behavioral Health Enhancement funds to support recruitment and retention of behavioral health staff with our Crisis Services agencies.
- Continued to provide funding for existing crisis stabilization facilities to serve non-Medicaid persons in Snohomish, Skagit, and Whatcom counties.
- Continued our high utilizer Care Management reports that identifies persons who have had frequent ITA investigations and/or detentions.
- Continued a regional data sharing platform hosted by CMT that will allow Mobile Crisis Response staff to access treatment and crisis plan information on Medicaid members who come into contact with the crisis system.
- Updated North Sound BH-ASO's Regional [Crisis Service Training](#) Module.

Summary Data and Analysis

Crisis System Metric Dashboards

North Sound Crisis Calls

Period From Jan-22 To Dec-22

	crisis calls	Calls	Calls LT 30	Average	Calls
Prior 12 mo. Avg	4,139	4,077	3,844	0:00:19	62
Min	3,682	3,667	3,460	0:00:13	13
Max	4,530	4,453	4,210	0:00:27	112
St dev	274	271	259	0:00:05	37
Dec-22	4,455	4,424	4,210	0:00:15	31
Current Month	✓	✓	✓	✓	✓

North Sound Investigations

Period From Jan-22 To Dec-22

	invest.	detentions	MH invest.	SUD invest.	MH and SUD invest.	Referred from Law Enforcement	avg dispatch response time hrs.
Prior 12 mo. Avg.	401	151	245	20	130	31	1.34
Min	356	117	225	14	107	23	1.06
Max	454	184	280	28	154	40	2.00
Standard dev.	23	17	16	4	12	5	0.25
Dec-22	413	150	256	28	126	37	2.00
Current Month	✓	✓	✓	✗	✓	✓	✗

	Detentions and Commitments	Less Restrictive Options MH	Voluntary MH Treatment	Other	No Detention Due to Issues
Prior 12 mo. Avg.	163	3	134	96	5
Min	135	0	105	84	3
Max	197	5	153	113	8
Standard dev.	17	1	12	9	2
Dec-22	160	4	130	113	6
Current Month	✓	✓	✓	✓	✓

- ✓ Inside 2 stdev
- ⚠ at 2 stdev
- ✗ outside 2 stdev

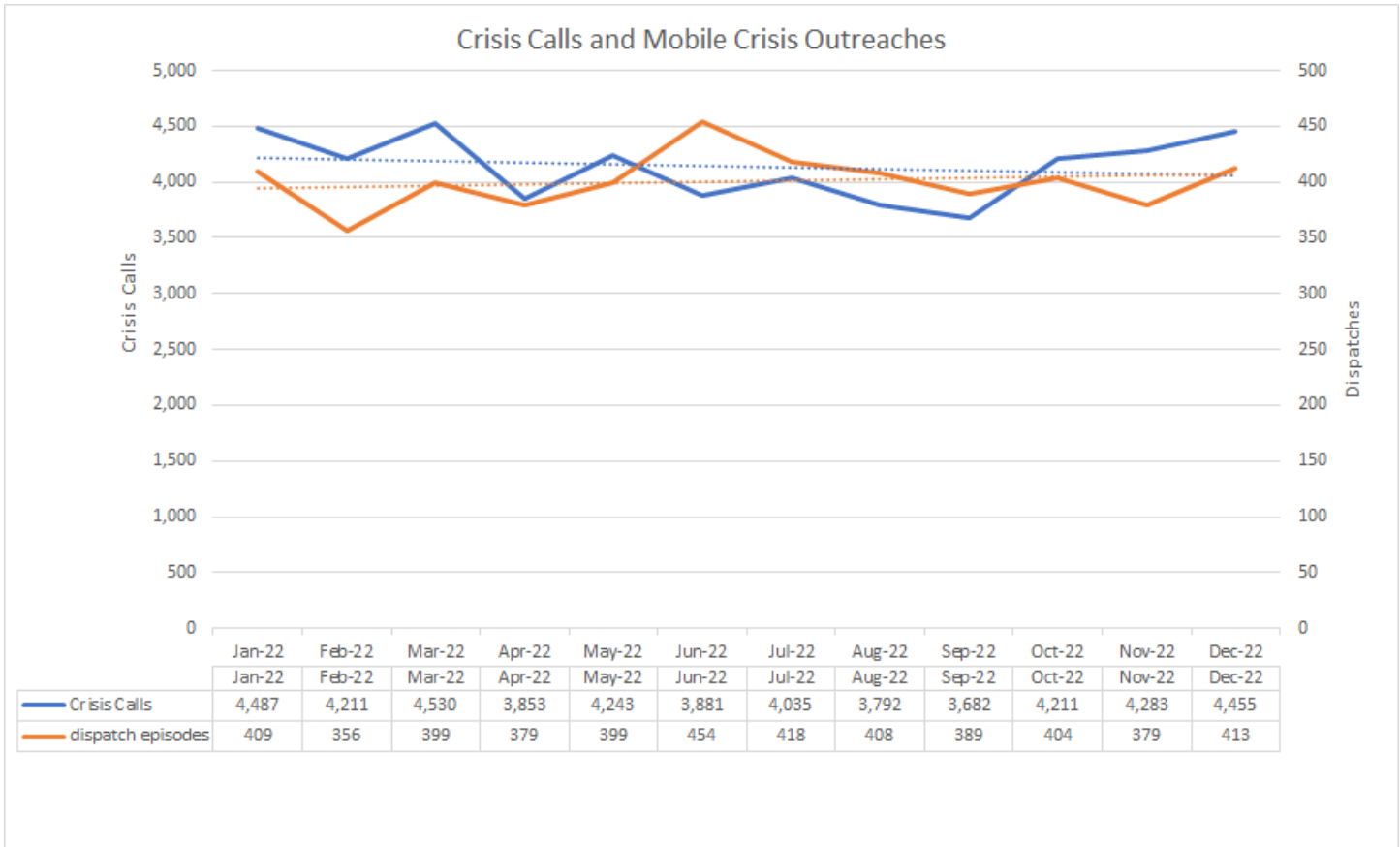
Unduplicated People Served in Crisis System

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

Month	Unduplicated People							Undup. Total
	Medicaid			Non Medicaid			Non Medicaid Total	
	Crisis Call	Crisis Service	Medicaid Total	Crisis Call	Crisis Service	Investigation		
Jan-22	470	356	826	446	309	349	955	1,609
Feb-22	429	318	747	404	304	303	888	1,479
Mar-22	473	360	833	459	345	344	996	1,670
Apr-22	443	357	800	379	294	318	878	1,511
May-22	452	393	845	432	347	342	976	1,638
Jun-22	494	398	892	415	362	384	997	1,702
Jul-22	458	383	841	508	356	361	1,069	1,733
Aug-22	473	378	851	446	367	351	1,001	1,672
Sep-22	484	378	862	460	305	314	949	1,634
Oct-22	465	395	860	461	350	346	989	1,674
Nov-22	422	357	779	413	306	337	896	1,512
Dec-22	427	352	779	390	302	334	871	1,489
Undup. Total	3,408	2,872	6,280	4,056	3,044	3,128	8,672	13,180

Month	Unduplicated People							Undup. Total
	Medicaid			Non Medicaid			Non Medicaid Total	
	Crisis Call	Crisis Service	Medicaid Total	Crisis Call	Crisis Service	Investigation		
2021	3,414	2,763	6,177	3,893	2,889	3,091	8,319	12,693
2022	3,408	2,872	6,280	4,056	3,044	3,128	8,672	13,180
Undup. Total	5,928	4,976	10,904	7,513	5,560	5,679	15,802	23,302

The table above shows an 3.8% increase compared to 2021 in the number of unduplicated individual's receiving a crisis service in 2022. As discussed under *Crisis Calls* below, during 2022 we saw a steady trend of historically high call volumes and individuals served through the Crisis Line.



Regional Crisis Line – Volunteers of America

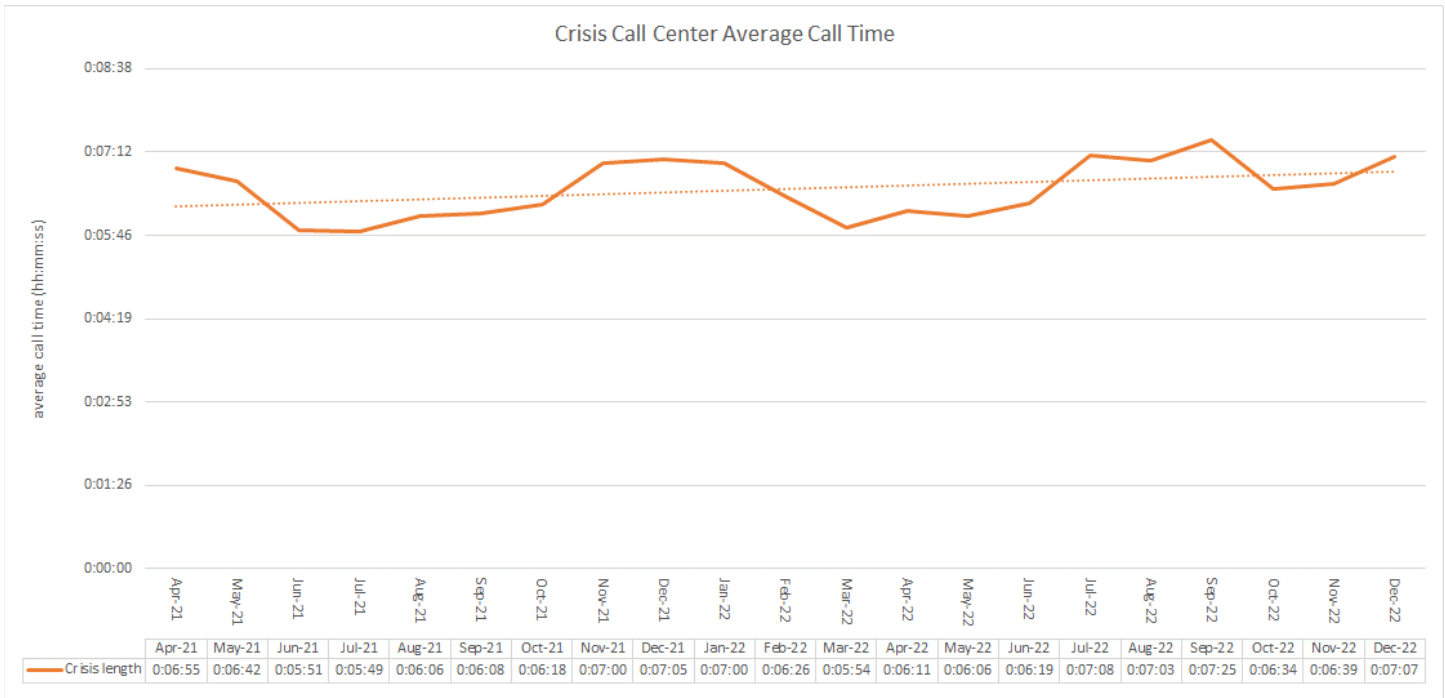
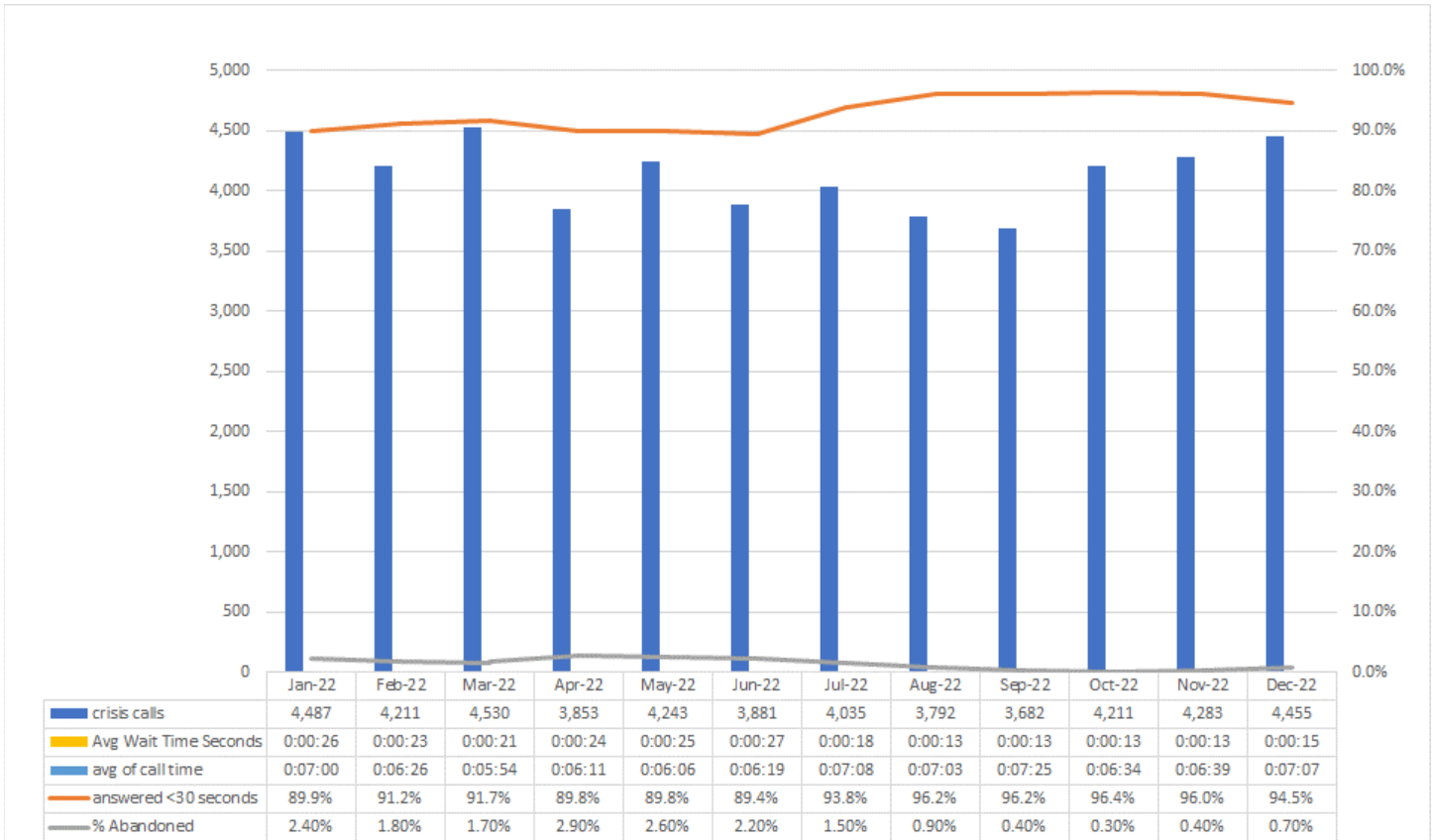
Crisis Lines are often the first point of contact for an individual experiencing a crisis event. Crisis Line services are available on a 24-hour basis and provide immediate interventions to stabilize and help link the individual to ongoing behavioral health and community supports. Our RCL plays a critical role in coordinating community based mobile crisis response and maintains a local resource knowledge bank for individuals experiencing a behavioral health crisis. Volunteers of America (VOA) has been North Sound Region's centralized RCL for over two decades and 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.

In 2022, North Sound's RCL handled 49,663 total calls, which was an 6.6% increase from 2021 volumes. As indicated in the graph below "*Crisis Calls Monthly Comparison*", the number of monthly crisis calls had a steady increasing trend in 2022, with the most call volumes occurring in March with 4,530 total monthly crisis calls.

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

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Crisis Calls Monthly Comparison



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 ensures 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 required metrics for 2022. VOA met both performance standards maintaining an average 92.9% rate for calls answered in less than 30 seconds and 1.5% for abandonment rate.

As noted in the *"Crisis Calls Monthly Comparison"* graph above, crisis calls answered in less than 30 seconds fell below the 90% benchmark in April, May, and June of 2022. In Q3 and Q4 of 2022, calls answered in 30 seconds improved, reaching 96.4% answer rate in October, and remained above the 90% benchmark in Q3 and Q4.

Similarly, call abandonment rate maintained a 5.0% or better performance. Call abandonment rate was the highest in Q2 of 2022 at 2.9% for the month of April, though there was sustained improvement month over month, with abandonment rate dropping to a low of 0.3% in October.

As noted in our previous 2021 Annual Crisis Assessment, North Sound BH-ASO implemented a Correction Action Plan (CAP) with VOA in May 2020. In addition to setting VOA on a path of sustainable improvement in the metrics, the CAP process provided the opportunity to identify the need to fund additional Crisis Line staff and technology improvements for their call management system.

North Sound BH-ASO will continue to work with VOA into 2023 and identify other opportunities to enhance the Regional Crisis Line system.

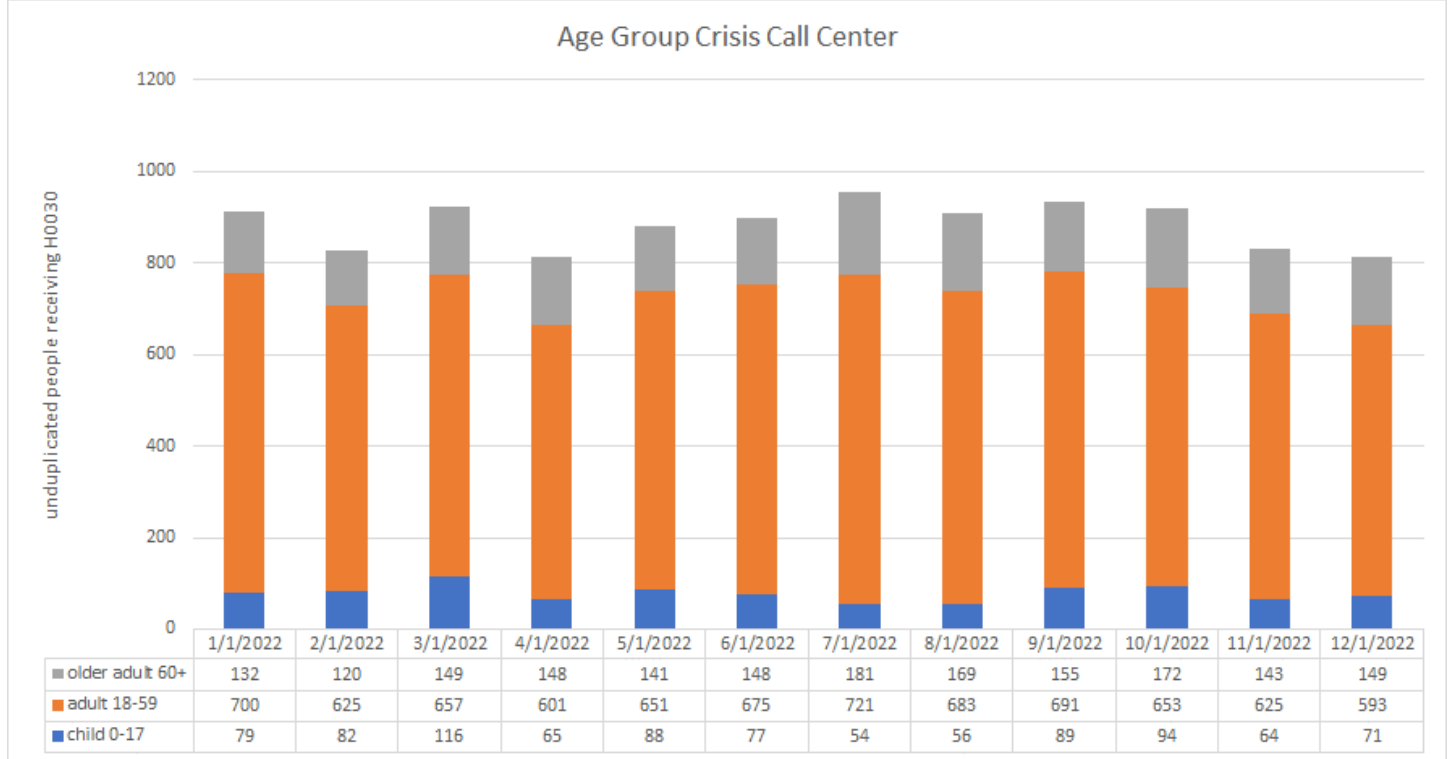
Crisis Call Center Demographics

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.

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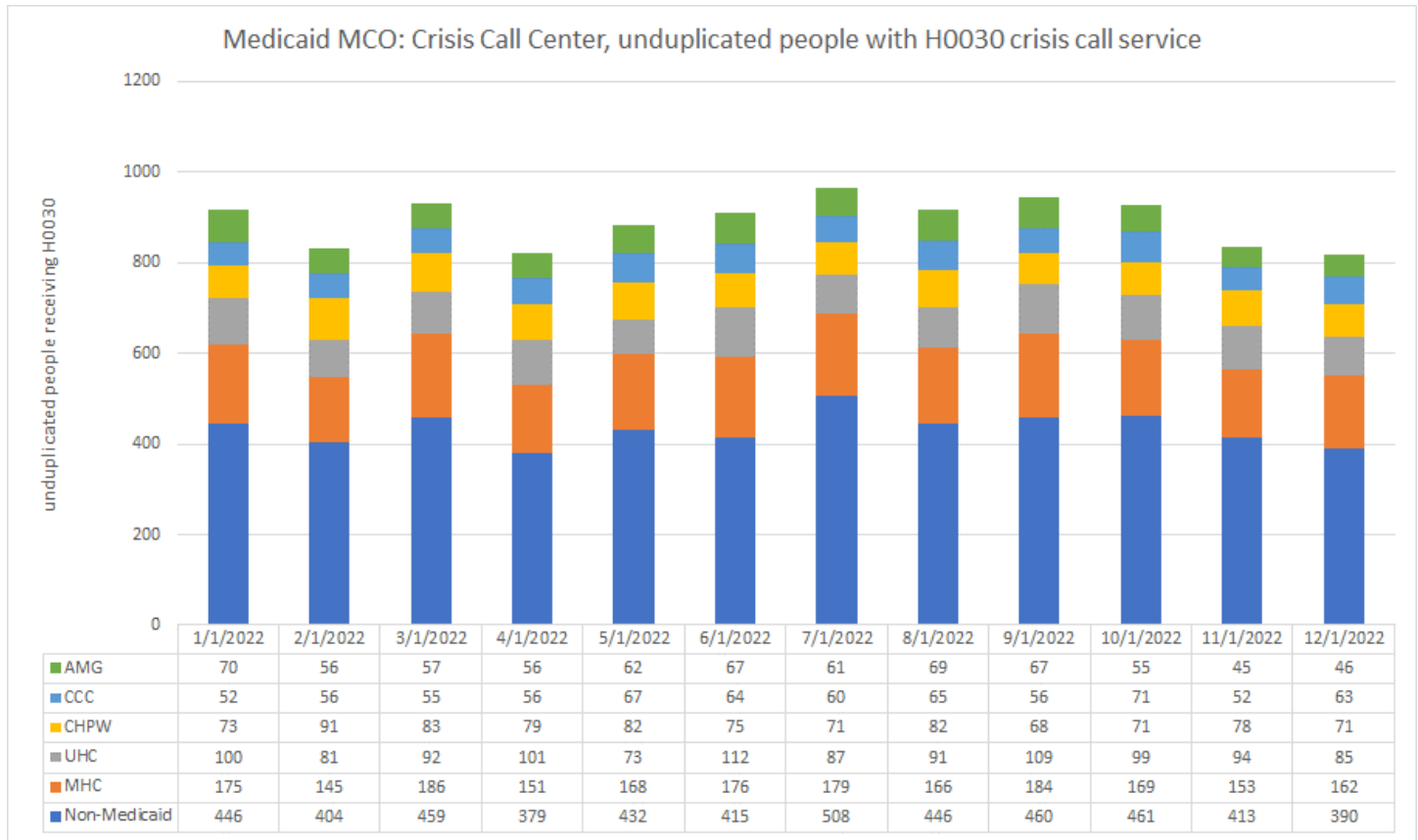
Age Group

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



Children aged 0-17 years of age represented 10.6% of crisis calls in 2022, while Adults aged 18-59 accounted for 73.5% and older adult 60+ years accounted for 16.1%. 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.

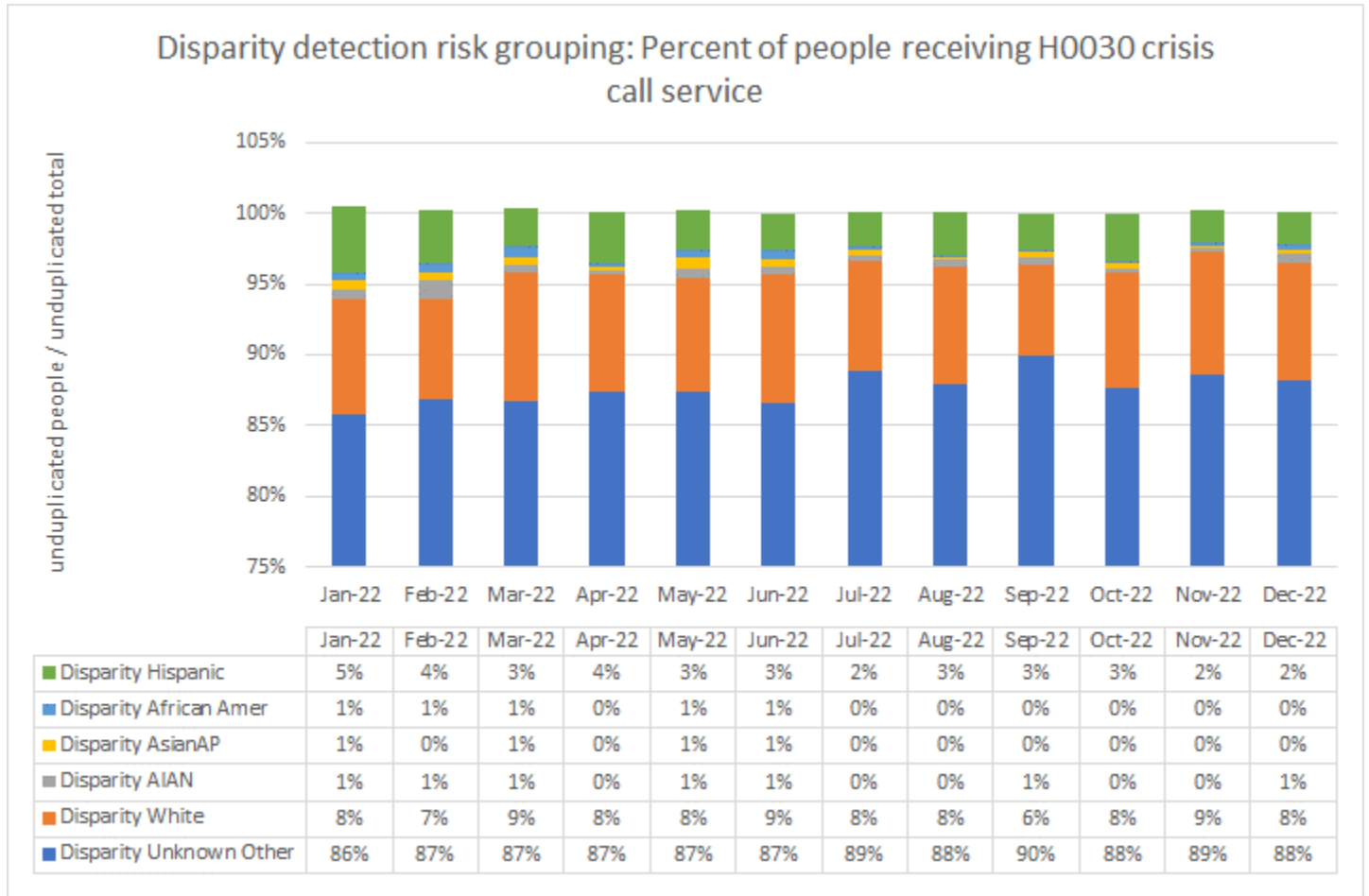
Funding Source



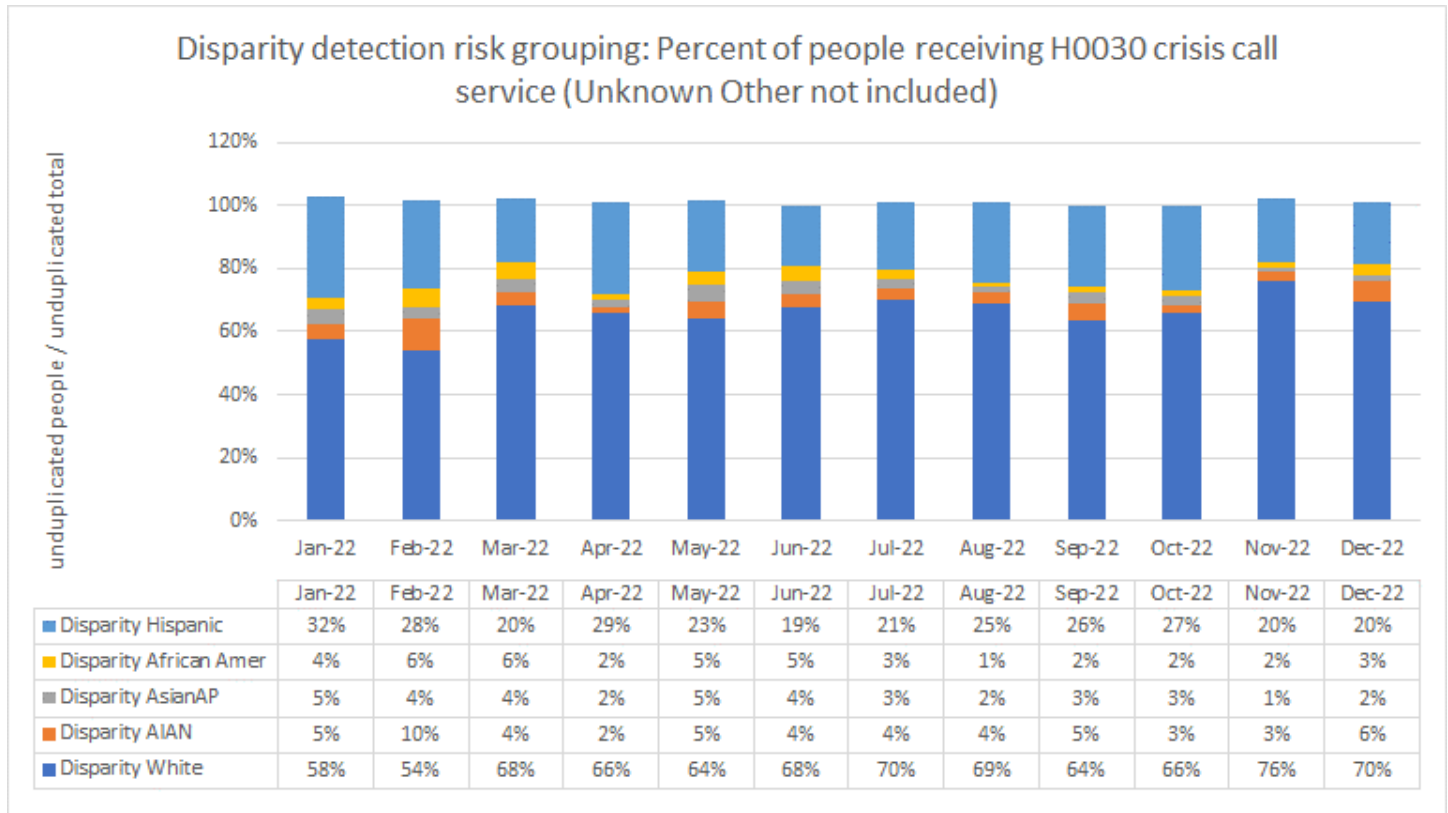
In 2022, 44.0% of the individuals accessing the crisis line were identified as belonging to an Apple Health Plan while 56.0% of the individuals were not linked to an Apple Health Plan at the time of the call. This contrasts with 2021 where 54.7% of individuals accessing the crisis line was identified as non-Medicaid, while 45.3% were identified to be connected to a Medicaid benefit and assigned to a Managed Care Organization (MCO).

Ethnicity

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



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

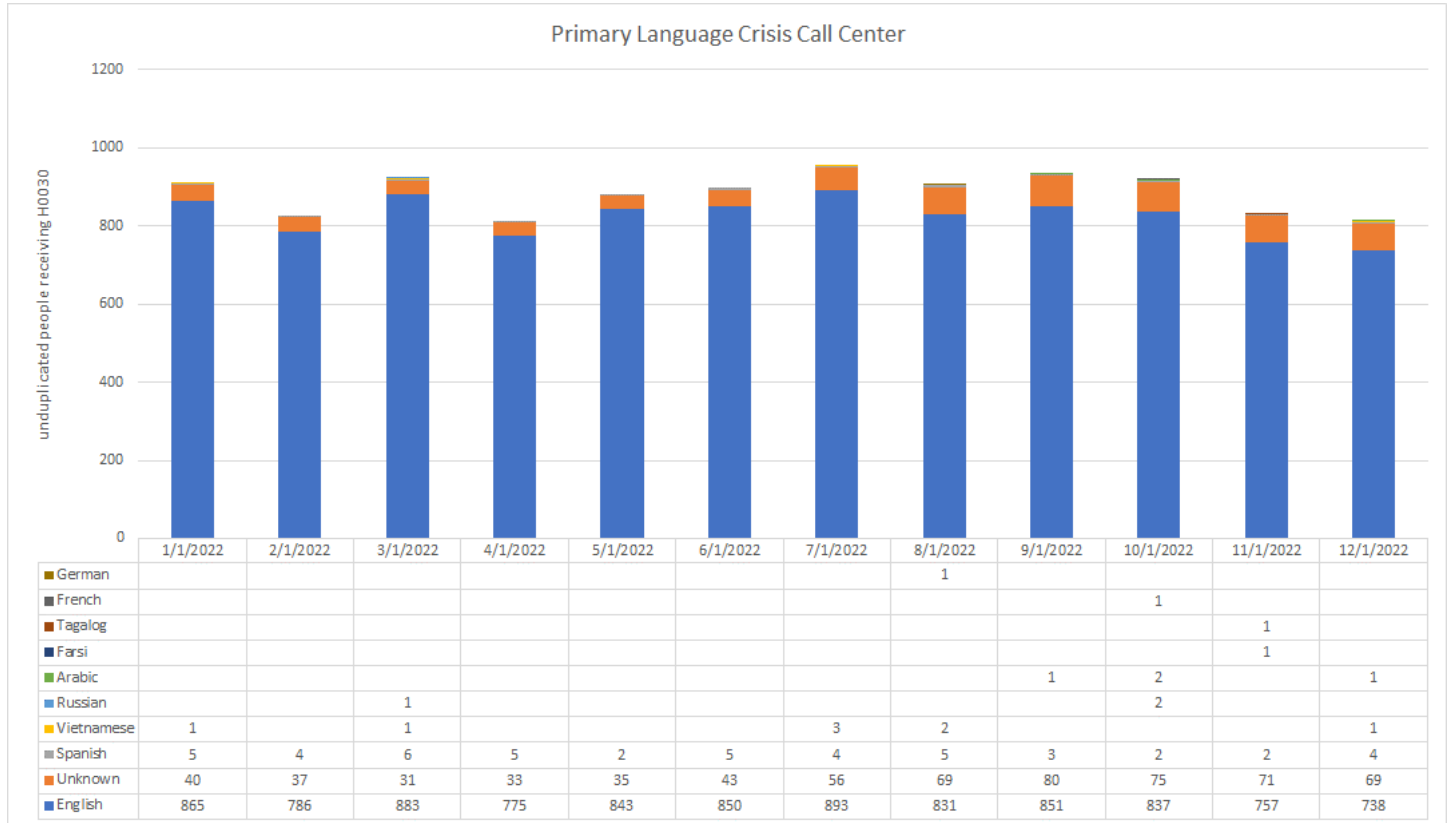


North Sound BH-ASO Annual Crisis Assessment

2022

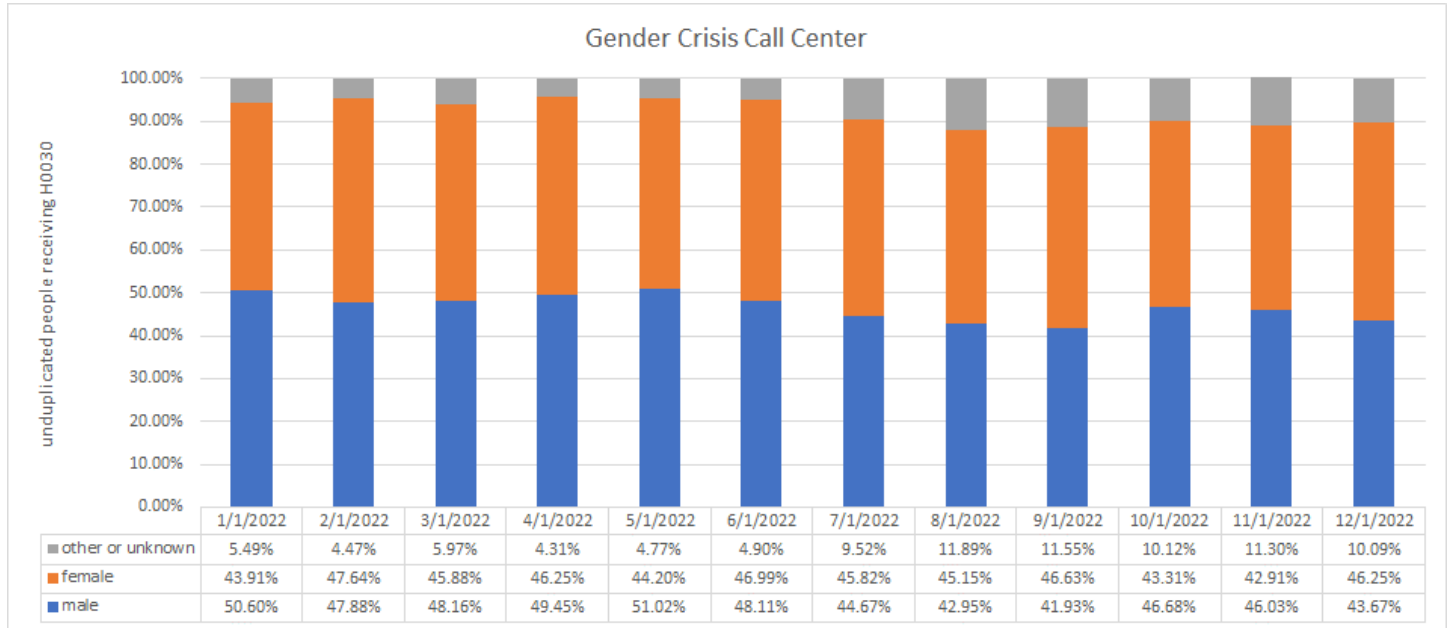
Primary Language

English as a primary language represented 93.2% of total 2022 calls to the RCL, while “unknown” represented 6.2%. As indicated below, callers with a primary language of Spanish, Russian, Vietnamese, Arabic, Farsi, Tagalog, German, and French called into the crisis line at least once in 2022. In October 2020, transaction requirements for demographic data changed which impacted how providers submitted primary language.



Gender

The below graph shows a monthly comparison of gender of either Male, Female or Other/Unknown. In 2021, 49.3% callers identified as Male, 45.1% identified as Female and 5.6% identified as Other/Unknown. 2022 in comparison, was 46.9%, 44.1% and 9.2% respectively. Gender categories replicated state reporting.



Regional Designated Crisis Responder (DCR) Dispatches

In 2022, there was a total of 4,807 dispatches for an ITA investigation in the North Sound Region. A break down by county is shown in the table below. The North Sound Region saw a 2.2% decrease in regional DCR dispatches when compared to 2021.

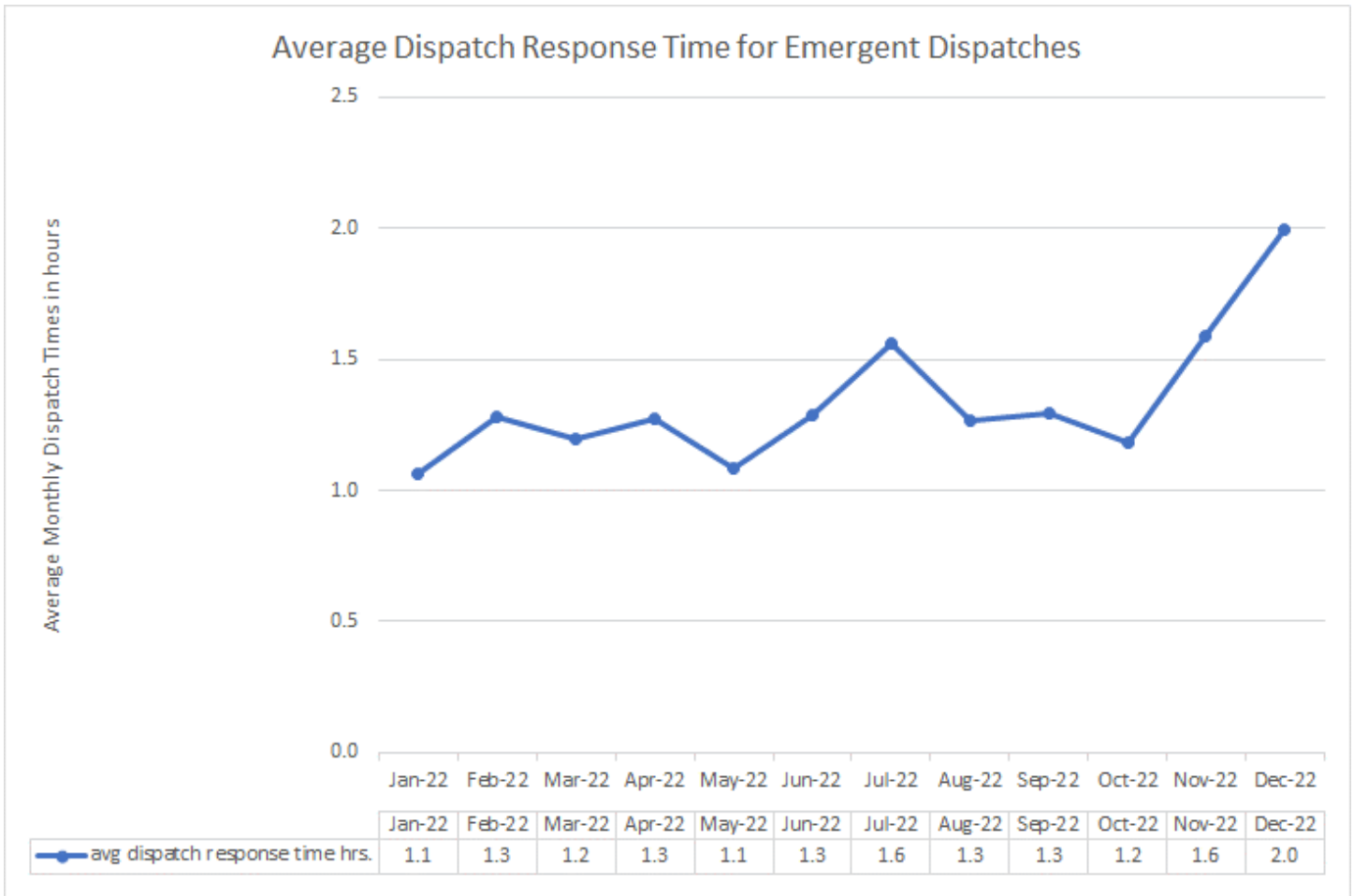
		county						
year		year	Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
dispatches	2021		137	34	529	3,144	1,071	4,915
	2022		114	42	504	3,292	855	4,807
% dispatches	2021		2.8%	0.7%	10.8%	64.0%	21.8%	100.0%
	2022		2.4%	0.9%	10.5%	68.5%	17.8%	100.0%
Total dispatches			251	76	1,033	6,436	1,926	9,722
Total % dispatches			2.6%	0.8%	10.6%	66.2%	19.8%	100.0%

Crisis Dispatch Performance Metrics

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

In 2022, DCR response for emergent (2-hour) dispatches continued to outperform the standard. The graph below shows average monthly DCR response times. 2022 Q1 and Q2 had a 6-month average of 1.2 hours, while Q3 and Q4 6-month averaged 1.5 hours. The 2022 total percentage of emergent dispatches that were responded to within two (2) hours was 87.1%. The 2022 total percentage of urgent dispatches that were responded to within twenty-four (24) was 86.4%.

month	avg Time
1/1/2022	1.1
2/1/2022	1.3
3/1/2022	1.2
4/1/2022	1.3
5/1/2022	1.1
6/1/2022	1.3
7/1/2022	1.6
8/1/2022	1.3
9/1/2022	1.3
10/1/2022	1.2
11/1/2022	1.6
12/1/2022	2.0
Grand Total	1.3



ITA Detentions and Detention Rates

The number of DCR investigations that resulted in an initial detention remained stable across all five counties in the North Sound Region. Compared to 2021's total detentions of 2,028, there were 1,806 detentions in 2022 with a regional

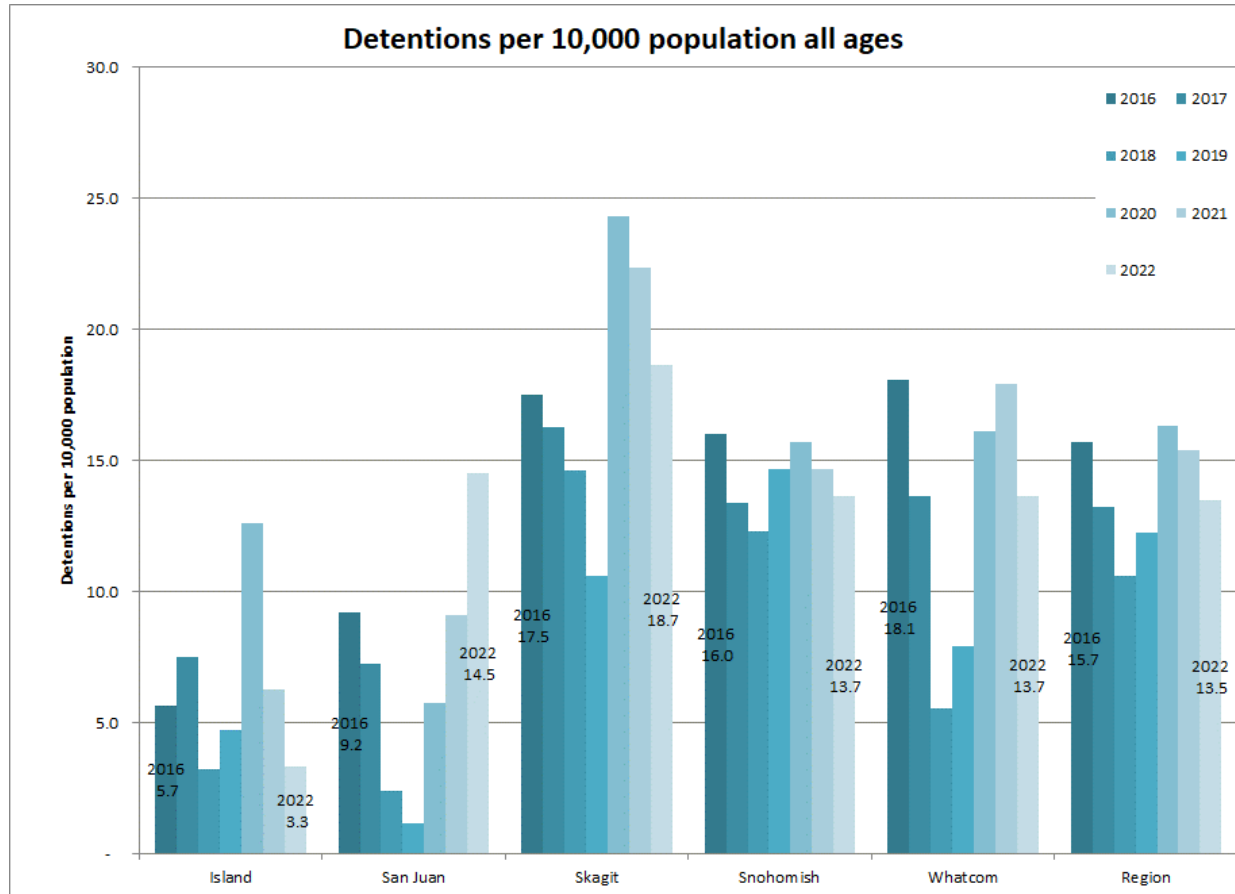
per capita rate of 13.5. As illustrated in the graph below “*Detentions per 10,000 Populations All Ages*”, detentions for all age ranges saw a decrease in the rate from 15.41 in 2021 to 13.5 in 2022.

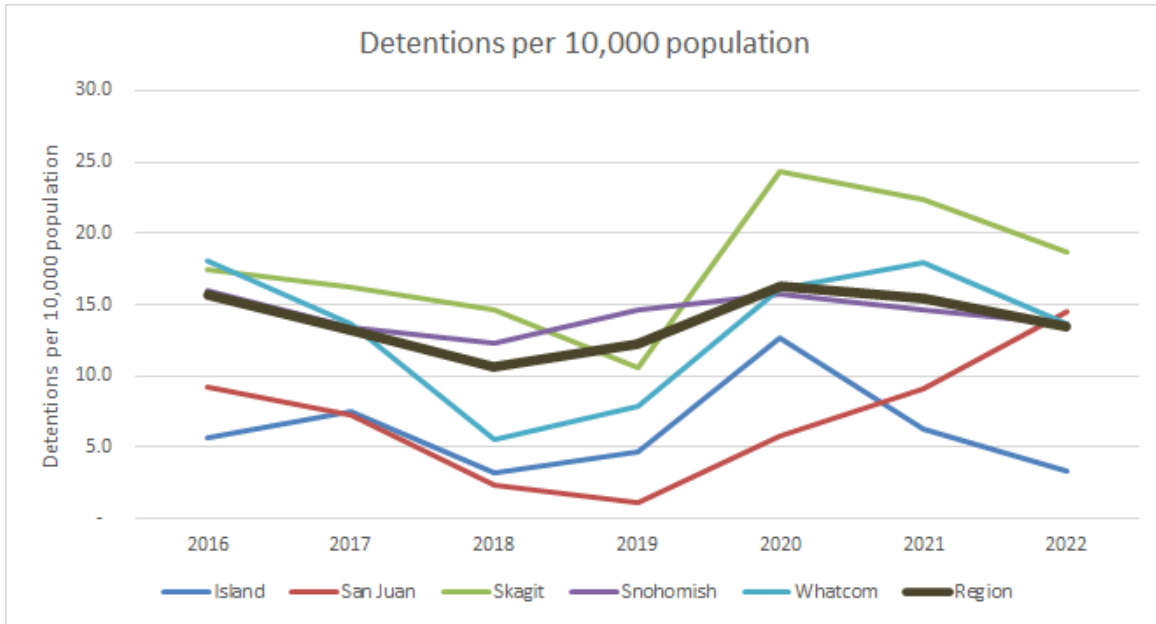
As you will note in the “*Detentions per 10,000 population*” grids below, comparing the rate of detentions in 2021 to 2022, there was a regional decrease from detentions to detentions per 10,000. Snohomish, Skagit, Whatcom, and Island counties saw a decrease in detentions when compared to the previous year while San Juan County saw an increase.

The 2022 detention rate, which is a comparison of the number of DCR dispatches to initiated ITA holds, differed in trending between our two contracted crisis agencies. Snohomish County’s 2022 detention rate was 36%, which was a 4% decrease from 2021. Compass Health’s detention rate for Skagit, Whatcom, Island County and San Juan County was 42% in 2022, which was a decrease of 2% from 2021. This is a decrease of 3% detention rate from 2021 levels for the region.

The region experienced an overall decrease in the number of total detentions and a decrease in regional detention rates from 2021 levels and the data shows we are now below the ITA services in 2016-2017. We discuss further in the report under [Dispatch and Detainment History](#), broader behavioral health service impacts.

Per Capita Detention Rates





Detentions

detention count	year of detention						
County	2016	2017	2018	2019	2020	2021	2022
Island	47	62	27	40	108	54	29
San Juan	15	12	4	2	10	16	26
Skagit	214	202	185	137	317	297	252
Snohomish	1,237	1,057	989	1,203	1,303	1,244	1,176
Whatcom	384	295	122	178	368	417	323
Grand Total	1,897	1,628	1,327	1,560	2,106	2,028	1,806

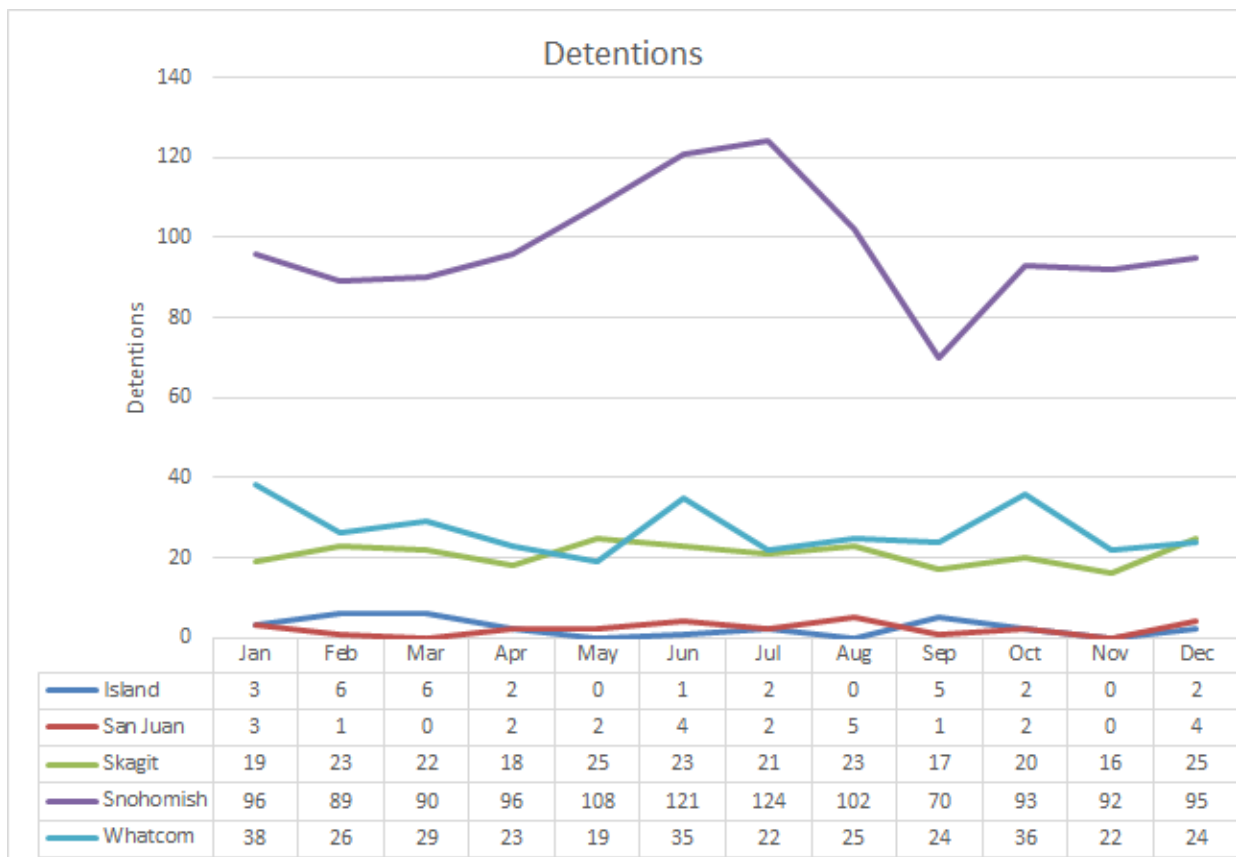
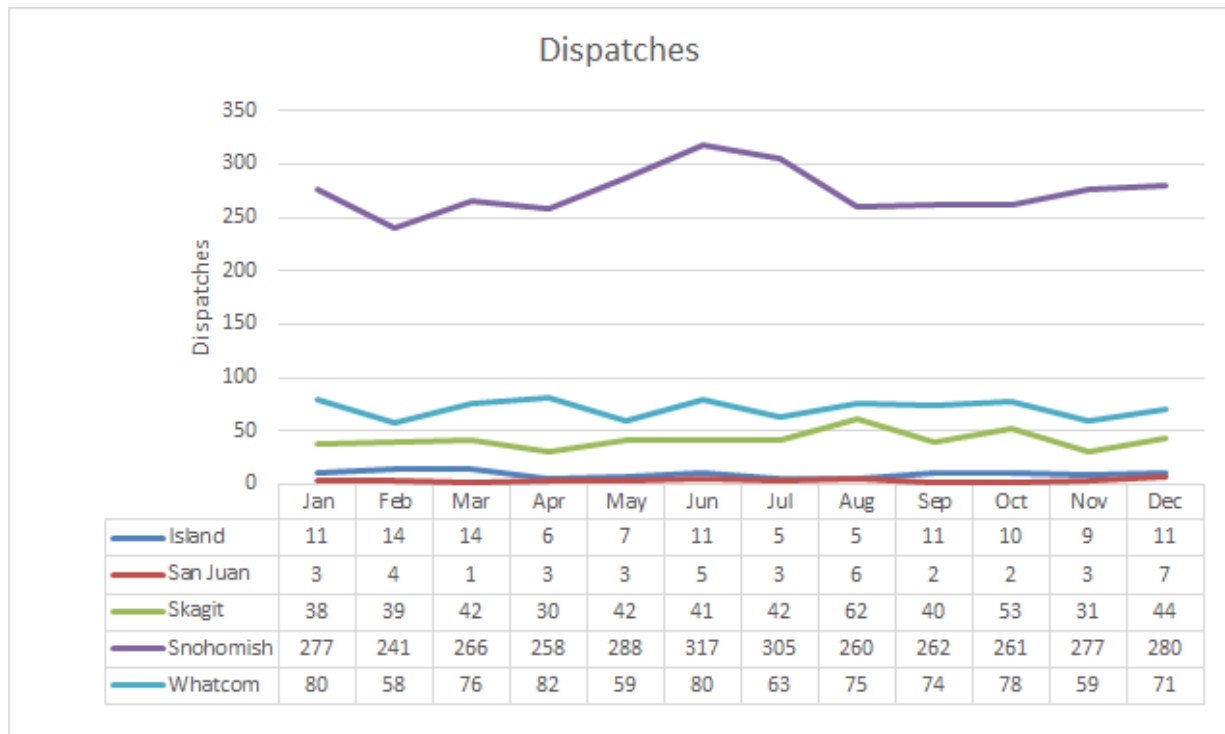
Population

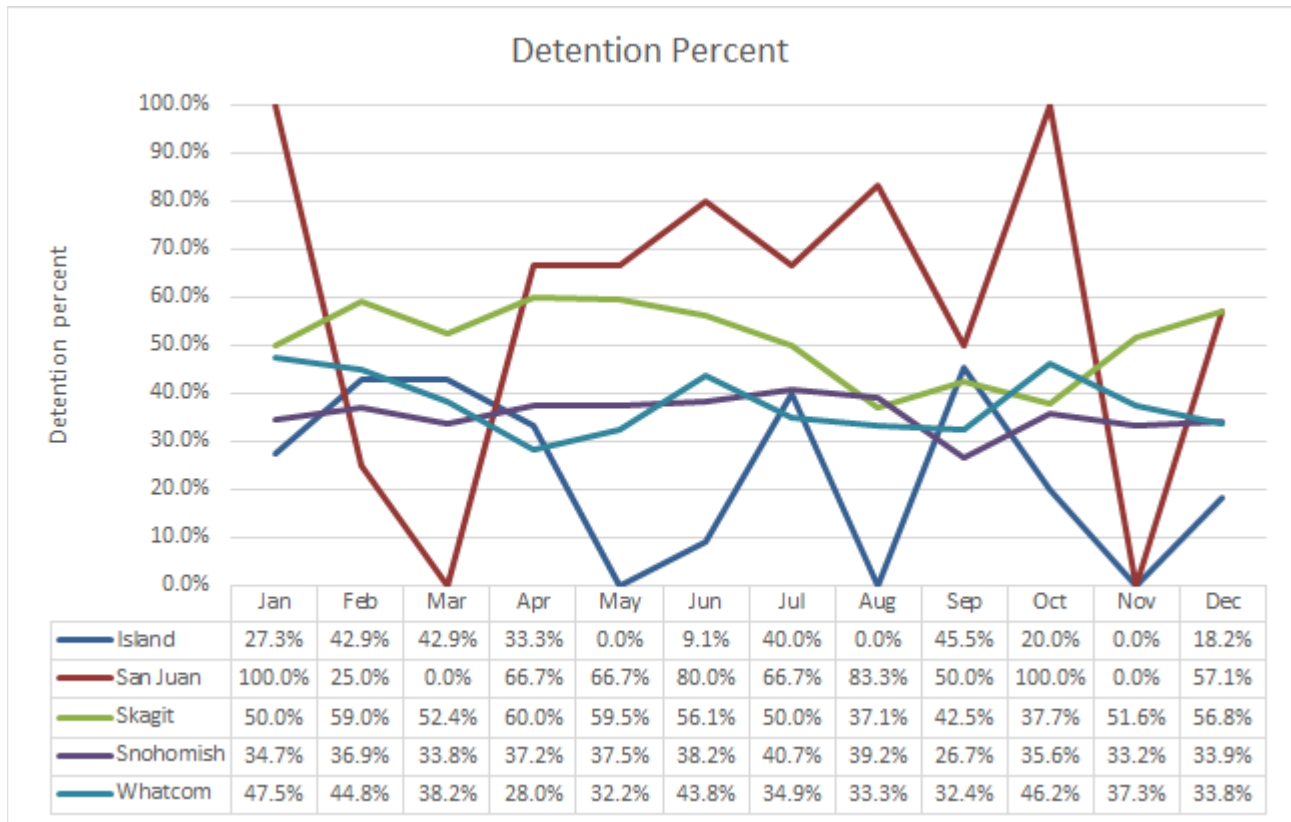
County	2016	2017	2018	2019	2020	2021	2022
Island	82,910	82,790	83,860	84,820	85,530	86,163	86,890
San Juan	16,320	16,510	16,810	17,150	17,340	17,630	17,898
Skagit	122,270	124,100	126,520	129,200	130,450	132,946	135,092
Snohomish	772,860	789,400	805,120	818,700	830,500	846,690	861,148
Whatcom	212,540	216,300	220,350	225,300	228,000	232,474	236,466
Grand Total	1,206,900	1,229,100	1,252,660	1,275,170	1,291,820	1,315,903	1,337,494

Per Capita Detention Rate

county	2016	2017	2018	2019	2020	2021	2022
Island	5.7	7.5	3.2	4.7	12.6	6.3	3.3
San Juan	9.2	7.3	2.4	1.2	5.8	9.1	14.5
Skagit	17.5	16.3	14.6	10.6	24.3	22.3	18.7
Snohomish	16.0	13.4	12.3	14.7	15.7	14.7	13.7
Whatcom	18.1	13.6	5.5	7.9	16.1	17.9	13.7
Region	15.7	13.2	10.6	12.2	16.3	15.4	13.5

Regional Detention Rates





DCR Investigation Metrics

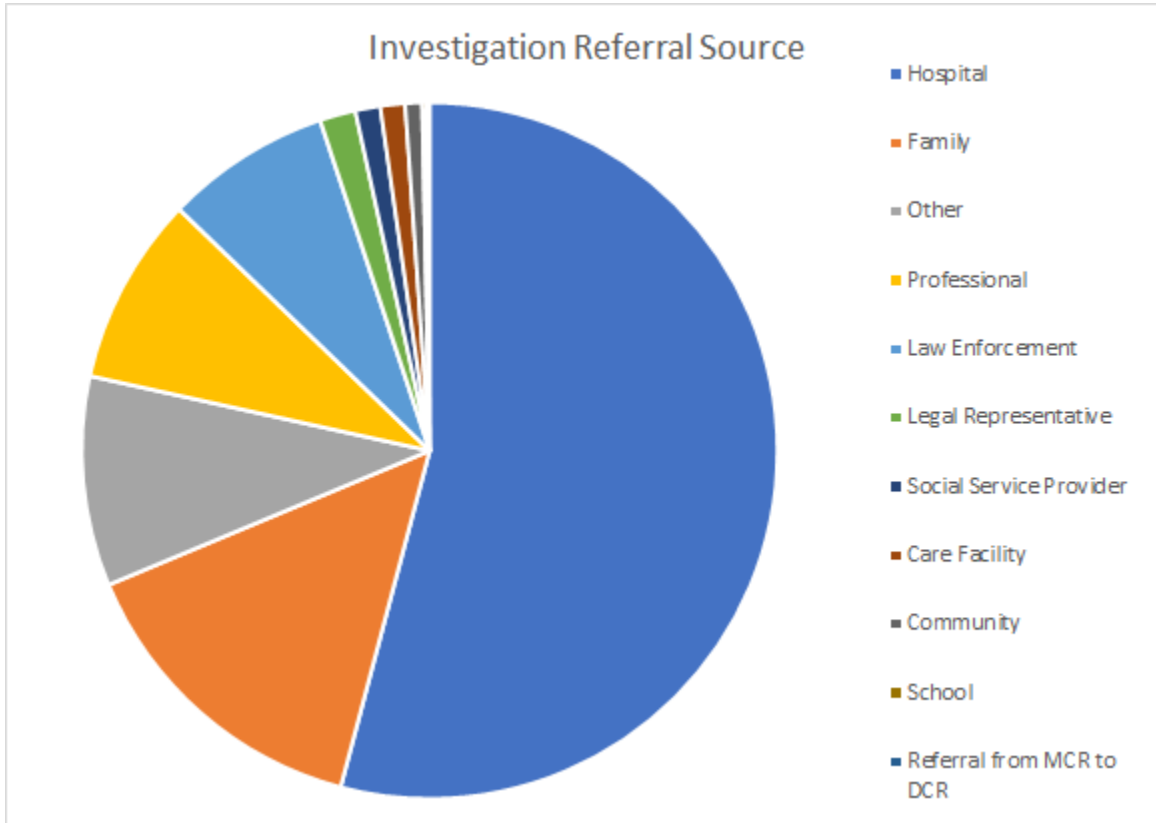
North Sound investigation data is monitored monthly to include DCR referral source, investigation reason, and outcome. This data is monitored for utilization purposes and illustrates how behavioral health and community partners are accessing crisis services, the underlying treatment need for ITA services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

Referral Source

As outlined in the 2022 *Investigation Referral Source* grid below, Hospital settings made the most referrals for DCR investigations, followed by family, “other”, Professional, and law enforcement.

Sum of investigations referral source	county Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
Hospital	76	19	318	1,640	548	2,601
Family	6	4	10	619	62	701
Other	5		60	343	60	468
Professional	1	1	2	379	38	421
Law Enforcement	25	15	109	141	80	370
Legal Representative				75	5	80
Social Service Provider		1	1	28	26	56
Care Facility				36	19	55
Community	1	1	2	23	11	38
School				8	1	9

Sum of investigations referral source	county Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
Referral from MCR to DCR		1	2		4	7
Grand Total	114	42	504	3,292	854	4,806



Partnering with Law Enforcement

Law enforcement referrals for ITA investigations decreased 0.2% in 2022 compared to 2021 with a total number of referrals at 370. Compared to 2020, this would be a 2-year decrease of 4.0%. 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. In addition, HB 1310 (2021) and its aftermath which limited Law Enforcement's engagement and/or response to DCR requests likely had an impact to the volume of referrals.

% invest. referral source	county 2020	2021	2022	Grand Total
Hospital	64.6%	62.2%	54.1%	60.3%
Family	10.8%	12.3%	14.6%	12.6%
Law Enforcement	11.7%	7.9%	7.7%	9.1%
Other	5.1%	7.1%	9.7%	7.4%
Professional	5.2%	6.0%	8.8%	6.7%
Care Facility	1.4%	1.4%	1.1%	1.3%
Social Service Provider	0.7%	1.1%	1.2%	1.0%

% invest. referral source	county 2020	2021	2022	Grand Total
Legal Representative	0.1%	1.1%	1.7%	1.0%
Community	0.2%	0.6%	0.8%	0.5%
Referral from MCR to DCR	0.1%	0.2%	0.1%	0.2%
School	0.0%	0.1%	0.2%	0.1%

Another potential reason for the decline in DCR referrals from Law Enforcement is the expansion of criminal justice diversion programs in 2021-2022 to include the Recovery Navigator Program (RNP) and co-responder programs. In late 2021, North Sound developed a co-responder Implementation Plan that included 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.

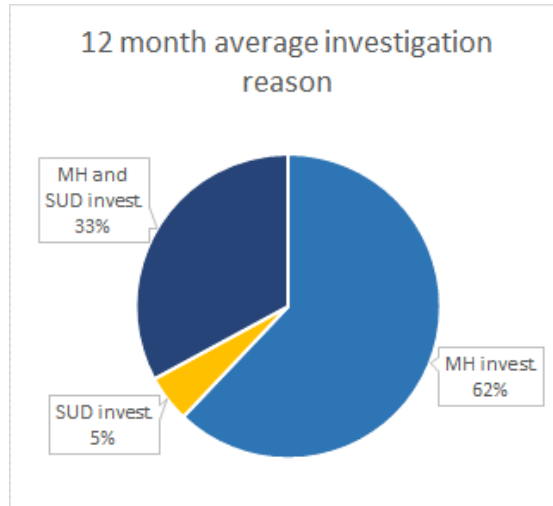
North Sound BH-ASO has implemented a funding plan for Law Enforcement co-responder programs in Snohomish, Skagit, Island and Whatcom Counties.

Name	Location/Jurisdiction	Funding Source
Whatcom County Co-Response Outreach	Bellingham, Whatcom County	State/Federal Funding, MHBG; GF-S; SABG
Snohomish County Sheriff Embedded Social Worker	Snohomish County	Local Sales Tax, North Sound BH-ASO
Outreach Coordinator Program – Mount Vernon Police Department (expansion to MVP IOS – LEAD Model)	Mount Vernon Police Department Mount Vernon, Skagit County	Local Sales Tax, North Sound BH-ASO
Skagit County – IMPACT – Co-Response Crisis Intervention	Snohomish and Skagit Counties	North Sound BH-ASO MHBG/SABG; GF-S, WASPC Grants
Island County Human Services – Co-Responder Behavioral Health Program	Island County	North Sound BH-ASO MHBG/SABG, Federal, State and Local funding

Law Enforcement co-response programs mark a transition away from traditional H2011 crisis services to a more community-based response model. In addition, several counties and cities within the North Sound Region have received targeted state-proviso funds to establish alternative response systems that are providing Behavioral Health outreach in partnership with Law Enforcement and first responders.

Investigation Reasons

Investigation reason is one metric to understand capacity needs for involuntary treatment. Investigation reasons are indicated as primarily related to a mental health (MH), substance use disorder (SUD) or involved both MH and SUD. As indicated in the graph below, on average 38% of all investigations were related to some underlying SUD condition. Average monthly number of Investigations for SUD *only* decreased from 2021 levels at 26.4 to 2022 levels of 19.8, while MH *only* Investigations had an average of 245.2 and MH and SUD investigations had a monthly average of 129.9.



Investigation Outcomes

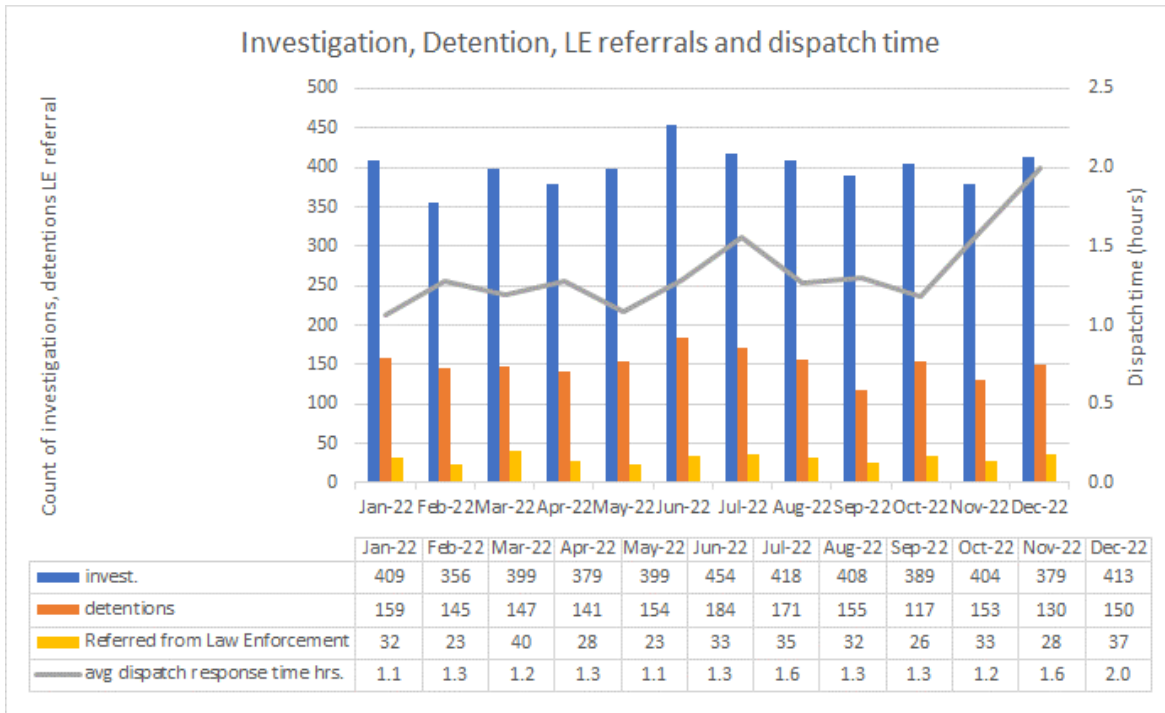
Investigation outcomes are monitored monthly and outcome groupings are based on HCA defined categories. In the Investigation outcomes table below, you will see the percentage of investigations that either resulted in an initial ITA detention, referred to Less Restrictive (LR), referred to Voluntary MH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

As the below tables indicate, the third most reported outcome, “Other” accounted for 23.9% 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.”

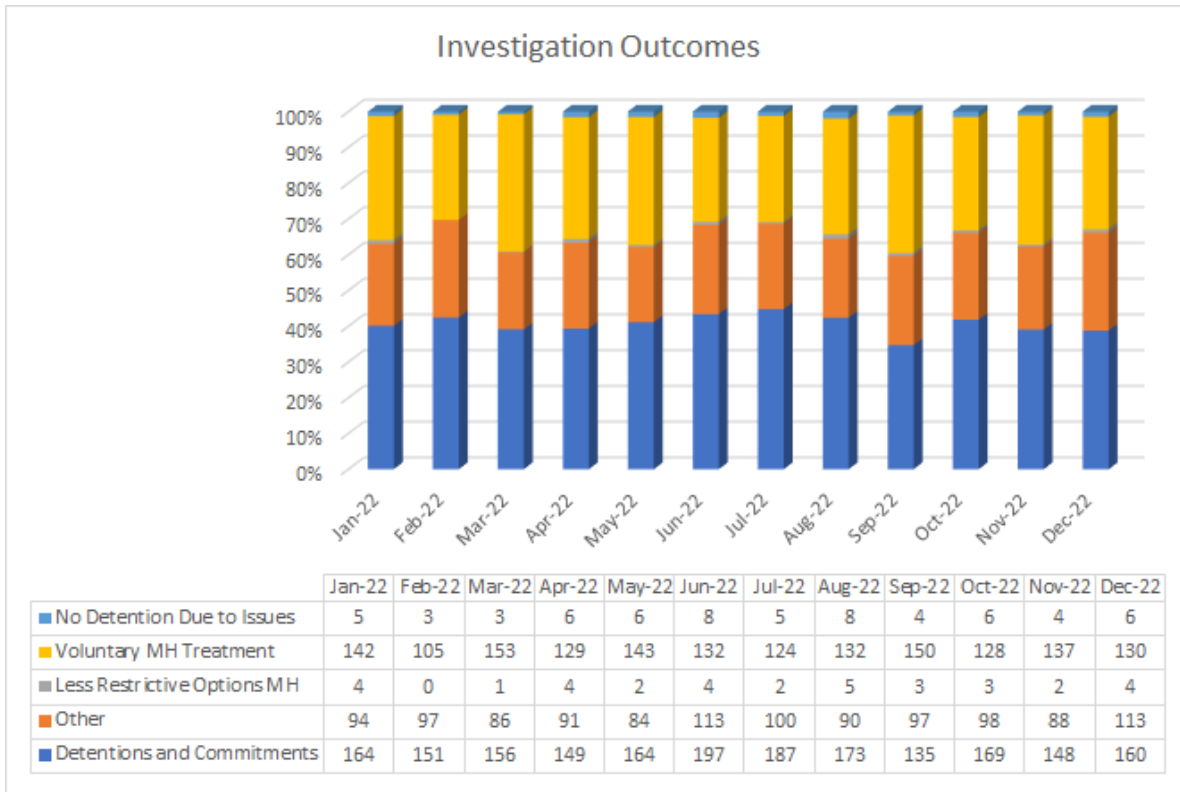
Statewide Evaluation and Treatment (E&T) and other facility-based treatment programs continued to experience significant operational impacts throughout 2021-2022. Despite this, DCR’s had a 0.2% reduction in No Detention Due to Issues category with a total of 64, representing 1.3% of all investigations. Unavailable Detention Facility Reports are discussed further below.

month	Detentions and Commitments	Other	Less Restrictive Options MH	Voluntary MH Treatment	No Detention Due to Issues
Jan-22	164	94	4	142	5
Feb-22	151	97	0	105	3
Mar-22	156	86	1	153	3
Apr-22	149	91	4	129	6
May-22	164	84	2	143	6
Jun-22	197	113	4	132	8
Jul-22	187	100	2	124	5
Aug-22	173	90	5	132	8
Sep-22	135	97	3	150	4
Oct-22	169	98	3	128	6
Nov-22	148	88	2	137	4
Dec-22	160	113	4	130	6
prior 12 mo. avg.	163	96	3	134	5
min	135	84	0	105	3
max	197	113	5	153	8

North Sound Investigation Metrics over Time



Investigation Outcomes Over Time Percent of Total



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 40.63% of total outcomes, a decrease of 3.6% from 2021 levels. Referrals to *Voluntary Mental Health Treatment* increased slightly from 2021 levels and accounted for 33.4%. Of the Voluntary MH Treatment group, *Referrals to Voluntary Outpatient Mental Health (MH) services* had the second largest percentage of reported outcomes at roughly 26.4%, a slight increase from 2021 levels. Referrals to *Voluntary Inpatient Services* had the third largest distinguishable outcome at 5.06%. Investigations with an outcome of either of the three (3) “other” groupings accounted for 23.94%.

State Group	Investigation Outcome	all invest. in period	Percent of total
Detentions and Commitments	Detention	1,785	37.13%
Detentions and Commitments	Detention to Secure Detox facility	21	0.44%
Detentions and Commitments	Returned to inpatient facility/filed revocation petition.	80	1.66%
Detentions and Commitments	Non-emergent detention petition filed	67	1.39%
Less Restrictive Options MH	Filed petition - recommending LRA extension.	30	0.62%
Less Restrictive Options MH	Petition filed for outpatient evaluation	4	0.08%
Voluntary MH Treatment	Referred to voluntary inpatient mental health services.	243	5.06%
Voluntary MH Treatment	Referred to acute detox	10	0.21%
Voluntary MH Treatment	Referred to chemical dependency inpatient program	6	0.12%
Voluntary MH Treatment	Referred to chemical dependency intensive outpatient program	10	0.21%
Voluntary MH Treatment	Referred to crisis triage	51	1.06%
Voluntary MH Treatment	Referred to sub acute detox	12	0.25%
Voluntary MH Treatment	Referred to voluntary outpatient mental health services.	1,270	26.42%
Voluntary MH Treatment	Referred to sobering unit	2	0.04%
Voluntary MH Treatment	Referred to chemical dependency residential program	1	0.02%
Other	Other	928	19.31%
Other	Did not require MH or CD services	159	3.31%
Other	Referred to non-mental health community resources.	64	1.33%
No Detention Due to Issues	No detention - E&T provisional acceptance did not occur within statutory timeframes	26	0.54%
No Detention Due to Issues	No detention - Unresolved medical issues	36	0.75%
No Detention Due to Issues	No detention – Secure Detox provisional acceptance did not occur within statutory timeframes	2	0.04%
Grand Total	0	4,807	100.00%

Unavailable Detention Facility Reports

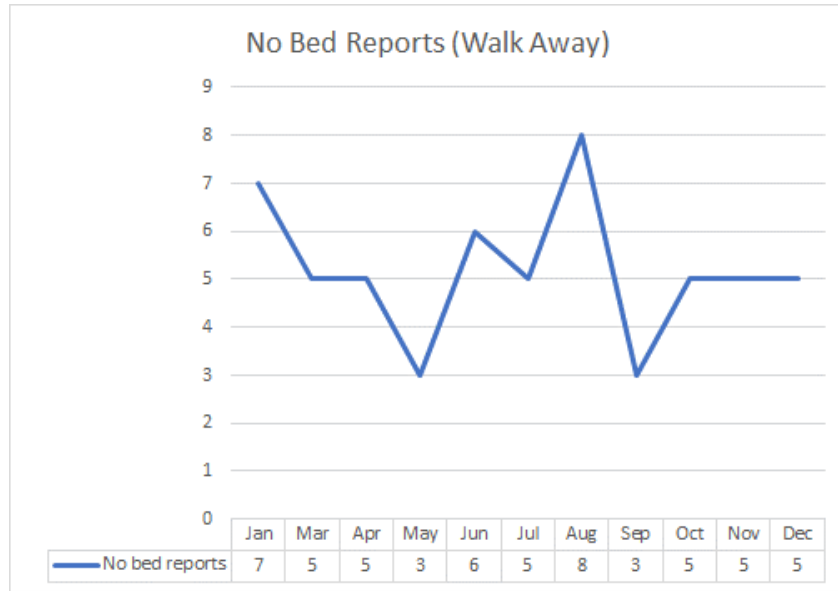
Unavailable Detention Facility Reports (No Bed Reports) are initiated if a DCR investigation meets detention grounds under RCW 71.05 or 71.34, but there are no E&T beds available and the DCR does not have the ability to place the individual under a Single Bed Certification (SBC). No Bed Reports (NBRs)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

As noted above, capacity for appropriate involuntary treatment (either at an E&T, Secure Withdrawal Management and Stabilization facility, or SBC setting) can impact the volume of DCR No Bed Reports. In 2022, the total number of DCR No Bed Reports decreased by 11 from 68 in 2021 to 57 in 2022. The largest number of No Bed Reports (NBRs) were filed in Island, Skagit, 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 investigation	County							Grand Total
	Island	San Juan	Skagit	Snohomish	Whatcom	Clallam	(blank)	
2020	25		19	18	2		1	65
2021	16	1	22	23	6			68
2022	8	1	22	19	6	1		57
Jan	2			4	1			7
Mar	2		1		1	1		5
Apr	1		4					5
May			2		1			3
Jun	2		1	3				6
Jul		1	1	2	1			5
Aug			2	4	2			8
Sep			2	1				3
Oct	1		2	2				5
Nov			3	2				5
Dec			4	1				5
Grand Total	49	2	63	60	14	1	1	190

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No Bed Reports - Hospital

walk aways investigation	hospital 2021	2022											2022 Total	Grand Total
		Jan	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Cascade Valley Hospital	5	3				1		1	1		1	1	8	13
Evergreen Monroe	11													11
Island	4													4
Island Health												1	1	1
Island Hospital	11			1	1			1	1	2		1	7	18
Olympic Medical Center			1										1	1
Peace Health United												1	1	1
Peace Island Health	1						1					1	2	3
Providence	6					1		2					3	9
Providence - Colby		1											1	1
Providence, Everett										2	1		3	3
San Juan Co Jail										1			1	1
Skagit Valley	1		1	1									2	3
St. Joseph	5	1	1		1		1	2					6	11
Swedish Edmonds	1					1	1						2	3
Swedish Mill Creek							1	1					2	2
United General	6			2	1	1	1	1	1		3		10	16
Whidbey General	7													7
Whidbey Health	8	2	1	1									4	12
Whidbey Health ED	1		1			2							3	4
Whidbey Medical Center	1													1
Grand Total	68	7	5	5	3	6	5	8	3	5	5	5	57	125

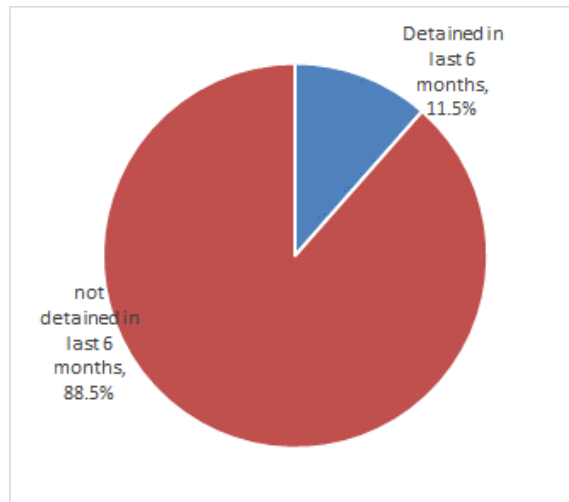
Dispatch and Detainment history

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.

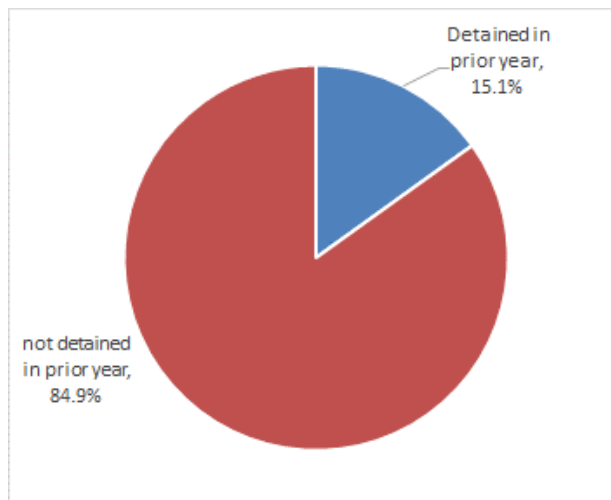
As the graph below illustrates, 11.5% of total DCR dispatches had at least one previous detainment in the past 6 months, which is consistent with 2021 data. DCR dispatches that had a prior detention in the past 12 months showed similar consistency with 2021 data at 15.1% for 2022. Regional capacity of Crisis Stabilization and Triage beds may also contribute to detention rates. In 2019, mental health crisis stabilization capacity was reduced in Skagit County. In 2021, the ongoing COVID-19 pandemic and staff retention further limited services as several providers had to reduce bed capacity.

The North Sound Region has two new Crisis Stabilization and Triage centers that opened in 2021. Island County's 10-bed Crisis Stabilization facility in Oak Harbor, WA and Whatcom County's 16-bed Crisis Stabilization and Triage program and 16-bed Acute Withdrawal Management program. These facilities added critical access points for individuals in behavioral health crisis and increase viable less restrictive treatment options. As outlined later in this report under [System Coordination](#), we continued our progress in 2021 to support a more robust care coordination agreements with the MCOs with a target to reduce unnecessary crisis system utilization.

Detained Prior 6 Months



Detained Prior Year

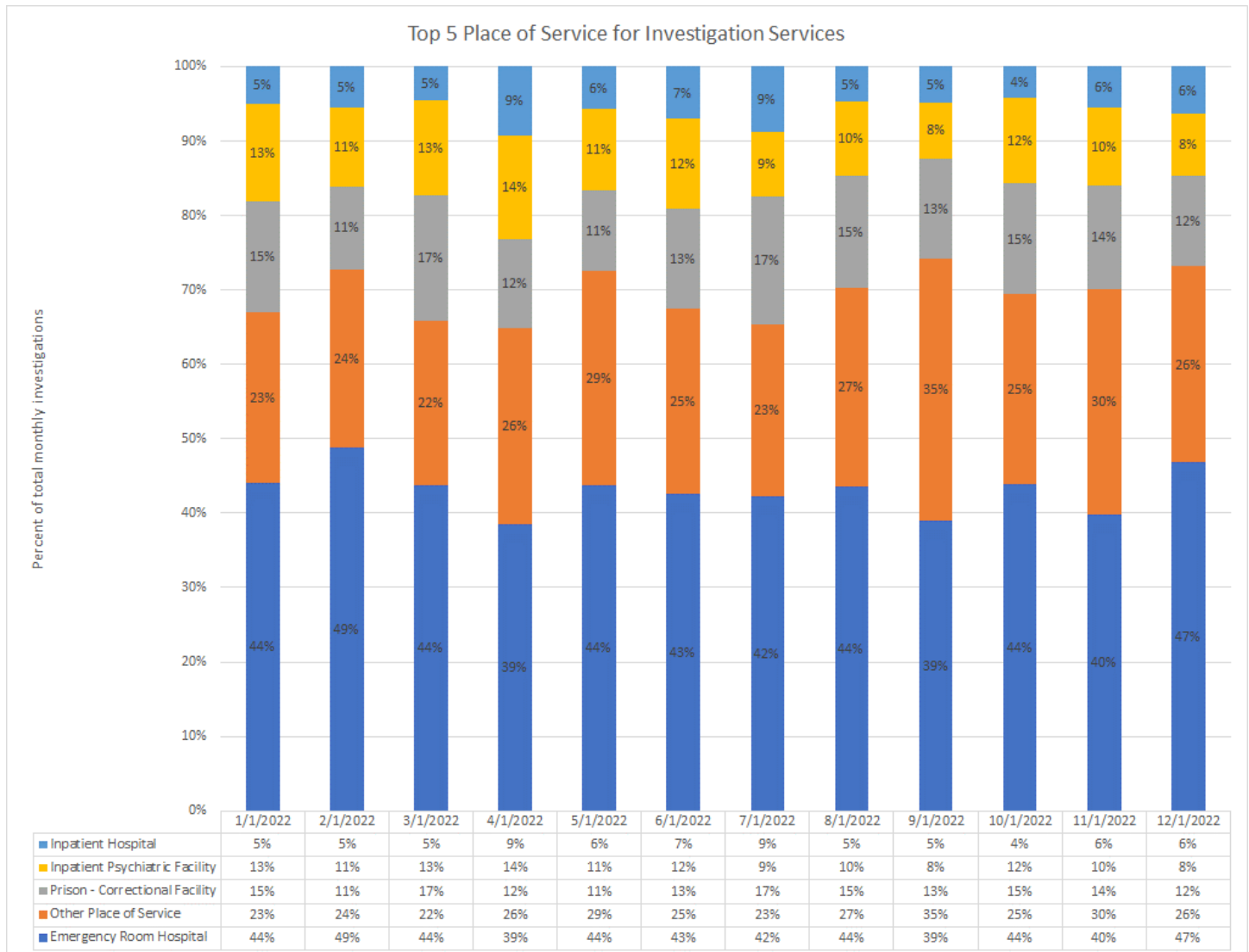


Place of Service for DCR Investigations

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

Although the graph below indicates some monthly variation, place of services percentages by location has remained somewhat stable through 2022. Emergency rooms accounted for the most frequent place of service for DCRs at 43%, while "Other" accounted for 26%, inpatient psychiatric facilities 11%, Correctional Facilities 14%, and Inpatient Hospital at 6%. It should be noted that "Other" place of services typically represents unstaffed locations not represented in the place of service table below.

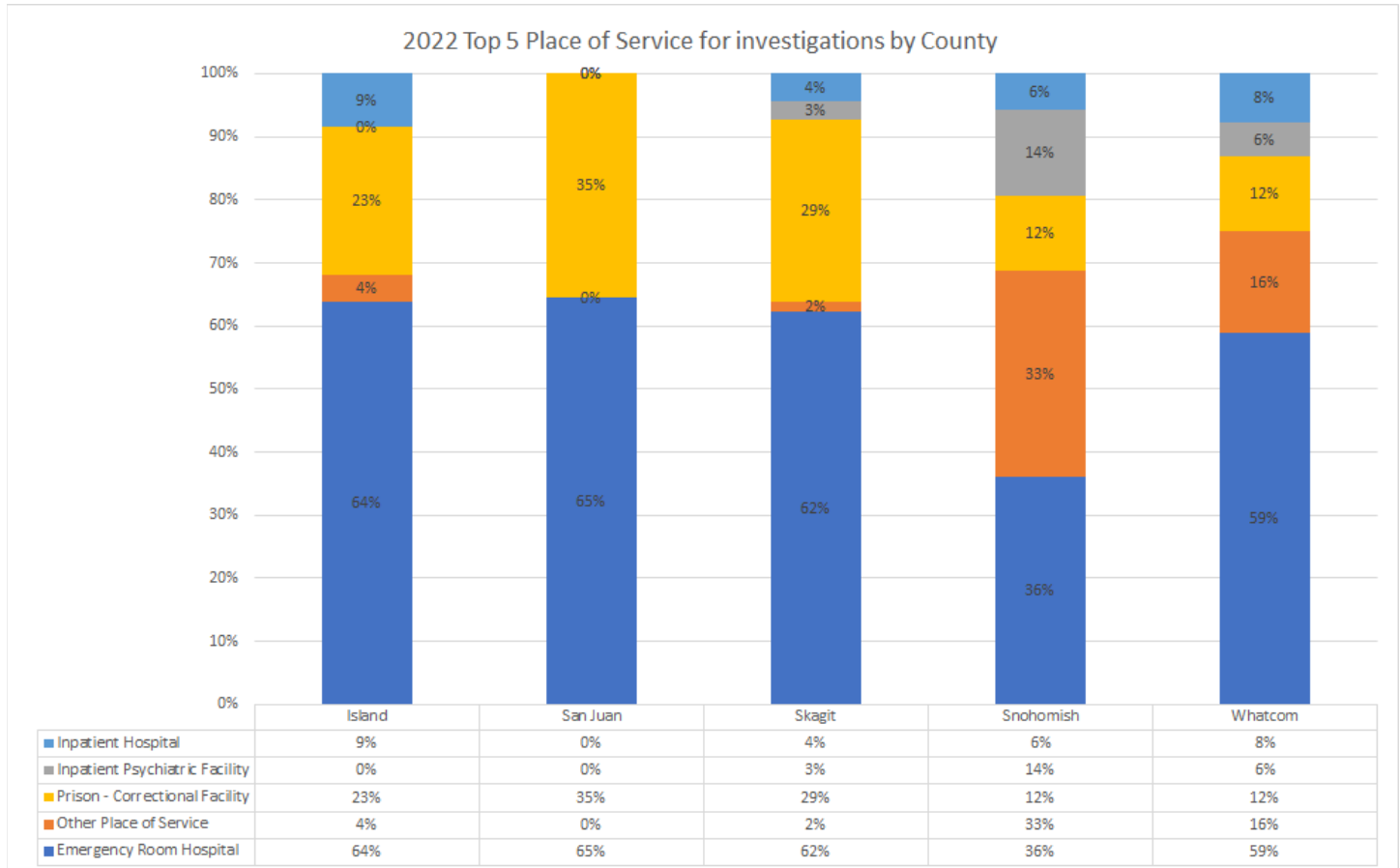
Place of Service for Investigation Compared Monthly



Place of Service for Investigation Compared by County

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

As illustrated in the summary below, the majority of DCR investigations conducted in emergency departments are occurring in San Juan County at 65%, which is also the case for DCR investigations coded as “Correctional” place of service at 35%, Snohomish County had the largest percentage of investigations occurring at ‘other place of service’ at 33% and the largest percent occurring at an Inpatient Psychiatric Facility (14%).



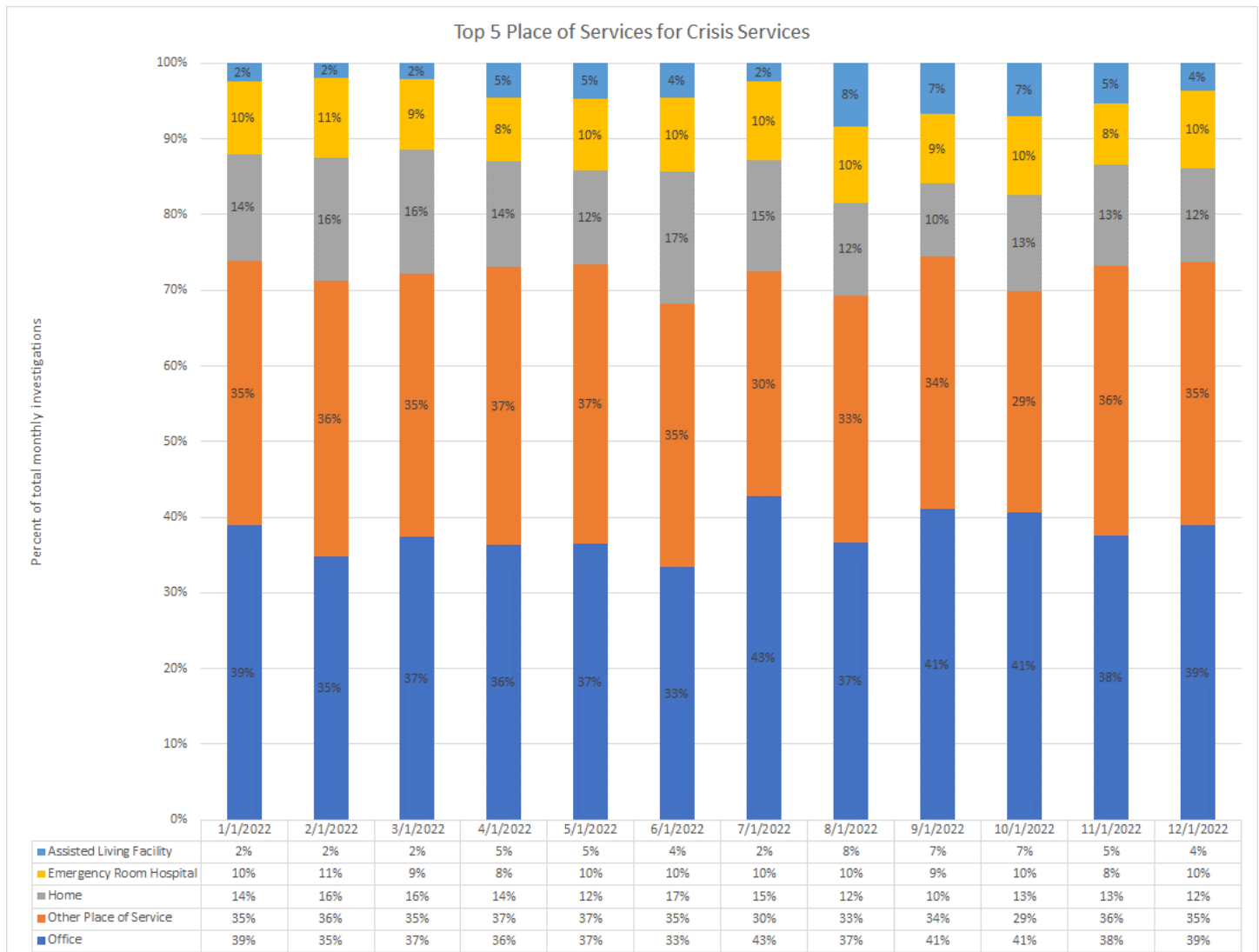
Crisis Services – Mobile Crisis Response

Mobile crisis response are voluntary crisis services (H2011) intended to provide stabilization support for individuals experiencing a crisis. A behavioral health crisis is defined as a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of great danger or trouble, whose outcome decides whether possible bad consequences will follow.

Comparison of Crisis Service Place of Service by Month

Similar to DCR investigation place of services, monitoring Mobile Crisis Outreach 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 places of service.

Reviewing the total count of Crisis Services by location per month in the graph below, you will see that mobile crisis response conducted 18,728 outreaches. The largest percentage of services are coordinated through the crisis agency's office at 38%. The second largest is "Other" at 34%, Emergency Rooms accounted for 10%, personal residence (Home) at 14%, and assisted living settings accounted for 5%.

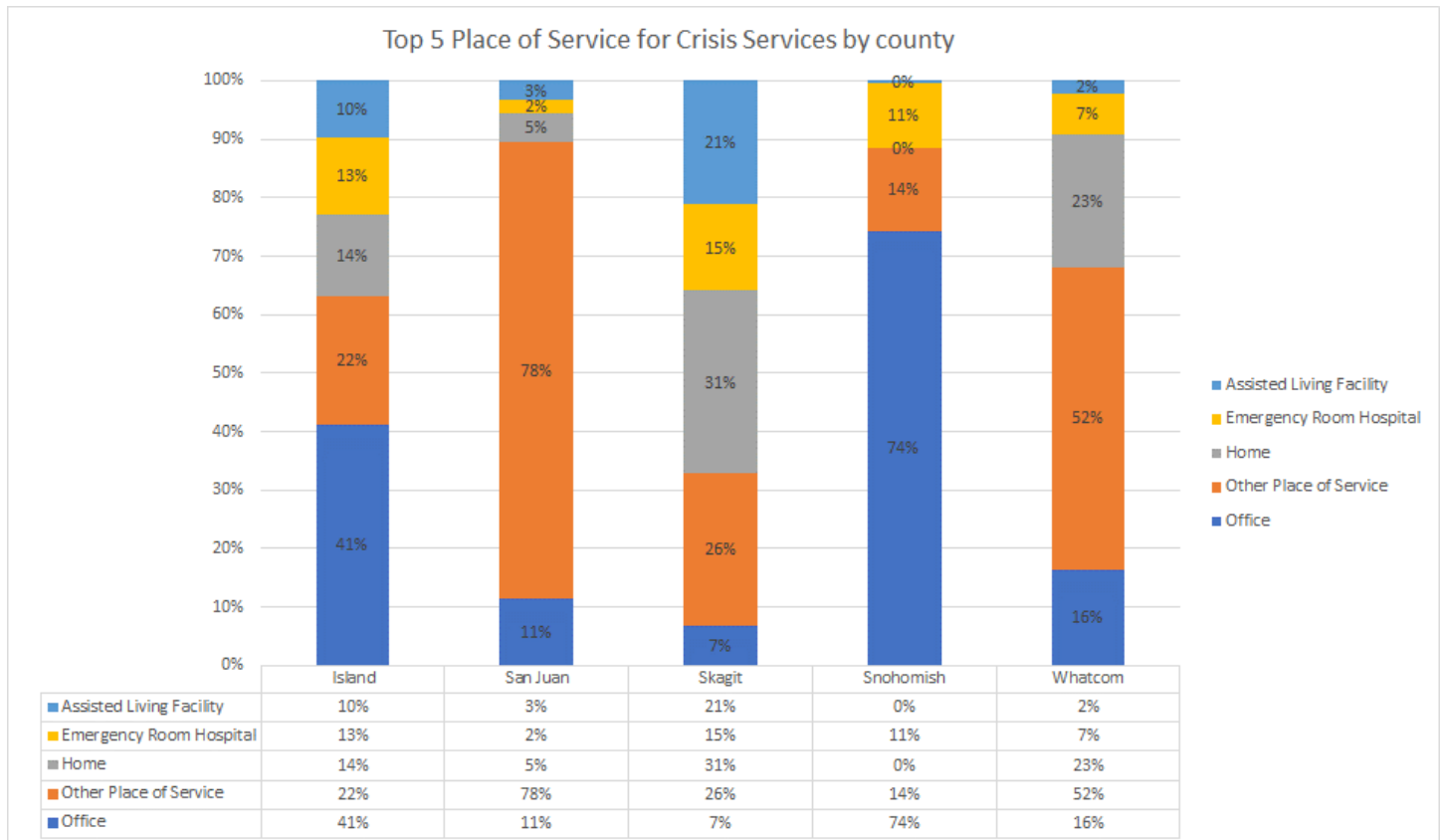


Count of Crisis Services by County and Place of Service

Distinguishing mobile crisis response 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.

Snohomish County had the largest percentage of mobile crisis outreaches conducted from the office at 74%, emergency rooms 11% and Other place of Service 14%.

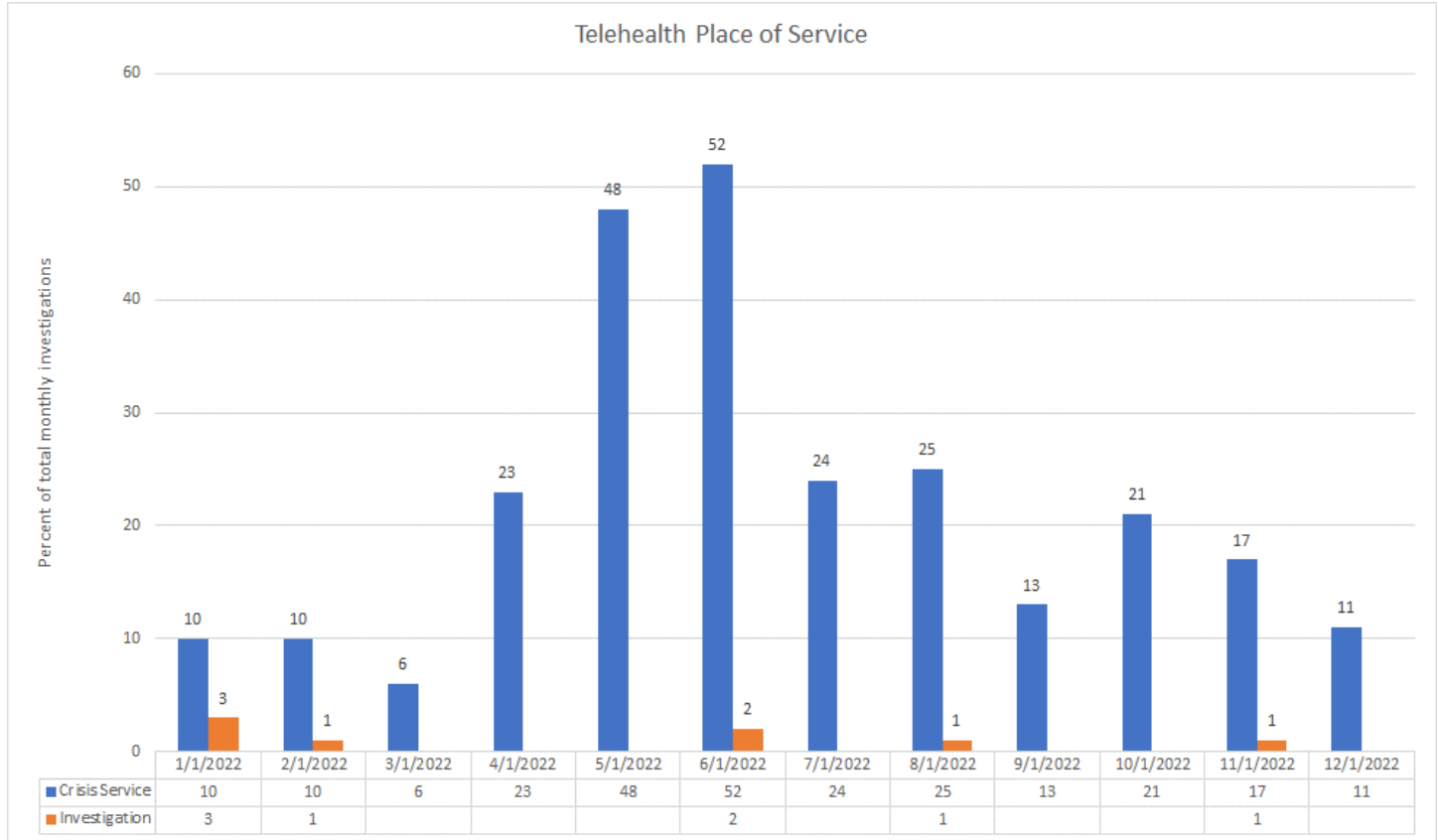
Skagit has the highest percent of services conducted in home at 31%. Skagit also has the highest percent in assisted living at 21%. San Juan has the highest percent delivered at Other – 78%.



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, mobile crisis response and investigation services tend to be provided face-to-face at a location best suited by the Individual. The graph below shows an increase in the usage of telehealth services in the crisis system during Q2, a decrease in Q3 and remaining steady through Q4 of 2022.

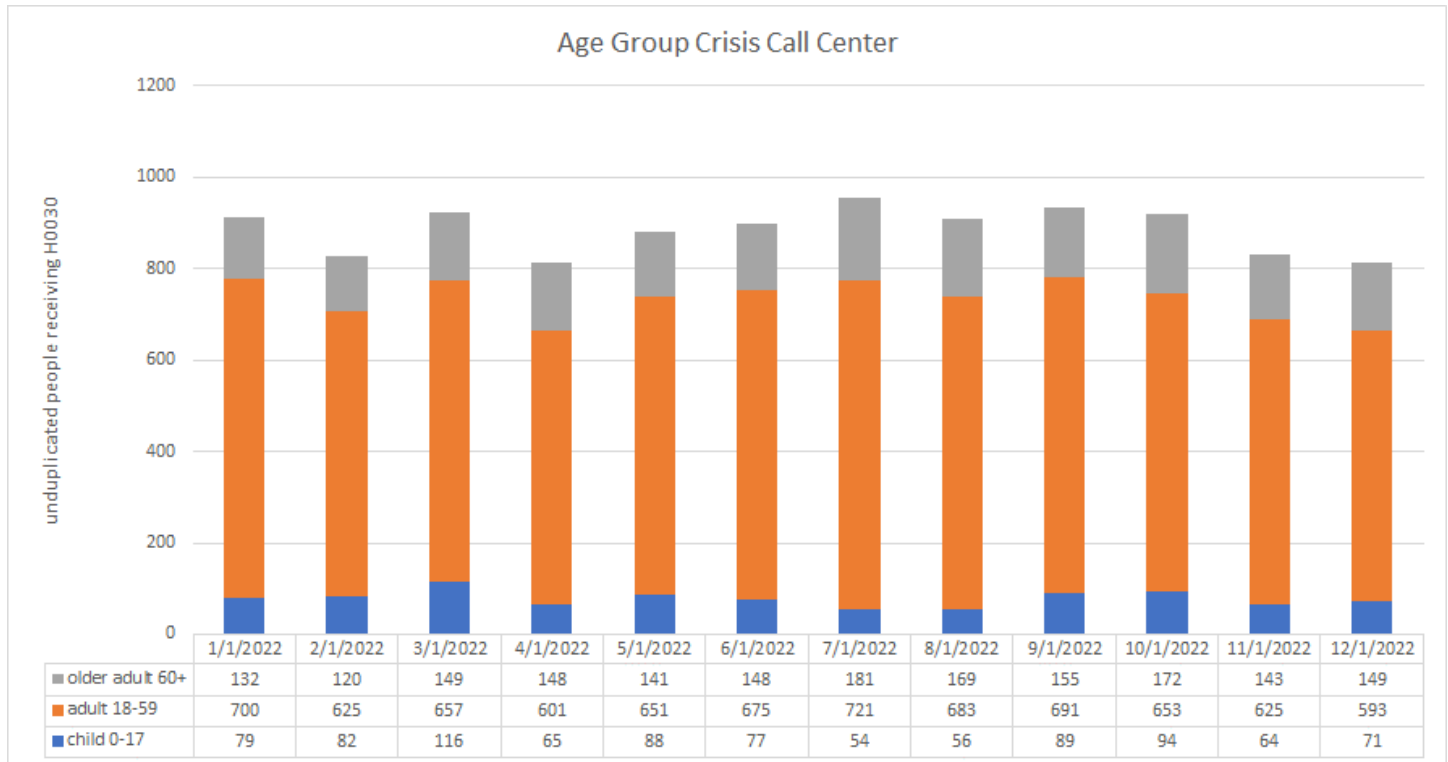


Crisis Service (H2011) Demographics

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.

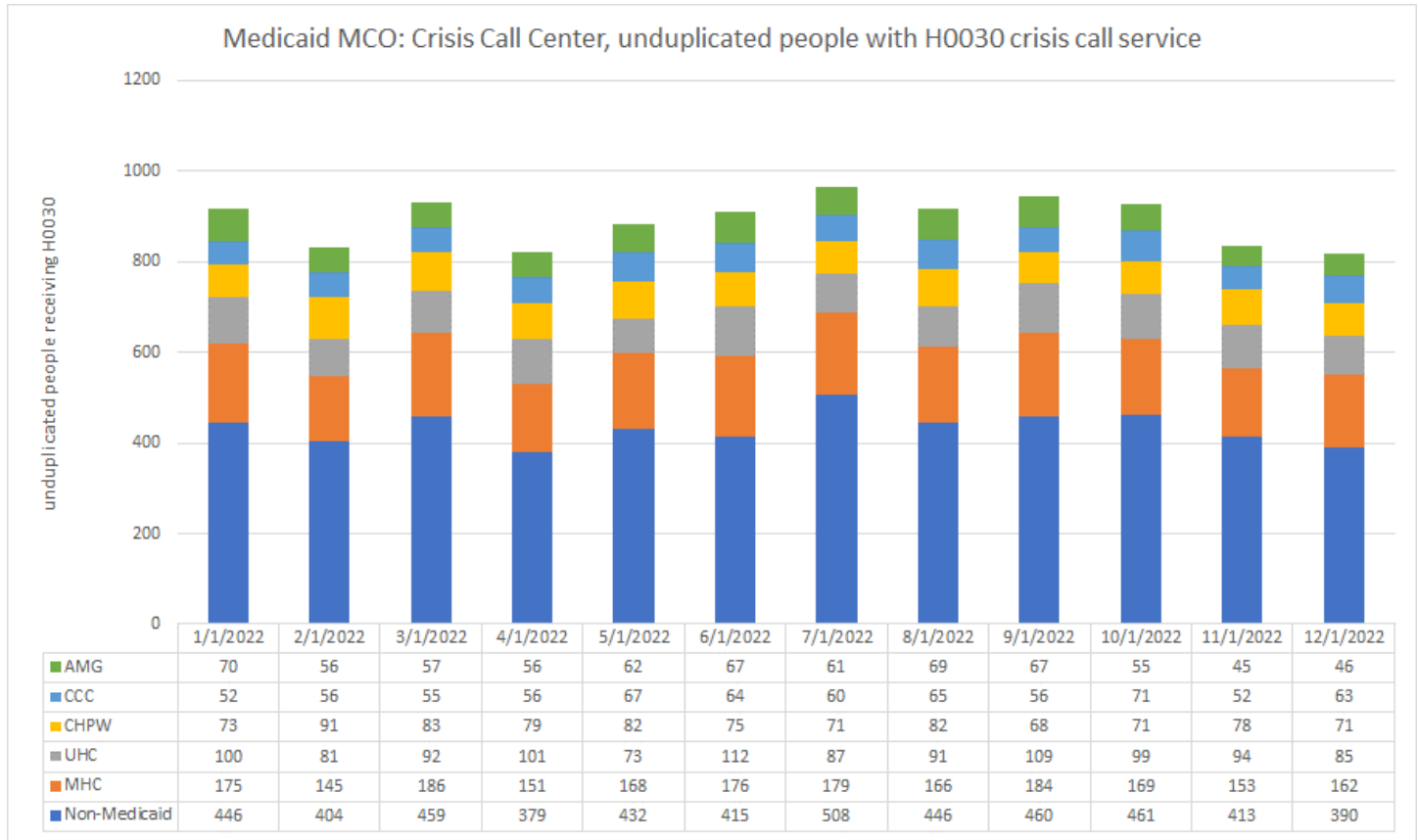
Age Group

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



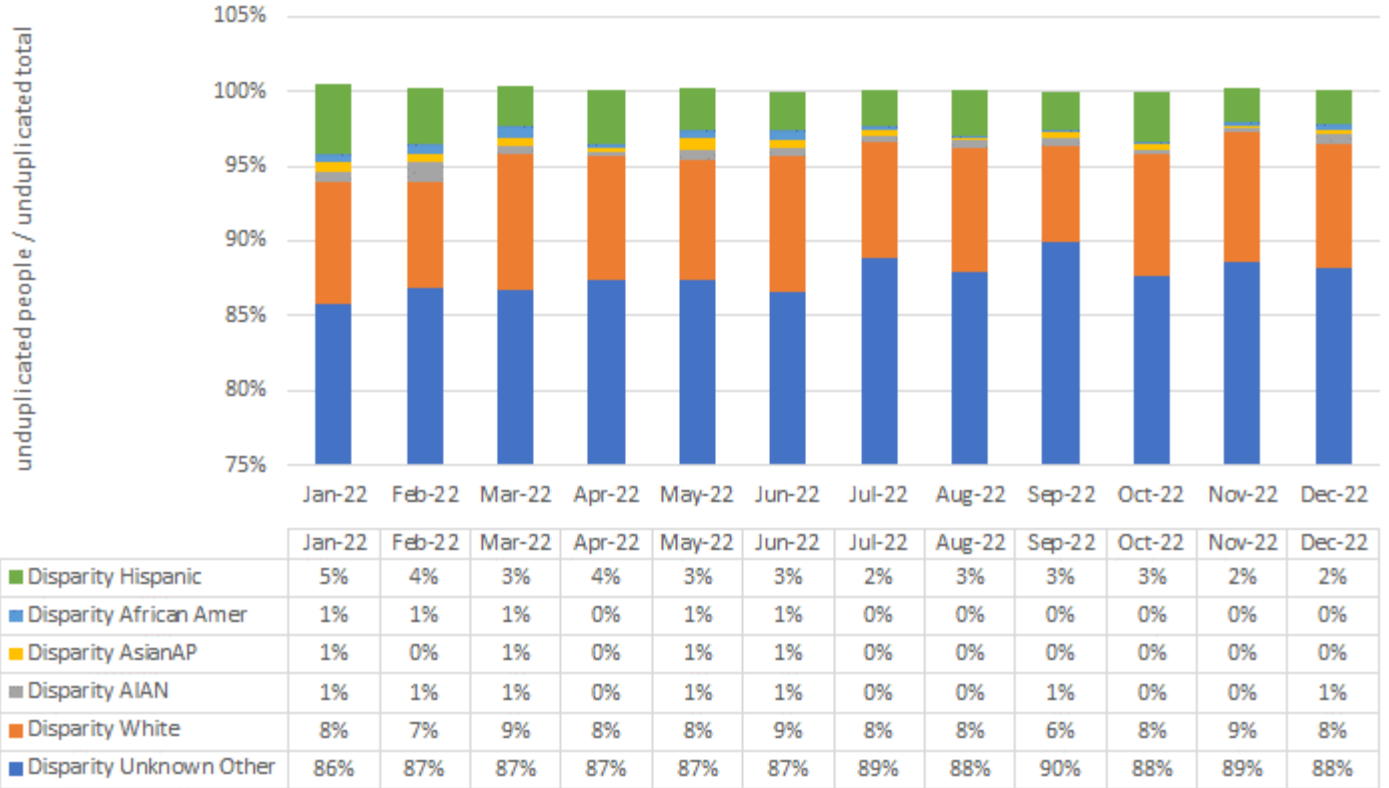
North Sound BH-ASO Annual Crisis Assessment 2022

Funding Source



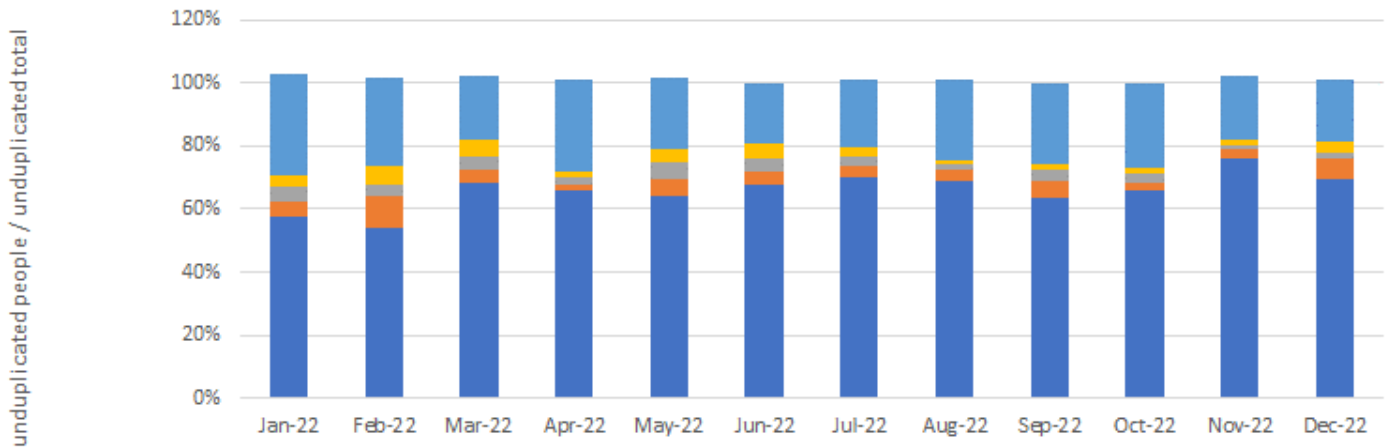
Ethnicity

Disparity detection risk grouping: Percent of people receiving H0030 crisis call service



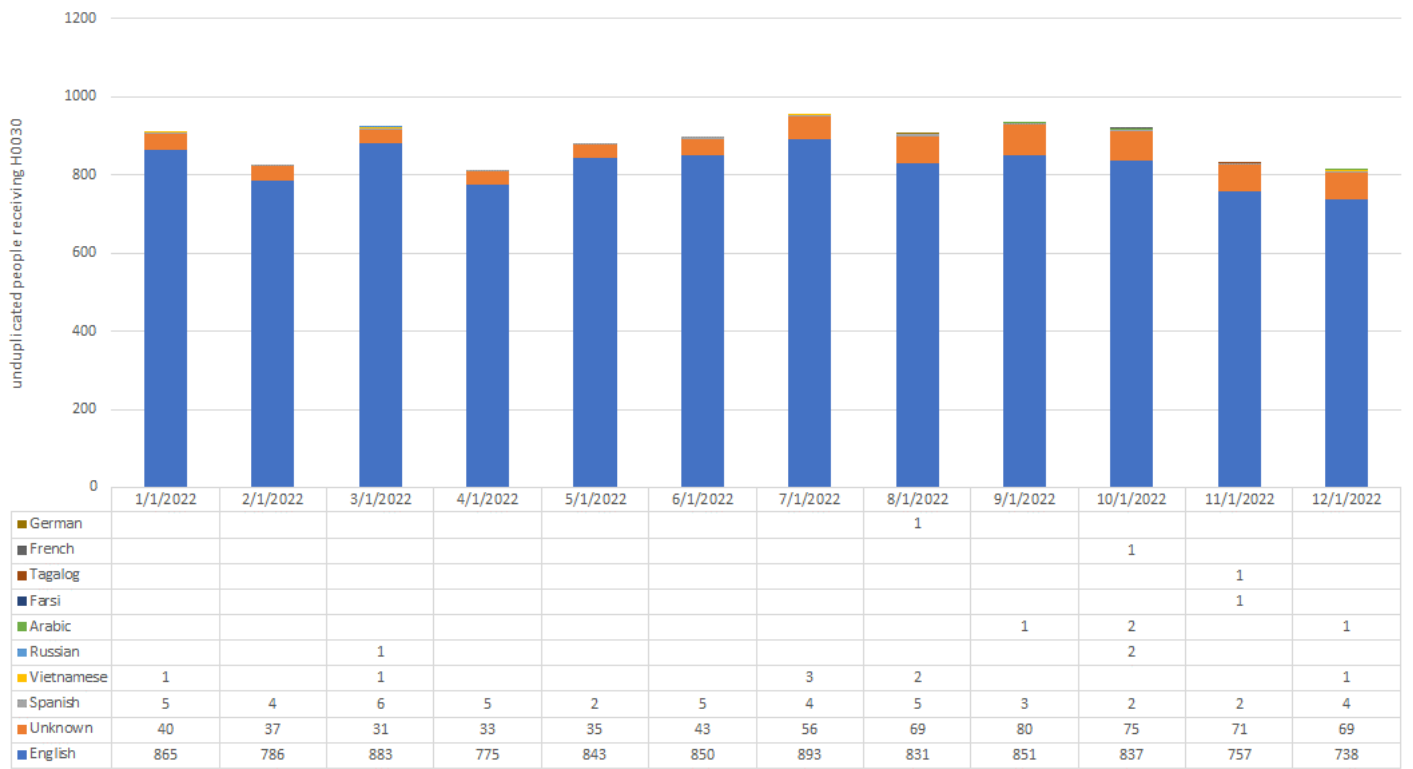
Taking out the other / unknown group

Disparity detection risk grouping: Percent of people receiving H0030 crisis call service (Unknown Other not included)

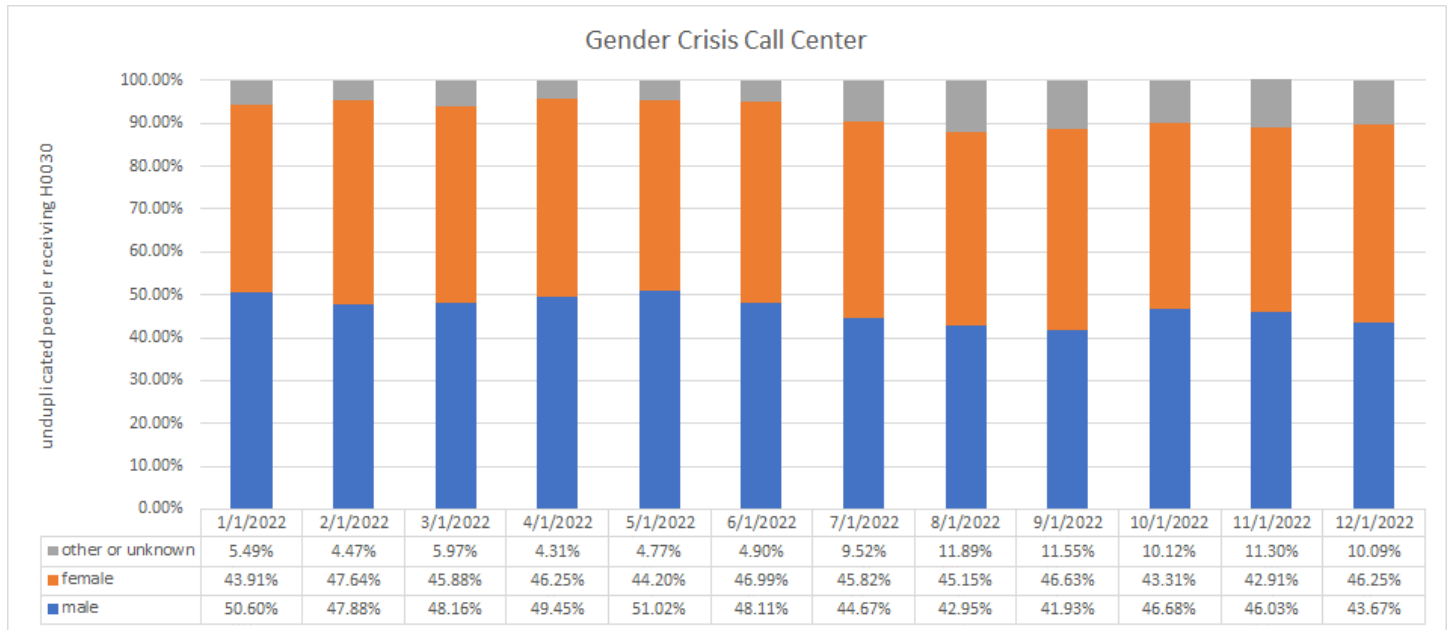


Primary Language

Primary Language Crisis Call Center



Gender



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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.

2022 Crisis Metric Deliverable

	2022	Q1	Q2	Q3	Q4	total
Crisis Calls						
1a	Total number of crisis calls received	13,228	11,977	11,509	12,949	49,663
1b	Total number of crisis calls answered	12,968	11,670	11,400	12,888	48,925
1c	Average answer time of all crisis calls (seconds)	26	27	18	15	21
1d	Total number of calls to crisis line answered live within 30 seconds	12,028	10,740	10,975	12,381	33,743
1e	Percentage of crisis calls answered live within 30 seconds	90.9%	89.7%	95.4%	95.6%	92.9%
1f	Total number of calls to crisis line abandoned	260	307	109	61	677
1g	Percentage of crisis calls abandoned	2.0%	2.6%	1.0%	0.5%	1.5%
Mobile Crisis Team						
2a	Total number of face to face crisis contacts	3,226	2,449	1,719	1,729	9,123
2b	Percentage of EMERGENT mobile crisis outreach service requests/referrals that were responded to within two (2) hours	90.5%	94.6%	96.2%	98.4%	94.1%
2c	Percentage of URGENT mobile crisis outreach service requests/referrals that were responded to within twenty-four (24) hours	97.2%	98.5%	98.2%	99.6%	98.2%
DCR						
3a	Total number of ITA investigations	1,365	1,231	1,193	1,125	4,914
3b	Total number of ITA investigations conducted via telehealth	7	2	6	-	15
3c	Total number of ITA investigations not meeting detention criteria, resulting in a referral to outpatient treatment	311	322	330	317	1,280
3d	Total number of ITA investigations not meeting detention criteria, resulting in a referral to voluntary inpatient treatment	69	57	59	64	249
3e	Total number of ITA investigations resulting in detention or revocation	452	479	442	433	1,806
3f	Total number of ITA investigations resulting in detentions or revocations filed as SUD	6	2	5	8	21
3g	Total number of ITA investigations resulting in detentions or revocations filed as MH	446	477	437	425	1,785

Summary of Crisis System Coordination

In Calendar Year 2022, the North Sound BH-ASO continued using our extensive collaboration structure that it had historically used both as an RSN and BHO. As the key program function for North Sound BH-ASO, Crisis Services coordination was one of the key focus areas.

List of Coordination Activities

Community System	Coordination Activity
Counties	Interlocal Leadership Structure (ILS) County Coordinator Meetings County Crisis Oversight meetings
Criminal Justice System	ILS County Coordinator Meetings (Trueblood Misdemeanor Funds) County Crisis Oversight Meetings
First Responders	ILS County Crisis Oversight Meetings Expansion of Mobile Crisis Outreach
Community Hospitals	ILS County Crisis Oversight Meetings Hospital Contracting – Development of streamlined protocols
Behavioral Health Agencies	ILS ASO/MCO Behavioral Health Provider Meetings Crisis Services Leadership Meetings
Crisis Stabilization Facilities	Behavioral Health Provider Meetings Continued ASO Funding for Crisis Stabilization Services
Managed Care Organizations	ILS Joint Operating Committee MCO-ASO Clinical Coordination Meetings Integrated Provider Meetings COVID Provider Meetings CLIP Coordination Committee
Tribes	ILS North Sound Tribal Coordination Meetings North Sound Accountable Community of Health Tribal Alignment Committee

Description of Coordination Activities

Activity	Description
Interlocal Leadership Structure	The formally charted collaboration body that was developed to oversee implementation of Integrated Managed Care in the North Sound region continues meeting quarterly to work on regional issues of concern such as capacity building. The ILS is co-chaired by rotating

	representatives of the MCOs and Counties. Staff support is provided by North Sound BH-ASO.
Joint Operating Committee (JOC)	<p>The joint technical workgroup chartered by the ILS to develop care coordination protocols. It is co-chaired by an MCO representative and the North Sound BH-ASO Director. All five MCOS and the contracted Crisis Services agencies are members. Counties are also invited to participate if they wish. The JOC has continued to work on the development of enhanced crisis-care coordination protocols and technologies. During 2022:</p> <ul style="list-style-type: none"> • The North Sound BH-ASO continued to provide to MCOs a “high utilizer” report that lists individuals by MCO who have had multiple ITA investigations and/or detentions. These reports are produced bi-monthly and uploaded to a SFTP site for MCOs to access. • The development of a jointly funded data sharing platform by Collective Medical Technologies that supports the exchange of crisis care coordination data between Crisis Services Providers, MCOs, the ASO and providers was completed and is now in production.
County Coordinator Meetings	North Sound BH-ASO staff meet monthly with the county behavioral coordinator leadership staff. Agenda items include identifying local needs, strategies for coordinating crisis and non-Medicaid services across the region and coordinating with county criminal justice agencies. County staff are assisting North Sound BH-ASO with strategies to expand co-responder community response models
County Crisis Oversight Committees	Each county hosts a “Crisis Oversight Committee”, or an equivalent group comprised of stakeholders from first responders, hospitals, BHAs and other social services and treatment providers. A North Sound BH-ASO clinical staff person is assigned to each county. These local county committees share information across and identify strategies to improve crisis response services across all the different stakeholder systems.
Behavioral Health Provider Meetings	Every other month the MCOs and North Sound BH-ASO jointly host a Behavioral Health Agency Provider Meeting. These meetings both provide a forum for MCOs and North Sound BH-ASO to present and explain changes in policies and procedures but also provide a chance for the providers to raise concerns and ask questions. Surveys are sent out to providers prior to each meeting to solicit suggestions for the issues and questions they want to discuss. Topics have included questions and concerns about billing, forms, and authorization policies. During 2021 and 2022 these meetings were also used to solicit concerns from providers regarding the impact of the COVID pandemic on both agency staff and operations, and the people they

	serve. Finally, the meetings host discussions on emerging behavioral health needs and capacity issues.
MCO-ASO Clinical Coordination Meetings	North Sound BH-ASO continues to actively participate in the bi-monthly MCO & ASO Clinical Coordination Meetings. This has helped standardize clinical protocols across the IMC region. It has also provided a forum to discuss billing and data challenges for providers and crisis care coordination protocols. More recently, the Clinical Coordination meetings have focused on identifying strategies to support the state's plan for workforce development.
Tribal Coordination Meetings, North Sound ACH Tribal Alignment Committee	North Sound BH-ASO Director and Tribal Coordination Liaison participate in North Sound 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 purpose of the North Sound Behavioral Health Advisory Board is to advocate 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.

Successes

- Initiated and provided project management support to the development of a data sharing platform hosted by CMT that allows Crisis Services staff to access treatment and crisis plan information on Medicaid members. This system is now in production and crisis services agencies are being trained in its use.
- Implemented protocols for crisis care coordination between Crisis Services Agencies and MCO care coordinators.
- Maintained and updated a joint contact list for use by MCOs, North Sound BH-ASO, and Crisis Services agencies.
- Continued to develop and share common solutions for coordination between crisis services agencies and community stakeholders using the Crisis Services Leadership meetings.
- Continued to expand funding for mobile crisis outreach including new partnerships with law enforcement. A variety of different "co-responder" models are now in place and serving all five counties.
- Continued to actively participate in the HCA-Tribal Government to Government meetings to develop Tribal/HCA Care Coordination protocols whenever these are scheduled by HCA staff.

Challenges

- Although we have developed an alternative, more targeted, report on high utilizers we still have to produce the crisis logs, though it appears the value of this is minimal.
- Continuing to assist with the development of HCA-Tribal Care Coordination protocols.
- The lack of adequate demographic data on ethnicity and primary language continues to make it difficult to get a clear picture of how well we're serving communities of color and limited English-Speaking persons. However,

the North Sound BH-ASO is now in the middle of an 18 month “Diversity, Racial Equity and Inclusion” project that will develop concrete strategies to help assess how we are serving communities of color.

Criminal Justice System

North Sound BH-ASO has worked diligently to develop relationships with the criminal justice systems. The five North Sound Counties have been instrumental in bridging system relationships on behalf of the North Sound BH-ASO. Our criminal justice partnerships include county specific Crisis Oversight Committees, Law and Justice Councils, Interlocal Leadership Committee, contracting for services such as Juvenile Court Treatment Services, Criminal Justice Treatment Account (CJTA), Jail Transition Services (JTS), and Law Enforcement co-responder partnerships.

Diverting individuals from jails and/or an arrest into appropriate treatment services is a priority for the North Sound BH-ASO and its member counties.

Successes

- Recovery Navigator Program (RNP) has been fully implemented in all counties within the North Sound Region.
- North Sound’s Homeless Outreach Service Transition (HOST) program has successfully hired core staff and started delivering outreach services in November 2022 while working in close collaboration with Snohomish County Sheriff’s office and Everett, WA Police Department.
- Law Enforcement collaboration with mobile crisis response in the Regional Service Area. This continues to be a huge success in responding appropriately to individuals in crisis. Law enforcement has overwhelmingly been supportive of this type of intervention.
- North Sound BH-ASO continued our implementation of a comprehensive Co-Responder funding plan and solicited funding partnerships with several law enforcement agencies in Snohomish, Skagit, Island and Whatcom Counties.

Name	Location/Jurisdiction	Funding Source
Whatcom County Co-Response Outreach	Bellingham, Whatcom County	State/Federal Funding, MHBG; GF-S; SABG
Snohomish County Sheriff Embedded Social Worker	Snohomish County	Local Sales Tax, North Sound BH-ASO
Outreach Coordinator Program - Mount Vernon Police Department (expansion to MVP IOS – LEAD Model)	Mount Vernon Police Department Mount Vernon, Skagit County	Local Sales Tax, North Sound BH-ASO
Skagit County – IMPACT – Co-Response Crisis Intervention	Snohomish and Skagit Counties	North Sound BH-ASO MHBG/SABG; GF-S, WASPC Grants
Island County Human Services – Co-Responder Behavioral Health Program	Island County	North Sound BH-ASO MHBG/SABG, Federal, State and Local funding

- County Crisis Oversight Committees have been successful in bringing all the interested parties together including local Courts, Law Enforcement, Probation, and other stakeholders.
- Local Jails have benefited from Jail Transition Services and consider it an invaluable service for a stretched jail system.

- We are fortunate to have Law Enforcement Officers on our Behavioral Health Advisory Board. Their input on what is occurring in our communities provides North Sound BH-ASO direction on where our funds are best used to support the most vulnerable in our communities.
- North Sound's Interlocal Leadership Meeting is a venue for representatives of the criminal justice system to bring their concerns and recommendations to improve coordination of services.

Opportunities

- A five (5) county region with four jails, five courts and numerous Sheriff/Municipal Police agencies will continue to be an opportunity to strengthen our response to the vast criminal justice needs within the RSA.
- Regional co-responder forum – We are planning to coordinate a regional co-responder listening session following the Co-Responder Outreach Alliance (CROA) and University of Washington Retreat in 2023-2024. Our county and law enforcement agencies have expressed a need to have a regional collaboration structure for co-responder programs.
- ASO funded co-responder programs are assessing strategies for care coordination and referrals to include purchasing data sharing platforms that can be implemented across agencies.

At 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 with our County partners 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 addressed in 2022:

Snohomish County Crisis Oversight Committee

- DCR outreach and referral coordination
- Capacity updates: Swedish Medical Center, Providence Regional Medical Center (PRMC), Evergreen Recovery Center, Everett Diversion Center, Program or Assertive Community Treatment (PACT) & Intensive Outpatient Programs (IOP).
- Presentations from various Criminal Justice Diversion programs
- HB 1477 (988) Updates and Discussions
- Behavioral Health Agency Outpatient Capacity - Less Restrictive Alternatives
- Regional Navigator Program (RNP) Planning and Updates
- Identifying system gaps
- COVID-19 Impacts – Capacity, admission, and screening protocols.
- Crisis System Metrics – System utilization and trends
- Washington Legislative updates

Skagit County Crisis Oversight Committee

- Mobile Crisis Outreach coordination with Law Enforcement
- Presentations on DCR/Mobile Crisis Outreach
- Skagit Regional Health – ED
- Regional Navigator Program (RNP) planning and updates.
- Law Enforcement presentations on current BH trends and volumes

- HB 1477 (988) Updates and Discussions
- Coordinating with Pioneer Human Services Oak Harbor Crisis Stabilization Facility
- Skagit Crisis System Metrics – system utilization and trends
- Washington Legislative updates

Whatcom County Crisis Oversight Committee

- Whatcom County Alternative Response Teams
- Crisis System coordination with county outreach programs – Ground Level Response and Coordinate Engagement (GRACE) and Law Enforcement Assisted Diversion (LEAD)
- Local EMS/Community Paramedic coordination with DCRs
- HB 1477 (988) Updates and Discussions
- Crisis System coordination with Law Enforcement on cases requiring ED admission.
- Behavioral Health Agency education and information

Island County Crisis Oversight Committee

- Oak Harbor Crisis Stabilization Facility opening, referral and admission coordination.
- Presentations from Island County BH LE co-response program
- COVID-19 system impacts – Capacity, admission and provider screening protocols
- DCR/MCT coordination with Island County Sherriff, hospital discharges
- HB 1477 (988) Updates and Discussions

San Juan County Crisis Oversight Committee

- DCR/Mobile Crisis outreach protocols and coordination with San Juan Hospital
- Community needs – outpatient capacity, family resource center
- Addressing system gap for high intensity services for San Juan - Crisis System partnership with OP providers
- HB 1477 (988) Updates and Discussions
- COVID-19 DOH Behavioral Health impact reports
- Crisis System Metrics – system utilization and trends
- Washington Legislative updates

Care Continuum - Project Highlights

Assisted Outpatient Treatment (AOT)

In response to SB 5071, North Sound BH-ASO initiated an AOT project management structure to evaluate our plan to implement AOT services in the North Sound Region. We successfully hired our AOT Coordinator in 2022 who will directly support coordination and collaboration with local Superior Courts, Behavioral Health Agencies (BHAs) that are providing services to persons on Less Restrictive Alternatives (LRAs), and other stakeholders across the state. This work will support the state's requirement to develop and implement a plan in collaboration with HCA by July, 1 2023.

Crisis Stabilization and Triage Capacity

Strengthening access to Crisis Stabilization and Triage services continues to be a top priority for the region. We have included ongoing capacity funding for Snohomish, Skagit, Island, and Whatcom facilities as part of our Federal Block Grant plan. North Sound BH-ASO is participating in state-wide workgroups to evaluate strategies to ensure these

services are sustainable and remain a critical access point for individuals needing immediate stabilization and withdrawal management supports.

Mobile Crisis Response

North Sound BH-ASO and our contracted crisis agencies have been actively participating in the state's Mobile Crisis Response HB 1477 planning and best practice developments. In response to new contract and state requirements, we are undergoing a region wide funding assessment of mobile crisis response to include expansion of existing Certified Peer Counselors (CPC) and non-DCR crisis response staff. Our two mobile crisis response agencies, Snohomish County Human Services and Compass Health, are providing updated 2023 operating budgets and staffing models to meet these new requirements.

Child, Youth and Family Crisis Teams (CYFCT) - MRSS

In October 2022 North Sound BH-ASO awarded the contract to Compass Health for Child, Youth and Family Crisis Teams (CYFCT) with an initial plan to establish two (2) teams Serving Whatcom, Skagit, and Snohomish County. North Sound BH-ASO and Compass Health are working with the University of Maryland's Quality Learning Collaborative (QLC) to collaborate on MRSS Best Practice. We are hopeful 2023 will focus on getting the programs up and running with input from community and system partners.

Non-Medicaid Access to Outpatient and Residential Services

Expanding capacity and access to outpatient and residential treatment for individuals that are not eligible for Medicaid continues to be our priority. We are continuing our funding for residential and outpatient treatment in our Federal Block Grant Plan.

Strengthen Follow up/Post Crisis Care

Strengthening follow up and post-crisis supports continues to be high priority for the care crisis continuum. We have dedicated Federal Block Grant Funding to expand capacity for mobile crisis response follow up/post-crisis supports to include peers and Mental Health Care Providers (MHCPs). In addition, in 2022, we continued our funding of VOA's Crisis Follow-up program that provides follow-up and navigation supports.

Homeless Outreach Programs

Building specialized programs to provide early preventative engagement to our region's homeless population was identified as a priority. North Sound BH-ASO has fully implemented a Homeless Outreach Service Transition (HOST) program operating in Snohomish County.

Regional Residential and Inpatient Capacity

North Sound BH-ASO has contracted with Percival Health to update our 5-year [Behavioral Health Needs Assessment](#). The former 2017 Behavioral Health Needs assessment completed in 2016 was utilized to successfully procure over \$40 million in capital funds. The updated 2022 needs assessment is projecting the need for both inpatient and outpatient treatment modalities over the next five years.

Summary of Crisis Plans

Background

- In our 2020 and 2021 Crisis Annual Assessments we discussed a critical information gap that was created when health information for Medicaid members was moved from the former BHO to the five MCOs.

- The Crisis Line and mobile crisis response teams no longer had reliable access to information about a person's current treatment provider or the person's current crisis plan. This created a gap in crisis treatment planning.

Successes

- Continued a regional project management support to the development of a data sharing platform hosted by Collective Medical Technologies (CMT) that will allow Crisis Services staff to access treatment and crisis plan information on Medicaid members.
- Maintained and updated contact directories for use by MCOs, North Sound BH-ASO, and Crisis Services agencies.

Challenges

- As indicated, full implementation of CMT relies on BHA sponsorship agreements with MCOs and incentives for agencies to input crisis plans into the platform.

North Sound BH-ASO continues to ensure the MCOs are receiving the information they need to conduct care coordination. North Sound BH-ASO has transmitted the data required by the MCO crisis log template by using service encounter data and supplemental transactions to auto populate the fields embedded in the log.

Care Coordination Protocols

North Sound BH-ASO ensures that crisis system protocols are established that promote coordination, continuity, and quality of care for individuals receiving crisis services. As outlined above, our work continues 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, broader 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.

Average number of People included on the bi-weekly high utilizer lists in 2022							
	AMG	CCC	CHPW	MHC	UHC	OTHER	Total
Count of People with 3 or more detentions or LRO revocations last 180 days	3.3	2.5	3.7	6.7	1.7	5.6	23.5
Count of People with 5 or more investigations in last 180 days and 0 in the last 30 days	1.2	1.4	1.5	3.2	1.7	4.1	13.1

Summary of Strategies Used to Improve the Crisis System

Crisis line and Mobile Crisis Outreach

- Fully funded expanded Regional Crisis Line operations and post-crisis/follow-up programming.
- Expanded funding for mobile crisis response to include MHPs, SUDPs and Certified Peers.
- As indicated above, we funded new or expanded law enforcement and first responder co-response programs that work closely with our mobile crisis response teams.

- Targeted BH-ASO Behavioral Health Enhancement funds to support recruitment and retention of behavioral health staff in the three Crisis Services agencies.

Crisis Stabilization and Triage Facilities

- Continue to provide funding for existing crisis stabilization services to serve non-Medicaid persons in Snohomish, Skagit, Island, and Whatcom counties.
- Provided start-up funding for a new Evaluation and Treatment (E&T) facility in Sedro Woolley.
- North Sound BH-ASO is actively participating in state-wide workgroups to make recommendations on a sustainable funding approach for facility-based stabilization services.

Crisis Care Coordination and Management

- Developed and implemented a Care Management report that identifies persons who have had frequent ITA investigations and/or detentions.
- Jointly funded a project that developed a data sharing platform hosted by CMT that allows Crisis Services staff to access treatment and crisis plan information on Medicaid members.
- Continue to work with MCO care coordinators to strengthen crisis care coordination protocols.
- Created a joint contact list for use by both MCOs, North Sound BH-ASO, and Crisis Services agencies.

Information and Data About the Disposition of Crisis Calls

Overview

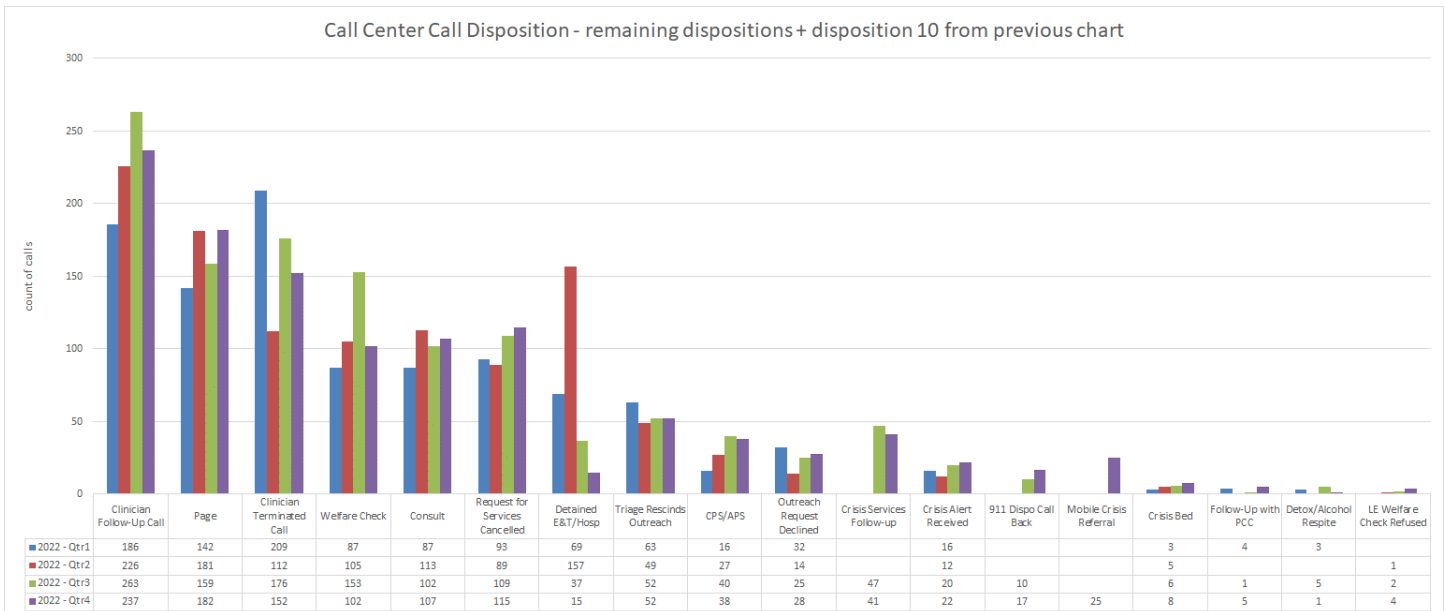
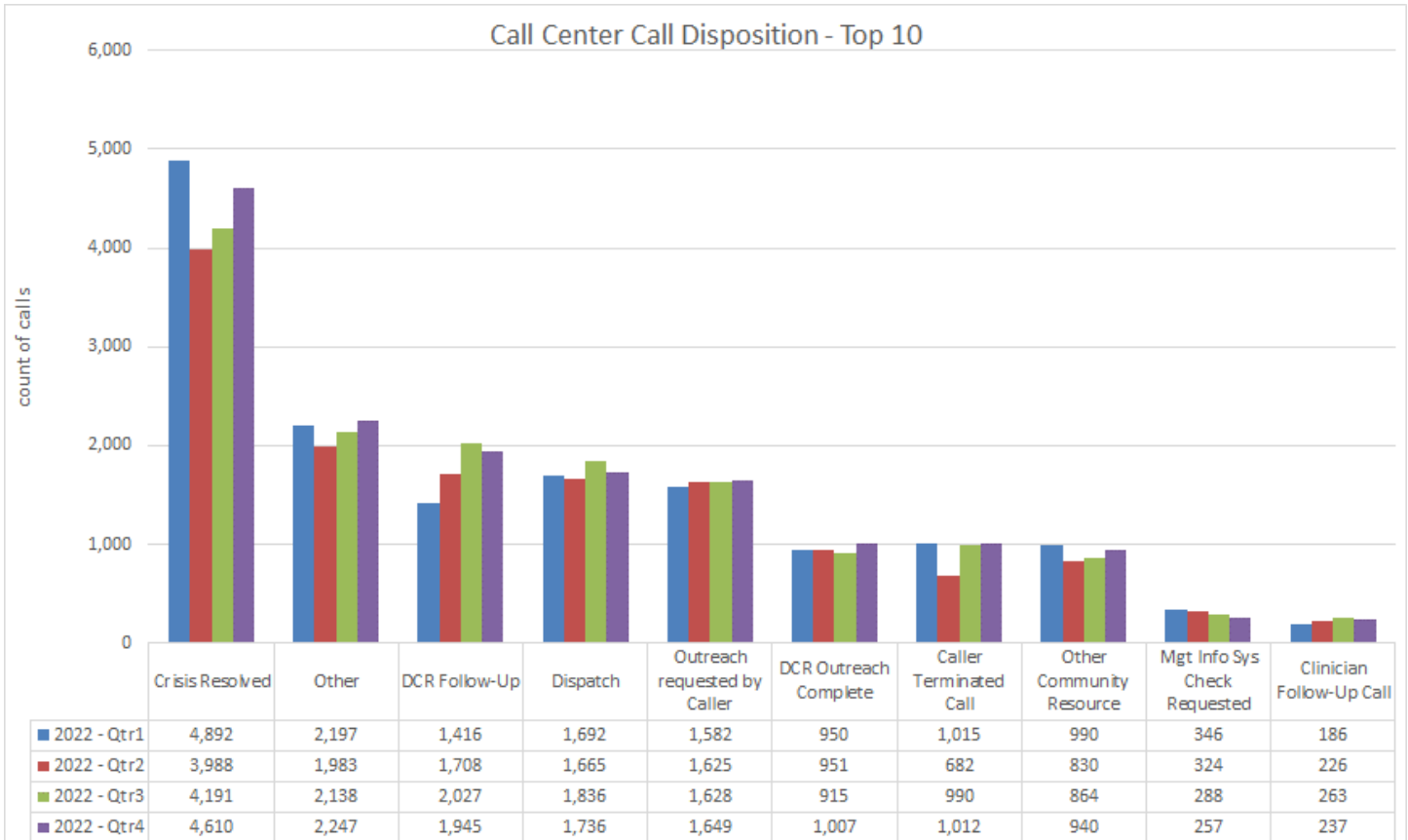
North Sound BH-ASO delegates Crisis Line services to VOA while providing oversight for performance and quality. VOA submits monthly performance metrics to North Sound BH-ASO in compliance with the delegation agreement outlined in contract. Call disposition is not a part of routine monitoring as it is not collected in any of the electronic transactions submitted to North Sound BH-ASO or required per the delegation agreement. North Sound BH-ASO requested VOA provide an annual extract of call disposition data for review by the North Sound BH-ASO Internal Quality Management Committee (IQMC).

Analysis

The graphs below display all of the Crisis Line disposition reasons that were used during calendar year 2022. The top 10 are put into one graph for readability. The top 10 selections represent approximately 94.4% of the dispositions rendered. Of the top 10 selections “Crisis Resolved” was the most frequent selection at 27.8%. 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 13.5% of the selections, selected was “other” and does not equate to a specific action taken. VOA has worked to bring this number down 5.5% from 2021 and 6% from 2020. North Sound BH-ASO will continue working with VOA during 2023 to see if there are common themes in the “Other” selection to identify potentially adding more unique codes. The next three most represented selections, at 11.2%, 10.9% and 10.2% are “DCR Follow-Up”, “Dispatch” and “Outreach Requested by Caller” 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

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

Awareness of Frequent Crisis Line Callers

Collectively, frequent callers have a significant impact on crisis lines. National Suicide Prevention Lifeline provides guidance for Crisis Call Centers to manage frequent callers as this can be challenging for clinical staff and impact program operations.

Our RCL coordinates directly with providers, community organizations, Indian Health Care Providers, Tribal authorities, MCOs and the ASO to facilitate cross-system case consultations to improve or tailor interventions that are in the best interest of the individual. One of the ongoing themes of this proactive coordination is that often treatment providers are not aware that an individual is calling into the crisis line or the reasons they are requesting crisis line support. Supporting a cross-system structure is necessary for crisis lines to deliver well-informed interventions that can support someone's recovery while preserving individual provider relationships.

Reduction of Law Enforcement Involvement with the Crisis System

As discussed in the [*Referral Source – Partnering with Law Enforcement*](#) analysis, North Sound BH-ASO has prioritized funding for targeted diversion and outreach programs with local law enforcement agencies and will continue this partnership through our strategic planning in 2023. Programs aim to provide behavioral health outreach while reducing criminal justice system involvement for individuals with mental health and substance use disorder treatment needs.

Crisis System Data – Quality Improvement

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

Internal review is conducted by North Sound BH-ASO clinical and leadership staff through weekly report outs and other routine reporting structures. The North Sound BH-ASO IQMC and Utilization Management (UM) Committees serve as monthly venues to review quality and utilization related crisis metrics to determine action steps if necessary. These committees provide in depth discussion and analysis of issues detected through the data or reported by external stakeholders. Individual cases and coordination activities are discussed during weekly clinical team meetings.

North Sound BH-ASO'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. These local and regional committees/groups include:

- North Sound BH-ASO County Local Crisis Oversight (Snohomish, Skagit, Island, San Juan, and Whatcom Counties)

- North Sound Joint Operating Committee
- North Sound Crisis Service Leadership Group
- North Sound Interlocal Leadership Structure

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

The North Sound BH-ASO maintains a strong relationship with community providers and agencies. Feedback from our partners is integrated into regional and local strategies for quality improvement. This includes active participation of North Sound BH-ASO staff in county-based crisis oversight committees that focus on local issues and efforts related to crisis services. During 2022, Local Crisis Oversight committees continued to provide:

- Direct feedback from community stakeholders and partners. Local Crisis Oversight 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.

Crisis Service Voice Project

As a follow-up to our 2020 and 2021 Crisis Annual Assessment, North Sound BH-ASO and our Advisory Board identified a needed action to develop a workplan to assess and incorporate individual and family voice for North Sound BH-ASO strategic plan for crisis services.

Qualitative evidence measuring crisis services from the individual or family's point of view has been limited. In 2022, North Sound BH-ASO initiated action plans to evaluate and develop a 'User Experience' initiative for 2023-2024 that will focus on several preliminary objectives:

- Convene stakeholder and partner groups that represent the socioeconomic and racial diversity of the North Sound Region to define our system's values, goals and intended outcome of a regional/coordinated care crisis continuum.
 - Assess and develop a standardized survey method for community, family, and individuals to evaluate key aspects of the crisis system.
- Partner with regional behavioral health advocacy and system partners to establish a series of community forums ("local town halls") where individuals, family and community voice can be heard and integrated into our strategic planning.
- Evaluate strategies and tools for crisis providers to assess and capture user experience following RCL and Mobile Crisis Response interventions.

Measurement Concepts

By understanding or developing metrics from the Individual or family's perspective, we can bridge the experience of folks interacting with the crisis system to our desired measurements and outcomes. Examples included in the 2023 [National Council for Mental Wellbeing](#) report (January 2023) include whether crisis services are:

- Accessible and Collaborative
- Trauma Informed
- Achieve Equity
- Timely and offer follow up supports
- Community response focused
- Hopeful, Safe and least Intrusive

Several goals and values were noted in **HCA 2022** [Mobile Crisis Response Program Guide](#) in response to HB 1477 (988) to include:

- Reduce dependency on Law enforcement, fire, EMS, and ED for BH Crisis
- Expand Multi-disciplinary mobile Crisis Response teams to include Peers, mental health care professionals, etc.
- Dedicated specialized response – child, youth, and family crisis support.
- Expanded capacity for Crisis Prevention Planning and follow-up supports.

Diversity, Racial Equity and Inclusion Initiative

North Sound BH-ASO is engaged in an 18-month process with Michelle M. Osborne & Associates (MMO) to outline a proposed direction for North Sound BH-ASO in its journey towards antiracism. North Sound BH-ASO has a little less than three months left in the 18-month journey with MMO. The goal is to identify opportunities to address Diversity, Racial Equity and Inclusion (DREI) related inequities and prioritize those DREI opportunities (projects) into a 3-Year DREI Strategic Plan where the efforts are (a) implemented and resourced within North Sound's business processes and (b) become the way that North Sound does business going forward. The approach is to:

- **Spark** an internal culture shift using a shared understanding of historic and contemporary impacts of racism on policies and ideas.
- **Glean** insights from surveys and interviews within North Sound BH-ASO.
- **Leverage** a work group from North Sound BH-ASO to help identify specific policies and practices that can be created or improved to address racial inequities in the work North Sound BH-ASO does and/or the work that North Sound BH-ASO influences.
- **Embrace** existing community touchpoints (Community Advisory Board and the Youth and Family counsel) and others, appropriately, as part of the plan.
- **Apply** an inside-out approach to grow DREI skill, will, and capacity within North Sound BH-ASO.

2023 Opportunities

- North Sound BH-ASO's partnership with the state to fully implement new legislation for crisis services.
- Fully fund the expansion of crisis services to include the availability of community-based, multidisciplinary programming that meet best practice standards.
- Fully integrate our DREI Strategic Plan into our 2023 planning for crisis services.
- Fully operationalize our Child, Youth and Family Crisis Teams (Mobile Response and Stabilization Services – MRSS).
- Continue to expand funding for co-responder programs embedding Behavioral Health professionals with law enforcement and first responders.
- Continue to fund Triage, Crisis Stabilization and Withdrawal Management facilities and encourage their use as a central access point for crisis services for first responders and others.
- Continue implementation of the new CMT data sharing platform to provide access to treatment and crisis plan information for crisis services staff.
- Continue providing care coordination and system support for our crisis agencies and other ASO funded outreach programs serving high need individuals.
- Continue to partner closely with the Department of Health (DOH) and HCA on Washington State's 988 implementation and any future legislation for crisis services.