

Effective Date: 7/1/2019

Review Date: 5/16/2023

Revised Date: 4/13/2023

North Sound Behavioral Health Administrative Services Organization, LLC

Section 1700 – Crisis Services: Crisis Services General Requirements

Authorizing Source: HCA Contract

Approved by: Executive Director Date: 5/16/2023 Signature:

POLICY # 1733.00

SUBJECT: CRISIS SERVICES GENERAL REQUIREMENTS

PURPOSE

This policy addresses North Sound Behavioral Health Administrative Service Organizations (North Sound BH-ASO) contractual requirements for Crisis Services in Snohomish, Skagit, Island, San Juan, and Whatcom Counties.

DEFINITIONS

Certified Peer Counselor (CPC) means Individuals who: have self-identified as a consumer of behavioral health services; have received specialized training provided/contracted by Health Care Authority (HCA), Division of Behavioral Health and Recovery (DBHR); have passed a written/oral test, which includes both written and oral components of the training; have passed a Washington State background check; have been certified by DBHR; and are a registered Agency Affiliated Counselor with the Department of Health (DOH).

Crisis means a behavioral health crisis, defined as a turning point, or a time, a stage, or an event, whose outcome includes a distinct possibility of an undesirable outcome.

Crisis Services (Behavioral Health) means providing evaluation and short-term treatment and other services to Individuals with an emergent mental health condition or are intoxicated or incapacitated due to substance use and when there is an immediate threat to the Individual's health or safety.

Co-responder means teams consisting of law enforcement officer(s) and behavioral health professional(s) to engage with individuals experiencing behavioral health crises that does not rise to the level of need for incarceration.

Stabilization Services means services provided to Individuals who are experiencing a mental health or substance use crisis. These services are provided in the person's home, or another home-like setting, or a setting which provides safety for the individual and the agency staff member. Stabilization Services may be provided prior to an Intake Evaluation for behavioral health services.

POLICY

Crisis System General Requirements

1. North Sound BH-ASO maintains a regional behavioral health crisis system that meets the following general requirements:
 - a. Crisis Services will be available 24-hours a day, seven (7) day a week to all individuals who present with a need for Crisis Services in Snohomish, Island, Skagit, San Juan and Whatcom Counties.

- b. Under no circumstance shall the North Sound BH-ASO BH Crisis System deny the provision of Crisis Services, Behavioral Health ITA Services, Evaluation and Treatment (E&T), or Secure Withdrawal Management and Stabilization services to an Individual due to the Individual's ability to pay
 - c. Crisis Services will be provided in accordance with Washington Administrative Code (WAC) 246-341-0900 to 0915.
 - i. Involuntary Treatment Act (ITA) services will include all services and administrative functions required for the evaluation of involuntary detention or involuntary treatment of Individuals in accordance with Chapter 71.05 Revised Code of Washington (RCW), RCW 71.24.300 and RCW 71.34.
 - 1. Requirments include payment for all services ordered by the court for Individuals ineligible for Medicaid, and costs related to court processes and transportation for court hearings.
 - 2. CrisisServices become ITA Services when a Desginated Crisis Responder (DCR) determines an Individual must be evaluated for involuntary treatment. ITA services continue until the end of the Involuntary Commitment and may be outpatient or inpatient.
 - 3. ITA decision-making authority of the DCR must be independent of the North Sound BH-ASO.
2. Crisis Services will be delivered in a manner that is consistent with the following:
- a. Stabilize individuals as quickly as possible and assist them in returning to a level of functioning that no longer qualifies them for Crisis Services.
 - b. Provide solution-focused, person-centered and recovery-oriented interventions designed to avoid unnecessary hospitalization, incarceration, institutionalization or out of home placement.
 - c. Engage the Individual in the development and implementation of crisis prevention plans to reduce unnecessary crisis system utilization and maintain the Individual's stability.
 - d. Develop and implement strategies to continuously evaluate and improve the crisis system.

Community Information and Education

North Sound BH-ASO implements a Community Information and Education Plan (CIEP) that educates and informs community stakeholders about the crisis system. Community stakeholders shall include residents of the Regional Service Area (RSA), health care providers, First Responders, the criminal justice system, educational systems, Tribes, and faith-based organizations.

Crisis System Staffing Requirements

- 1. North Sound BH-ASO establishes staffing requirements for all of its contracted crisis services providers in accordance with WAC 246-341.
- 2. North Sound BH-ASO shall ensure Providers have sufficient staff available, including DCRs, to respond to requests for Crisis Services and ITA services.
- 3. North Sound BH-ASO shall ensure provider compliance with DCR qualification requirements in accordance with Chapters 71.05 and 71.34 RCW and WAC 246-341-0900 to -0915 will incorporate the statewide DCR Protocols, listed on the Health Care Authority (HCA) website, into the practice of DCRs.
- 4. North Sound BH-ASO contracts with Behavioral Health Agencies (BHA) to have clinicians available twenty-four (24) hours a day, seven (7) days a week who have expertise in behavioral health conditions pertaining to children and families.

5. North Sound BH-ASO ensures that there is at least one (1) certified Substance Use Disorder Professional (SUDP) and (1) Certified Peer Counselor (CPC) with experience providing behavioral health crisis support for consultation by phone or on site during regular business hours.
6. North Sound BH-ASO has established policies and procedures of ITA services that implement WAC 246-341-0810 and the following requirements:
 - a. No DCR or crisis worker will be required to respond to a private home or other private location to stabilize or treat a person in crisis, or to evaluate a person for potential detention under the state's ITA, unless a second trained individual accompanies them.
 - b. The team supervisor, on-call supervisor, or the individual will determine the need for a second individual to accompany them based on a risk assessment for potential violence.
 - c. The second individual who responds may be a First Responder, a MHP, SUDP, or a behavioral health provider who has received training required in RCW 49.19 030.
 - d. No retaliation will be taken against an individual who, following consultation with the clinical team or supervisor, refuses to go to a private home or other private location alone.
 - e. Have a written plan to provide training, behavioral health staff back-up, information sharing, and communication for crisis staff who respond to private homes or other private locations.
 - f. Every DCR dispatched on a crisis visit will have prompt access to information about an Individual's history of dangerousness or potential dangerousness documented in crisis plans or commitment records and is available without unduly delaying a crisis response.
 - g. BHAs shall provide a wireless telephone or comparable device for the purpose of emergency communications described in RCW 71.05.710 to every DCR or crisis worker, who participates in home visits to provide Crisis Services.

Crisis System Operational Requirements

1. Crisis Services will be available twenty-four (24) hours a day, seven (7) days a week.
 - a. Mobile crisis outreach will respond within two (2) hours of the referral to an emergent crisis and within twenty-four (24) hours for referral to an urgent crisis.
2. North Sound BH-ASO shall maintain an adequate number of behavioral health provider agencies that offer Next Day Appointments (NDA) for uninsured individuals who meet the definition of an urgent behavioral health situation and has a presentation of signs or symptoms of a behavioral health concern.
3. North Sound BH-ASO shall coordinate with the 988/National Suicide Prevention Lifeline (NSPL) provider in region to ensure these appointments are accessible to uninsured individual callers who meet the criteria outlined by HCA.
 - a. North Sound BH-ASO shall work with contracted crisis agencies to ensure they can access next day appointments for individuals who meet the criteria for next day appointments.
4. Mobile Crisis Response (MCR) services will employ Certified Peer Counselors (CPC).
 - a. CPCs are required to complete HCA CPC continuing education curriculum for peer services in crisis environments.
 - b. MCR supervisors of CPCs must complete HCA sponsored Operationalizing Peer Support Training in accordance with HCA requirements.
 - c. North Sound BH-ASO will complete and submit quarterly reporting in accordance with HCA contract reporting requirements.

5. North Sound BH-ASO maintains mobile crisis team staffing to serve adults, youth and children.
 - a. Each mobile crisis provider must have a minimum of one Mental Health Professional supervisor to provide clinical oversight and supervision for all staff.
 - b. Mobile crisis response providers will adhere to crisis team staffing models.
 - c. Mobile crisis response will require at a minimum, a Mental Health Professional to provide clinical assessment and a peer trained in crisis services, responding jointly. Mental Health Care Provider (MHCs), with WAC 246-341-0302 exemption, can respond jointly with a peer in place of an MHP, as long as at least one MHP is available 24/7 for any MHCP or peer to contact for consultation, this Mental Health Professional does not have to be a supervisor.
 - d. All Peers must complete the HCA sponsored peer crisis training;
 - e. All crisis agency staff providing mobile crisis response must complete HCA sponsored trainings in trauma informed care, de-escalation techniques and harm reduction.
6. North Sound BH-ASO will work collaboratively with state agencies in developing statewide standards for the delivery of mobile crisis response to include but not limited to:
 - a. Aligning practices and values as identified in the SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practices.
 - b. For Child, Youth and Family Crisis services, standards will minimally include the following elements of the Mobile Response and Stabilization Service (MRSS):
 - i. Mobile Crisis response services are delivered in-person, whenever possible;
 - ii. Services are provided in the home or in community settings;
 - iii. Mobile crisis response services are available within two (2) hours of contact for emergent, within twenty-four (24) for an urgent crisis, and best practice response within 60 minutes; and
 - iv. The crisis is defined by the individual, including adults, youth, young adults and/or the parent/caregiver.
7. Standards for the child, youth and family crisis services will incorporate the values and practices of the MRSS model and the National Association of State Mental Health Program Directors (NASMHPD) guidance on improving child and adolescent crisis system and will include the following components:
 - a. Responders will provide developmentally appropriate services
 - b. Responders are intentionally inclusive of family/caregivers and natural supports throughout the stabilization period;
 - c. Responders are able to serve children, youth, young adults and families or caregivers in their natural environment including (but not limited to) at home or in the school; and
 - d. Interventions will include partnerships with children, youth, young adults and family/caregivers to identify, restore and increase family and community connections and create linkages to necessary resources.
8. Mobile Crisis response and outreach goals should include:
 - a. Support and maintain individuals in their current living situation and community environment, reducing the need for out-of-home placements, which reduces the need for inpatient care and residential interventions;
 - b. Support individuals, youth, and families by providing trauma informed care;
 - c. Promote and support safe behavior in home, school and community settings;

- d. Reduce the use of emergency departments (ED), hospital boarding, and detention centers due to a behavioral health crisis; and
 - e. Assist individuals, youth and family in accessing and linking to ongoing support and services, including intensive clinical and in-home services, as needed.
9. North Sound BH-ASO provides a Regional toll-free Crisis Line (RCL) that is available twenty-four (24) hours a day, seven days a week, to provide crisis intervention and triage services, including screening and referral to a network of providers and community resources.
- a. The RCL will be a separate number from North Sound BH-ASO's customer service line.
 - b. The Contractor shall ensure crisis call centers comply with the following crisis line performance standards:
 - i. Telephone abandonment rate – performance standard is 5 percent or less.
 - ii. Telephone response time – performance standard is at least 90 percent of calls are answered within thirty (30) seconds.
10. Individuals have access to crisis services without full completion of intake evaluations and/or other screening and assessment processes.
11. North Sound BH-ASO maintains established registration processes for non-Medicaid individuals utilizing crisis services to maintain demographic and clinical information and establish a medical record/tracking system to manage their crisis care, referrals, and utilization.
- a. North Sound BH-ASO conducts eligibility verification for individuals who are receiving services or who want to receive services to determine financial eligibility. Please refer to North Sound BH-ASO Policy #3045.00 *Eligibility Verification*.
12. North Sound BH-ASO has established protocols for providing information about and referral to other available services and resources for individuals who do not meet criteria for Medicaid or General Funds State/Federal Block Grant (GFS/FBG) services (e.g., homeless shelters, domestic violence programs, Alcoholics Anonymous). Protocols shall align with the protocols for coordination with Tribes and Non-Tribal Indian Health Care Provider (IHCP) within region.
13. North Sound BH-ASO will comply with record content and documentation requirements in accordance with WAC 246-341-0900 thru 0915. North Sound BH-ASO ensures that Crisis Service providers document calls, services, and outcomes.

Crisis System Services

1. North Sound BH-ASO will make the following services available to all individuals in North Sound BH-ASO's Service Area, in accordance with the specified requirements:
 - a. Crisis Triage and Intervention to determine the urgency of the needs and identify the supports and services necessary to meet those needs. Dispatch mobile crisis or connect the individual to services. For individuals enrolled with an MCO, assist in connecting the individual with current or prior service providers. For Individuals who are American Indian/Alaskan Native (AI/AN), assist in connecting the Individual to services available from a Tribal government or Indian Health Care Provider (IHCP).
 - b. Behavioral Health ITA Services shall be provided in accordance with WAC 246-341-0810. Services shall include investigation and evaluation activities, management of the court case findings and legal proceedings in order to ensure the due process rights of the Individuals who are detained for involuntary treatment. The North Sound BH-ASO will reimburse the county for

court costs associated with ITA and will provide for evaluation and treatment services as ordered by the court for Individuals who are not eligible for Medicaid, including Individuals detained by a DCR. Reimbursement for judicial services shall be provided per civil commitment case at a rate to be determined based on an independent assessment of the county actual direct costs. This assessment must be based on the average of the expenditures for judicial services within the county over the past three years. In the event that a baseline cannot be established because there is no significant history of similar cases within the county, the reimbursement rate shall be equal to 80 percent of the median reimbursement rate of counties included in the independent assessment.

- c. Services provided in Involuntary Treatment facilities such as E&T facilities and Secure Withdrawal Management and Stabilization facilities, licensed and certified by the Department of Health (DOH). These facilities must have adequate staff to provide a safe and secure environment for the staff, patients and the community. The facilities will provide evaluation and treatment services to limit the duration of involuntary treatment until the person can be discharged back to their home community to continue their treatment without the loss of their civil liberties. The treatment shall be evidence-based practices to include supportive housing, supported employment, Pharmacological services, psycho-social classes, withdrawal management as needed, discharge planning, and warm handoff to follow up treatment including any less restrictive alternative care ordered by the court.
- d. Assisted Outpatient Treatment (AOT) shall be provided to those who are identified as meeting the need. North Sound BH-ASO employs an AOT program coordinator to oversee system coordination and legal compliance for AOT under RCW 71.05.148 and RCW 71.34.755. The AOT Coordinator shall:
 - i. Coordinate to develop program requirements and best practices, policy and procedures and implement them within the North Sound RSA.
 - ii. Coordinate with superior courts, contractors providing services to individuals release on AOT orders and other stakeholders within region.
 - iii. Coordinate and provide notice to the tribe and IHCP regarding the filing of an AOT petition concerning a person who is an AI/AN who receives medical or behavioral health services from a tribe within Washington state.
 - iv. Coordinate with superior courts in their region to assure a process for the courts to provide notification to the contractors of petitions filed where the court has knowledge that a respondent is an AI/AN who receives medical or behavioral health services from a tribe within the state of Washington.
- e. North Sound BH-ASO will track Less Restrictive Alternative (LRA) orders that are issued by a superior court within the North Sound Regional Service Area (RSA).
 - i. Tracking responsibility includes notification to the individual's MCO of the LRA order. MCO's are responsibility for:
 - 1. Coordinating care with the individual and the treatment provider for the provision of LRA treatment services.
 - 2. Monitor or purchase monitoring services for individuals receiving LRA treatment services to include coordinating with the appropriate DCR provider about non-compliance of the LRA order.

- ii. For individuals no enrolled in a MCO, North Sound BH-ASO will coordinate LRA treatment services with the individual and the LRA treatment provider for the following:
 - 1. Unfunded Individuals
 - 2. Individuals who are not covered by the Medicaid fee-for-services program
 - 3. Individuals who are covered by commercial insurance.
 - iii. North Sound BH-ASO will monitor or purchase monitoring services for individuals receiving LRA treatment services, including reporting of non-compliance with the appropriate DCR provider.
 - 1. For out of RSA individuals who will be returning to their home RSA, upon notification from North Sound's RSA superior court, North Sound BH-ASO will notify the home RSA BHOASO of the LRA order. The home RSA ASO will be responsible for notifying the appropriate MCO (if applicable), tracking the LRA order, coordinating with the individual and LRA treatment provider, and purchasing or providing LRA monitoring services.
 - 2. Authority for treatment of services for individuals released from a state hospital in accordance with RCW 10.77.086(4), competency restoration. North Sound BH-ASO may submit an A-19, not to exceed \$9,000 without prior written approval from HCA, for transition teams services and treatment services provided to non-Medicaid individuals released from a state hospital in accordance with RCW 71.05.320 or who are found not guilty by reason of insanity (NGRI).
2. North Sound BH-ASO will provide the following services to Individuals who meet eligibility requirements defined in HCA North Sound BH-ASO Contract, but who do not qualify for Medicaid, when medically necessary, and based on available resources:
- a. Crisis Stabilization Services includes short-term face-to-face assistance with life skills training and understanding of medication effects and follow up services. Services are provided in the person's own home, or another home-like setting, or a setting which provides safety for the individual experiencing a behavioral health crisis.
 - b. SUD Crisis Services including short term stabilization, a general assessment of the individual's condition, an interview for therapeutic purposes, and arranging transportation home or to an approved facility for intoxicated or incapacitated individuals on the streets or in other public places. Services may be provided by telephone, in person, in a facility or in the field. Services may or may not lead to ongoing treatment.
 - c. Secure Withdrawal Management and Stabilization services provided in a facility licensed by DOH and certified to provide evaluation and treatment services to individuals detained by the DCR for SUD ITA. Appropriate care for persons with a history of SUD who have been found to meet criteria for involuntary treatment includes: Evaluation and assessment, provided by certified chemical dependency professionals; acute or subacute detoxification services; SUD treatment; and discharge assistance provided by certified chemical dependency professionals, including facilitating transitions to appropriate voluntary or involuntary inpatient services or LRA as appropriate for the individual and meets the rules provided in WAC 246-341-1104. This is an involuntary treatment which does not require authorization.
 - d. Peer-to-Peer Warm Line Services are available to callers with routine concerns who could benefit from or who request to speak to a peer for support and help de-escalating emerging

crises. Warm line staff may be peer volunteers who provide emotional support, comfort, and information to callers living with a behavioral health condition.

- e. Supportive housing services are a specific intervention for people who, but for the availability of services, do not succeed in housing and who, but for housing, do not succeed in services. Supportive housing services help Individuals who are homeless or unstably housed live with maximum independence in community-integrated housing. Activities are intended to ensure successful community living through the utilization of skills training, cueing, modeling and supervision as identified by the person-centered assessment. Services can be provided flexibly, including in-person or on behalf of an Individual.
- f. Supported employment services aid Individuals who have physical, behavioral, and/or long-term healthcare needs that make it difficult for the person to obtain and maintain employment. These ongoing services include individualized job coaching and training, help with employer relations, and assistance with job placement.

Coordination with External Entities

1. North Sound BH-ASO collaborates with HCA and MCOs operating in the North Sound's RSA to develop and implement strategies to coordinate care with community behavioral health providers for Individuals with a history of frequent crisis system utilization. Coordination of care strategies will seek to reduce utilization of Crisis Services.
2. The North Sound BH-ASO will coordinate with the regional MCOs, community court system, First Responders, criminal justice system, inpatient/residential service providers, Tribal governments, IHCPs, and outpatient behavioral health providers, to include processes to improve access to timely and appropriate treatment for Individuals with current or prior criminal justice involvement.
3. The North Sound BH-ASO will, in partnership with the MCOs operating in the RSA, develops protocols to engage and collaborate with Department of Corrections (DOC), jail-based staff, and other partners within the criminal justice system to coordinate the discharge and transition of incarcerated adults and Transitional Age Youth (TAY) with SMI for the continuation of prescribed medications and other Behavioral Health services prior to re-entry to the community.
4. North Sound BH-ASO will contract with HCA and MCOs operating in the North Sound RSA to establish protocols related to the provision of behavioral health Crisis Services and Ombuds services by North Sound BH-ASO to the MCOs' Medicaid enrollees. The protocols shall, at a minimum, address the following:
 - a. Payment by the MCOs to North Sound BH-ASO for Crisis Services arranged for or delivered by the Contractor or the Contractor's provider network to Individuals enrolled in the MCOs' plan.
 - i. If North Sound BH-ASO is paid on a FFS basis and delivers Crisis Services through a network of crisis providers, it shall reimburse its providers within fourteen (14) calendar days of receipt of reimbursement from the MCO.
 - ii. Any sub-capitation arrangement with HCA MCOs or North Sound BH-ASO's providers shall be reviewed and approved by HCA.
 - b. North Sound BH-ASO shall submit claims and/or encounters for Crisis Services consistent with the provisions of HCA contracts. Claims and encounter submission timeliness requirements apply regardless of whether North Sound BH-ASO directly provides services, acts as a third-party administrator for a network of crisis providers, or is paid on a capitation or a FFS basis.
 - c. North Sound BH-ASO shall establish information systems to support data exchange consistent with HCA requirements including, but not limited to: eligibility interfaces, exchange of claims

and encounter data, administrative data such as PRISM, critical incidents, sharing of care and crisis plans, and MHAD necessary to coordinate service delivery in accordance with applicable privacy laws, HIPAA Regulations and 42 C.F.R. Part 2.

- d. North Sound BH-ASO shall notify an MCO within one Business Day when a MCO's Enrollee interacts with the crisis system.
5. North Sound BH-ASO shall require that Mobile Crisis Services coordinate with co-responders within their region and issue funds solely for the grants to law enforcement and other first responders to include mental health professionals on the team of personnel responding to emergency withing North Sound RSA.
 - a. North Sound BH-ASO will complete and submit all co-responder reporting requirements in accordance with HCA contract reporting requirements.

Protocols for Coordination with Tribes and non-Tribal IHCPs

North Sound BH-ASO's protocols for coordination with Tribes and non-Tribal IHCP are outlined in Policy 6003.00 *North Sound BH-ASO Tribal Coordination with Tribal Authorities*.

Tribal Designated Crisis Responders

1. Upon North Sound BH-ASO Authority to designate DCRs, and upon request, North Sound BH-aSO must assist and designate at least one (1) person from each Tribe within the North Sound RSA as a Tribal DCR, subject to the following requirements:
 - a. The potential Tribal DCR must meet all the requirements as a DCR in accordance with RCW 71.05.020, 71.24.025 and 71.34.020;
 - b. The request for designation of a potential Tribal DCR person must be made in writing to North Sound BH-ASO from the Tribal Authority;
 - c. Upon written request from all the affected Tribes, Tribes may elect to share Tribal DCRs;
 - d. The decision-making authority of the DCR must be independent of the North Sound BH-ASO and the Tribal Authority.
2. North Sound BH-ASO will enable any Tribal DCR, whether appointed by North Sound BH-ASO, by the courts within the region, or by HCA, to shadow with and receive on-the-job training and technical assistance from a DCR employed by a DCR provider agency that is contracted with North Sound BH-ASO.
3. North Sound BH-ASO will actively engage and include Tribal DCRs, whether appointed by North Sound BH-ASO, by the courts within the region, or by HCA, in the regional work on Crisis Services collaborative groups, trainings, and policy impacts within their RSA and as provided to other crisis and DCR service providers.
4. The North Sound BH-ASO must pay for non-Medicaid DCR evaluations provided by Tribal DCRs.
5. In the event the North Sound BH-ASO and Tribal Authority are unable to reach agreement on a methodology to designate a Tribal DCR, including hiring, funding and operational processes, written documentation must be provided to the HCA contract manager.
 - a. Documentation must include names of those participating in the planning, discussions from both parties and barriers or issues that remain unresolved.
 - b. HCA will work with North Sound BH-ASO and Tribal Authority to attempt to resolve issues and provide technical assistance where needed. This may include a facilitate executive level meeting between North Sound BH-ASO and Tribal Authority.

Crisis System Reporting

North Sound BH-ASO provides crisis system monitoring and assessment reports on a weekly, monthly, quarterly, and annual schedule. The annual report is due by the last day of February for the previous calendar year. The report must include:

1. A summary and analysis about each region's crisis system, to include information from the quarterly Crisis System Metrics Report, callers funding sources (Medicaid, non-Medicaid, other) and caller demographics including age, gender, and ethnicity.
2. 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 MCOs, community behavioral health providers, First Responders, partners within the criminal justice system, and Tribal entities.
3. A summary of how Individuals' crisis prevention plans are used to inform DCRs dispatched on crisis visits, reduce unnecessary crisis system utilization and maintain the Individual's stability. Include in the summary an analysis of the consistency of use and effectiveness of the crisis prevention plans.
4. Provide a summary of the development, implementation, and outcomes of activities and strategies used to improve the crisis system. To include:
 - a. An overview and analysis of available information and data about the disposition of crisis calls.
 - b. Coordination of referrals to provider agencies or MCOs for case management, awareness of frequent crisis line callers and reduction of law enforcement involvement with the crisis system.
 - c. A description of how crisis system data is used throughout the year, including the use of information from community partners about the crisis system effectiveness.
 - d. Any systemic changes to the crisis system planned in the upcoming year as a result of the information and data.

ATTACHMENTS

None