



North Sound BH-ASO Annual Crisis Assessment

2024 Summary and Analysis of the North Sound BH-ASO Crisis System

**NORTH SOUND BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION**

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North Sound BH-ASO Annual Crisis Assessment

2024

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Executive Summary

A comprehensive behavioral health crisis system is responsive at any time and place for anyone (SAMHSA, January 2025). 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 supports suicide prevention and provides a defense in preventing unnecessary loss of life.

2024 marked a critical year for the North Sound Region in the continued expansion of the care crisis continuum that ensures the availability of key system components as outlined by the Substance Abuse Mental Health Service Administration (SAMHSA). With the implementation of 988 in Washington state that funds crisis expansion and broadens North Sound BH-ASO's partnership with emergency services such as 911 and First Responders, the need for coordinated efforts is at the forefront. One underlining theme identified by our behavioral health and emergency service partners has been implementing practical solutions to ensure a well-coordinated cross-sector crisis response system.

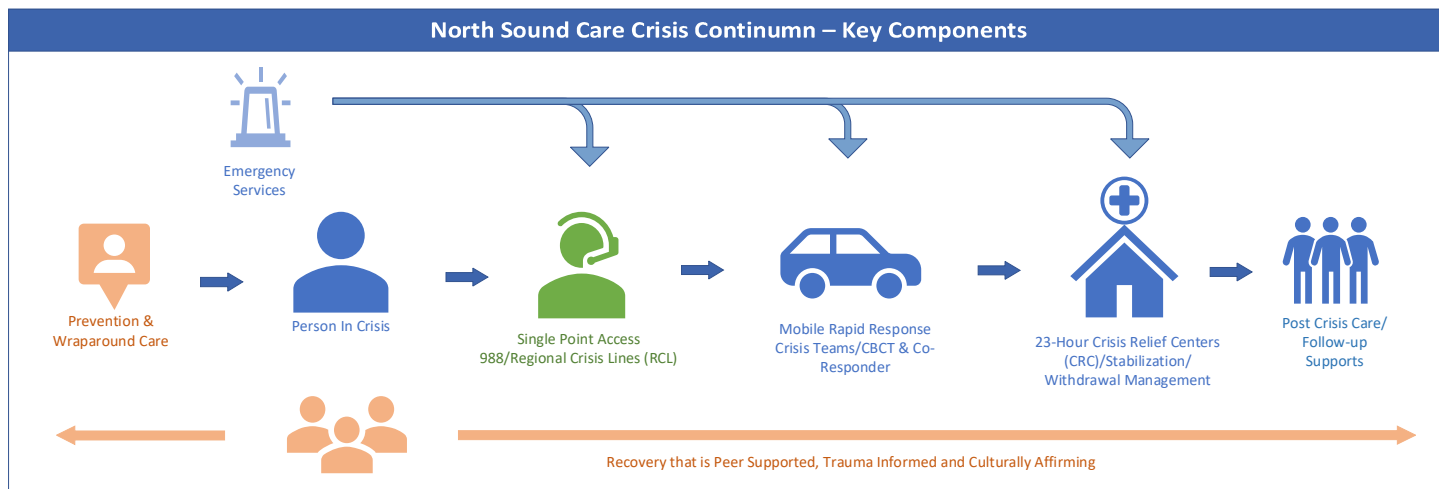
A more robust network of services can be a system of complexity for individuals trying to access support. Coordinated services ensure individuals and help-seekers receive the right service at the right time that advances health equity and improves wellbeing for our communities and professionals. A key mission of North Sound BH-ASO in partnership with our counties, Tribal Governments and providers are to ensure we have a system responsive to the individual needs as defined by the help-seeker – and that streamlined coordination spans the entirety of the crisis system.

Leveraging recent updates to SAMHSA's [National Guidelines for Behavioral Health Coordinated system of Care](#) (2025), [National Guidelines for Child and Youth Behavioral health Crisis Care](#) (2022), and most importantly, our strong partnership with emergency services, Tribal Government and long-standing relationships with regional crisis providers, North Sound BH-ASO sees a needed opportunity in [Senate Bill 6251](#) to advance what SAMHSA has identified as foundational: local systems need to ensure services are optimal and partners are aligned in service delivery. In addition, North Sound BH-ASO is actively working with Health Care Authority (HCA), Department of Health (DOH) and Tribal Partners on 988 and Regional Crisis Line (RCL) alignment [[RCL-988 Joint Policy Statement](#)]. Within this partnership, North Sound BH-ASO will be advancing our SB 6251 Regional Dispatch protocols in 2025 that will serve to memorialize expectations, understandings, lines of communication, and strategies for optimizing crisis response.

Significant gaps in the behavioral health crisis continuum persists. We must acknowledge the challenges to fully realize 988 enhancements in Washington State, ensuring high quality behavioral health services for children, youth and young adults and addressing opportunities to improve access to crisis receiving facilities. The advancement of 23-hour Crisis Relief Centers [[SB 5120](#)] is a necessary component for behavioral health crisis response, particularly for law enforcement and first responders. Crisis receiving facilities are critical for crisis responders and emergency personnel to ensure a “no-wrong door” for individuals needing urgent behavioral health stabilization and has proven to reduce or avoid hospitalization and support linkages to a broad range of supports.

Further, 2024 marked a milestone for our region in the convening of our first regional [Behavioral Health Legislative Summit](#) that included our Advisory Board, key stakeholders, and State and County representatives who worked to identified shared behavioral health initiatives to advance access to behavioral health care for North Sound residents. Although system challenges remain and service gaps persist, North Sound BH-ASO strives in partnership to ensure a well-integrated care crisis continuum.

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North Sound BH-ASO’s prior [Annual Crisis Assessments](#) identified key regional opportunities to improve or expand service delivery as part of our strategic planning. One major theme continues for North Sound BH-ASO: leverage our region’s robust collaboration structure to implement new or enhanced services. This includes programs such as:

- Mobile Rapid Response Crisis Teams (MRRCT)
- Designated Crisis Responders (DCRs)
- Embedded Behavioral Health co-responder programs with emergency services
- Child, Youth and Family Crisis Teams (CYFCT) – Mobile Response and Stabilization Service (MRSS)
- Expansion of Mental Health Care Professionals (MHCP) and Certified Peer Counselors (CPC) within MRRCT teams
- Youth Navigator Program (YNP)
- Recovery Navigator Program (RNP)
- Homeless Outreach and Stabilization Teams (HOST)
- Assisted Outpatient Treatment (AOT)

As stressed above, continued advocacy and strategic planning is needed to ensure delivery and availability of facility-based services to include sustainable funding models for crisis stabilization, urgent withdrawal management and 23-hour Crisis Relief centers. People who are experiencing a crisis need ongoing support and linkages to available follow-up care, including outpatient mental health and substance use disorder treatment services. Expansion of behavioral health emergency and crisis services can only be as effective as the broader behavioral health network.

Lastly, in 2024 North Sound BH-ASO continued our support of practical solutions that allow information sharing for individuals experiencing a behavioral health crisis. Ensuring providers have access to relevant health information supports individuals’ care needs and ensures professionals can coordinate and provide linkages to appropriate services. North Sound BH-ASO will continue our support for providers to access platforms such as *Point Click Care* and *Julota*, which provides real-time patient care information, crisis plans and can be used to support referral and warm-hand offs to ongoing services.

Executive summary of key findings for 2024:

Our 2024 *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.

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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 (17.9.1.2.1)

Report Reference Pages: [Summary of Data](#)

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 3,690 a month in 2024 down from 3,973 calls a month in 2023. The total number of annual calls decreased from 47,681 calls in 2023 to 44,284 in 2024.
- The RCL was able to meet the key 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 2024.

2. ITA Investigation Activities

- The total number of dispatches for Involuntary Treatment Act (ITA) investigations slightly decreased from 4,783 in 2023 to 4,763 in 2024. Dispatches decreased throughout the year and represented a net decrease of 0.4% when compared with 2023.
- Average Designated Crisis Responder (DCR) ITA dispatch time continued to be under two (2) hours.
 - A. The detention "rate" per 10,000 population decreased from 2023 to 2024, 13.5 per 10,000 to 12.1. The number of average monthly detentions was 149.8 in 2023 and decreased to 136.3 in 2024 and was between 115 and 147 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 (17.9.1.2.2)

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

Key Findings

1. North Sound BH-ASO and our regional partners continued an extensive array of regional behavioral health coordination activities to support local multi-system collaborations that include cross-sector partners to address critical service gaps in care and to ensure seamless delivery for individuals needing care.
2. North Sound counties have launched various emergency and behavioral health crisis Task Force structures to bring system partners together to solve complex behavioral health needs in partnership with North Sound BH-ASO.
3. North Sound BH-ASO and our county partners established a "Crisis Listening" structure with providers and stakeholders to problem-solve and identify opportunities to improve service delivery and address system gaps.
4. 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 2025 and beyond.

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5. North Sound BH-ASO is actively partnering with key stakeholders to include DOH, HCA, Tribal governments, counties, cities and crisis providers in our planning and development of North Sound's [Senate Bill 6251](#) Regional Care Crisis Dispatch (RCCD) Protocol.
6. In partnership with Snohomish County Superior Court, North Sound BH-ASO implemented a 2024 project plan to establish an [Assisted Outpatient Services \(AOT\) program](#) to expanded access to court ordered behavioral health treatment.
7. Maintained Medicaid Managed Care Organizations (MCO) 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 access to Point Click Care (PCC) which provides real-time patient care information to users about Emergency Department (ED), Inpatient (IP), Crisis Care Plans, Provider Care Teams and Care history that can support information gathering and referral for ongoing services following a crisis event. Work remains to fully leverage practical information sharing platforms to include ensuring state requirements supports Medicaid information sharing and developing provider participation incentives.

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 (17.9.1.2.3).

Key Findings

- Although we have seen a steady increase in utilization with information sharing platforms, such as Point Click Care (PCC), Medicaid crisis plans remain limited or unavailable to inform the 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.
- 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.
- Crisis Prevention plans are only relevant if the information is current to the individual's circumstance. Key information within the crisis plans includes the individual's natural supports, current treatment teams or other providers, and key prevention measures that can support an individual's stability. Crisis prevention plans are often the most useful to coordinate care and exhaust all less restrictive alternatives.
- 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.

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Provide a summary of the development, implementation, and outcomes of activities and strategies used to improve the crisis system (17.9.1.2.4)

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

Key Findings

- North Sound BH-ASO held a **2024 Legislative Summit** with representatives from all five (5) counties to include law enforcement and emergency service providers. Key priorities were identified to include ASO flexibility in Proviso funding appropriations, regional capital or program start-up funding needs for Crisis stabilization and 23-hour Crisis Relief Centers, building and revising access to care for youth and families, and supporting Medicaid re-procurement that address access to care standards.
- In partnership with DOH and HCA, ASO’s are positioned to support 988 expansion. In 2024, North Sound BH-ASO implemented a 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 Community Based Crisis Teams (CBCT).
- Approved increased 2025 operating budgets across North Sound’s RCL, MRRCT and DCR agencies and developed a regional funding model to expand 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 Counselors (CPC).
 - 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 2024, North Sound BH-ASO implemented a robust planning and project management structure for the Kid’s Mental Health Youth Navigator Program that supports alignment with MRRCT-MRSS crisis outreach programs, Family Youth System Partner Roundtable (FYSPRT) and regional Children’s Long-Term Inpatient (CLIP) activities.
- Continued strengthening crisis service alignment with county administered Behavioral Health outreach programs to include supporting cross-sector and multi-partly collaboratives to support operations and coordination.

Summary Data and Analysis

North Sound Crisis Calls Period From Jan-24 To Dec-24

	crisis calls	Calls Answered	Calls LT 30 sec	Average answer time (sec)	Calls Abandoned
Prior 12 mo. Avg	3,690	3,684	3,577	0:00:12	6
Min	3,191	3,191	3,134	0:00:11	0
Max	4,151	4,134	4,027	0:00:14	17
St dev	295	293	275	0:00:01	4
Dec-24	3,512	3,508	3,435	0:00:12	4
Current Month					

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North Sound Investigations Period From Jan-24 To Dec-24

	invest.	detentions	MH invest.	SUD invest.	MH and SUD invest.	Referred from Law Enforcement	avg dispatch response time hrs.
Prior 12 mo. Avg.	397	136	237	20	137	40	0.85
Min	366	115	218	13	117	23	0.23
Max	420	147	260	29	150	50	1.33
Standard dev.	13	8	11	5	10	7	0.34
Dec-24	366	130	225	22	117	23	0.26
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.	150	6	157	80	4	68	
Min	131	3	137	64	2	55	
Max	168	9	184	94	7	76	
Standard dev.	8	2	14	8	1	7	✔
Dec-24	144	6	147	64	5	55	✔
Current Month	✔	✔	✔	✔	✔	✔	✘

✔ Inside 2 stde
⚠ at 2 stdev
✘ outside 2 std

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.

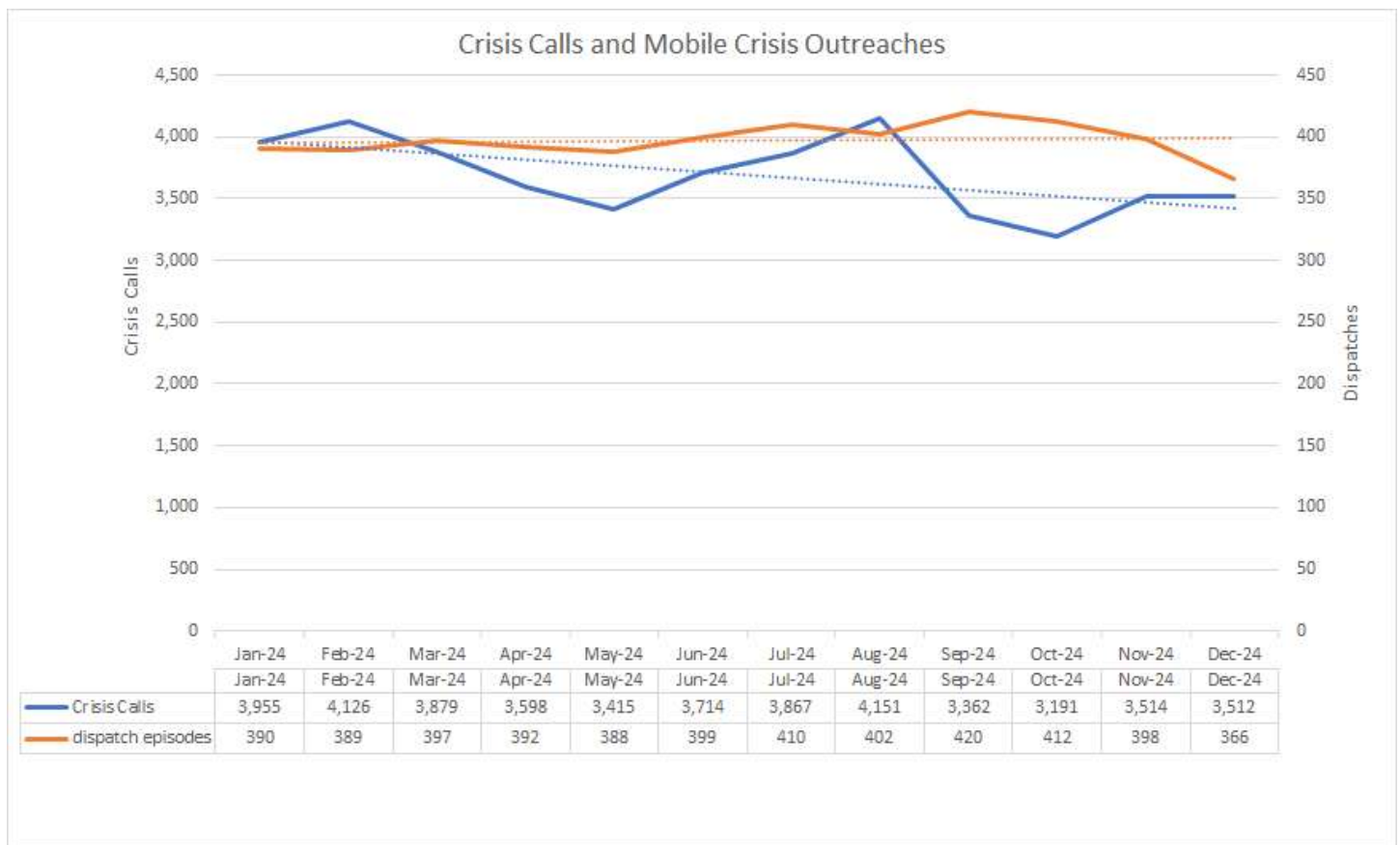
Crisis, Investigation and Hotline Services

Month	Unduplicated People							Undup. Total
	Medicaid			Non Medicaid				
	Crisis Call	Crisis Service	Medicaid Total	Crisis Call	Crisis Service	Investigation	Non Medicaid Total	
Jan-24	462	310	772	463	296	325	951	1,547
Feb-24	408	285	693	495	318	335	1,002	1,511
Mar-24	456	322	778	512	326	343	1,033	1,626
Apr-24	453	309	762	497	304	343	991	1,584
May-24	394	283	677	543	394	331	1,102	1,635
Jun-24	423	256	679	502	348	308	1,017	1,560
Jul-24	429	286	715	568	375	331	1,115	1,676
Aug-24	427	287	714	563	365	322	1,088	1,645
Sep-24	401	277	678	511	305	293	964	1,505
Oct-24	380	284	664	456	325	323	942	1,453
Nov-24	382	282	664	445	330	328	940	1,456
Dec-24	390	299	689	454	330	301	940	1,472
Undup. Total	3,313	2,437	5,750	4,714	3,122	3,119	9,320	13,325

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Month	Medicaid		Medicaid Total	Non Medicaid			Non Medicaid Total	Undup. Total
	Crisis Call	Crisis Service		Crisis Call	Crisis Service	Investigation		
	Unduplicated People							
2023	3,588	2,776	6,364	4,305	2,941	3,199	8,822	13,309
2024	3,313	2,437	5,750	4,714	3,122	3,119	9,320	13,325
Undup. Total	6,069	4,658	10,727	8,516	5,681	5,793	16,868	24,092

The table above shows a 2.8% decrease compared to 2023 in the number of unduplicated individuals receiving a crisis service in 2024. As discussed under *Crisis Calls* below, during 2024 we saw a moderate decrease in call volumes and individuals served through the Crisis Line.



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 to all callers.

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In 2024, North Sound’s RCL handled 44,284 total calls, which was a 7.1% decrease from 2023 volumes. As indicated in the graph below “Crisis Calls Monthly Comparison”, the number of monthly crisis calls had a steady decreasing trend in 2024, with the most call volumes occurring in August with 4,547 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.

Regional Crisis Line Annual Cost

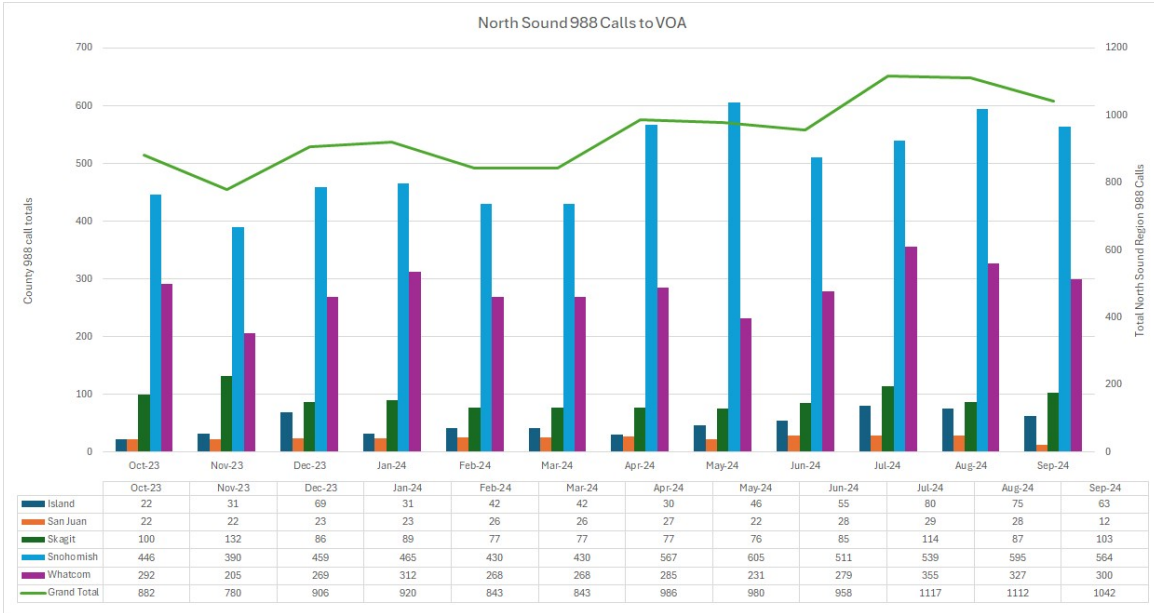
The annual costs to operate the regional crisis line and a breakdown of the number of calls, by Medicaid and non-Medicaid, to the regional crisis line for the year (17.9.2.4.2).

H0030 Crisis Calls Month	Funding					
	Medicaid	Non Medicaid	Grand Total	Med %	RCL billing	Medicaid \$'s
1/1/2024	2,315	2,887	5,202	44.5%	\$289,567	\$128,863
2/1/2024	2,236	2,894	5,130	43.6%	\$256,860	\$111,957
3/1/2024	2,261	3,131	5,392	41.9%	\$246,453	\$103,344
4/1/2024	2,068	3,064	5,132	40.3%	\$234,003	\$94,294
5/1/2024	1,874	2,844	4,718	39.7%	\$237,383	\$94,289
6/1/2024	2,245	2,884	5,129	43.8%	\$226,451	\$99,119
7/1/2024	2,201	3,099	5,300	41.5%	\$249,435	\$103,586
8/1/2024	2,409	3,170	5,579	43.2%	\$247,834	\$107,014
9/1/2024	1,996	2,762	4,758	42.0%	\$243,379	\$102,099
10/1/2024	1,722	2,422	4,144	41.6%	\$270,379	\$112,353
11/1/2024	1,952	2,524	4,476	43.6%	\$249,188	\$108,672
12/1/2024	1,826	2,543	4,369	41.8%	\$254,218	\$106,249
Grand Total	25,105	34,224	59,329	42.3%	\$3,005,148	\$1,271,625

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988 Line in North Sound Region

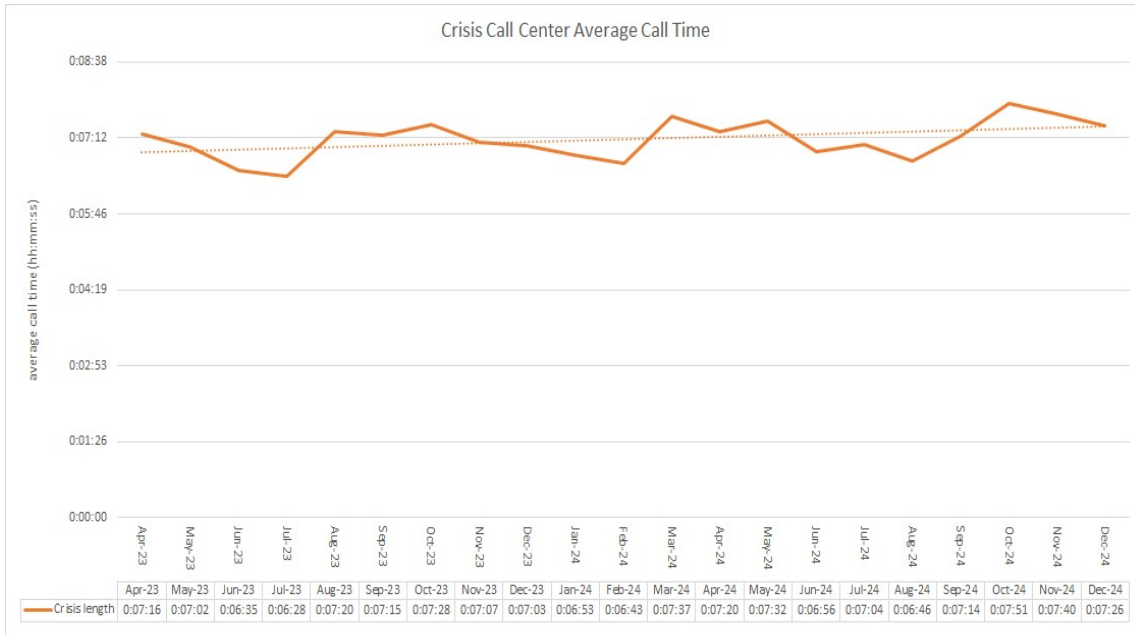
North Sound began receiving 988 call count for the region in 2023. The chart below shows the most recent year of data available.



Crisis Calls Monthly Comparison



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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 2024. VOA maintained an average 96.9% rate for calls answered in less than 30 seconds and 0.2% 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 2024. The lowest monthly percentage was 95.8% in April.

Call abandonment rate maintained a 5.0% or better performance. Call abandonment rate was the highest in Q3 of 2024 at 0.4% for the month of April, though there was sustained improvement month over month, with abandonment rate dropping to a low of 0.0% in October.

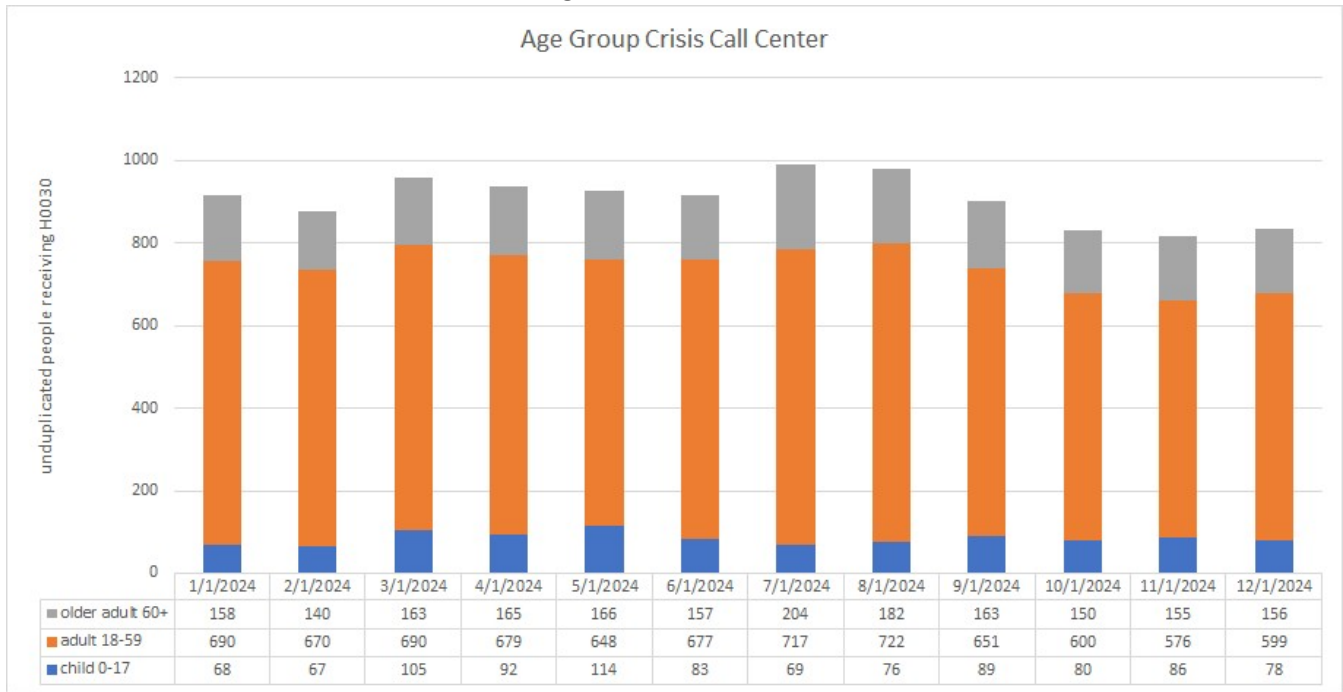
Crisis Call Center Demographics

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

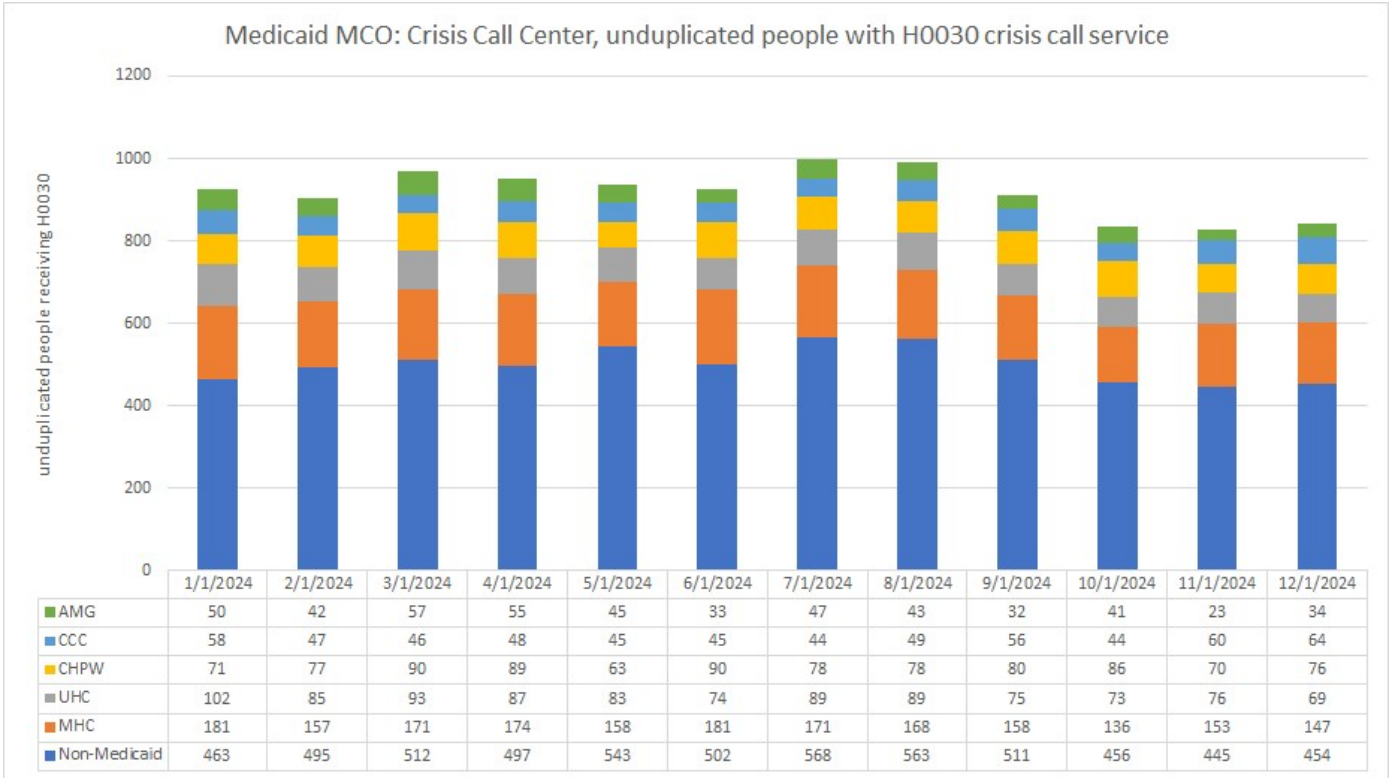
For ages 0-17, 18-59 and 60+



Children aged 0-17 years of age represented 10.9% of crisis calls in 2024, while Adults aged 18-59 accounted for 72.2% and older adults 60+ years accounted for 17.2%. 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.

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Funding Source

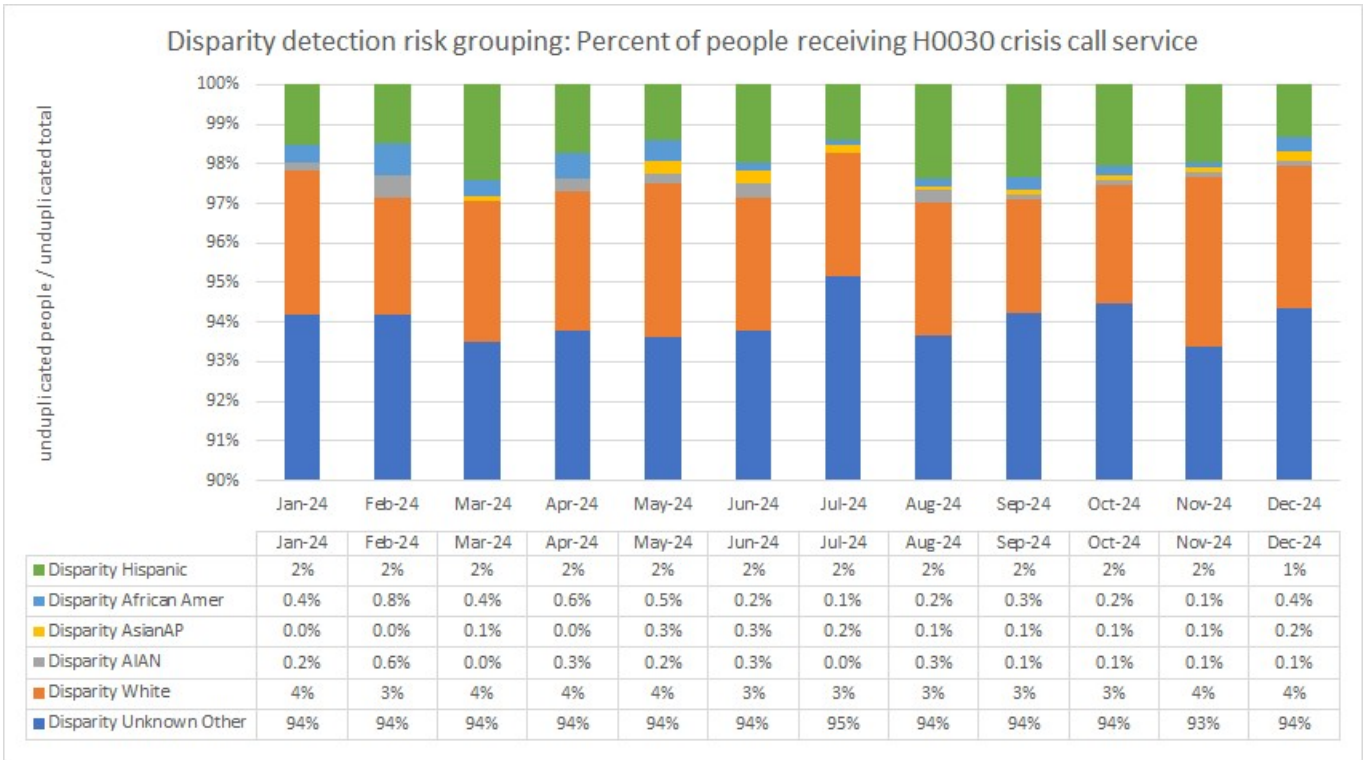


In 2024, 39.2% of the individuals accessing the crisis line were identified as belonging to an Apple Health Plan while 60.8% of the individuals were not linked to an Apple Health Plan at the time of the call. This contrasts with 2023 where 56.6% of individuals accessing the crisis line were identified as non-Medicaid, while 43.4% were identified to be connected to a Medicaid benefit and assigned to a Managed Care Organization (MCO).

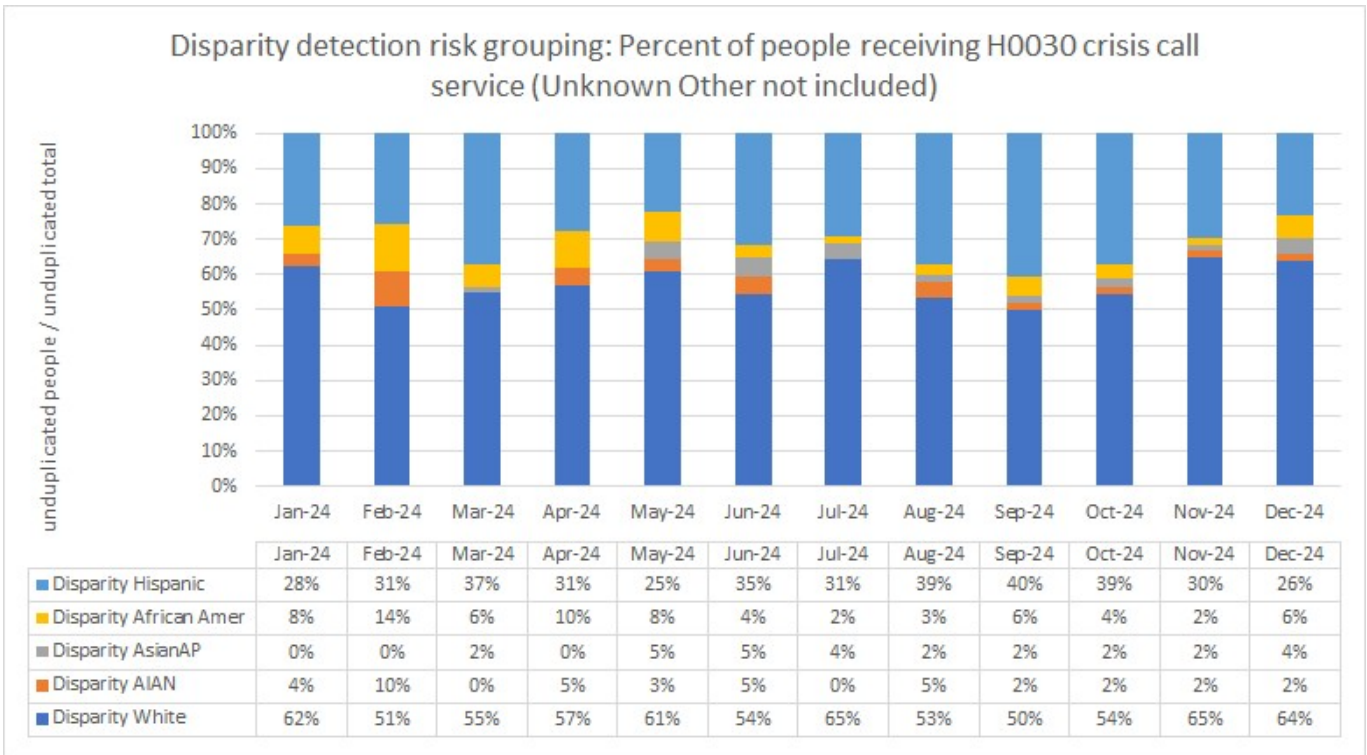
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Ethnicity

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



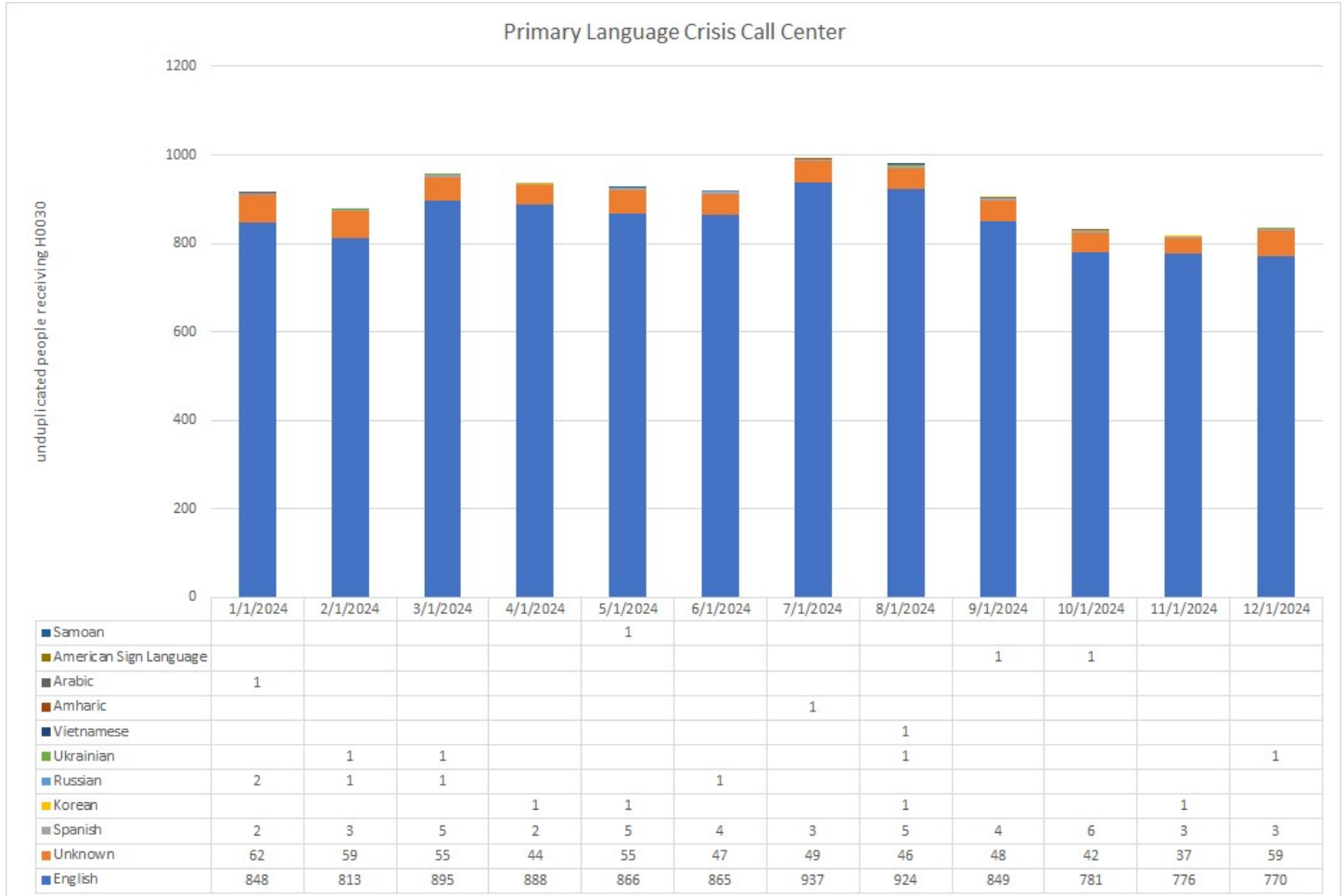
The graph below shows Ethnicity grouping when 'other / unknown groups are excluded.



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Primary Language

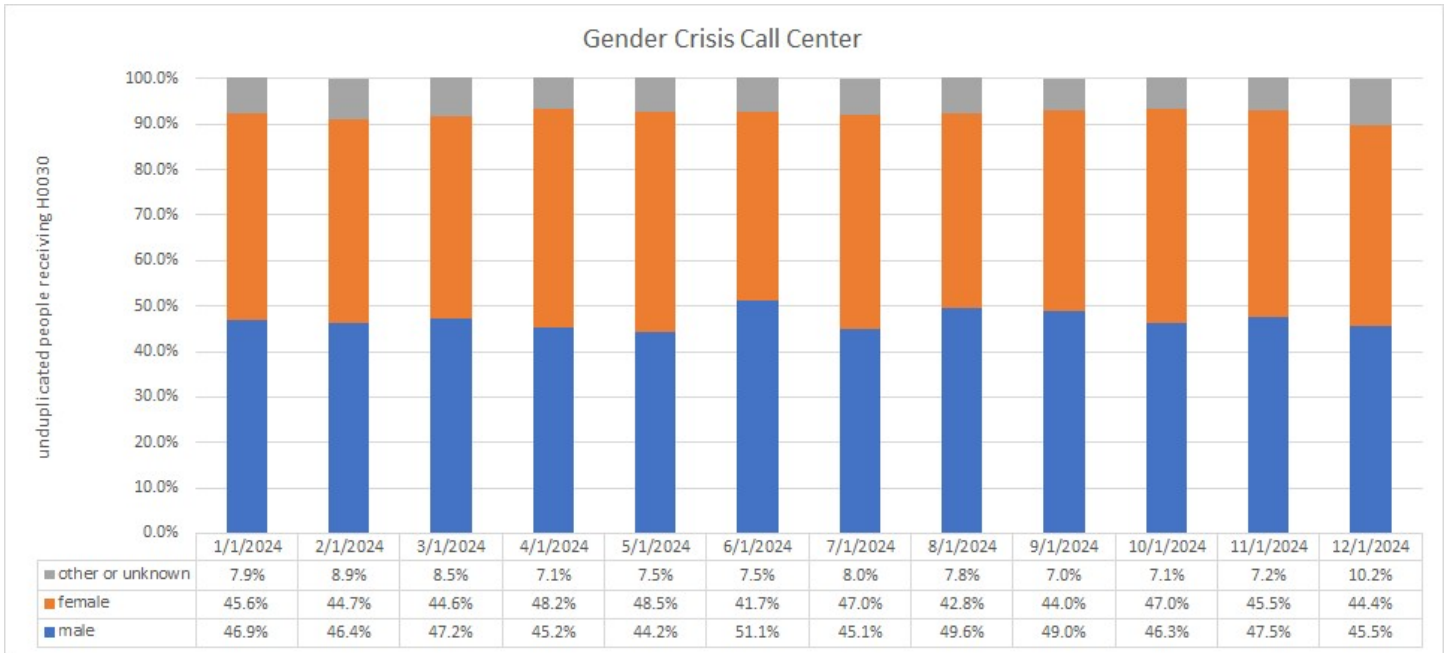
English as a primary language represented 93.0% of total 2024 calls to the RCL, while “unknown” represented 6.5%. As indicated below, callers with a primary language of Spanish, Korean, Ukrainian, Russian, Vietnamese, Arabic, Farsi, and Thai called into the crisis line at least once in 2024.



Gender

The below graph shows a monthly comparison of gender of either Male, Female or Other/Unknown. In 2024, 47.1% callers identified as Male, 44.8% identified as Female and 8.7% identified as Other/Unknown. 2023 in comparison, was 47.6%, 44.6% and 8.1% respectively. Gender categories replicated state reporting.

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Designated Crisis Responder (DCR) - Dispatches

In 2024, there was a total of 4,761 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 2.12% decrease in regional DCR dispatches when compared to 2023.

year	year	county					Grand Total
		Island	San Juan	Skagit	Snohomish	Whatcom	
dispatches	2023	142	41	525	3,350	806	4,864
	2024	148	28	588	3,134	863	4,761
% dispatches	2023	2.9%	0.8%	10.8%	68.9%	16.6%	100.0%
	2024	3.1%	0.6%	12.4%	65.8%	18.1%	100.0%
Total dispatches		290	69	1,113	6,484	1,669	9,625
Total % dispatches		3.0%	0.7%	11.6%	67.4%	17.3%	100.0%

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.

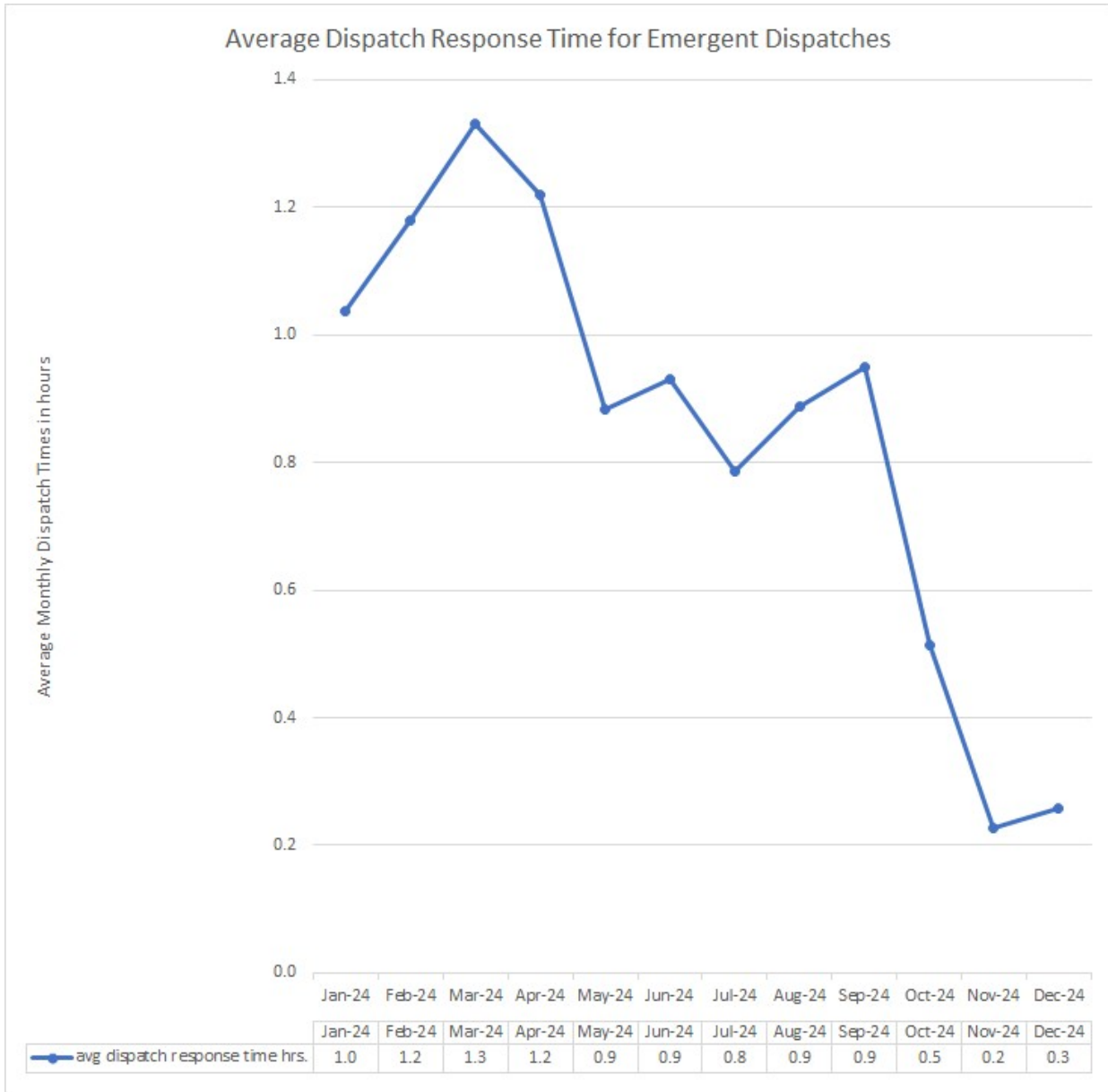
In 2024, DCR response for emergent (2-hour) dispatches continued to outperform the standard. The graph below shows average monthly DCR response times. 2024 Q1 and Q2 had a 6-month average of 1.1 hours, while Q3 and Q4 6-month averaged 0.6 hours. The 2024 total percentage of emergent dispatches that were responded to within two (2) hours was 91.3%. The 2024 total percentage of urgent dispatches that were responded to within twenty-four (24) was 100.0%.

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2024

month	avg Time
1/1/2024	1.0
2/1/2024	1.2
3/1/2024	1.3
4/1/2024	1.2
5/1/2024	0.9
6/1/2024	0.9
7/1/2024	0.8
8/1/2024	0.9
9/1/2024	0.9
10/1/2024	0.5
11/1/2024	0.2
12/1/2024	0.3
Grand Total	0.9

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North Sound BH-ASO and our contracted DCR agencies are currently assessing the decreased response times beginning October 2024.

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 2023’s total detentions of 1,820, there were 1,635 detentions in 2024 with a regional per capita rate of 12.1. 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 13.6 in 2022 to 12.1 in 2024.

As you will note in the “*Detentions per 10,000 population*” grids below, comparing the rate of detentions in 2023 to 2024, there was a regional decrease from detentions to detentions per 10,000. Snohomish, Whatcom Skagit and San Juan counties saw a decrease in detentions when compared to the previous year while Island County saw an increase.

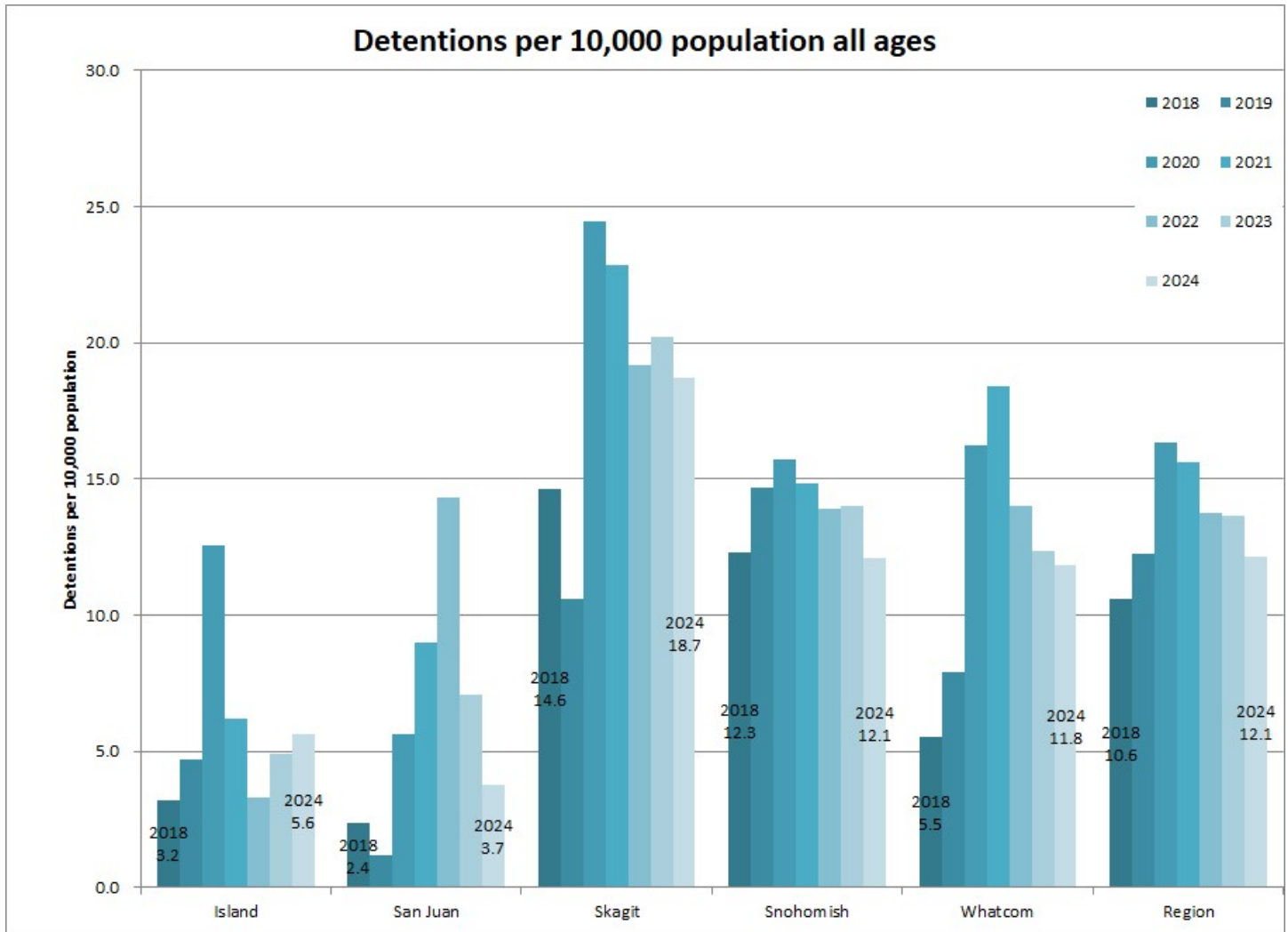
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2024

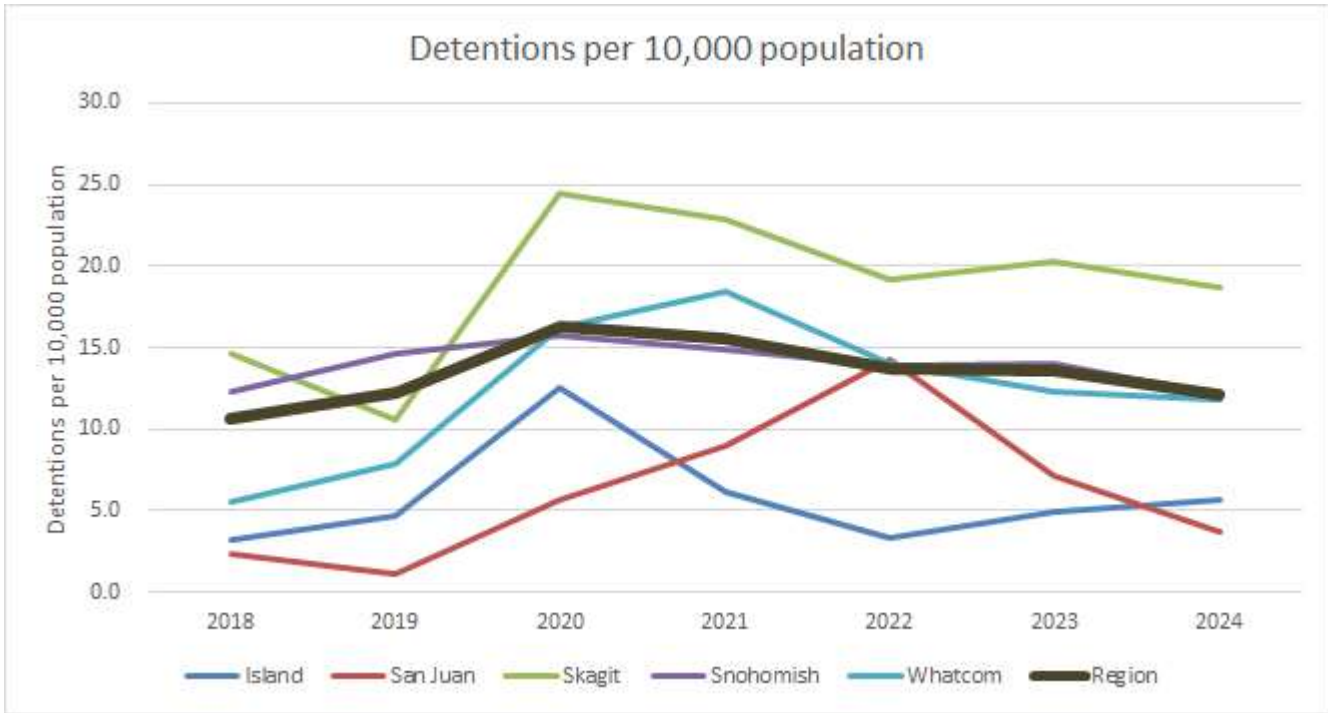
The 2024 detention rate, which is a comparison of the number of DCR dispatches to ITA holds, differed in trending between our two contracted crisis agencies. Snohomish County’s 2024 detention rate was 34%, which was lower than the 36% from 2023. Compass Health’s detention rate for Skagit, Whatcom, Island County and San Juan County was 36% in 2024, also lower than the 2023 rate of 41%.

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.

Per Capita Detention Rates



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2023 is imputed based on current data available.

Detentions

detention count	year of detention							Proj.
County	2018	2019	2020	2021	2022	2023	2024	2024
Island	27	40	109	54	29	43	50	50
San Juan	4	2	10	16	26	13	7	7
Skagit	185	137	317	297	252	267	248	248
Snohomish	989	1,203	1,303	1,244	1,178	1,206	1,050	1,050
Whatcom	122	178	368	417	325	291	280	280
Grand Total	1,327	1,560	2,107	2,028	1,810	1,820	1,635	1,635

Population

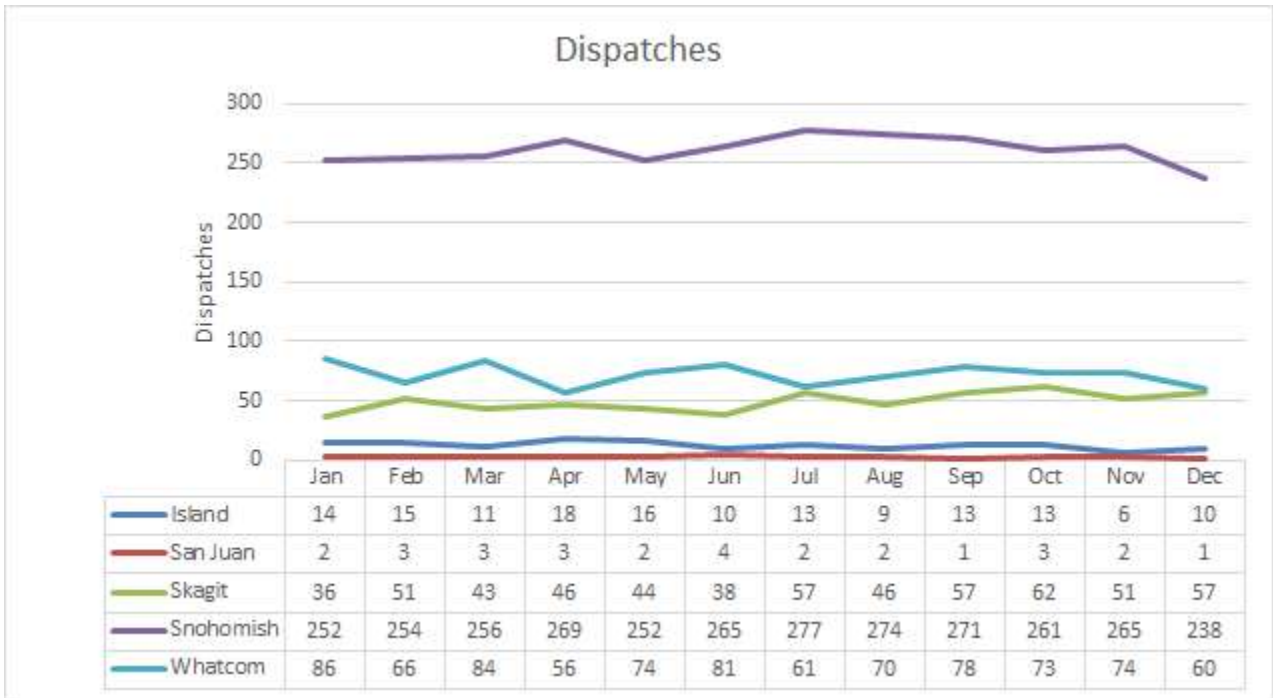
County	2018	2019	2020	2021	2022	2023	2024
Island	83,860	84,820	86,857	87,100	87,700	88,150	89,176
San Juan	16,810	17,150	17,788	17,850	18,150	18,350	18,686
Skagit	126,520	129,200	129,523	130,000	131,250	132,000	132,593
Snohomish	805,120	818,700	827,957	837,800	847,300	859,800	868,774
Whatcom	220,350	225,300	226,847	226,300	231,650	235,800	236,920
Grand Total	1,252,660	1,275,170	1,288,972	1,299,050	1,316,050	1,334,100	1,346,150

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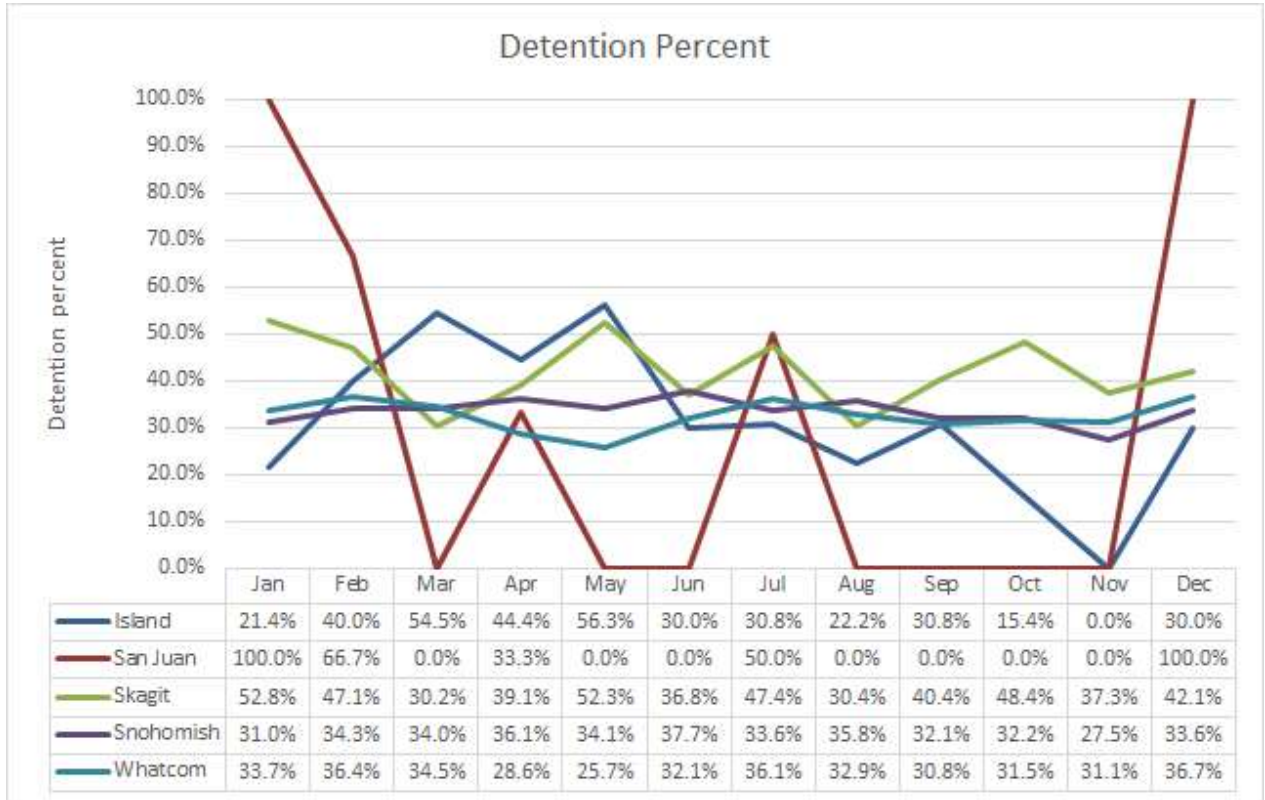
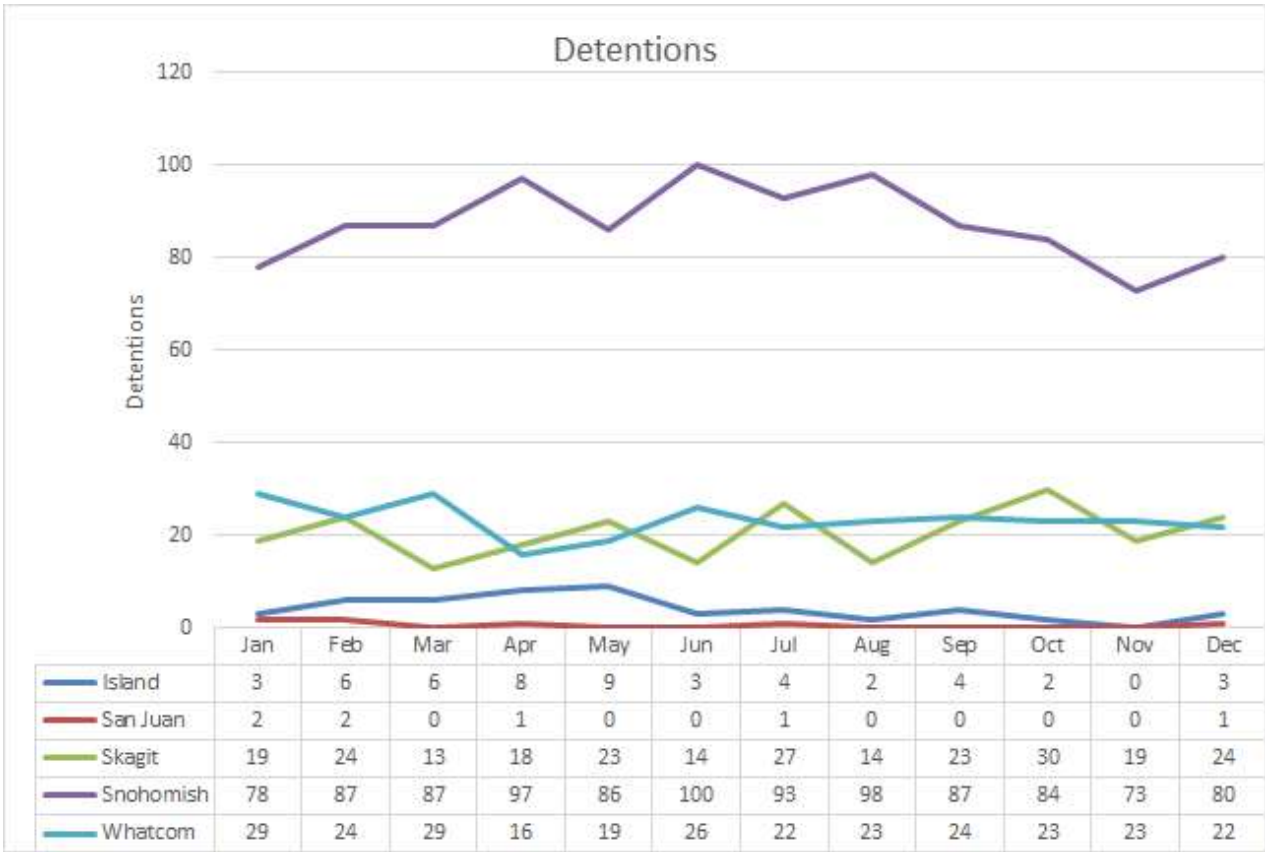
Per Capita Detention rate

Detention Rates per 10,000 Population							Projected
county	2018	2019	2020	2021	2022	2023	2024
Island	3.2	4.7	12.5	6.2	3.3	4.9	5.6
San Juan	2.4	1.2	5.6	9.0	14.3	7.1	3.7
Skagit	14.6	10.6	24.5	22.8	19.2	20.2	18.7
Snohomish	12.3	14.7	15.7	14.8	13.9	14.0	12.1
Whatcom	5.5	7.9	16.2	18.4	14.0	12.3	11.8
Region	10.6	12.2	16.3	15.6	13.8	13.6	12.1

Regional Detention Rates



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2024

DCR Investigation Metrics

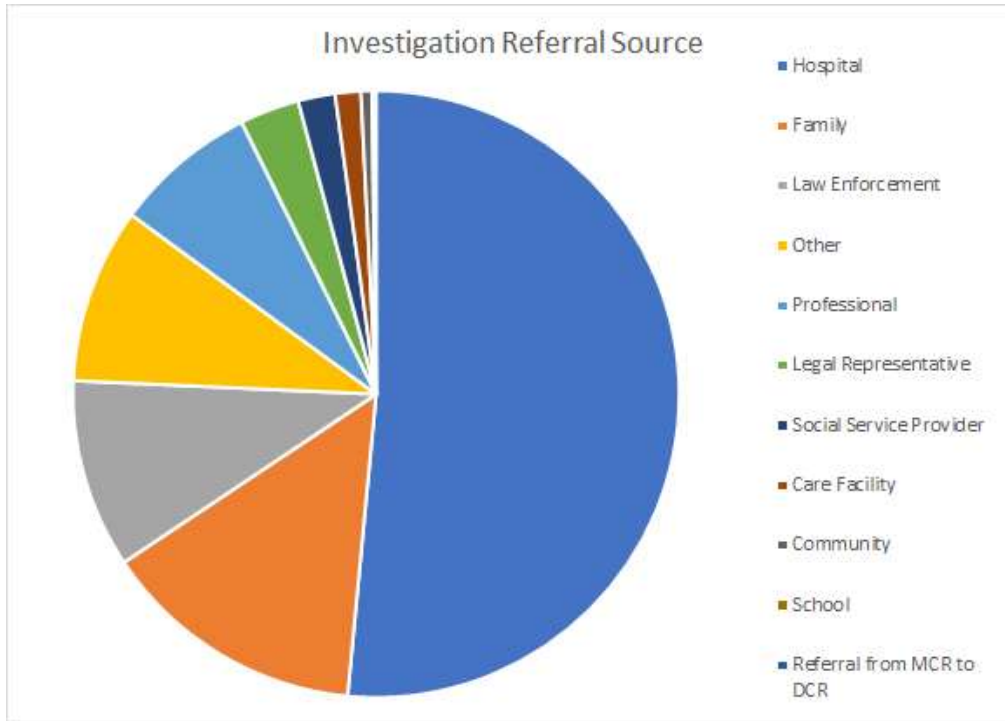
North Sound investigation data is monitored monthly to include DCR referral source, investigation reason, and outcome. This data is monitored for utilization purposes and illustrates how behavioral health and community partners are accessing crisis services, the underlying treatment need for ITA services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

Referral source

As outlined in the 2024 *Investigation Referral Source* grid below, Hospital settings made the most referrals for DCR investigations, followed by family, law enforcement and “other”.

Sum of investigations referral source	county					Grand Total
	Island	San Juan	Skagit	Snohomish	Whatcom	
Hospital	87	13	348	1,500	503	2,451
Family	10		15	583	65	673
Law Enforcement	40	15	148	211	65	479
Other	3		61	320	61	445
Professional	3		7	284	69	363
Legal Representative	2		1	134	14	151
Social Service Provider	2		3	46	43	94
Care Facility			1	41	23	65
Community			2	8	18	28
School				7	1	8
Referral from MCR to DCR	1				1	2
Grand Total	148	28	586	3,134	863	4,759

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Partnering with Law Enforcement

Law enforcement referrals for ITA investigations increased 0.6% in 2024 compared to 2023 with a total number of referrals at 479. Compared to 2022, this would be a 2-year increase of 2.4%. 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	Grand Total
Hospital	54.1%	52.0%	51.5%	52.5%
Family	14.6%	14.0%	14.1%	14.2%
Other	9.8%	9.7%	9.4%	9.6%
Law Enforcement	7.7%	9.5%	10.1%	9.1%
Professional	8.7%	9.2%	7.6%	8.5%
Legal Representative	1.7%	2.0%	3.2%	2.3%
Social Service Provider	1.2%	1.5%	2.0%	1.5%
Care Facility	1.1%	1.5%	1.4%	1.3%
Community	0.8%	0.4%	0.6%	0.6%
School	0.2%	0.1%	0.2%	0.2%
Referral from MCR to DCR	0.1%	0.1%	0.0%	0.1%
Grand Total	100.0%	100.0%	100.0%	100.0%

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2024

A potential reason for the steady increase in DCR referrals from law enforcement is the expansion of criminal justice behavioral Health diversion programs to include the Recovery Navigator Program (RNP) and co-responder programs. 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.

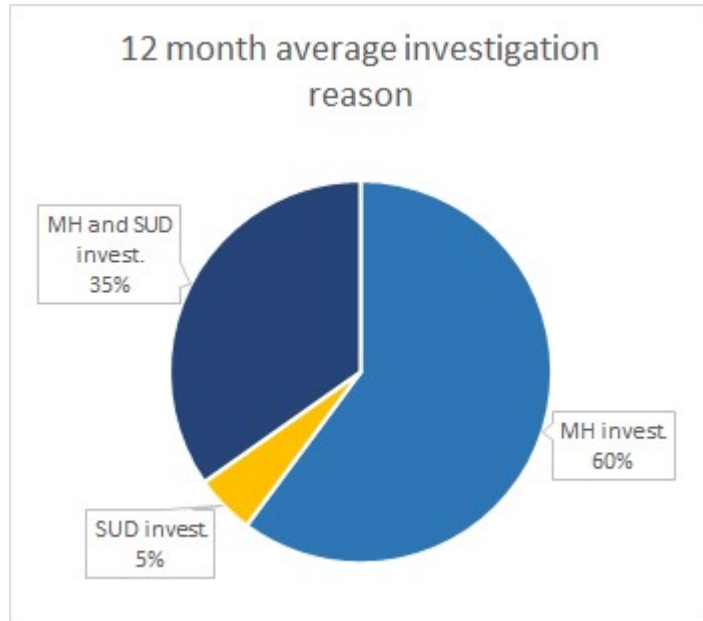
In 2025 we aim to continue to target our efforts to expand behavioral health capacity within Fire/EMS agencies. Law enforcement co-response programs marked a transition away from traditional H2011 Medicaid crisis services to a more community-based response model. North Sound BH-ASO is well positioned 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 40% of all investigations were related to some underlying SUD condition. The average monthly number of Investigations for SUD *only* decreased from 2023 levels at 21.4 to 2024 levels of 20.0, while MH *only* Investigations had an average of 237.3 and MH and SUD investigations had a monthly average of 137.1.

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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 21.7% of all investigation outcomes. For this report, “Other” is defined as “insufficient evidence to detain and the individual declined a referral to voluntary behavioral health services.”

DCR’s had a 12.8% increase in No Detention Due to Issues category with a total of 53 (up from 47 in 2023), representing 1.1% of all investigations. The Unavailable Detention Facility Reports are discussed further below.

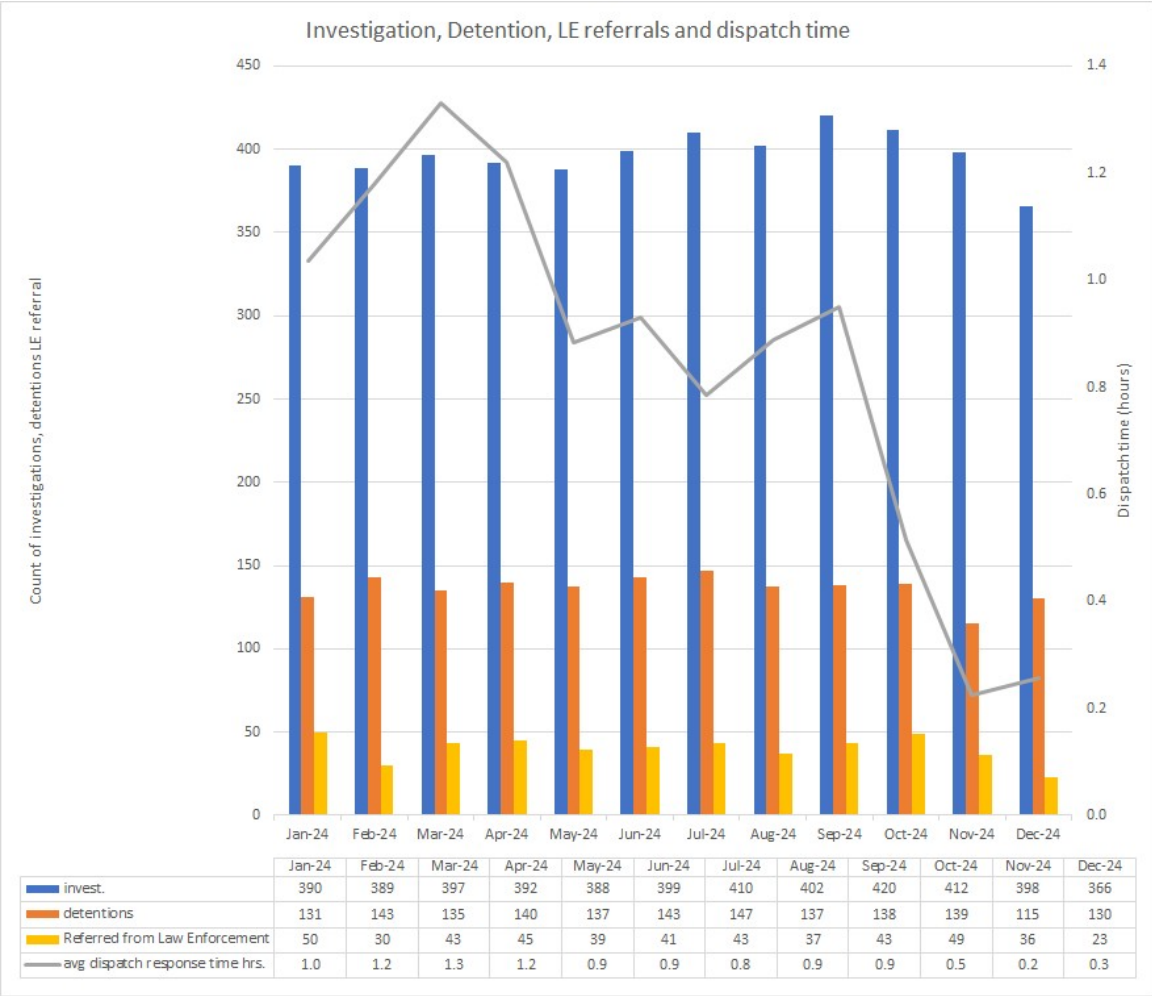
month	Detentions and Commitments	Other	Less Restrictive Options MH	Voluntary MH Treatment	No Detention Due to Issues
Jan-24	145	94	6	142	3
Feb-24	155	78	8	145	3
Mar-24	149	86	6	154	2
Apr-24	150	80	4	153	5
May-24	152	78	3	151	4
Jun-24	157	92	9	137	4
Jul-24	168	70	6	159	7
Aug-24	152	81	6	159	4
Sep-24	148	77	6	184	5
Oct-24	151	81	7	169	4

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month	Detentions and Commitments	Other	Less Restrictive Options MH	Voluntary MH Treatment	No Detention Due to Issues
Nov-24	131	77	3	180	7
Dec-24	144	64	6	147	5
prior 12 mo. avg.	150	80	6	157	4
min	131	64	3	137	2
max	168	94	9	184	7

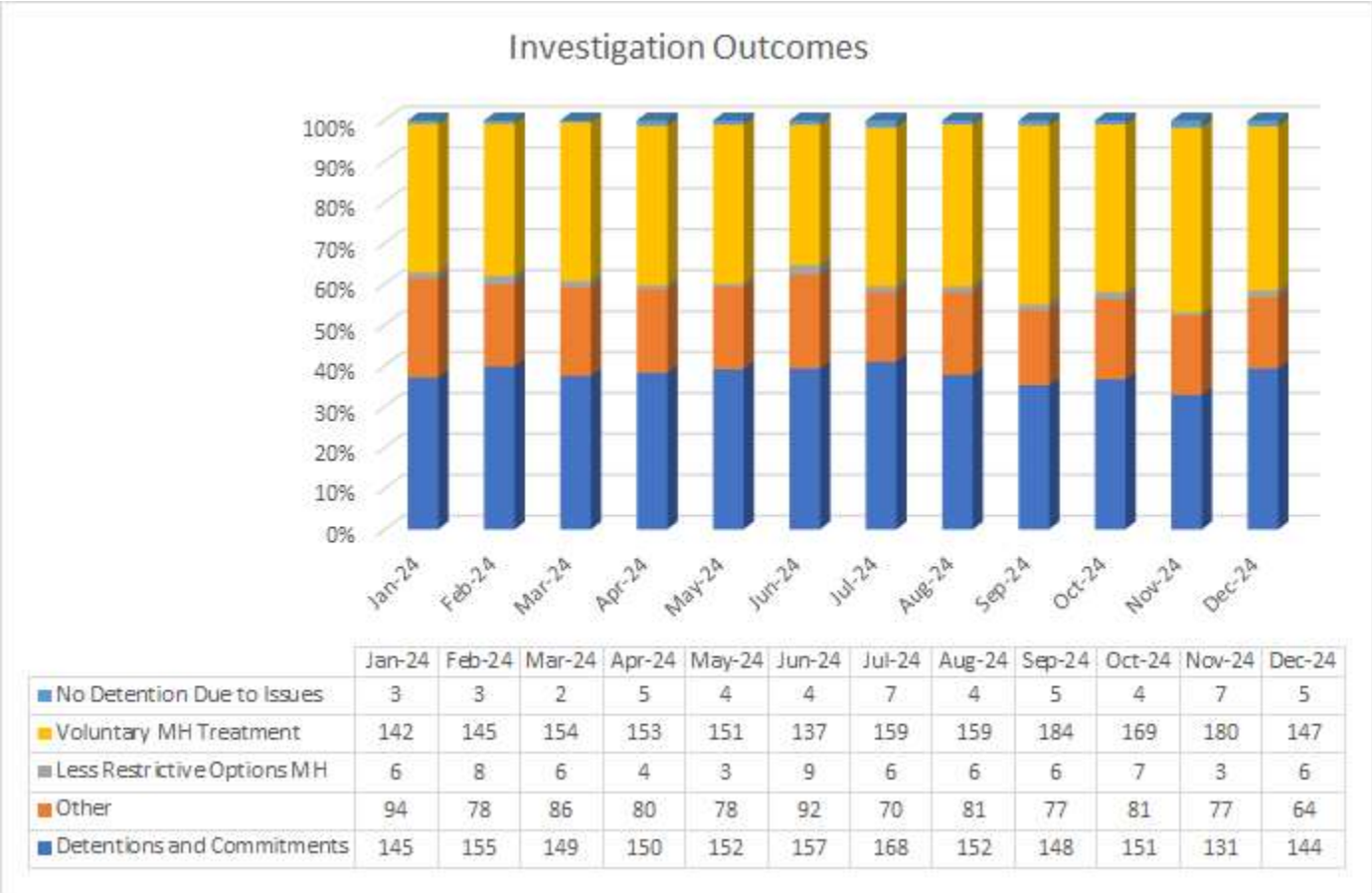
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North Sound Investigation Metrics over Time



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Investigation Outcomes Over Time Percent of Total



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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 37.83% of total outcomes, an increase of 2.86% from 2023 levels. Referrals to *Voluntary Mental Health Treatment* increased slightly from 2023 levels and accounted for 39.5%. Of the Voluntary MH Treatment group, *Referrals to Voluntary Outpatient Mental Health (MH) services* had the second largest percentage of reported outcomes at roughly 29.2%. Referrals to *Voluntary Inpatient Services* had the third largest distinguishable outcome at 7.64%. Investigations with an outcome of either of the three (3) “other” groupings accounted for 20.1%.

State Group	Investigation Outcome	all invest. in period	Percent of total
Detentions and Commitments	Detention	1,567	32.90%
Detentions and Commitments	Detention to Secure Detox facility	68	1.43%
Detentions and Commitments	Returned to inpatient facility/filed revocation petition.	72	1.51%
Detentions and Commitments	Non-emergent detention petition filed	95	1.99%
Less Restrictive Options MH	Filed petition - recommending LRA extension.	70	1.47%
Voluntary MH Treatment	Referred to voluntary inpatient mental health services.	364	7.64%
Voluntary MH Treatment	Referred to acute detox	16	0.34%
Voluntary MH Treatment	Referred to chemical dependency inpatient program	16	0.34%
Voluntary MH Treatment	Referred to chemical dependency intensive outpatient program	18	0.38%
Voluntary MH Treatment	Referred to crisis triage	28	0.59%
Voluntary MH Treatment	Referred to sub acute detox	11	0.23%
Voluntary MH Treatment	Referred to voluntary outpatient mental health services.	1,425	29.92%
Voluntary MH Treatment	Referred to sobering unit	2	0.04%
Other	Other	725	15.22%
Other	Did not require MH or CD services	171	3.59%
Other	Referred to non-mental health community resources.	62	1.30%
No Detention Due to Issues	No detention - E&T provisional acceptance did not occur within statutory timeframes	11	0.23%
No Detention Due to Issues	No detention - Unresolved medical issues	39	0.82%
No Detention Due to Issues	No detention – Secure Detox provisional acceptance did not occur within statutory timeframes	3	0.06%
Grand Total	0	4,763	100.00%

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Unavailable Detention Facility Reports

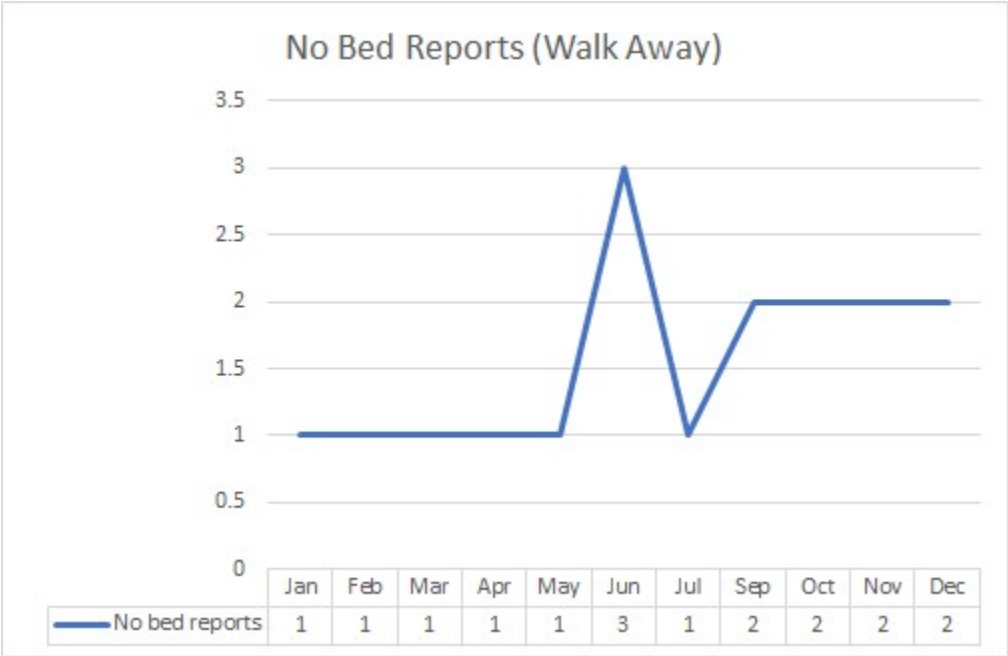
Unavailable Detention Facility Reports (No Bed Reports) are initiated if a DCR investigation meets detention grounds under RCW 71.05 or 71.34, but there are no Evaluation and Treatment (E&Ts) beds available and the DCR does not have the ability to place the individual under a Single Bed Certification (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. In 2024, the total number of DCR No Bed Reports decreased by 17 from 34 in 2023 to 17 in 2024. 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 investigation	County					Grand Total
	Island	San Juan	Skagit	Snohomish	Whatcom	
2023	1	1	16	8	8	34
2024	4	1	5	3	4	17
Jan	1					1
Feb					1	1
Mar					1	1
Apr			1			1
May			1			1
Jun		1	2			3
Jul	1					1
Sep				2		2
Oct					2	2
Nov	1		1			2
Dec	1			1		2
Grand Total	5	2	21	11	12	51

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No Bed Reports - Hospital

investigation	walk aways	hospital	2024												Grand Total
			Jan	Feb	Mar	Apr	May	Jun	Jul	Sep	Oct	Nov	Dec		
Cascade Valley										1			1	2	
Cascade Valley Hospital	7													7	
Evergreen Monroe										1				1	
Island Co Jail			1											1	
Island Hospital	5				1	1						1		8	
N/A San Juan Jail							1							1	
Peace Health							1				1			2	
Peace Health United	1													1	
Peace Island Medical	1													1	
Providence	1													1	
Skagit Valley	6													6	
St Joes	1		1											2	
St Joseph				1										1	
St. Joes	2													2	
St. Joes, Peace Health	1													1	

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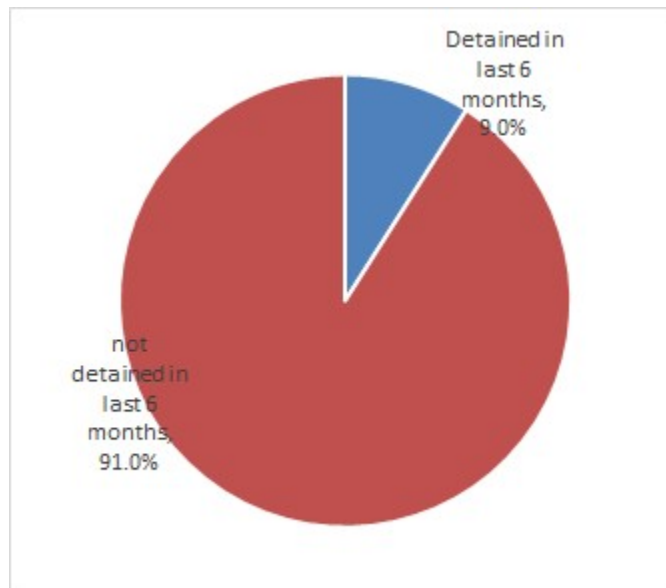
walk aways investigation	hospital 2023	2024												Grand Total
		Jan	Feb	Mar	Apr	May	Jun	Jul	Sep	Oct	Nov	Dec		
St. Joseph Medical Center	1													1
St. Josephs	2									1				3
St. Joseph's Hospital	1													1
United General	4						1							5
Whidbey Medical Center	1													1
Whidby Health								1			1	1		3
Grand Total	34	1	1	1	1	1	3	1	2	2	2	2	2	51

Dispatch and Detainment History

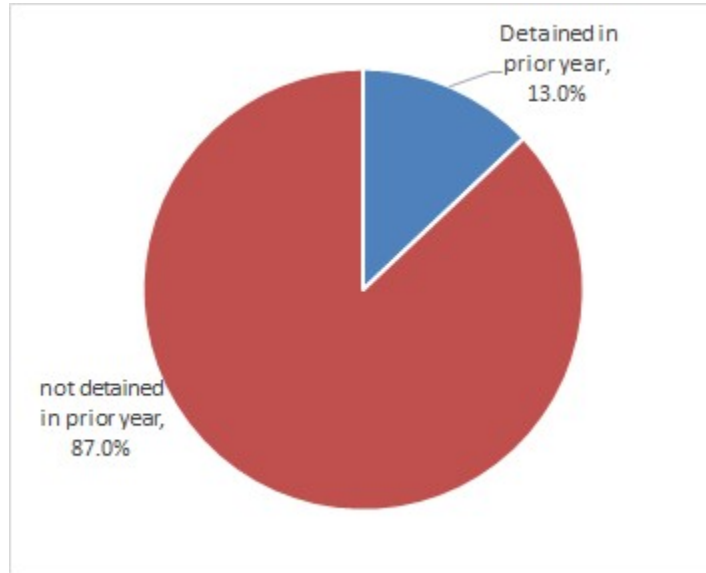
Involuntary detention history is the number of involuntary commitments that a single person experiences within a certain period. Understanding detainment history requires consideration of available less restrictive options. Medicaid and non-Medicaid capacity for residential treatment, intensive outpatient 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, 9.0% of total 2024 DCR dispatches had at least one previous detainment in the past 6 months, which is consistent with 2023 data. DCR dispatches that had a prior detention in the past 12 months showed similar consistency with 2023 data at 13.0% for 2024.

Detained Prior 6 Months



Detained Prior Year



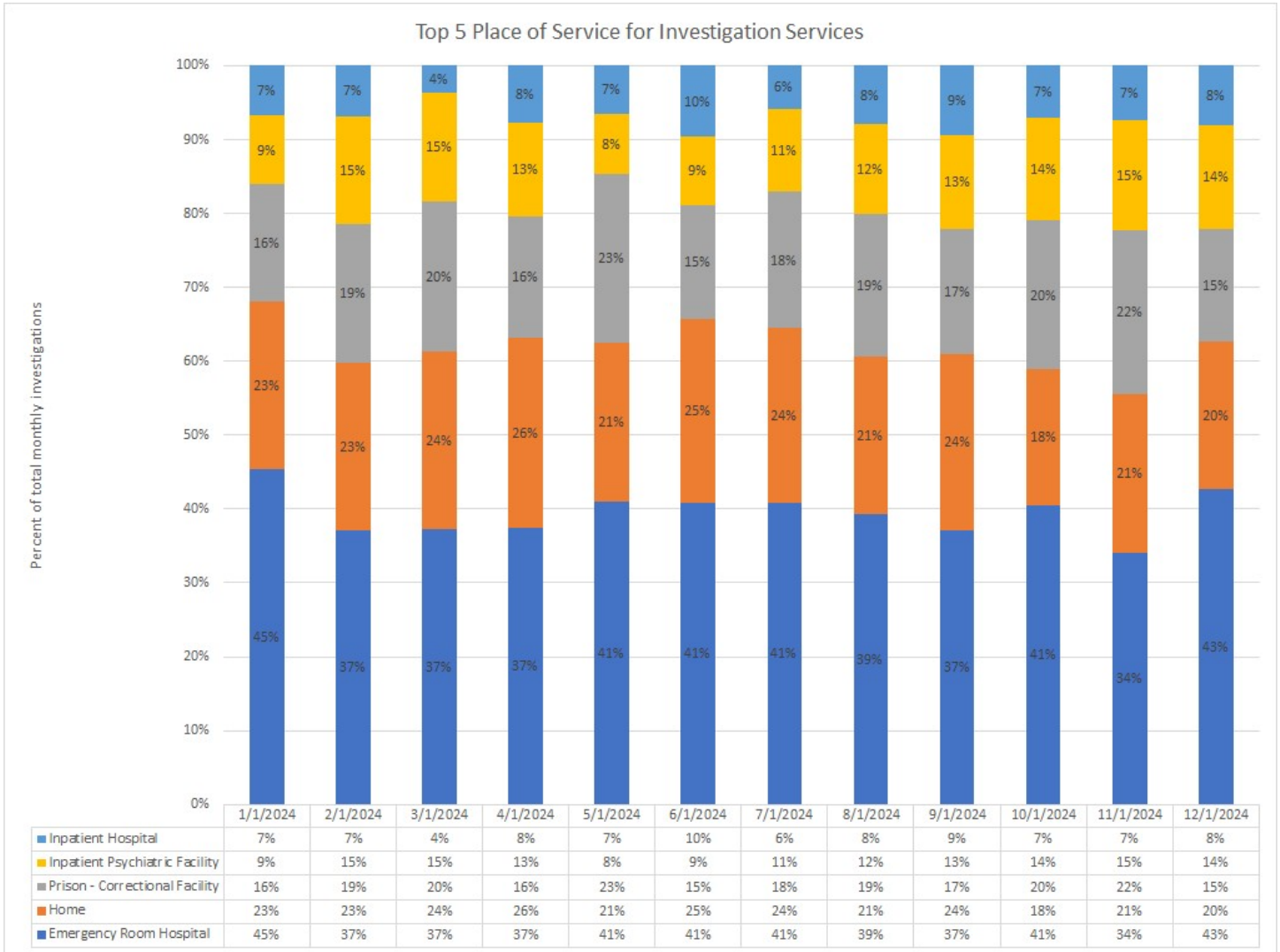
Place of Service for DCR Investigations

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 2024. Emergency rooms accounted for the most frequent place of service for DCRs at 39%, while "Home" accounted for 23%, inpatient psychiatric facilities 12%, Correctional Facilities 19% and Inpatient Hospital at 7%. An effort to reduce the other category in favor of more correct categories was begun in September 2023, increasing the use of the home category significantly and dropping "other out of the top 5 to #6 in 2024.

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Place of Service for Investigation Compared Monthly

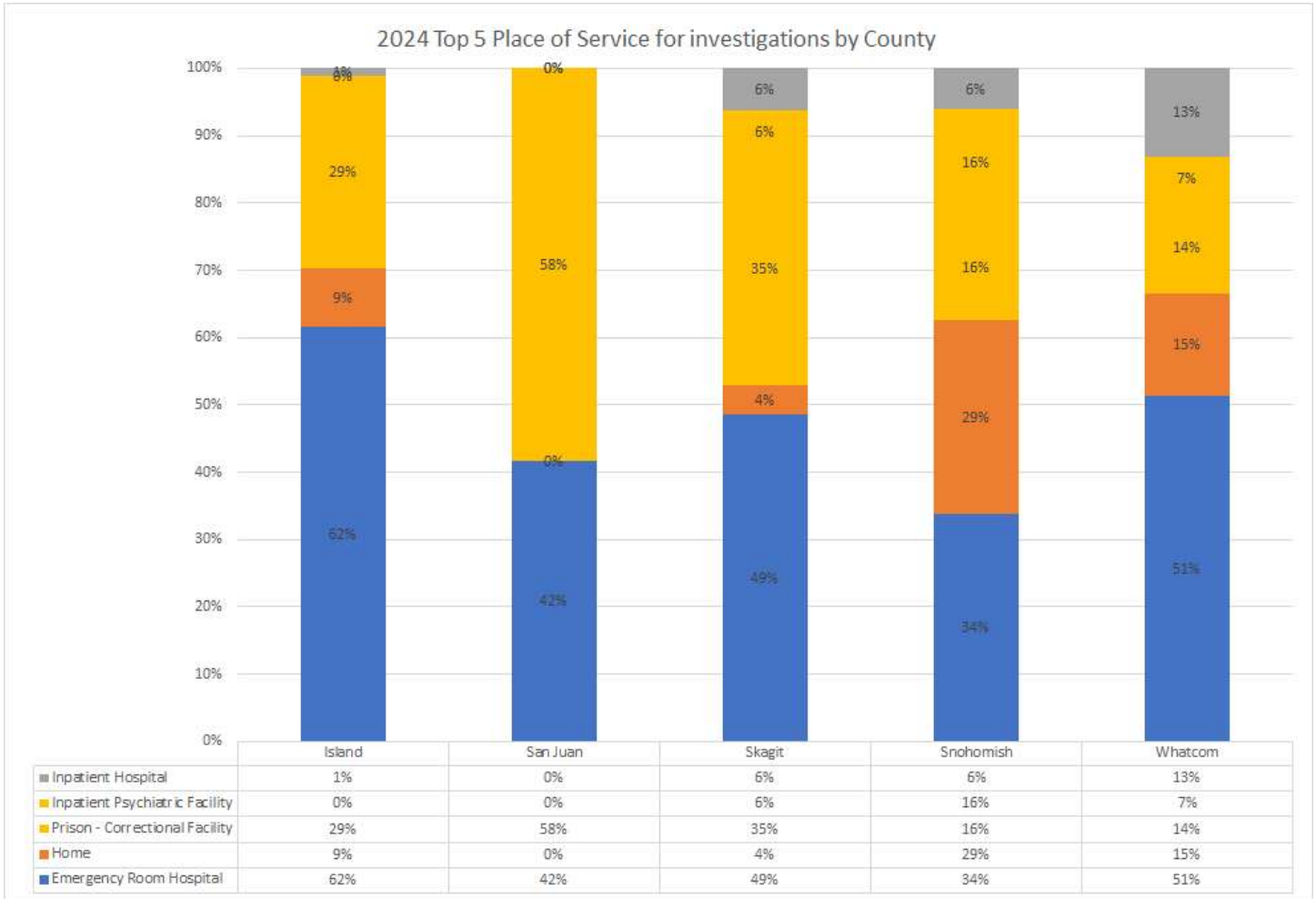


Place of Service for Investigation Compared by County

Distinguishing DCR investigation place of service by county is important to monitor, as each county may have a different 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 62%. DCR investigations coded as “Correctional” place of service at 58% in Skagit County is the highest, Snohomish County had the largest percentage of investigations occurring at ‘home’ at 29% and the largest percent occurring at Inpatient Psychiatric Facility at 16%.

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Crisis Services – Mobile Rapid Response Crisis Teams

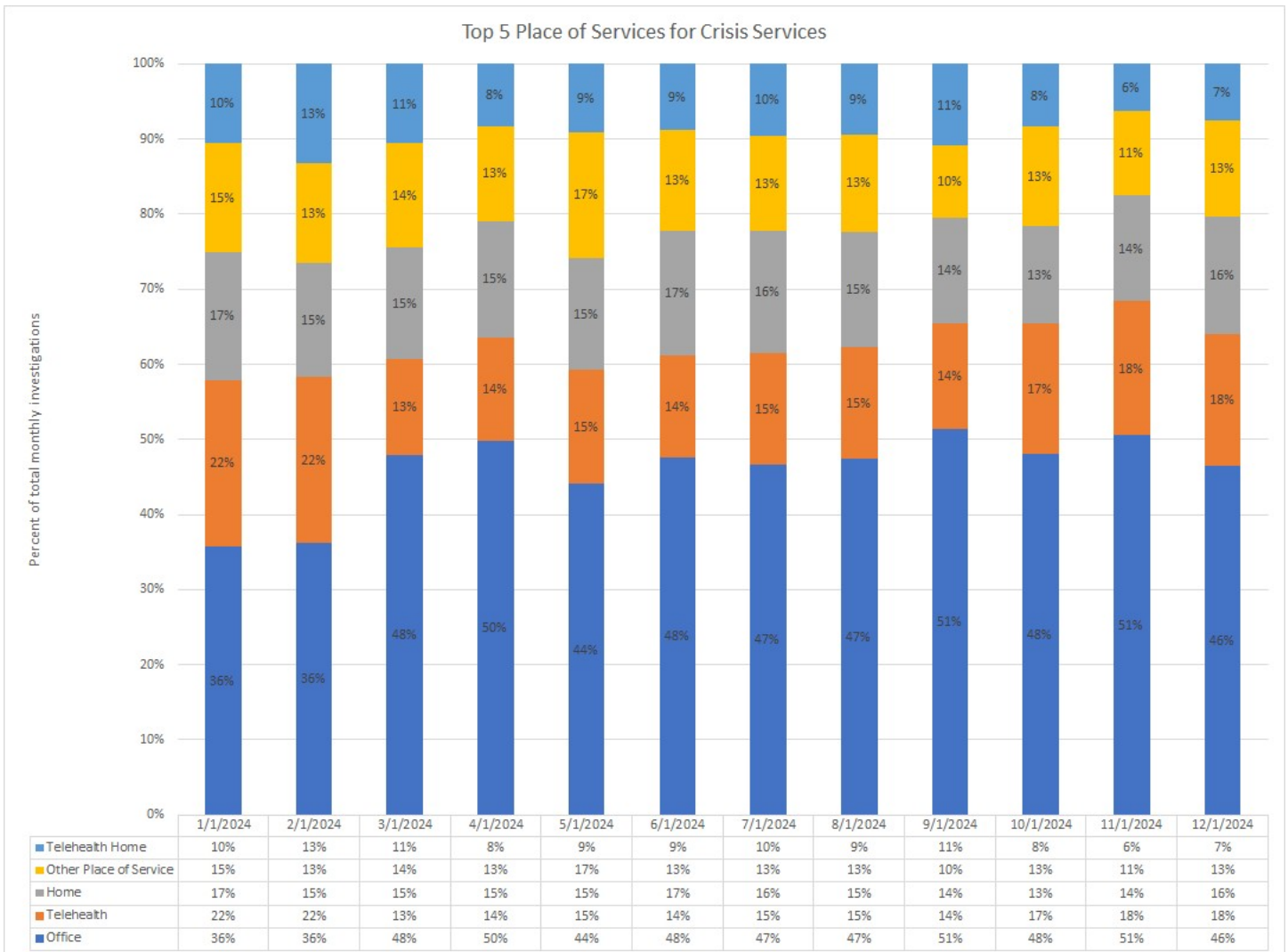
Mobile Rapid Response Crisis Teams (MRRCT) are voluntary crisis services (H2011) intended to provide stabilization support for individuals experiencing a crisis.

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.

Reviewing the total count of Crisis Services by location per month in the graph below, you will see that mobile crisis response conducted 17,166 outreaches. The largest percentage of services are coordinated through the crisis agency’s office 46%. The second largest is “Telehealth” at 16%, ‘home’ accounted for 15%, ‘other’ at 13%, and ‘Telehealth Home’ accounted for 9%.

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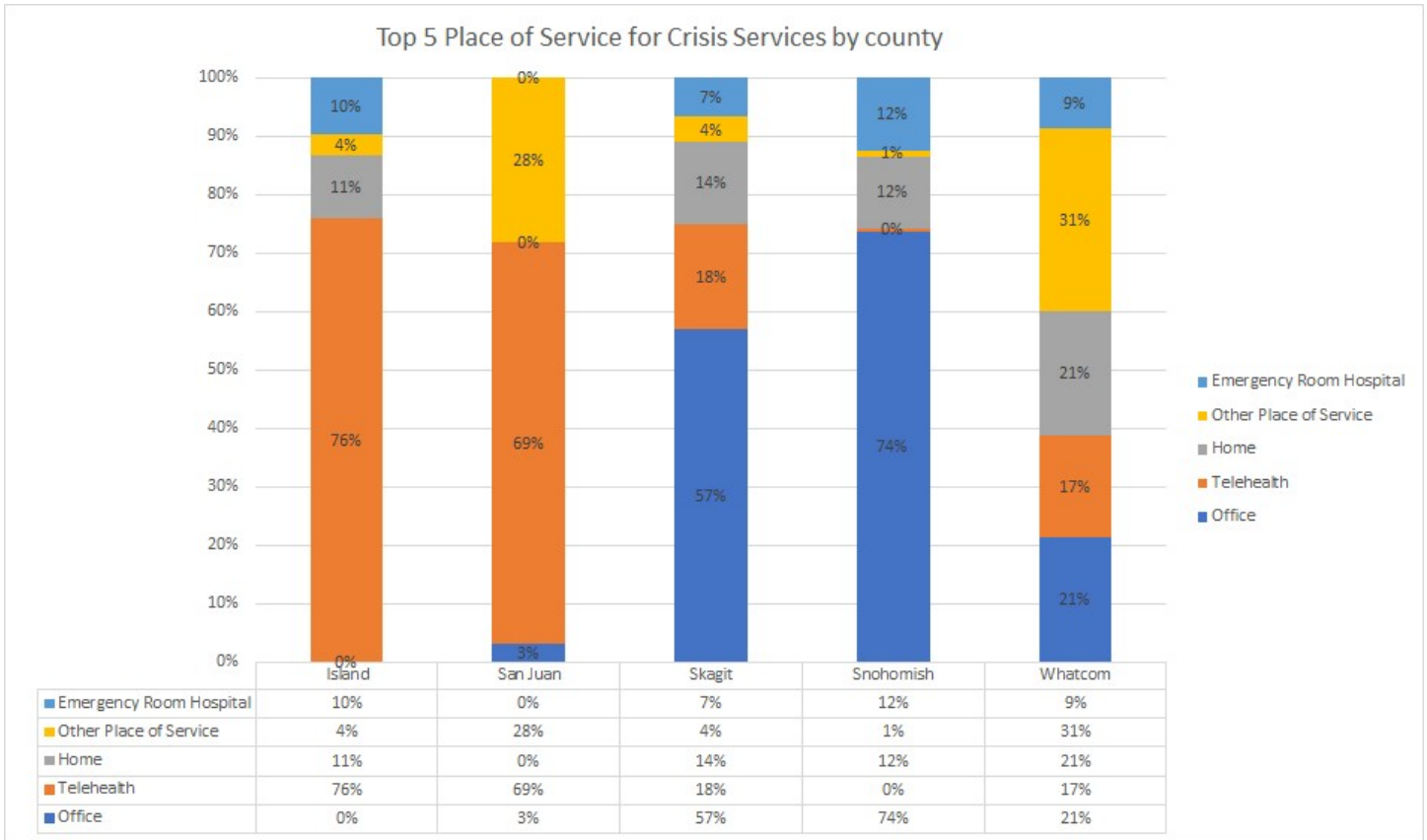


Count of Crisis Services by County and Place of Service

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.

Snohomish County had the largest percentage of MRRCT conducted from the office at 74% and the highest Emergency room percentage at 12%. Skagit and Island have the 2 largest Telehealth place of service at 76% and 69% respectively. Whatcom has the highest percent delivered at Other – 31% and at Home – 21%.

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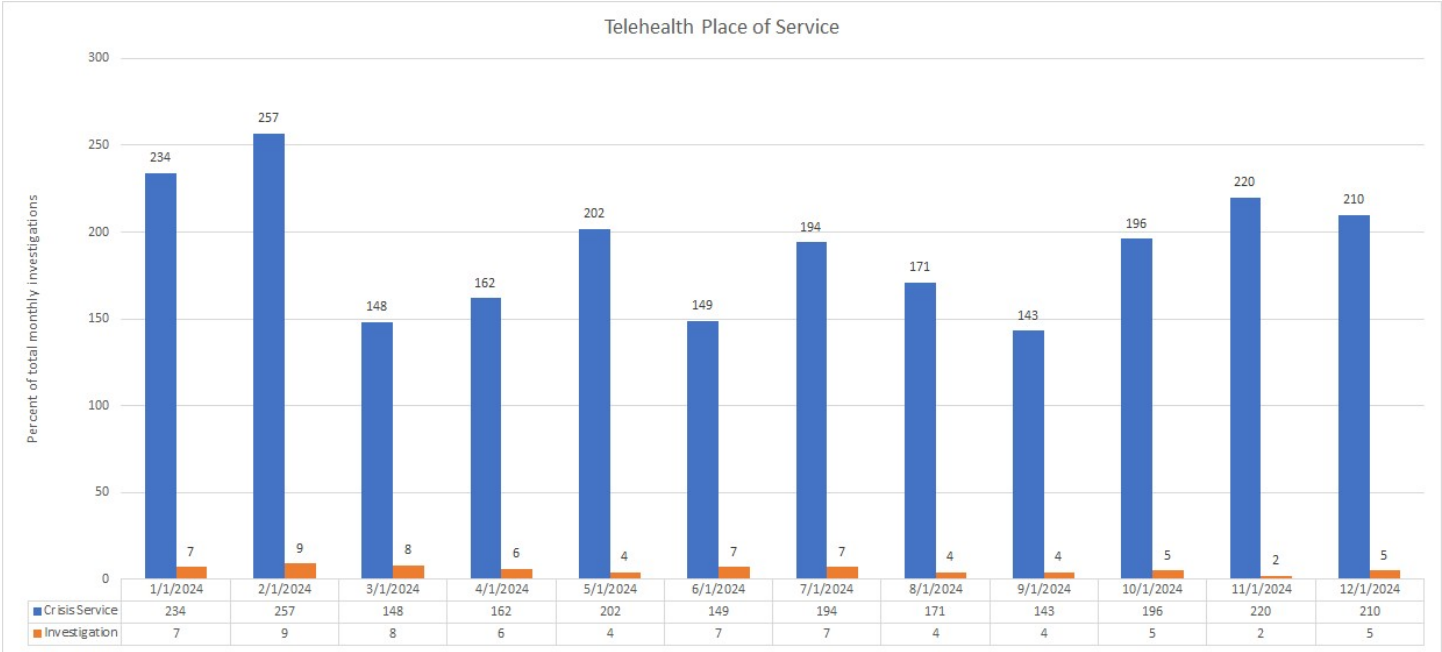
Telehealth Place of Service – Crisis and Investigation Services

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 a increase in the usage of telehealth services in the crisis system at the end of 2023, continued through 2024 Q1 and eased back a little Q2-Q4 2024.

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.

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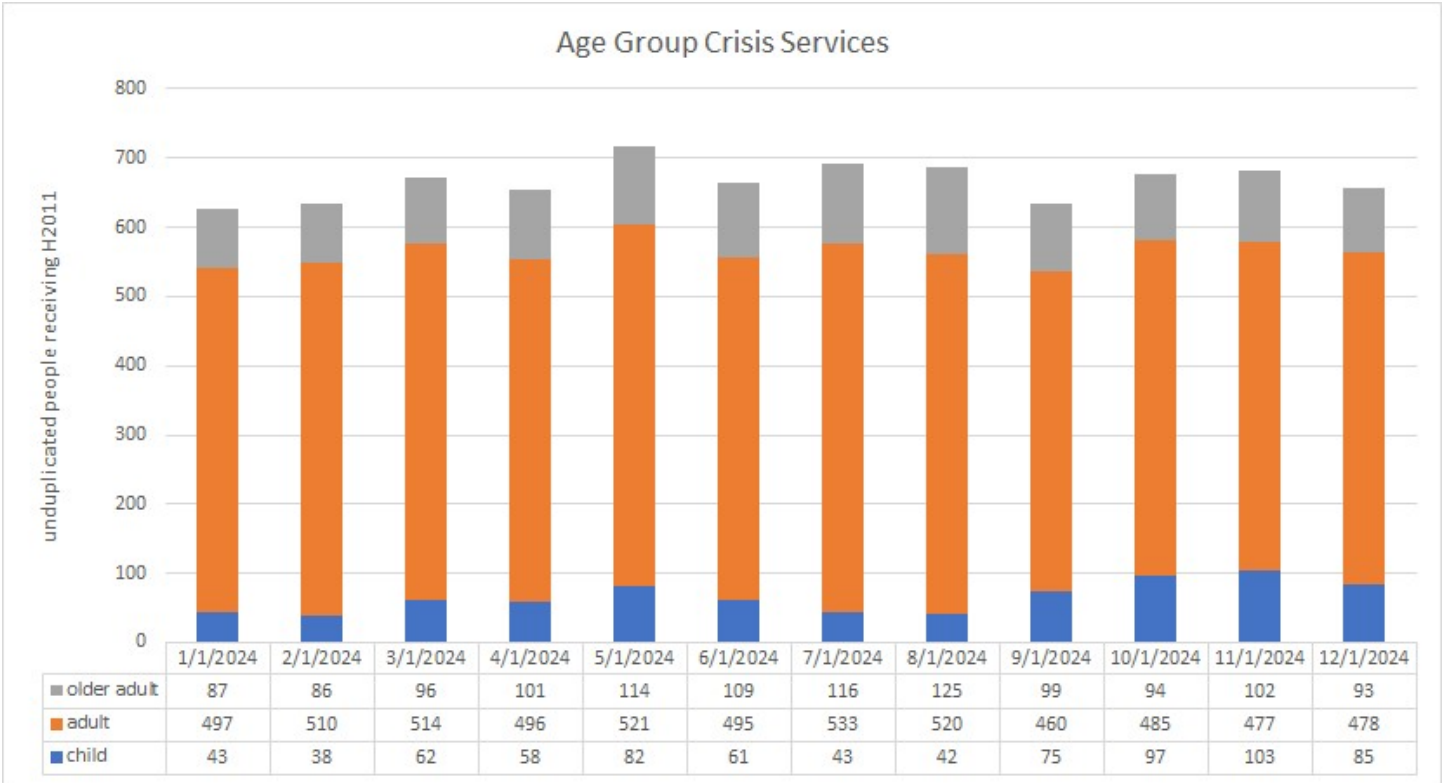


Crisis Service (H2011) Demographics

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.

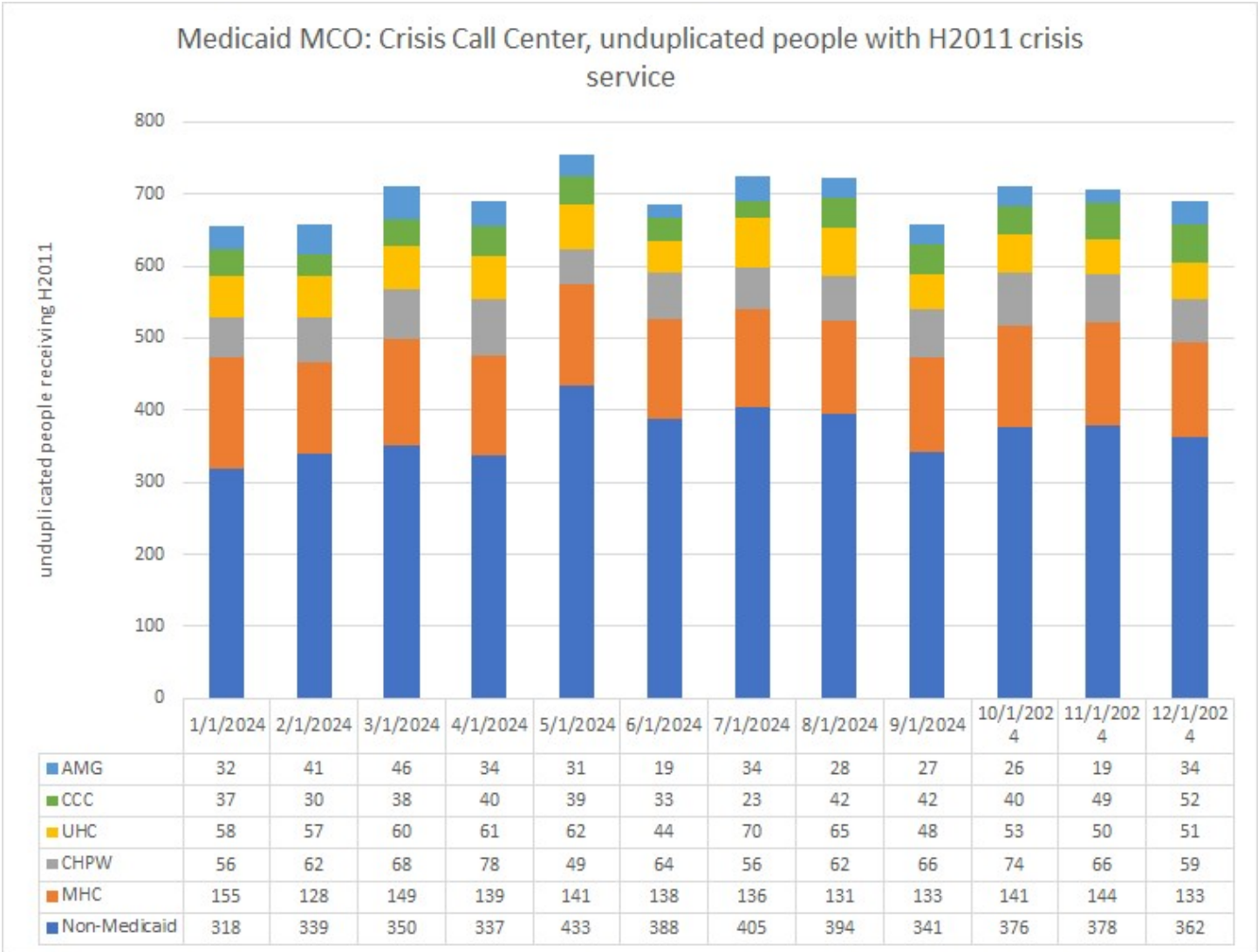
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Age Group
For ages 0-17, 18-59 and 60+



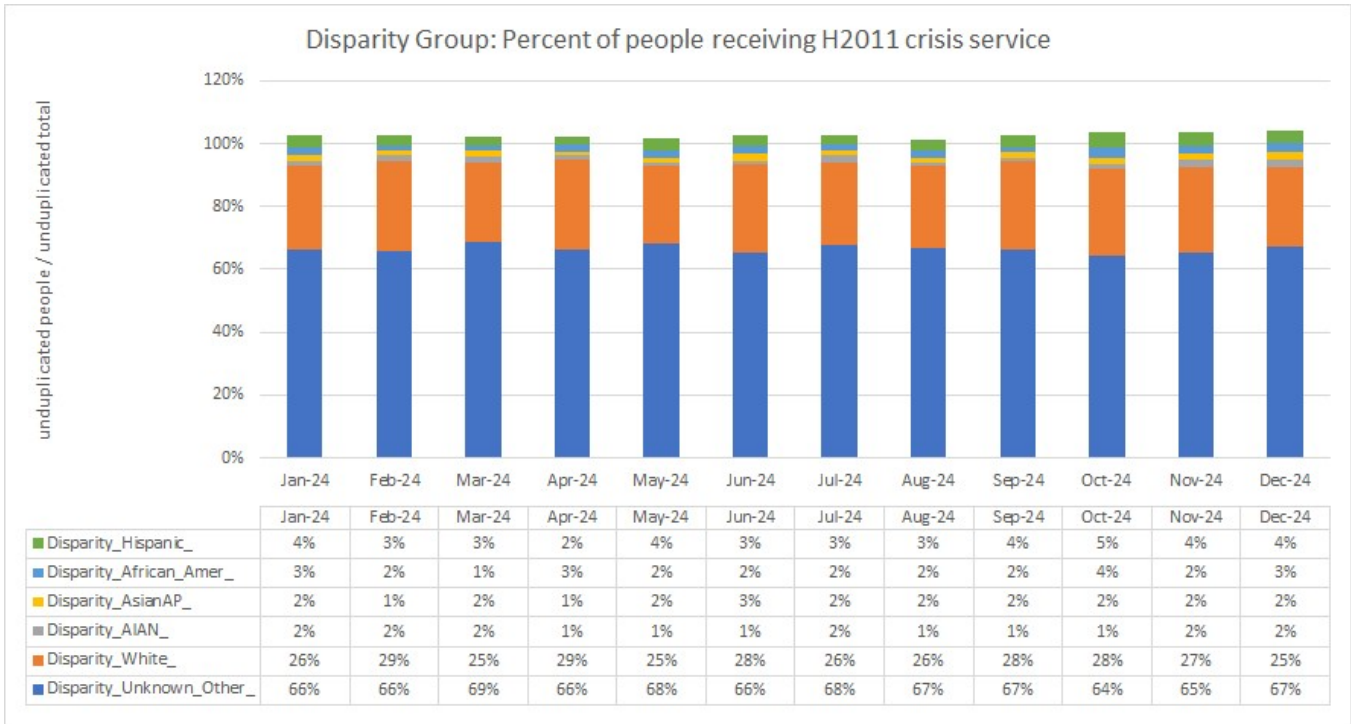
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Funding Source

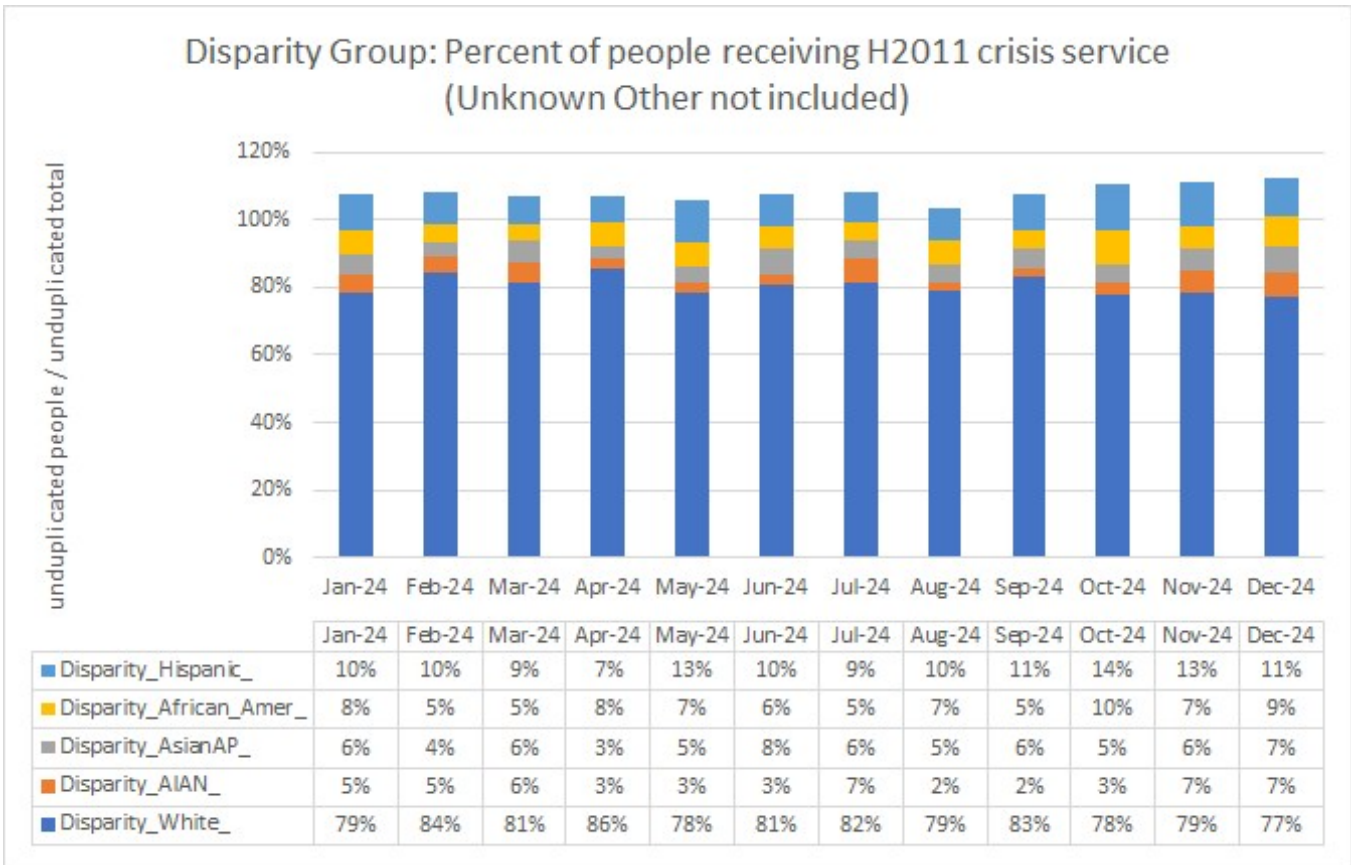


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Ethnicity

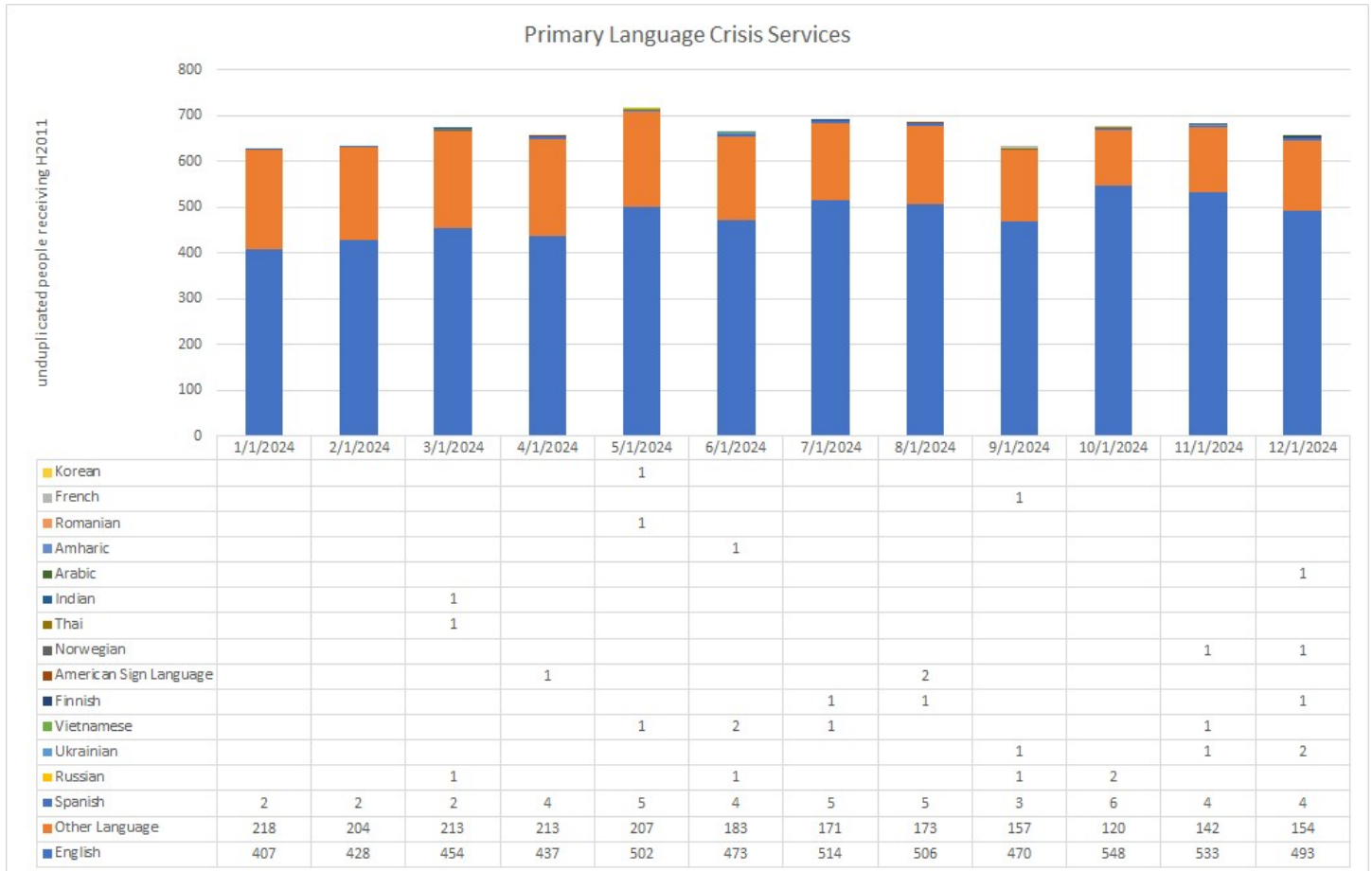


Taking out the other / unknown group

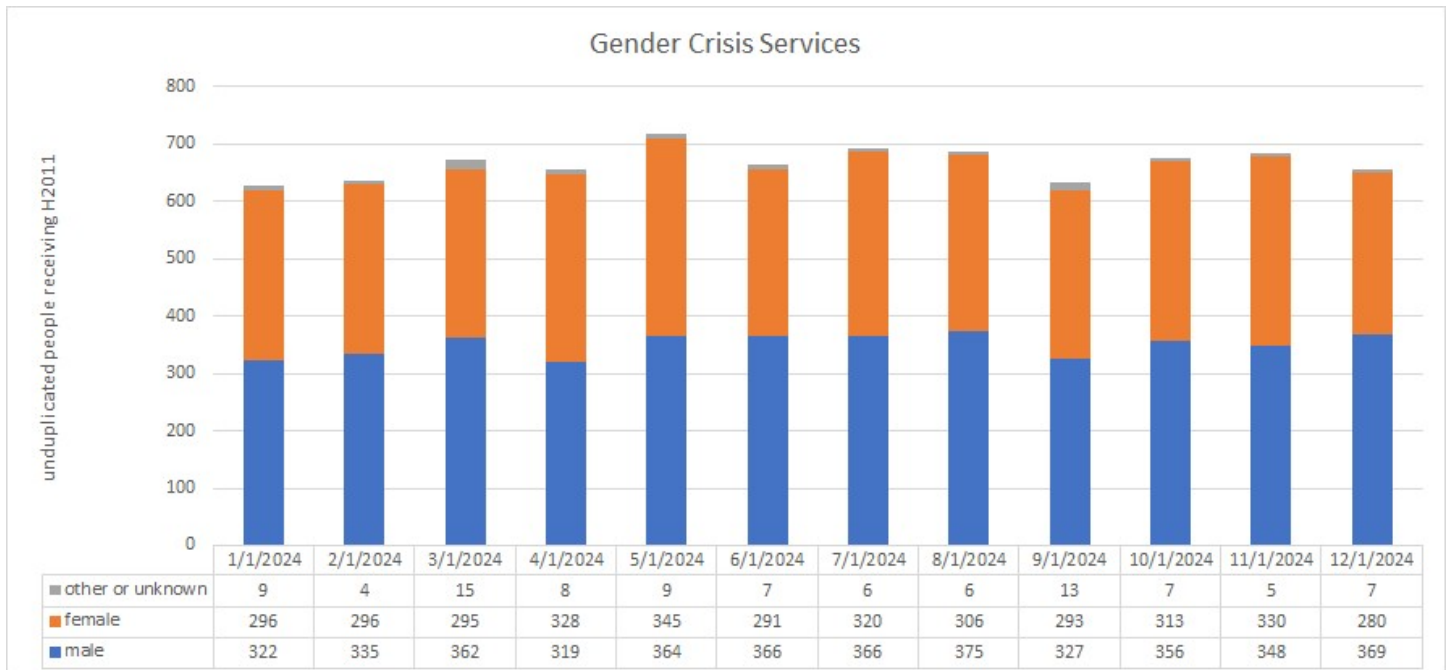


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Primary Language



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.

2024 Crisis Metric Deliverable

Q4/2024 Metric	Month 1	Month 2	Month 3	Quarter Total
Crisis Calls				
Total number of calls to crisis line	3,191	3,514	3,512	10,217
Total number of calls to crisis line answered	3,191	3,510	3,508	10,210
Average answer time of calls to crisis line (seconds)	11	11	12	11
Total number of calls to crisis line answered live within 30 seconds	3,134	3,437	3,435	10,005
Percentage of calls to crisis line answered live within 30 seconds	98.20%	97.80%	97.80%	97.92%
Total number of calls to crisis line abandoned	0	4	4	7
Percentage of calls to crisis line abandoned	0.00%	0.10%	0.10%	0.07%
Mobile Crisis Outreach Events				
Total number of mobile crisis outreach events	613	598	543	1,754
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	53	50	46	149
Total number of adult mobile crisis outreach events	560	548	497	1,605
Involuntary Treatment Act (ITA) Investigations				
Total number of ITA investigations	412	398	366	1176
Total number of ITA court hearings	180	134	106	420
Total number of ITA investigations conducted via telehealth	5	2	5	12
Total number of ITA investigations not meeting detention criteria, resulting in a referral to outpatient behavioral health (MH/SUD) treatment	136	147	120	403
Total number of ITA investigations not meeting detention criteria, resulting in a referral to voluntary inpatient treatment	40	36	33	109
Total number of ITA investigations not meeting detention criteria, resulting in referral to other community based or medical resources	8	6	9	23
Total number of ITA investigations not meeting detention criteria, resulting in no further follow up.	77	78	60	215
Total number of ITA investigations resulting in detention or revocation	151	131	144	426
Total number of ITA investigations resulting in detentions or revocations filed as SUD	58	42	48	148
Total number of ITA investigations resulting in detentions or revocations filed as MH	93	89	96	278

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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 Coordination Meetings 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 chartered by the ILS to develop care coordination protocols. 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, strategies for coordinating crisis and non-Medicaid services across the region and coordinating with county criminal justice agencies. County

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	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. 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	MCOs and North Sound BH-ASO jointly host a Behavioral Health Agency Provider Meeting. These meetings provide a forum for BHAs, MCOs and North Sound BH-ASO to provide updates, raise concerns and ask questions. Topics have included questions and concerns about 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 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.
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 has worked diligently to maintain working partnerships 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.

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

Key ASO and Criminal Justice initiatives

- Continued our robust Recovery Navigator Program (RNP) and Law Enforcement Assisted Diversion/Let Everyone Advance with Dignity (LEAD) with Law Enforcement, regional court systems and supporting the advancement with statewide uniform program standards.
- In 2024, North Sound expanded our Homeless Outreach and Stabilization (HOST) Program with Federal Block funding in Skagit and Island Counties.
- Expanded capacity for DCR partnership with Law Enforcement to ensure appropriate response in the field.
- North Sound BH-ASO continues our partnership with embedded behavioral health Law enforcement programs, Fire/EMS co-responder program on key information sharing and coordination initiatives as part of local diversion task forces.

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 2024:

Snohomish County Crisis Oversight Committee

- DCR outreach and referral coordination.
- Capacity updates: Swedish Medical Center, PRMC, Evergreen Recovery Center, Everett Diversion Center, PACT & IOP Programs.
- Assisted Outpatient Treatment (AOT) implementation planning.
- Presentations from Various Criminal Justice Diversion programs.
- Opioid Response and overdose awareness/prevention.
- 988 Updates and discussions.
- Behavioral Health Agency Capacity - Less Restrictive Alternatives, PACT, etc.
- Identifying service and system gaps.
- Capacity, admission, and screening protocols.
- Legislative updates.

Skagit County Crisis Oversight Committee

- Established local crisis system, LE and hospital workflows.
- Opioid Response and overdose awareness/prevention.
- DOC awards and county planning for increased crisis stabilization capacity.
- DCR/Co-responder cross system workgroups.
- Law Enforcement presentations on current BH trends and volumes.
- 988 Updates and discussions.
- Skagit Crisis System Metrics – system utilization and trends.
- 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).
- Opioid Response and overdose awareness/prevention.
- Local EMS/Community Paramedic coordination with DCRs.
- 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

- Implementation of cross system care coordination structures for high utilizers.
- ITUHA - referral and admission coordination.
- Presentations from Island County BH LE co-response program.
- Outpatient MH/SUD capacity needs and updates.
- Crisis system coordination with Island County Sherriff
- 988 Updates and discussions.

San Juan County Crisis Oversight Committee

- DCR/Mobile Crisis outreach protocols and coordination.
- Community needs – outpatient capacity, family resource center, continuum gaps.
- Addressing system gap for high intensity services for San Juan - Crisis System partnership with OP providers
- LE/First response Co-responder planning and discussions.
- Legislative updates

Care Crisis Continuum - Project Highlights

Regional Crisis Line (RCL)

North Sound BH-ASO and VOA continued our partnership with HCA and DOH on RCL-988 alignment planning 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. North Sound BH-ASO and VOA provided technical assistance and training for implementation of our region's Tribal DCR expansion. VOA RCL continues to be a critical partner in coordinating MRRCT and DCR service delivery.

RCL-988 Alignment

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. This comprehensive planning initiative includes key SB 6251 elements which will support our region's leadership in developing a coordinated, well integrated care crisis continuum across 988, regional crisis dispatching protocols, and various crisis response outreach systems.

Mobile Rapid Response Crisis Teams

North Sound BH-ASO and our contracted crisis agencies have been actively participating in the state's 988 planning and best practice developments. North Sound is well positioned to support the state's plan to expand endorsed MRRCT and community-based teams. In response to new contract and state requirements, we are undergoing a region wide funding

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assessment of mobile crisis response to include further expansion of Certified Peer Counselors (CPC) and Mental Health Care Professionals (MHCPs).

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

North Sound continues our regional planning and support for expanded Behavioral Health services within Fire and EMS systems. Our region is fortunate to have a robust collaborative network of criminal justice task forces and county structures to establish key planning and implementation activities to include 911-988 collaboration, Community-Based Crisis Teams (CBCT), regional support for enhanced information systems and coordination with local DCRs, MRRCT and facility-based crisis services.

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

In 2024, we fully operationalized CYFCT-MRSS programs in Whatcom, Skagit and Snohomish County. We are in a second phase expansion to include identifying additional state and federal funds to expand these services to 24/7 across the three (3) counties. North Sound BH-ASO's CYFCT-MRSS programs are coordinating closely with local MRRCT and DCR systems and alignment with regional youth initiatives to include our Family, Youth, System Partner RoundTable (FYSPRT) and Kids Mental Health Washington- Youth Navigator Program (YNP).

Kids Mental Health Washington – Youth Navigator Program (YNP)

In 2024, North Sound successfully recruited three (3) YNP staff to implement in partnership with our statewide partners regional [behavioral health youth navigation teams](#) to enhance communication, streamline service connections and establish Multidisciplinary Teams (MDTs) across all five (5) North sound counties.

Receiving Facility Capacity – A place to go.

Ensuring access to facility-based crisis stabilization and walk-in withdrawal management services continue to be a top priority for the region. We have included ongoing capacity funding for Skagit, Island and Whatcom facilities as part of our Federal Block Grant plan. North Sound's counties have been instrumental in supporting local coordination, accountability, and provision of these services for residents in need.

As identified in our executive summary, strategic planning is needed to ensure a sustainable funding model that covers the true operational costs for 24/7 23-hour Crisis Relief Centers and other urgent behavioral health receiving facilities.

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 Counselors (CPC) 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.

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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.

Homeless Outreach and Stabilization Teams (HOST)

In 2024, North Sound BH-ASO utilized our flexible proviso funds to supplement ESB 5476 for HOST expansion into Skagit and Island Counties.

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.

Average number of People included on the bi-weekly high utilizer lists in 2024	AMG	CCC	CHPW	MHC	UHC	OTHER	Total
Count of People with 3 or more detentions or LRO revocations last 180 days	0.3	0.2	0.5	1.6	2.0	10.9	15.5
Count of People with 5 or more investigations in last 180 days and 0 in the last 30 days	0.7	0.1	0.6	2.0	1.4	7.0	11.7

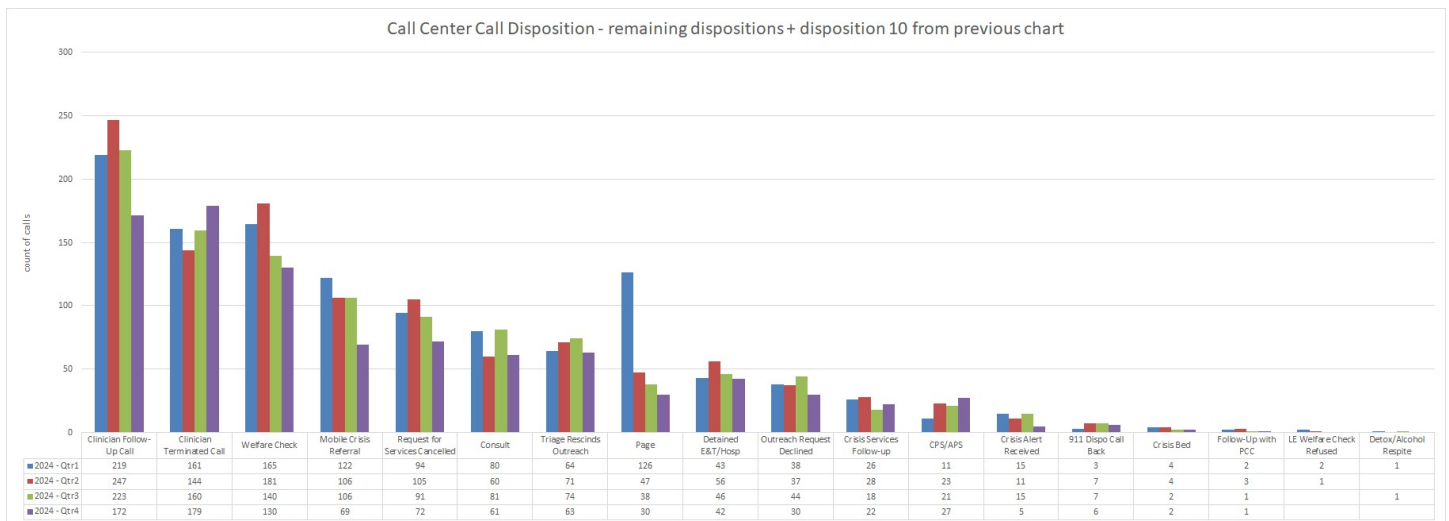
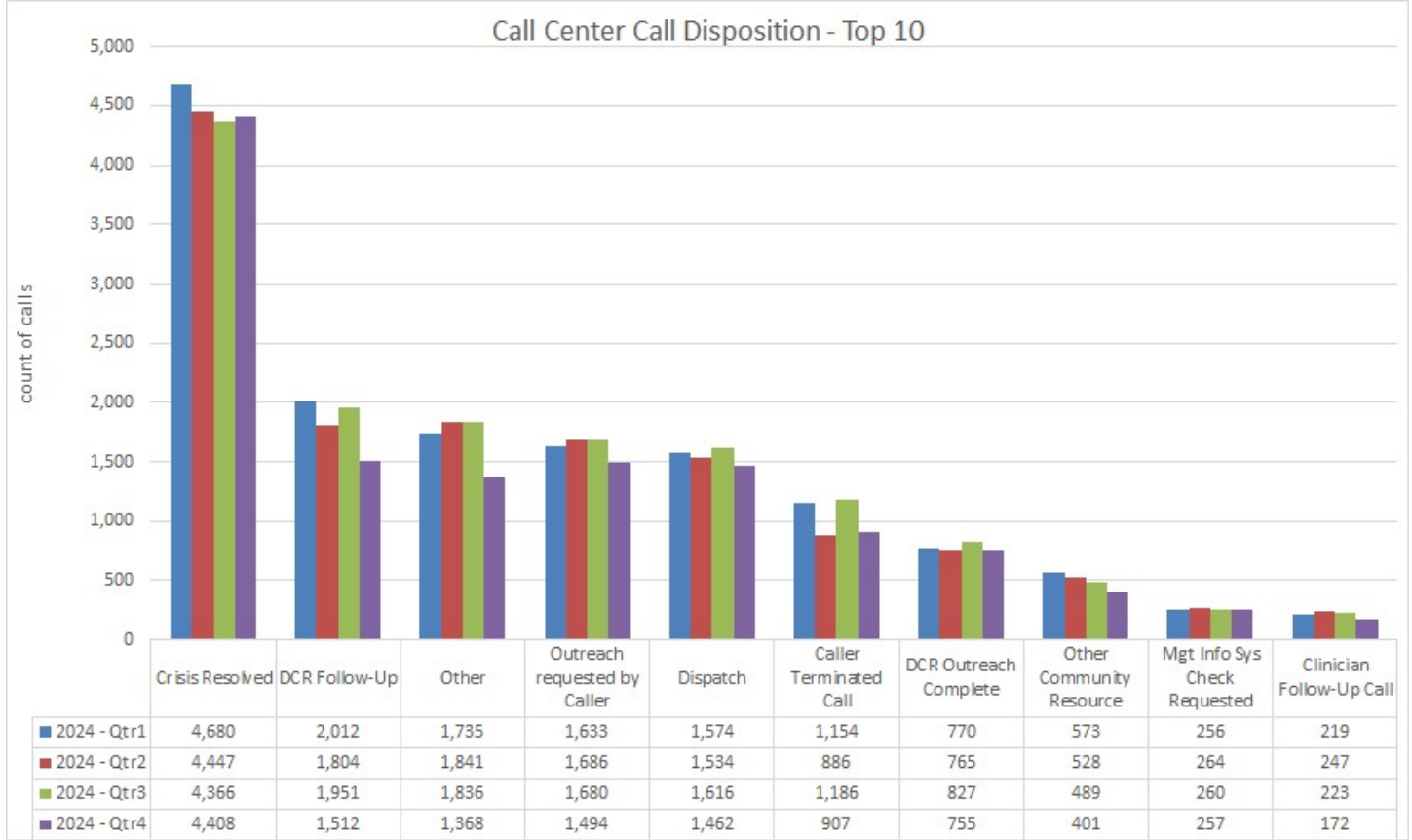
Regional Crisis Line - Information and Data About the Disposition of Crisis Calls

The graphs below display the Crisis Line disposition reasons that were used during calendar year 2024. The top 10 selections represent approximately 94.21% of the dispositions rendered. Of the top 10 RCL dispositions reported, the most frequent selection was “Crisis Resolved” at 30.24%. 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 12.29% of the selections, selected was “DCR Follow-Up”. The “Other” category is third at 11.45% of the selections. The next 3 most represented selections, at 10.97%, 10.45% and 6.98% are “Outreach Requested by Caller”, “Dispatch” 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

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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

Collectively, frequent callers have a significant impact on crisis lines. The 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. North Sound BH-ASO and VOA independently track and monitor RCL utilization to include identifying Medicaid and non-Medicaid high utilizers.

Reduction of Law Enforcement Involvement with the Crisis System

As discussed in the **Referral Source – Partnering with Law Enforcement** analysis, North Sound BH-ASO continues to prioritize funding for targeted diversion behavioral health outreach programs with local law enforcement and first responder agencies. North Sound BH-ASO continues to advocate that behavioral health crisis and outreach in partnership with law enforcement and first responders that reduce criminal justice system involvement for individuals with mental health and substance use disorder treatment needs remains a critical element of the care crisis continuum in the North Sound Region.

North Sound BH-ASO is committed to implement best practices for crisis care in alignment with the Substance Abuse Mental Health Service Administration (SAMHSA) National guidelines and the National Association of State Mental Health Program Directors (NASMHPD) that support reducing reliance on law enforcement, Fire, or EMS when possible. Building a coordinated behavioral health crisis system to include embedding or deploying resources within law enforcement, fire or EMS increases opportunities for individuals to connect directly with trained behavioral health clinicians and resources.

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.

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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. 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

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.

2025 Key Opportunities

As outlined in our Executive Summary, North Sound BH-ASO continues efforts on key strategic initiatives to optimize a coordinated crisis response system. Success of this work requires partnership across sectors and legislation to address needed funding gaps for critical services from 23-hour Crisis Relief Centers to a stable and robust behavioral health outpatient and residential continuum of services. Acknowledging that system needs are ever present across the behavioral health ecosystem, North Sound BH-ASO's key opportunities for 2025 include, but not limited to:

- Furthering our region's RCL-988 alignment and implementing SB 6251 Regional Care Crisis Dispatch Protocols (RCCDP).
- Continue our regional feasibility of modernizing our RCL Dispatch Platforms to support coordination of DCRs, MRRCTs, and CBCTs.
- Continue our legislative agenda to include addressing funding gaps for children behavioral health service, 23-hour Crisis Relief Centers, crisis stabilization and withdrawal management facilities.
- Continue our project management and implement practical solutions for information & data sharing.
- Further expand Mobile Rapid Response Crisis Teams (MRRCT) to include 988 Endorsed teams.
- Continue our HCA-Tribal DCR technical assistance support and expand Tribal DCR services in region.

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- Fully implement our Kids Mental Health Washington (Youth Navigator Program) and alignment with child and youth initiatives in region.
- Fully implement Assisted Outpatient Treatment (AOT) program in Snohomish County and assess further expansion of less restrictive court ordered treatment in region.
- Continuing our planning to incorporate law enforcement and fire/EMS embedded behavioral health co-responder programs as a Medicaid billable service to ensure ongoing sustainability and funding.