North Sound BH-ASO Annual Crisis Assessment

2021 Summary and Analysis of the North Sound BH-ASO Crisis System

NORTH SOUND BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION

2021 E. College Way, Suite 101, Mt. Vernon, WA 98273

360.416.7013|800.864.3555|F: 360.899.4754

www.nsbhaso.org

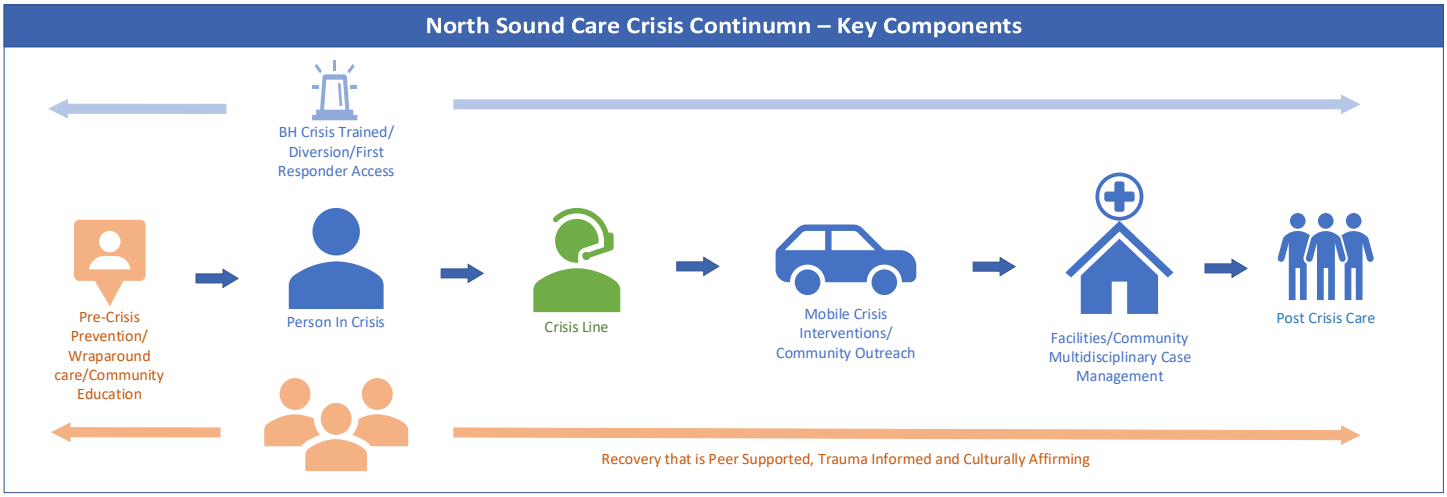
Table of Contents

Executive Summary

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

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

Both the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Council for Behavioral Health have identified ideal crisis system components such as 24-hour crisis call centers, mobile crisis outreach teams, first responder co-response programs, crisis trained first responders, facility-based crisis receiving facilities, sobering support, intensive community supports, transportation support, and peer supportive services. Although challenges remain and service gaps exist, North Sound BH-ASO strives to ensure a well-integrated crisis service continuum for individuals needing immediate access to care.



North Sound BH-ASO will be an active partner with Washington State's 988 implementation that will include major service and infrastructure enhancements aimed to improve and provide a higher quality of crisis system response.

In 2021, North Sound BH-ASO developed our first ***2020 Annual Crisis Assessment*** that provided an analysis of crisis services in 2020 and identify key opportunities to improve or expand service delivery as part of our strategic planning. Our 2021 *Annual Crisis Assessment* will focus on crisis service delivered in 2021 and provide a summary of the development, implementation, and outcomes of activities and strategies used to improve the crisis system.

Key Findings

Below is a summary of key findings for 2021 for the following areas: Data, Crisis System Coordination, Crisis Plans, and Strategies to Improve the Crisis System.

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

Report Reference Pages**:** Summary of Data

1. Crisis Line Activities

   The COVID pandemic continues to have a significant impact on the number of calls to the Crisis Line. The continuation of the historically high number of calls to the Crisis Line appears to be a result of both persons in distress due to COVID related impacts and the increasing difficulty in accessing behavioral health services.
   - The monthly average number of calls to the Crisis Line increased from 2,935 calls a month in 2020 to 3,881 calls a month in 2021. The total number of annual calls increased from 35,224 in 2020 to 46,576 calls in 2021.
   - Despite the increased call volume, the Crisis Line was able to meet the key metrics for answering calls within 30 seconds and keeping the abandonment rate below 5%. Their performance improved from 2020.
   - The work that was done on the corrective action plan in 2020, funding to increase staff, and funding to implement a new call management system helped support this successful performance.
2. ITA Investigation Activities
   - The total number of dispatches for Involuntary Treatment Act (ITA) investigations increased from 4,410 in 2020 to 4,876 in 2021. Dispatches decreased throughout the year but represented a net increase of 10.6% when compared with 2020.
   - Despite the challenges of conducting ITA investigations under COVID restrictions, and inconsistent support from law enforcement due to HB 1310, average dispatch time continued to be under two (2) hours.
     A. The detention "rate" per 10,000 population slightly decreased from 2020 to 2021, though remained higher than the six previous years except for 2016. The number of average monthly detentions was similar in 2021 to 2020 and averaged between 136 to 265 a month.

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

Reference Pages: Summary of Crisis System Coordination

1. North Sound BH-ASO continued engaging in an extensive array of coordination activities that it had begun in 2018 in planning for the implementation of the IMC model.
2. Key coordination mechanisms that North Sound BH-ASO facilitated and provided staff support to were: Interlocal Leadership Structure, the Joint Operating Committee, Integrated Provider meetings, and Crisis Services Leadership meetings.
3. North Sound BH-ASO staff continue to actively participate in and jointly chair local County Crisis Oversight Committees or equivalent county level coordination committees. The various activities of these committees in supporting crisis services coordination and improvements are detailed in this report. These are described in the section on Summary of Crisis System Coordination.

Successes

- Developed an automated crisis care management reports that lists individuals by MCO who have had multiple ITA investigations and/or detentions. These reports are produced bi-monthly and uploaded to a SFTP site for MCOS to access.
- Initiated and provided project management support to the development of a data sharing platform hosted by Collective Medical Technologies (CMT) that will allow Crisis Services staff to access treatment and crisis plan information on Medicaid members who come into contact with the crisis system.
- Piloted protocols for crisis care coordination between Crisis Services Agencies and MCO care coordinators.
- Continue to expand funding for mobile crisis outreach including new partnerships with law enforcement.

Challenges

- Although we have developed an alternative, more targeted report on high utilizers of the crisis system, we still must produce the daily crisis logs, though it appears the value of this is minimal.
- Once the CMT data sharing platform is developed, there will need to be sponsorship agreements with MCOs and Behavioral Health Agencies and MCOs will need to require providers to enter information into it.

Summary of Crisis Plans

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

Reference Pages**:** **Summary of Crisis Plans**

Successes

- Initiated and provided project management support to the development of a data sharing platform hosted by CMT that will allow Crisis Services staff to access treatment and crisis plan information on Medicaid members who come into contact with the crisis system.
- Maintained and updated a joint contact list for use by both MCOs, North Sound BH-ASO, and Crisis Services agencies.

Challenges

- Once the CMT data sharing platform is developed, there will need to be sponsorship agreements with MCOs and providers. MCOs will need to require providers to enter information into it.
- The significant impact of COVID on Crisis Line services will require more work between North Sound BH-ASO and the MCOs to continue to develop a strategy to identify and engage persons frequently utilizing the crisis line system and is clinically indicated that additional treatment interventions and cross-system coordination is warranted.

Summary of Strategies to Improve the Crisis System

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

Reference Pages: **Summary of Strategies to Improve the Crisis System**

- Continued to provide funding to expand Crisis Line staff, including a new project to provide telephone follow up services with COVID block grant funds.

- With funding provided by the BH-ASO, the Crisis Line was able to procure and deploy a new call management system that allows some staff to work remotely.
- Continuing with implementation of a joint corrective action plan developed in 2020, the Crisis Line was able to maintain metrics within the contracted standards despite increased call volume.
- Expanded funding for voluntary mobile crisis outreach and follow up services.
- Funded new initiatives to fund law enforcement and first responder co-response programs and initiated development of model program standards for co-response programs.
- Targeted BH-ASO Behavioral Health Enhancement funds to support recruitment and retention of behavioral health staff with our Crisis Services agencies.
- Continue to provide funding for existing crisis stabilization facilities to serve non-Medicaid persons in Snohomish, Skagit, and Whatcom counties.
- Provided start-up funding for new crisis stabilization facilities in Whatcom and Island counties.
- Continued our high utilizer Care Management reports that identifies persons who have had frequent ITA investigations and/or detentions and piloted care coordination protocols.
- Jointly funded a project to develop a data sharing platform hosted by CMT that will allow Crisis Services staff to access treatment and crisis plan information on Medicaid members who come into contact with the crisis system.
- Updated North Sound BH-ASO's Regional **Crisis Service Training** Module as part of our Community Information and Education Plan (CIEP).

Summary Data and Analysis

Crisis System Metric Dashboards

North Sound Crisis Calls

Period From Jan-21 To Dec-21

	crisis calls	Calls	Calls LT 30	Average	Calls
Prior 12 mo. Avg	3,881	3,786	3,552	0:00:24	95
Min	3,240	3,143	3,020	0:00:17	47
Max	4,397	4,296	4,049	0:00:38	151
St dev	316	334	331	0:00:06	33
Dec-21	4,068	3,995	3,730	0:00:23	73
Current Month	✓	✓	✓	✓	✓

North Sound Investigations

Period From Jan-21 To Dec-21

	invest.	detentions	MH invest.	SUD invest.	MH and SUD invest.	Referred from Law Enforcement	avg dispatch response time hrs.
Prior 12 mo. Avg.	406	168	238	26	139	32	1.46
Min	341	128	203	17	110	24	0.85
Max	513	251	299	39	174	43	1.93
Standard dev.	41	32	25	5	18	6	0.33
Dec-21	341	131	203	24	110	29	1.42
Current Month	✓	✓	✓	✓	✓	✓	✓

	Detentions and Commitments	Less Restrictive Options MH	Voluntary MH Treatment	Other	No Detention Due to Issues
Prior 12 mo. Avg.	180	2	120	97	6
Min	136	0	98	74	0
Max	265	6	152	126	13
Standard dev.	34	2	14	15	4
Dec-21	136	3	98	98	6
Current Month	✓	✓	✓	✓	✓

✓ Inside 2 stdev
! at 2 stdev
✗ outside 2 stdev

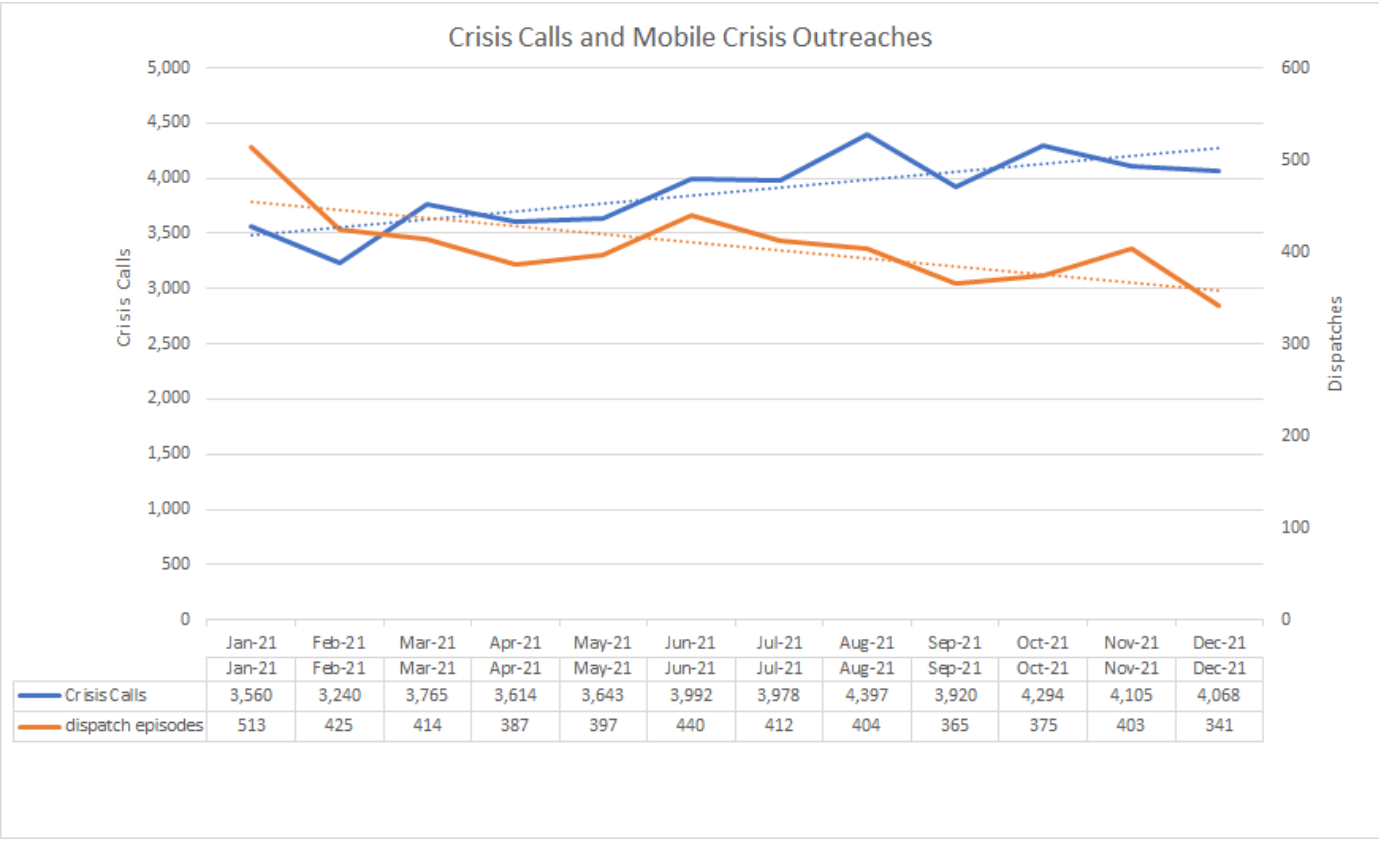
Unduplicated People Served in Crisis System

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

Unduplicated People	fund source							
	Medicaid		Medicaid Total	Non Medicaid			Non Medicaid Total	Undup. Total
Month	Crisis Call	Crisis Service		Crisis Call	Crisis Service	Investigation		
Jan-21	400	335	735	391	270	338	853	1,403
Feb-21	428	334	762	367	274	329	831	1,413
Mar-21	434	365	799	426	333	355	936	1,552
Apr-21	476	382	858	362	287	317	844	1,507
May-21	510	412	922	387	341	364	931	1,657
Jun-21	508	395	903	387	311	373	913	1,615
Jul-21	446	359	805	431	335	350	943	1,573
Aug-21	471	329	800	464	324	345	968	1,580
Sep-21	418	312	730	422	279	314	884	1,451
Oct-21	448	319	767	452	302	334	947	1,547
Nov-21	430	355	785	423	306	348	937	1,546
Dec-21	412	319	731	469	282	278	908	1,496
Undup. Total	**3,377**	**2,757**	**6,134**	**3,935**	**2,892**	**3,088**	**8,363**	**12,695**

Unduplicated People	fund source							
	Medicaid		Medicaid Total	Non Medicaid			Non Medicaid Total	Undup. Total
Month	Crisis Call	Crisis Service		Crisis Call	Crisis Service	Investigation		
2020	3,261	2,277	5,538	3,677	2,295	2,870	7,497	11,313
2021	3,377	2,757	6,134	3,935	2,892	3,088	8,363	12,695
Undup. Total	**5,780**	**4,469**	**10,249**	**7,192**	**4,874**	**5,423**	**14,729**	**21,594**

The table above shows an 12.22% increase compared to 2020 in the number of unduplicated individual's receiving a crisis service in 2021. As discussed under *Crisis Calls* below, during 2021 we saw a steady increase of historically high call volumes and individuals served through the Crisis Line.



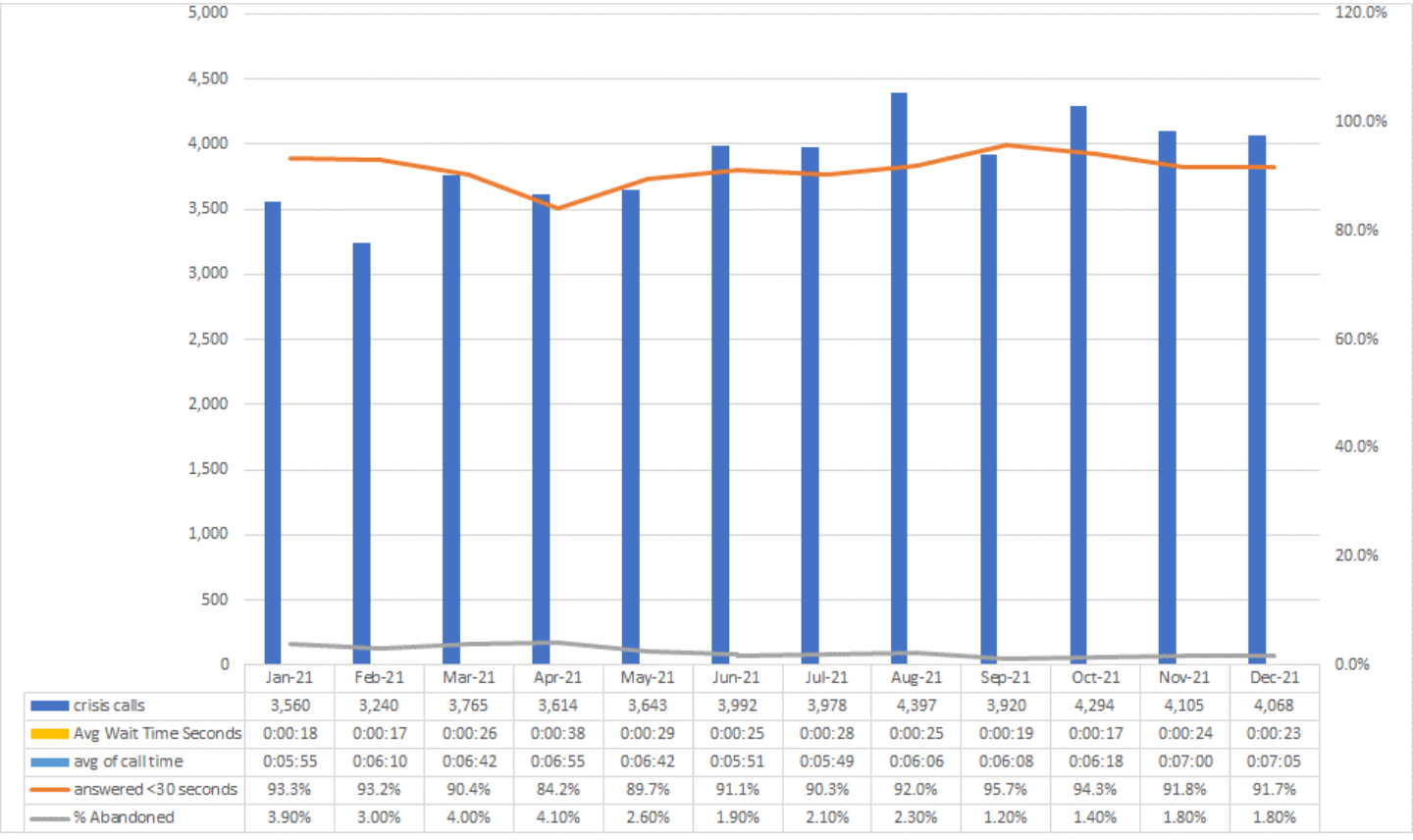
Crisis Line

Crisis Lines are often the first point of contact for an individual experiencing a crisis event. Crisis Line services are available on a 24-hour basis and provide immediate interventions to stabilize and help link the individual to ongoing behavioral health and community supports. Volunteers of America (VOA) has been North Sound BH-ASO's centralized crisis call center for over two decades and is staffed by professionally trained behavioral health clinicians who employ a range of interventions from supportive listening and suicide prevention techniques to making immediate triage referrals for mobile crisis outreach.

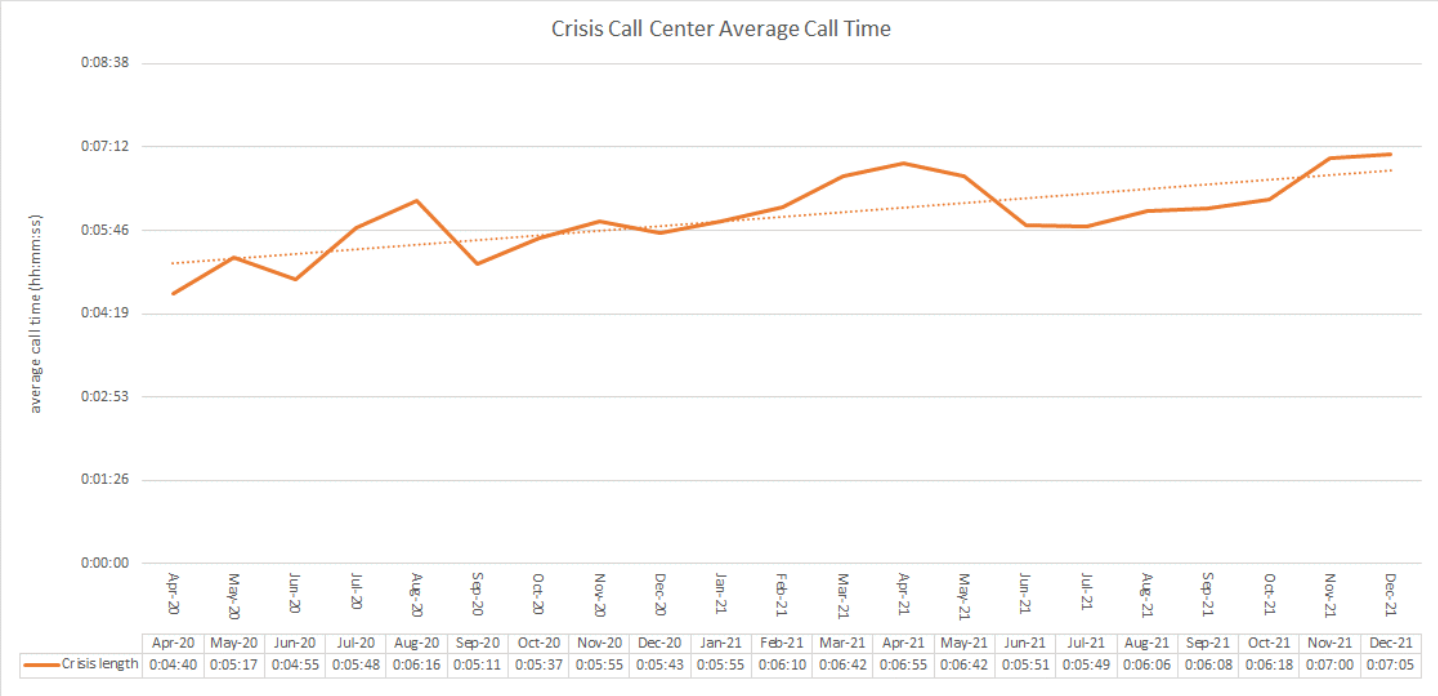
In 2021, VOA Crisis Line handled 46,576 total calls, which was an 32% increase from 2020 volumes. As indicated in the graph below "*Crisis Calls Monthly Comparison"*, the number of monthly crisis calls had a steady increasing trend in 2021, with the most call volumes occurring in August with 4,397 total monthly crisis calls.

In addition to the increasing number of calls to the Crisis Line, the length of time to resolve the caller's concerns continued an increasing trend in 2021. As indicated in the graph below, "*Crisis Call Length"*, the average call length increased 16.1% to a yearly average of 0:06:43 minutes. VOA continues to assess this demand, though staff suggest that caller concerns remained complex during the 2021 COVID-19 pandemic and limited access to critical treatment information requires additional time to triage requests for dispatch.

Crisis Calls Monthly Comparison



	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
crisis calls	3,560	3,240	3,765	3,614	3,643	3,992	3,978	4,397	3,920	4,294	4,105	4,068
Avg Wait Time Seconds	0:00:18	0:00:17	0:00:26	0:00:38	0:00:29	0:00:25	0:00:28	0:00:25	0:00:19	0:00:17	0:00:24	0:00:23
avg of call time	0:05:55	0:06:10	0:06:42	0:06:55	0:06:42	0:05:51	0:05:49	0:06:06	0:06:08	0:06:18	0:07:00	0:07:05
answered <30 seconds	93.3%	93.2%	90.4%	84.2%	89.7%	91.1%	90.3%	92.0%	95.7%	94.3%	91.8%	91.7%
% Abandoned	3.90%	3.00%	4.00%	4.10%	2.60%	1.90%	2.10%	2.30%	1.20%	1.40%	1.80%	1.80%



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Crisis length	0:04:40	0:05:17	0:04:55	0:05:48	0:06:16	0:05:11	0:05:37	0:05:55	0:05:43	0:05:55	0:06:10	0:06:42	0:06:55	0:06:42	0:05:51	0:05:49	0:06:06	0:06:08	0:06:18	0:07:00	0:07:05

Crisis Line Performance

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

VOA's call performance consistently outperformed required standards for 2021. VOA met both performance standards maintaining an average 91.5% rate for calls answered in less than 30 seconds and 2.5% for abandonment rate.

As noted in the "*Crisis Calls Monthly Comparison"* graph above, crisis calls answered in less than 30 seconds fell below the 90% benchmark in April and May of 2021. In Q3 and Q4 of 2021, calls answered in 30 seconds improved, reaching 95.7% answer rate in September, and remained above the 90% benchmark in Q4.

Similar, call abandonment rate maintained a 5.0% or better performance. Call abandonment rate was the highest in Q1 of 2021 at 4.1% for the month of April, though there was sustained improvement month over month, with abandonment rate dropping to a low of 1.2% in September.

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

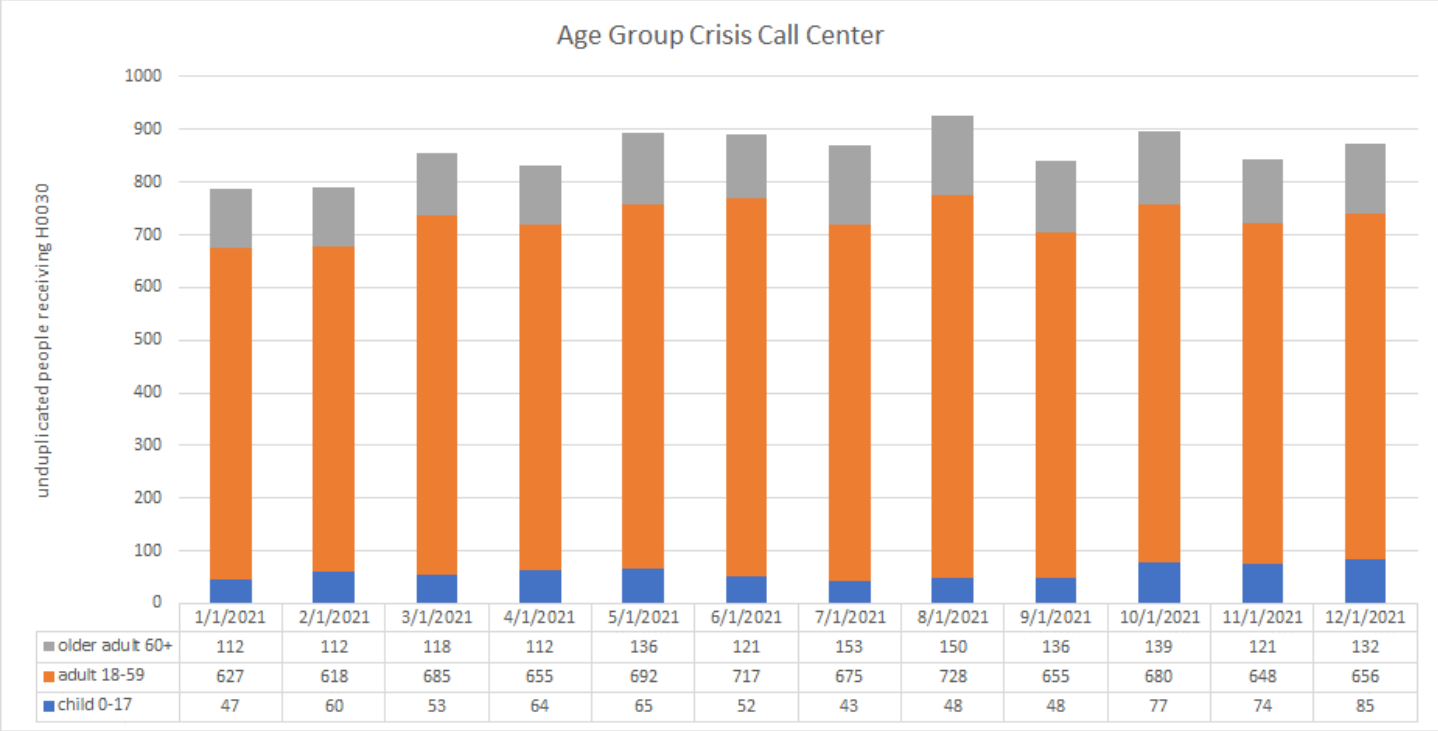
North Sound BH-ASO will continue to work with VOA into 2022 and identify other opportunities to enhance the Crisis Line system.

Crisis Call Center Demographics

Crisis caller demographic data is monitored monthly and reported as a quality improvement activity. Demographic data is routinely compared to population demographics to assess how the crisis system is serving the region's population and whether service improvements can be identified to strengthen outreach efforts. Call demographics are difficult to obtain during a crisis call due to the nature of the event. 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.

Age Group

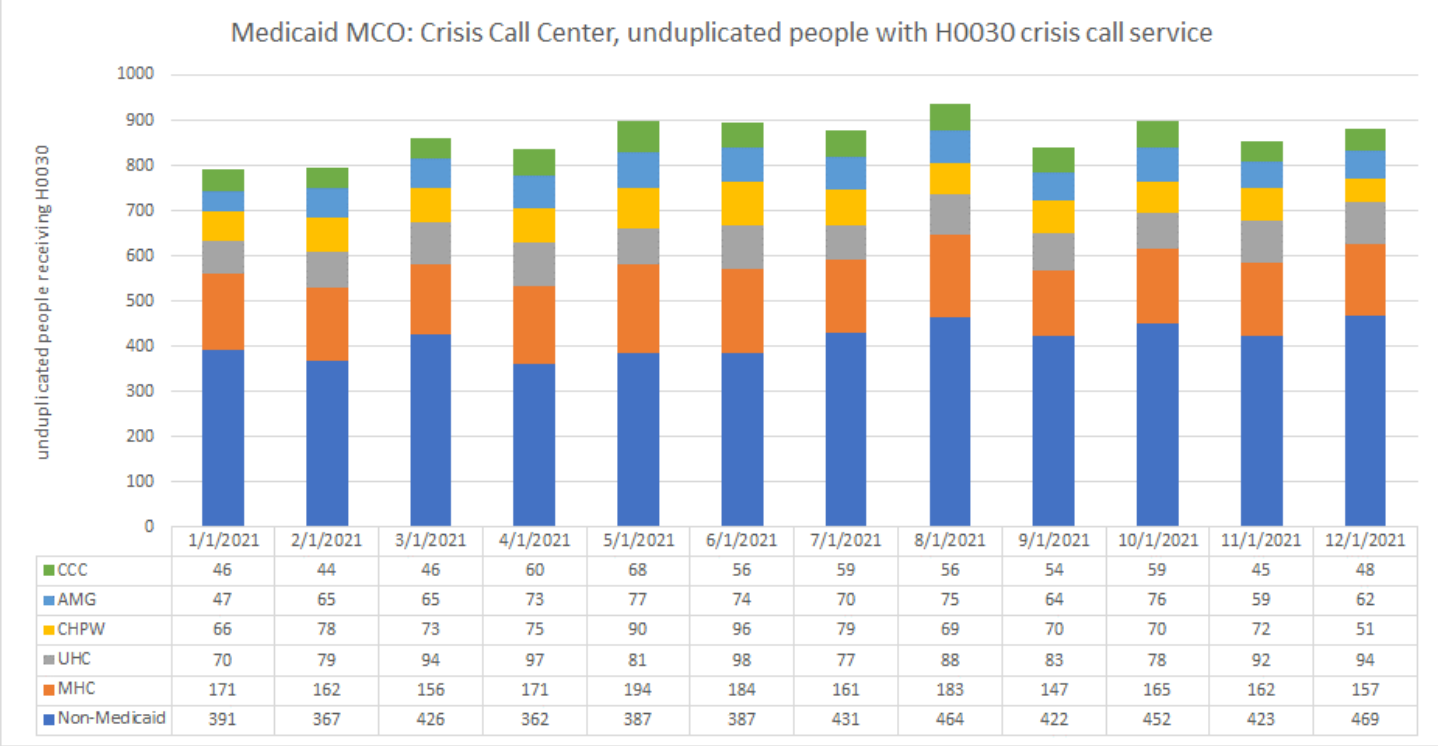
For ages 0-17, 18-59 and 60+



	1/1/2021	2/1/2021	3/1/2021	4/1/2021	5/1/2021	6/1/2021	7/1/2021	8/1/2021	9/1/2021	10/1/2021	11/1/2021	12/1/2021
older adult 60+	112	112	118	112	136	121	153	150	136	139	121	132
adult 18-59	627	618	685	655	692	717	675	728	655	680	648	656
child 0-17	47	60	53	64	65	52	43	48	48	77	74	85

Children aged 0-17 years of age represented 8.4% of crisis calls in 2021, while Adults aged 18-59 accounted for 77.1% and older adult 60+ years accounted for 14.7%. Although not the focus on this year's report, VOA's Crisis Chat program provides targeted suicide prevention and emotional support services with a high rate of children (0-17) and transition age (18-25) adults utilizing this service.

Funding Source

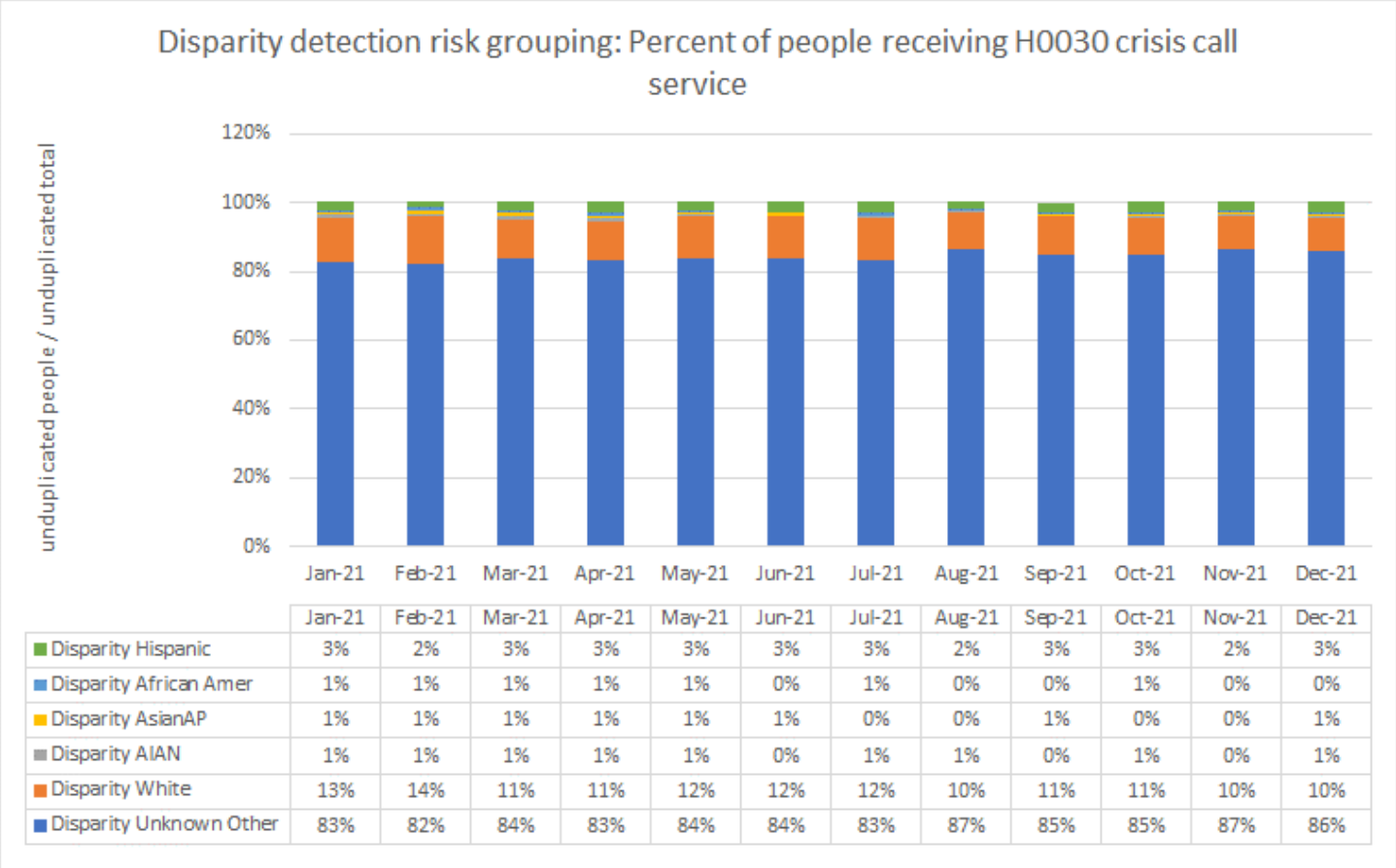


	1/1/2021	2/1/2021	3/1/2021	4/1/2021	5/1/2021	6/1/2021	7/1/2021	8/1/2021	9/1/2021	10/1/2021	11/1/2021	12/1/2021
CCC	46	44	46	60	68	56	59	56	54	59	45	48
AMG	47	65	65	73	77	74	70	75	64	76	59	62
CHPW	66	78	73	75	90	96	79	69	70	70	72	51
UHC	70	79	94	97	81	98	77	88	83	78	92	94
MHC	171	162	156	171	194	184	161	183	147	165	162	157
Non-Medicaid	391	367	426	362	387	387	431	464	422	452	423	469

In 2021, 52% of the individuals accessing the crisis line were identified as belonging to an Apple Health Plan while 48% of the individuals were not linked to an Apple Health Plan at the time of the call. This contrasts with 2020 where 55.2% of individuals accessing the crisis line was identified as non-Medicaid, while 44.8% were identified to be connected to a Medicaid benefit and assigned to a Managed Care Organization (MCO).

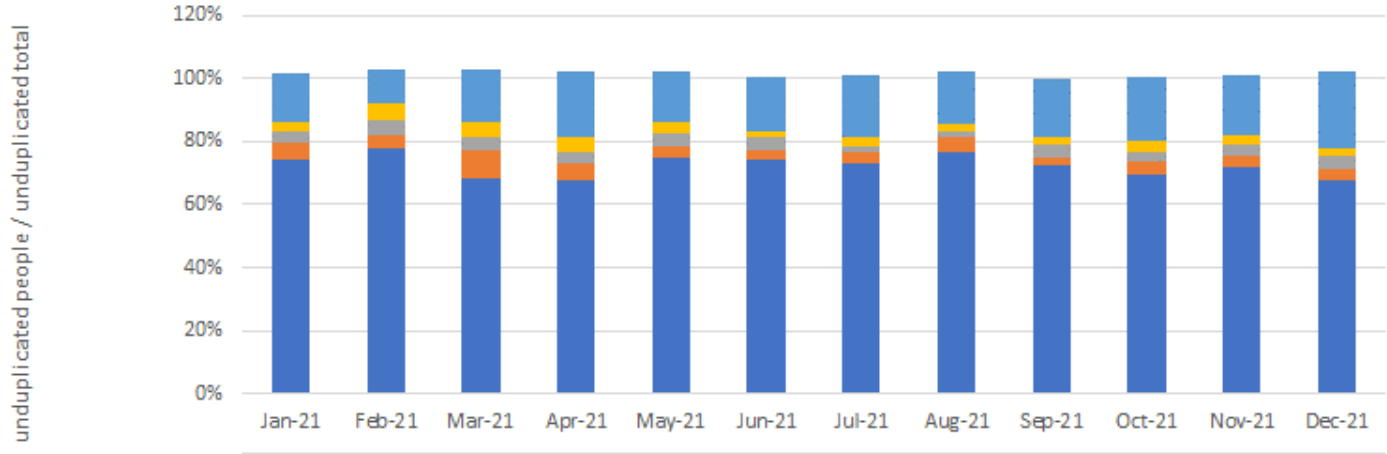
Ethnicity

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



	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Disparity Hispanic	3%	2%	3%	3%	3%	3%	3%	2%	3%	3%	2%	3%
Disparity African Amer	1%	1%	1%	1%	1%	0%	1%	0%	0%	1%	0%	0%
Disparity AsianAP	1%	1%	1%	1%	1%	1%	0%	0%	1%	0%	0%	1%
Disparity AIAN	1%	1%	1%	1%	1%	0%	1%	1%	0%	1%	0%	1%
Disparity White	13%	14%	11%	11%	12%	12%	12%	10%	11%	11%	10%	10%
Disparity Unknown Other	83%	82%	84%	83%	84%	84%	83%	87%	85%	85%	87%	86%

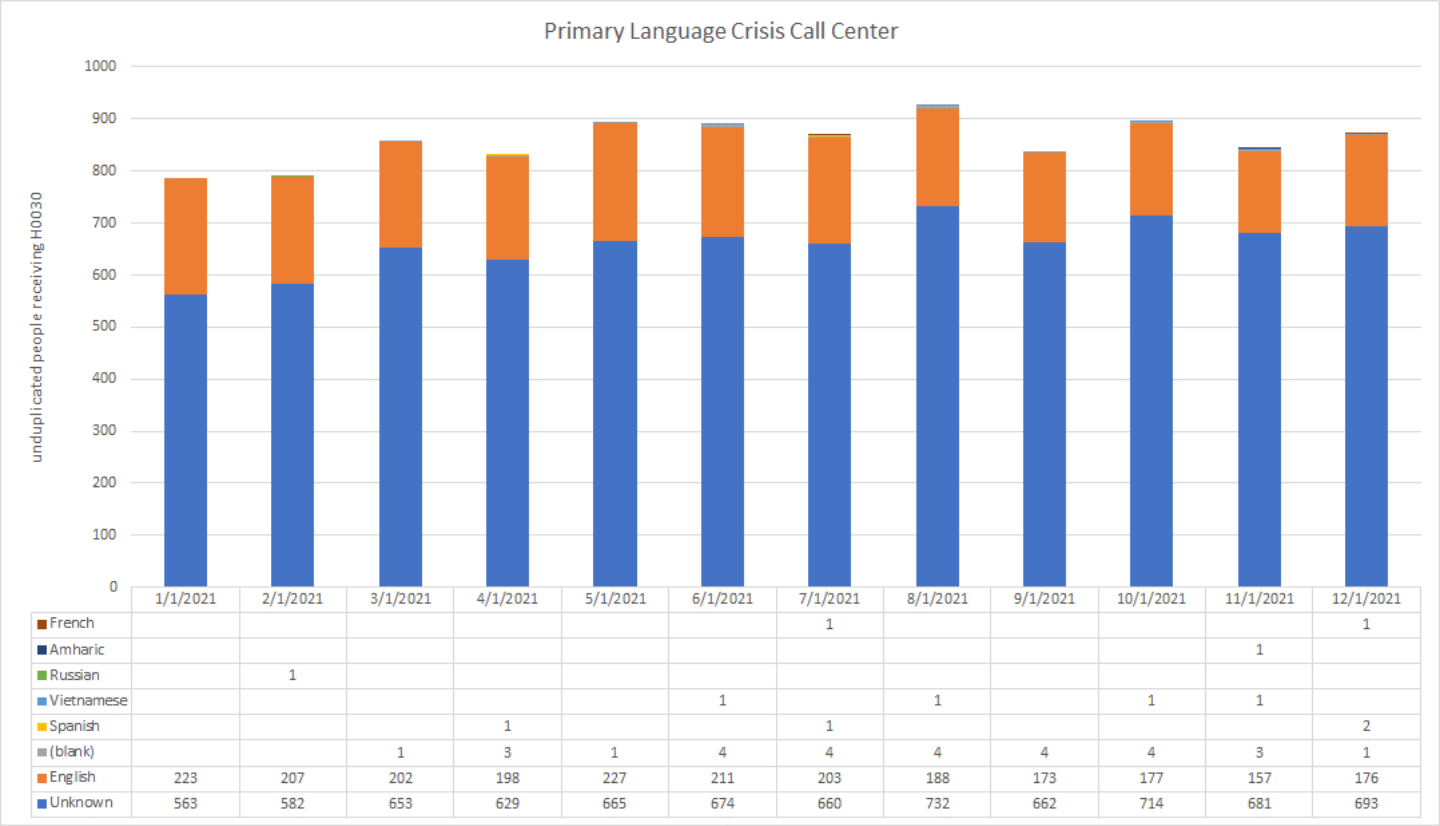
The below graph shows Ethnicity grouping when ‘other / unknown group’ is excluded. In 2021 we saw a dramatic shift in the number of individuals that identified their ethnicity at the time of a crisis call. In 2020 approximately 83% of the individuals that identified their ethnicity identified as White while in 2021 only 72% identified as White. The largest gain was seen in those individuals that identified as Hispanic moving from 6% in 2020 to 18% in 2021. This shift and the manner in which it was achieved will be further explored in 2022.



	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Disparity Hispanic	15%	10%	17%	21%	16%	17%	20%	17%	19%	20%	19%	24%
Disparity African Amer	3%	6%	5%	5%	3%	2%	3%	2%	2%	4%	4%	2%
Disparity AsianAP	4%	5%	4%	4%	4%	4%	1%	2%	4%	3%	4%	4%
Disparity AIAN	5%	4%	9%	5%	3%	3%	4%	5%	2%	4%	4%	4%
Disparity White	74%	78%	68%	68%	75%	74%	73%	77%	73%	69%	72%	67%

Primary Language

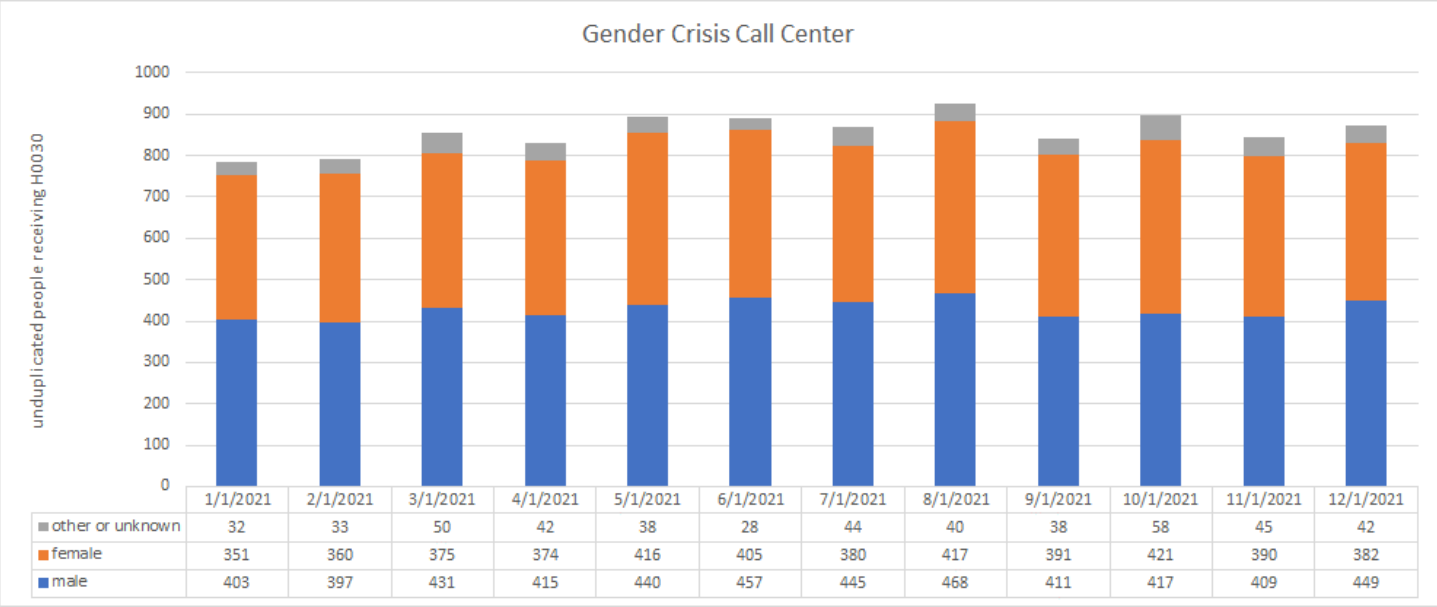
English as a primary language represented 22.7% of total 2021 calls to the Crisis line, while "unknown" represented 76.87%. As indicated below, callers with a primary language of Spanish, Russian, Vietnamese, Amharic, and French called into the crisis line at least once in 2021. In October 2020, transaction requirements for demographic data changed which impacted how providers submitted primary language.



	1/1/2021	2/1/2021	3/1/2021	4/1/2021	5/1/2021	6/1/2021	7/1/2021	8/1/2021	9/1/2021	10/1/2021	11/1/2021	12/1/2021
French							1					1
Amharic											1	
Russian		1										
Vietnamese						1		1		1	1	
Spanish				1			1					2
(blank)			1	3	1	4	4	4	4	4	3	1
English	223	207	202	198	227	211	203	188	173	177	157	176
Unknown	563	582	653	629	665	674	660	732	662	714	681	693

Gender

The below graph shows a monthly comparison of gender of either Male, Female or Other/Unknown. In 2020, 50.4% callers identified as Male, 45.4% identified as Female and 4.3% identified as Other/Unknown. 2021 in comparison, was 49.3%, 45.2% and 5.6% respectively. Gender categories replicated state reporting.



	1/1/2021	2/1/2021	3/1/2021	4/1/2021	5/1/2021	6/1/2021	7/1/2021	8/1/2021	9/1/2021	10/1/2021	11/1/2021	12/1/2021
other or unknown	32	33	50	42	38	28	44	40	38	58	45	42
female	351	360	375	374	416	405	380	417	391	421	390	382
male	403	397	431	415	440	457	445	468	411	417	409	449

Crisis Triage

As part of VOA's Crisis Call Center, Triage services are provided to determine the urgency of the needs and identify the supports and services necessary to include coordinating the dispatch of mobile crisis outreach teams and DCRs. Similar to the Crisis Line, VOA's dedicated Triage Line is available 24/7 and staffed with behavioral health professionals trained to manage and coordinate services for all ages and behavioral health conditions including SMI, SUDs and co-occurring disorders. VOA's Triage Line is primarily utilized by health care professionals and crisis agencies to coordinate dispatches and follow up care activities under RCW 71.05, 71.24.300 and 71.34. In 2021, Crisis Triage handled a total of 1,5563 calls with a monthly average of 1,296. North Sound BH-ASO and VOA will be evaluating the need to maintain dedicated Triage Line during the 2022 988 Implementation.

Regional Designated Crisis Responder (DCR) Dispatches

In 2021, there was a total of 4,876 dispatches for an ITA investigation in the North Sound Region. A break down by county would indicate that 64.3% of those dispatches occurred in Snohomish County, 10.7% occurred in Skagit County, 21.5% occurred in Whatcom County, 2.8% occurred in Island County, and the remaining 0.7% were dispatched in San Juan County. The North Sound Region saw a 10.6% increase in regional DCR dispatches when compared to 2020.

Crisis Dispatch Performance Metrics

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

In 2021, DCR response for emergent dispatches continued to outperform the standard of 2 hours. The graph below shows average monthly DCR response times. 2021 Q1 and Q2 had a 6-month average of 1.2 hours, while Q3 and Q4 6-month averaged 1.7 hours. The 2021 total percentage of emergent dispatches that were responded to within two (2)

hours was 89.2%. The 2021 total percentage of urgent dispatches that were responded to within twenty-four (24) was 98.3%.

month	avg dispatch response time hrs.
Jan-21	1.2
Feb-21	1.1
Mar-21	1.3
Apr-21	1.2
May-21	0.9
Jun-21	1.5
Jul-21	1.8
Aug-21	1.9
Sep-21	1.8
Oct-21	1.6
Nov-21	1.9
Dec-21	1.4
prior 12 mo. avg.	1.5
min	0.9
max	1.9

ITA Detentions and Detention Rates

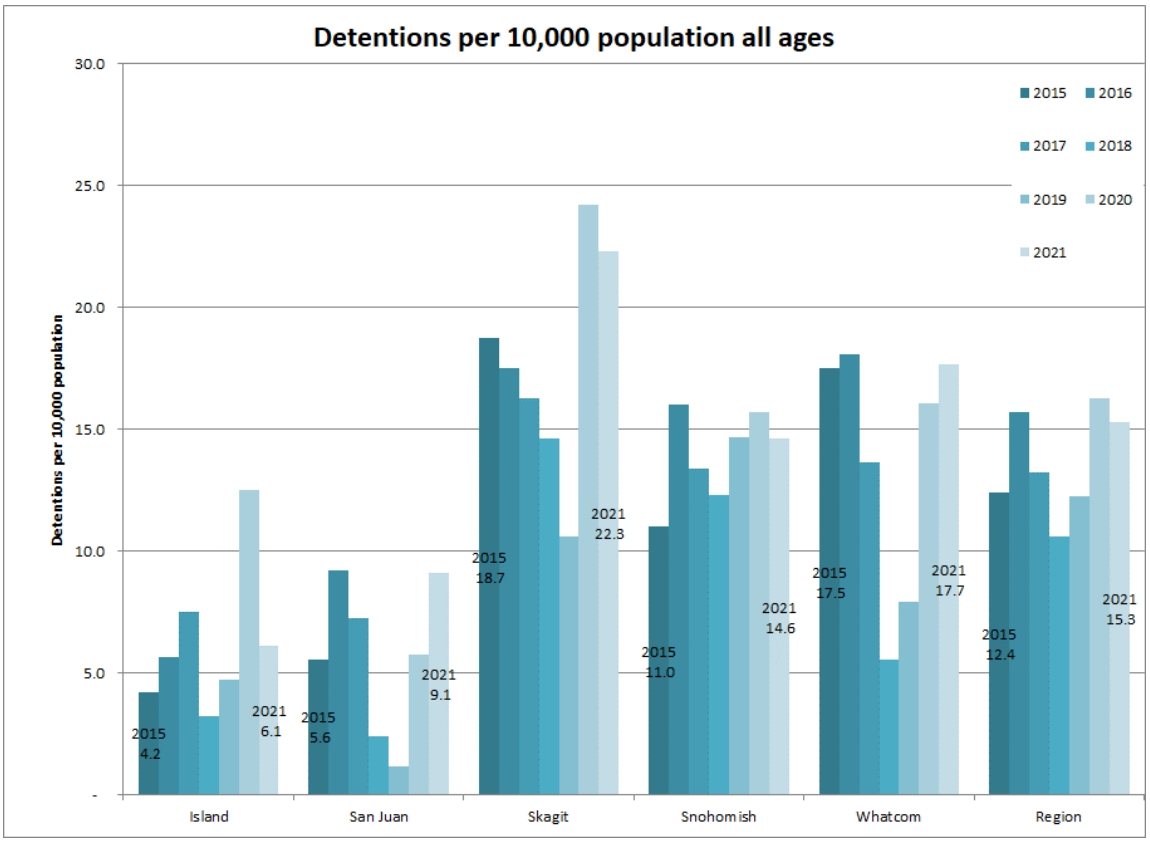
The number of DCR investigations that resulted in an initial detention remained stable across all five counties in the North Sound Region. Compared to 2020's total detentions of 2,102, there were 2,014 detentions with a regional per capita rate of 15.3. As illustrated in the graph below "*Detentions per 10,000 Populations All Ages"*, detentions for all age ranges saw a forecasted decrease compared to 2020.

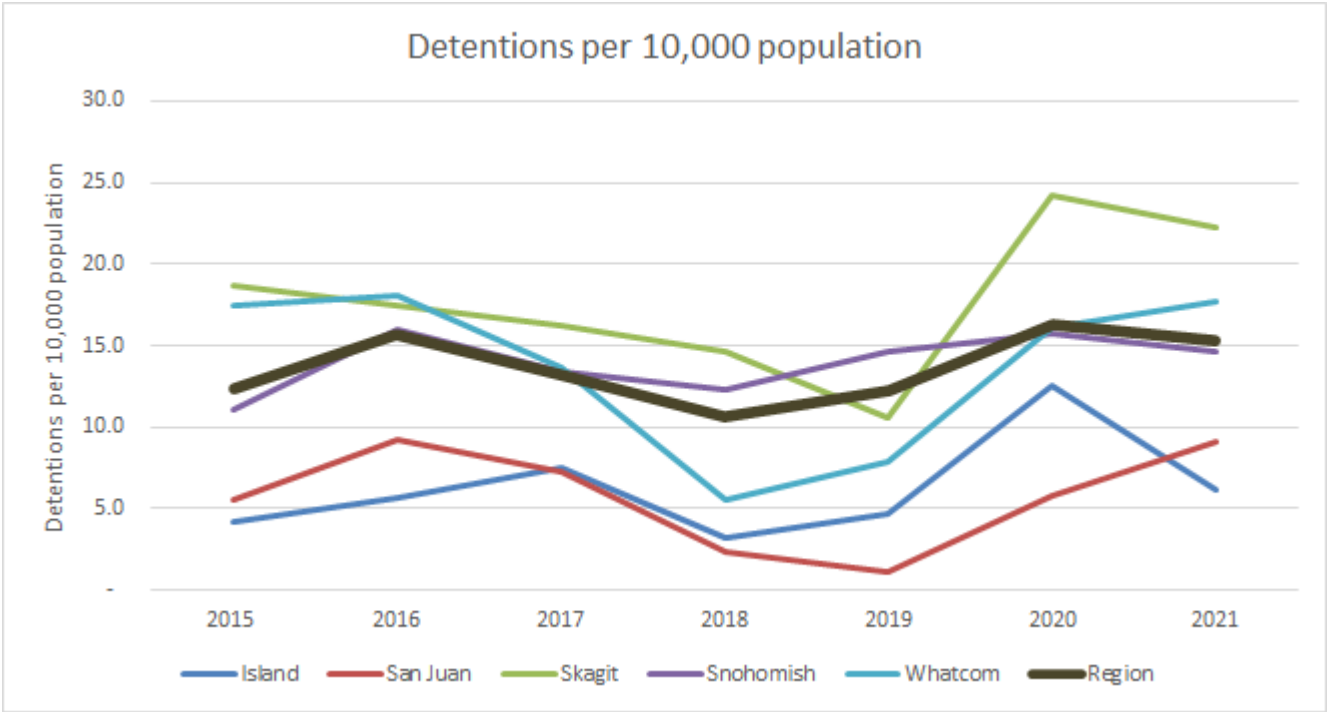
As you will note in the *"Detentions per 10,000 population" grids* below, comparing the rate of detentions in 2021 to 2020, there was a regional decrease from 16.3 detentions to 15.3 detentions per 10,000. Snohomish, Skagit and Island counties saw a decrease in detentions when compared to the previous year while San Juan and Whatcom Counties saw a slight increase.

The 2021 detention rate, which is a comparison of the number of DCR dispatches to initiated ITA holds, differed in trending between our two contracted crisis agencies. Snohomish County's 2021 detention rate was 39%, which was a 9% decrease from 2020. Compass Health's detention rate for Skagit, Whatcom, Island County and San Juan County was 45% in 2021, which was an increase of 5% from 2020. This is roughly a 21% detention rate increase from 2019 levels. As a region, this would be an increase of 4.0% from 2020 levels.

Although the region experienced an overall slight decrease in the number of total detentions and a slight increase in regional detention rates from 2020 levels, the data shows we are still below the last peak of ITA services in 2016-2017. We discuss further in the report under ***Dispatch and Detainment History***, broader behavioral health service impacts.

Per Capita Detention Rates





Detentions

County	2015	2016	2017	2018	2019	2020	2021
Island	34	47	62	27	40	107	53
San Juan	9	15	12	4	2	10	16
Skagit	226	214	202	185	137	316	296
Snohomish	834	1,237	1,057	989	1,203	1,303	1,238
Whatcom	367	384	295	122	178	366	410
Grand Total	**1,470**	**1,897**	**1,628**	**1,327**	**1,560**	**2,102**	**2,013**

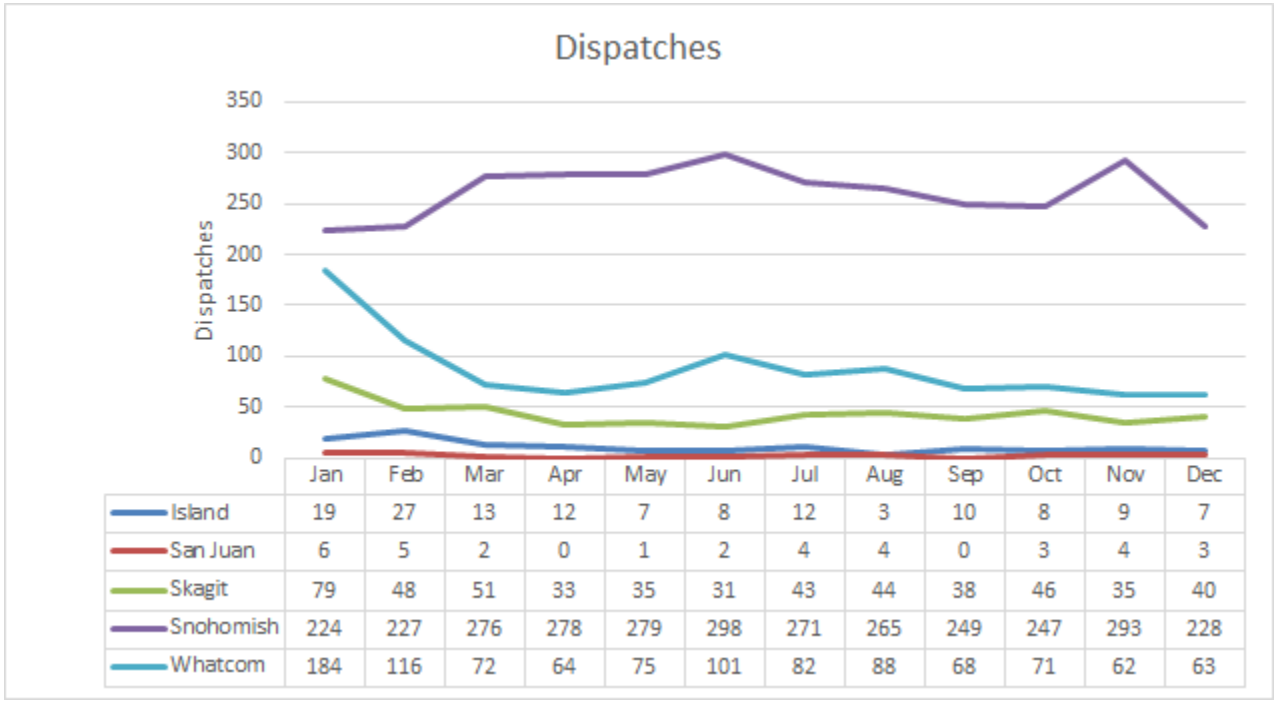
Population

County	2015	2016	2017	2018	2019	2020	2021
Island	80,600	82,910	82,790	83,860	84,820	85,530	86,563
San Juan	16,180	16,320	16,510	16,810	17,150	17,340	17,577
Skagit	120,620	122,270	124,100	126,520	129,200	130,450	132,763
Snohomish	757,600	772,860	789,400	805,120	818,700	830,500	847,471
Whatcom	209,790	212,540	216,300	220,350	225,300	228,000	232,051
Grand Total	**1,184,790**	**1,206,900**	**1,229,100**	**1,252,660**	**1,275,170**	**1,291,820**	**1,316,425**

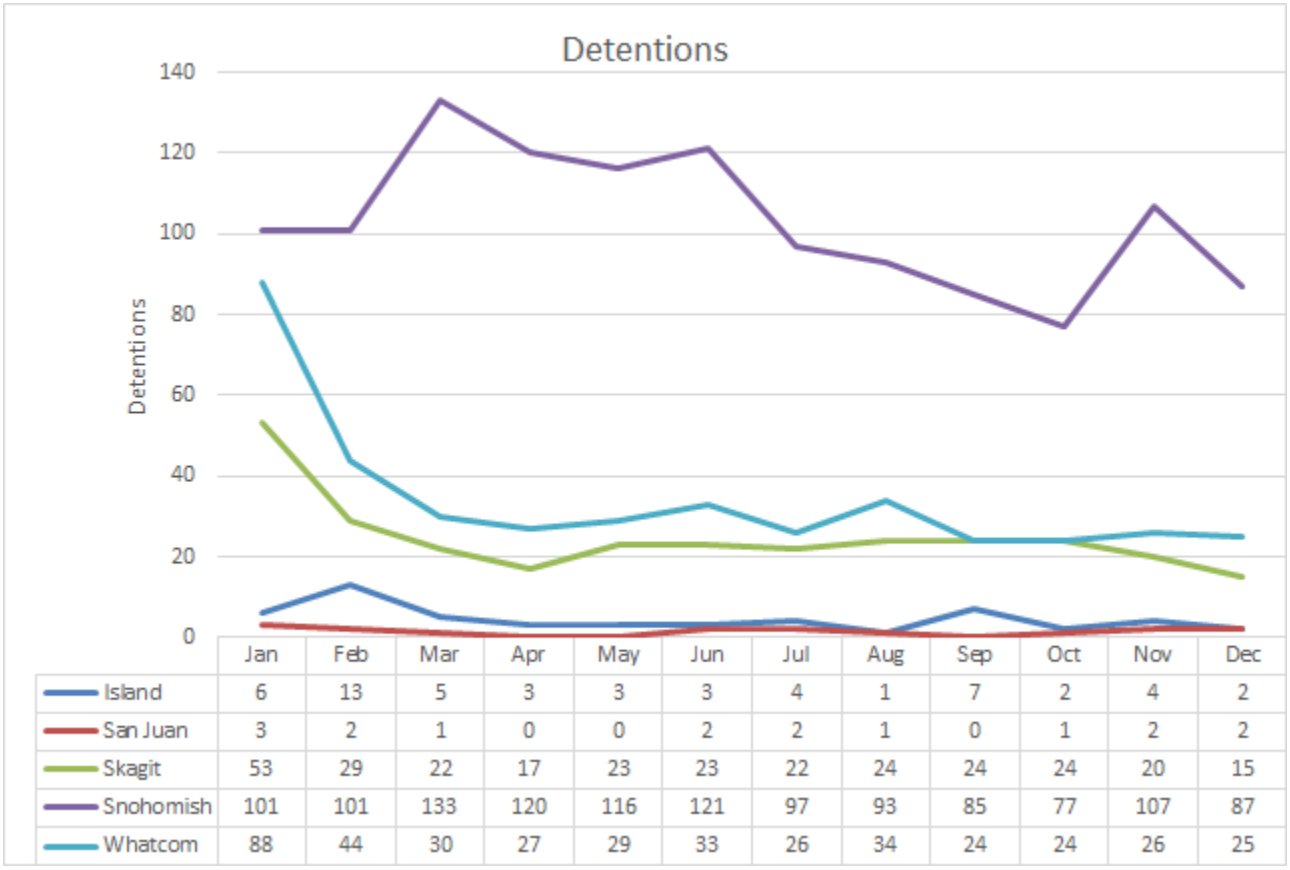
Per Capita Detention Rate

county	2015	2016	2017	2018	2019	2020	2021
Island	4.2	5.7	7.5	3.2	4.7	12.5	6.1
San Juan	5.6	9.2	7.3	2.4	1.2	5.8	9.1
Skagit	18.7	17.5	16.3	14.6	10.6	24.2	22.3
Snohomish	11.0	16.0	13.4	12.3	14.7	15.7	14.6
Whatcom	17.5	18.1	13.6	5.5	7.9	16.1	17.7
Region	**12.4**	**15.7**	**13.2**	**10.6**	**12.2**	**16.3**	**15.3**

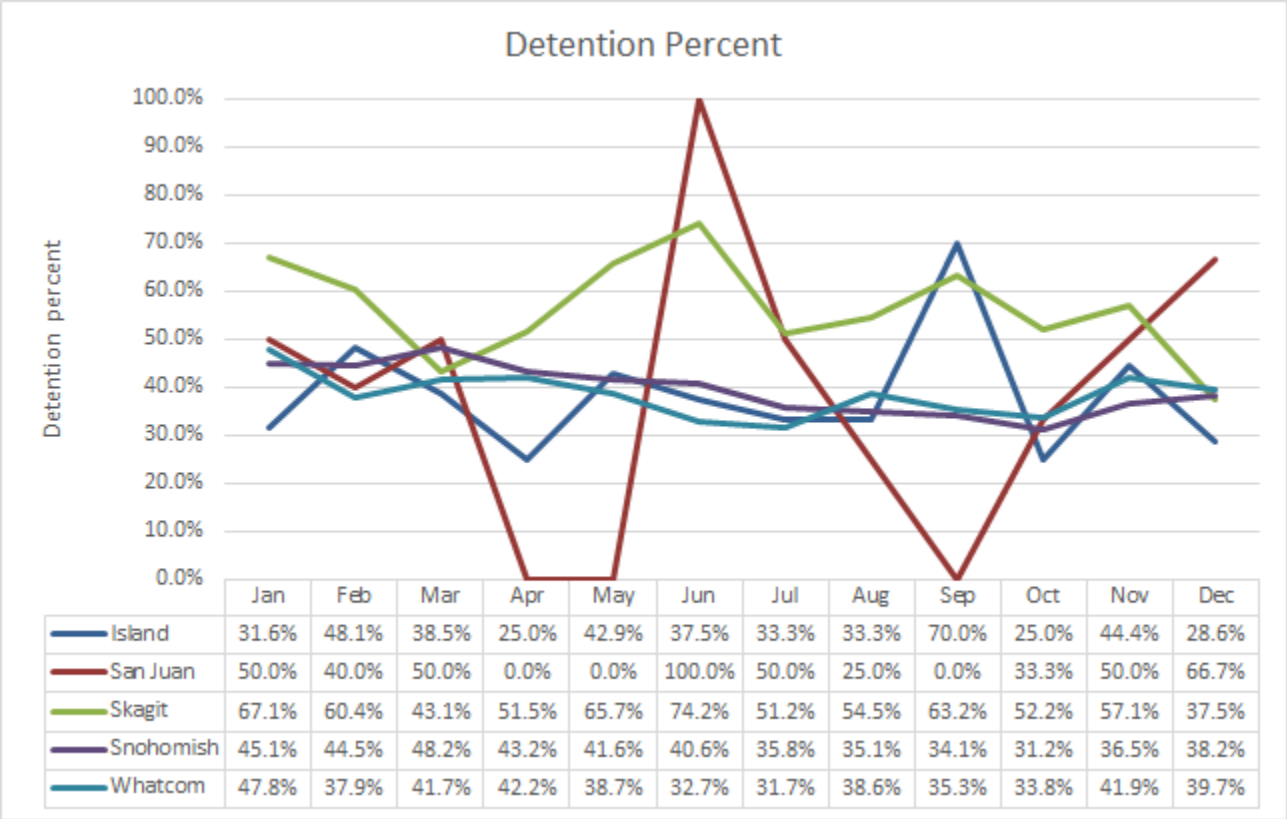
Regional Detention Rates



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Island	19	27	13	12	7	8	12	3	10	8	9	7
San Juan	6	5	2	0	1	2	4	4	0	3	4	3
Skagit	79	48	51	33	35	31	43	44	38	46	35	40
Snohomish	224	227	276	278	279	298	271	265	249	247	293	228
Whatcom	184	116	72	64	75	101	82	88	68	71	62	63



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Island	6	13	5	3	3	3	4	1	7	2	4	2
San Juan	3	2	1	0	0	2	2	1	0	1	2	2
Skagit	53	29	22	17	23	23	22	24	24	24	20	15
Snohomish	101	101	133	120	116	121	97	93	85	77	107	87
Whatcom	88	44	30	27	29	33	26	34	24	24	26	25



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Island	31.6%	48.1%	38.5%	25.0%	42.9%	37.5%	33.3%	33.3%	70.0%	25.0%	44.4%	28.6%
San Juan	50.0%	40.0%	50.0%	0.0%	0.0%	100.0%	50.0%	25.0%	0.0%	33.3%	50.0%	66.7%
Skagit	67.1%	60.4%	43.1%	51.5%	65.7%	74.2%	51.2%	54.5%	63.2%	52.2%	57.1%	37.5%
Snohomish	45.1%	44.5%	48.2%	43.2%	41.6%	40.6%	35.8%	35.1%	34.1%	31.2%	36.5%	38.2%
Whatcom	47.8%	37.9%	41.7%	42.2%	38.7%	32.7%	31.7%	38.6%	35.3%	33.8%	41.9%	39.7%

North Sound DCR Investigation Metrics

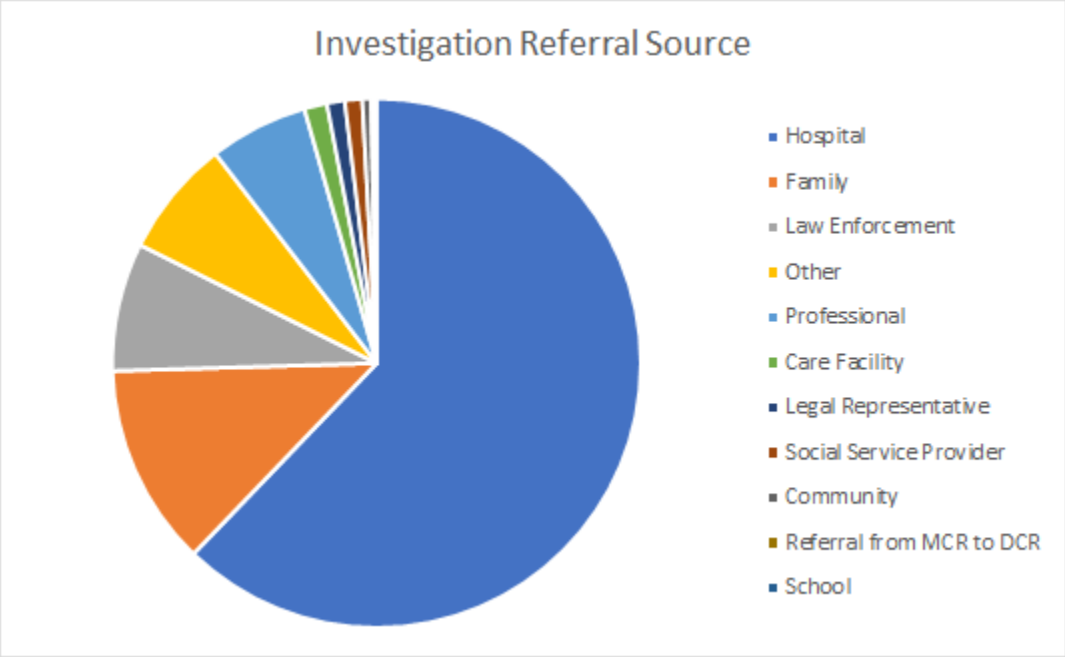
North Sound investigation data is monitored monthly to include DCR referral source, investigation reason, and outcome. This data is monitored for utilization purposes and illustrates how behavioral health and community partners are accessing crisis services, the underlying treatment need for ITA services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

Referral Source

As outlined in the 2021 *Investigation Referral Source* grid below, Hospital settings made the most referrals for DCR investigations, followed by family, law enforcement, "other" and professional.

Sum of investigations referral source	county Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
Hospital	108	16	409	1,817	680	3,030
Family	3	1	1	530	66	601
Law Enforcement	18	11	94	119	140	382
Other			13	295	42	350
Professional		3	1	254	36	294
Care Facility			1	35	32	68
Legal Representative	1			48	4	53
Social Service Provider	4	1	1	21	25	52
Community			2	12	12	26

Sum of investigations referral source	county Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
Referral from MCR to DCR	1	2			8	11
School				4	1	5
Grand Total	**135**	**34**	**522**	**3,135**	**1,046**	**4,872**



Partnering with Law Enforcement

Law enforcement referrals for ITA investigations decreased 26% in 2021 compared to 2020 with a total number of referrals at 383. County and local Law Enforcement partners continue to report unmeet behavioral health needs likely not reflected in the number of referrals received by our crisis agencies. In addition, HB 1310 (2021) that limits Law Enforcement's engagement and/or response to DCR requests likely had an impact to the volume of referrals.

In late 2021, North Sound developed a 2022 Co-Responder Implementation Plan that included funding initiatives with various law enforcement agencies to embed behavioral health professionals and other staff to provide pre-arrest, early diversion engagement and case management for individuals who have frequent criminal legal system contact, at risk of arrest and have unmet behavioral healthcare needs.

North Sound BH-ASO will be implementing a funding plan for law enforcement co-responder programs in Snohomish, Skagit, Island and Whatcom Counties.

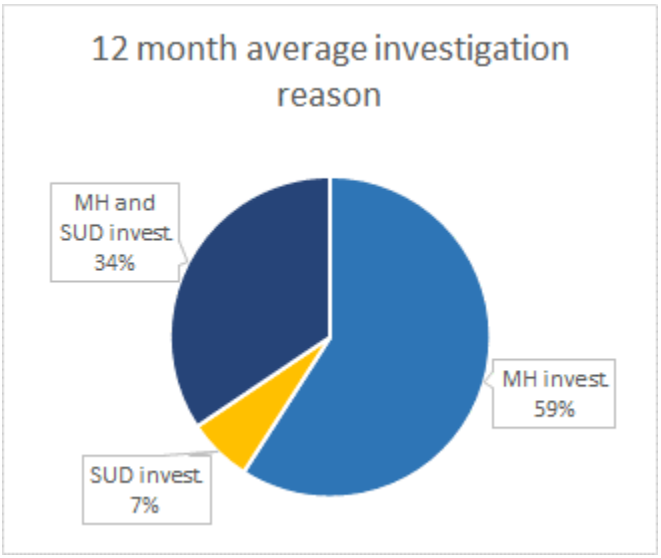
Name	Location/Jurisdiction	Funding Source
Whatcom County Co-Response Outreach	Bellingham, Whatcom County	State/Federal Funding, MHBG; GF-S; SABG
Snohomish County Sheriff Embedded SW	Snohomish County	Local Sales Tax, NSBHASO

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 – IMPACT – Co-Response Crisis Intervention	Snohomish and Skagit Counties	NSBH-ASO MHBG/SABG; GF-S, WASPC Grants
Island County Human Services – Co-Responder Behavioral Health Program	Island County	NSBH-ASO MHBG/SABG, Federal, State and Local funding

As included in our 2022 Co-Responder Implementation Plan, these programs mark a transition away from traditional H2011 crisis services to a more community-based response model. We will be working with our contracted providers to establish program operations, training, best practices and reporting requirements. We are planning to include these programs in future annual reporting.

Investigation Reasons

Investigation reason is one metric to understand capacity needs for involuntary treatment. Investigation reasons are indicated as primarily related to a mental health (MH), substance use disorder (SUD) or involved both MH and SUD. As indicated in the graph below, on average 41% of all investigations were related to some underlying SUD condition. Average monthly number of Investigations for SUD *only* increased from 2020 levels at 26, while MH *only* Investigations had an average of 238 and MH and SUD investigations had a monthly average of 139.



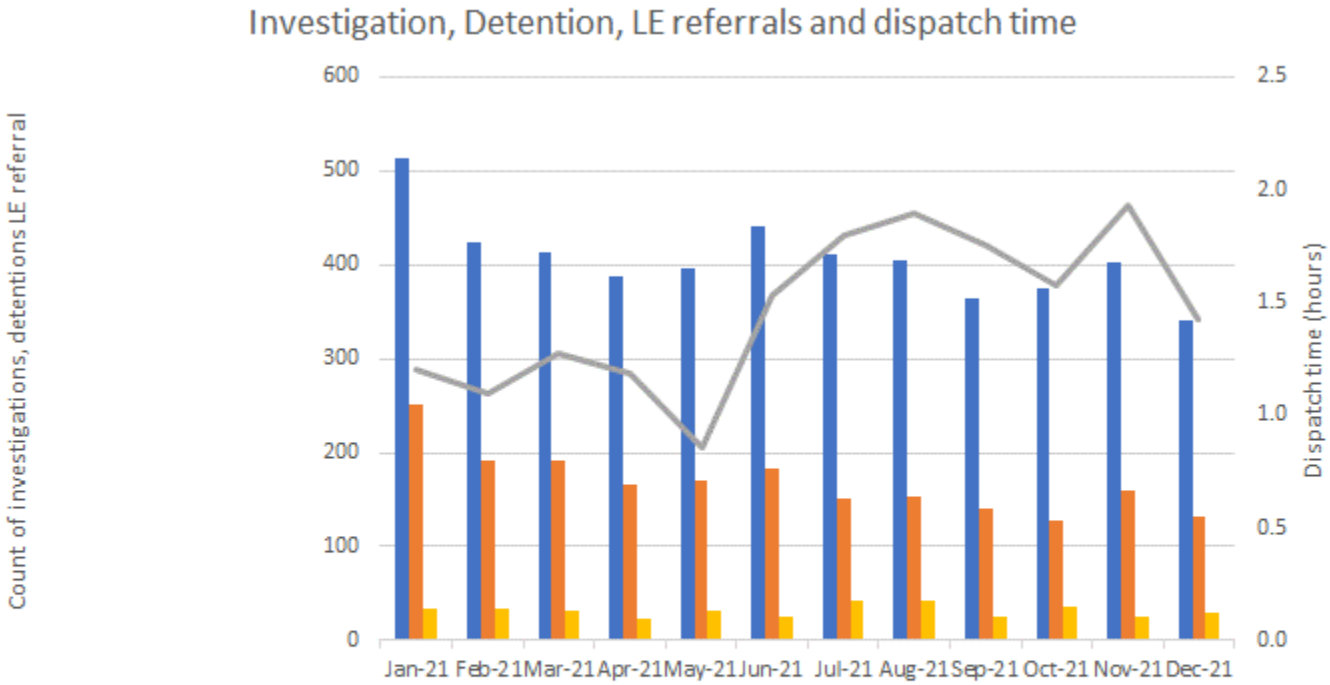
Investigation Outcomes

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

As the below tables indicate, the third most reported outcome, "Other" accounted for 24.0% of all investigation outcomes. For this report, "Other" is defined as "insufficient evidence to detain and the individual declined a referral to voluntary behavioral health services."

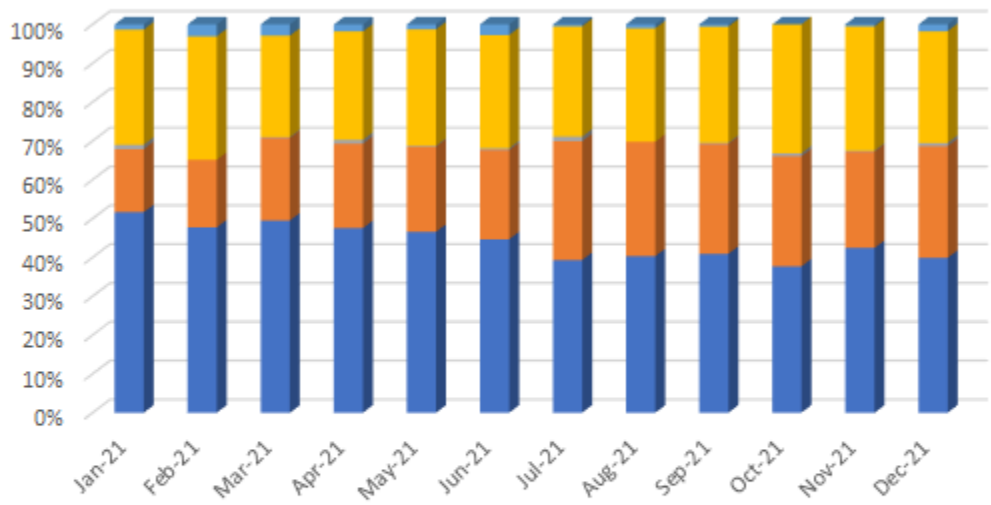
Statewide Evaluation and Treatment (E&T) and other facility-based treatment programs experienced significant operational impacts in 2021. Several Secure Withdrawal Management and Stabilization (SWMS) facilities either closed or reduced operations. Considering the E&T capacity challenges noted in 2021, we saw a 38.5% increase in No Detention Due to Issues category with a total of 72, representing 1.5% of all investigations.

North Sound Investigation Metrics over Time



	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
invest.	513	425	414	387	397	440	412	404	365	375	403	341
detentions	251	191	191	167	171	182	151	153	140	128	159	131
Referred from Law Enforcement	33	34	32	24	32	26	43	43	25	36	26	29
avg dispatch response time hrs.	1.2	1.1	1.3	1.2	0.9	1.5	1.8	1.9	1.8	1.6	1.9	1.4

Investigation Outcomes Over Time Percent of Total



	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
No Detention Due to Issues	7	13	12	7	5	12	2	4	2	0	2	6
Voluntary MH Treatment	152	135	108	108	119	128	117	118	109	124	129	98
Less Restrictive Options MH	6	0	1	4	1	2	5	0	1	3	1	3
Other	83	74	88	84	87	101	126	119	103	106	100	98
Detentions and Commitments	265	203	205	184	185	196	162	163	149	141	171	136

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 44.3% of total outcomes, a decrease of 7.3% from 2020 levels. Referrals to *Voluntary Mental Health Treatment* slightly increased from 2020 levels and accounted for 30%. Of the Voluntary MH Treatment group, *Referrals to Voluntary Outpatient Mental Health (MH) services* had the second largest percentage of reported outcomes at roughly 23.4%, a slight increase from 2020 levels. Referrals to *Voluntary Inpatient Services* had the third largest distinguishable outcome at 4.39%. Investigations with an outcome of either of the three (3) "other" groupings accounted for 23.97%.

State Group	Investigation Outcome	all invest. in period	Percent of total
Detentions and Commitments	Detention	1,981	40.63%
Detentions and Commitments	Detention to Secure Detox facility	34	0.70%
Detentions and Commitments	Returned to inpatient facility/filed revocation petition.	88	1.80%
Detentions and Commitments	Non-emergent detention petition filed	57	1.17%
Less Restrictive Options MH	Filed petition - recommending LRA extension.	24	0.49%
Less Restrictive Options MH	Petition filed for outpatient evaluation	3	0.06%
Voluntary MH Treatment	Referred to voluntary inpatient mental health services.	214	4.39%
Voluntary MH Treatment	Referred to acute detox	8	0.16%

State Group	Investigation Outcome	all invest. in period	Percent of total
Voluntary MH Treatment	Referred to chemical dependency inpatient program	10	0.21%
Voluntary MH Treatment	Referred to chemical dependency intensive outpatient program	7	0.14%
Voluntary MH Treatment	Referred to chemical dependency residential program	3	0.06%
Voluntary MH Treatment	Referred to crisis triage	51	1.05%
Voluntary MH Treatment	Referred to sub acute detox	10	0.21%
Voluntary MH Treatment	Referred to voluntary outpatient mental health services.	1,142	23.42%
Voluntary MH Treatment	Referred to sobering unit	1	0.02%
Voluntary MH Treatment	Referred for hold under RCW 70.96A	2	0.04%
Other	Other	987	20.24%
Other	Did not require MH or CD services	105	2.15%
Other	Referred to non-mental health community resources.	77	1.58%
No Detention Due to Issues	No detention - E&T provisional acceptance did not occur within statutory timeframes	32	0.66%
No Detention Due to Issues	No detention - Unresolved medical issues	40	0.82%
Grand Total	total	4,876	100.00%

Unavailable Detention Facility Reports

Unavailable Detention Facility Reports (No Bed Reports) are initiated if a DCR investigation meets detention grounds under RCW 71.05 or 71.34, but there are no 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 to be filed to HCA within twenty-four (24) hours and ongoing DCR or MHP follow up and re-assessments are coordinated between North Sound BH-ASO, our delegate VOA and our DCR agencies.

As noted above, capacity for appropriate involuntary treatment (either at an E&T, SWMS or SBC setting) can impact the volume of DCR No Bed Reports. In 2021, the total number of DCR No Bed Reports increased by 3 from 65 in 2020 to 68 in 2021. The largest number of No Bed Reports were filed in Island, Skagit, and Snohomish counties. As indicated in the grid below, NBRs disproportionately occurred in counties in which community hospitals are not certified to provide involuntary treatment under an SBC. A breakdown of NBRs by hospital is also outlined below.

No Bed Reports - County

walk aways investigation	County Island	San Juan	Skagit	Snohomish	Whatcom	(blank)	Grand Total
2020	25		19	18	2	1	65
2021	16	1	22	23	6		68
Jan			2	3	2		7
Feb	1	1	1				3
Mar	4		4	2			10
Apr	1		2	3	1		7
May	2			2	1		5
Jun			2	6			8

walk aways	County						
investigation	Island	San Juan	Skagit	Snohomish	Whatcom	(blank)	Grand Total
Jul	2		4				6
Aug			1	2	1		4
Sep	3		2	1			6
Oct				1			1
Nov	2		1				3
Dec	1		3	3	1		8
Grand Total	**41**	**1**	**41**	**41**	**8**	**1**	**133**

No Bed Reports - Hospital

walk aways	hospital												
	2021												Grand Total
investigation	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Cascade Valley Hospital								1		1		3	5
Evergreen Monroe	1		1	2	1	6							11
Island							3		1				4
Island Hospital	2	1	2	1					1		1	3	11
Peace Island Health		1											1
Providence	2		1		1			1	1				6
Skagit Valley			1										1

walk aways hospital investigation	2021 Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
St. Joseph	1			1	1			1				1	5
Swedish Edmonds				1									1
United General	1		1	1		1	1	1					6
Whidbey General			4	1	2								7
Whidbey Health		1				1	2		2		1	1	8
Whidbey Health ED											1		1
Whidbey Medical Center									1				1
Grand Total	**7**	**3**	**10**	**7**	**5**	**8**	**6**	**4**	**6**	**1**	**3**	**8**	**68**

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 programs and other treatment resources are critical in supporting recovery in community settings. Although Telehealth services have been utilized to deliver critical outpatient services, the ability of this service delivery model to offer the full complement of wraparound support should be further assessed.

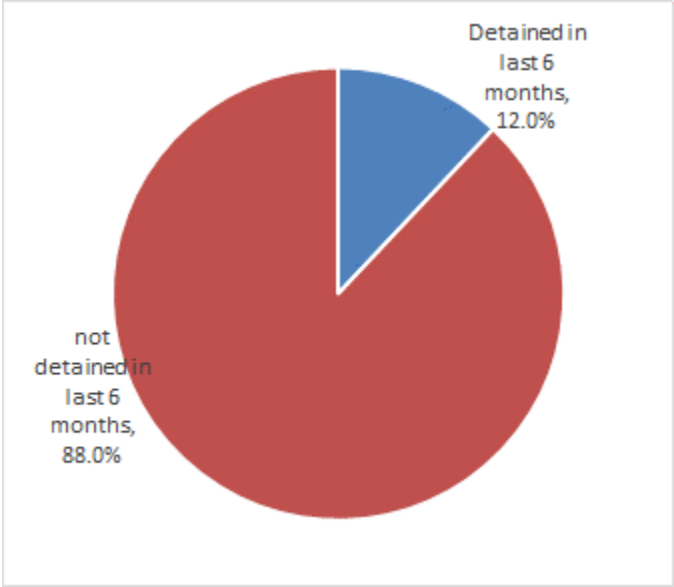
As the graph below illustrates, 12.0% of total DCR dispatches had at least one previous detainment in the past 6 months, which is consistent with 2020 data. DCR dispatches that had a prior detention in the past 12 months showed similar consistency with 2020 data at 15.8% for 2021.

Regional capacity of Crisis Stabilization and Triage beds may also contribute to detention rates. In 2019, mental health Crisis Stabilization bed capacity was reduced in Skagit County. In 2021, the ongoing COVID-19 pandemic and staff retention likely had further impacts to regional Crisis Stabilization and Triage capacity as many of these providers had to adjust programing such as reducing bed capacity and suspending admissions.

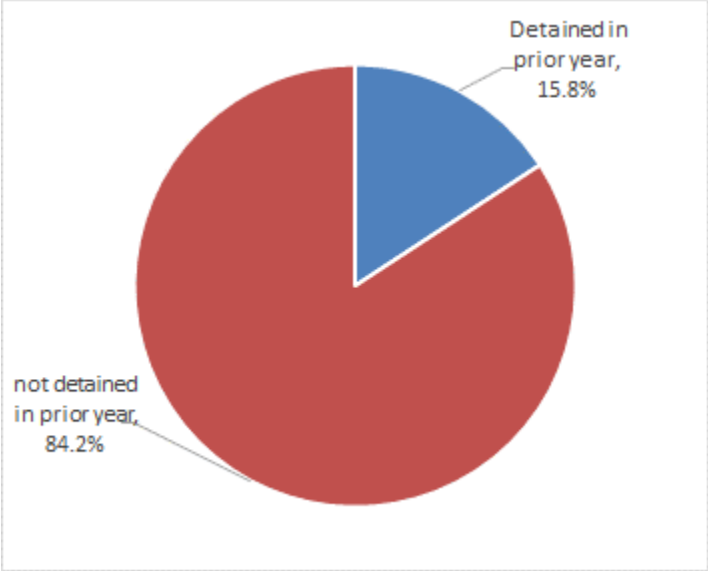
The North Sound Region has two new Crisis Stabilization and Triage centers that opened in 2021. Island County's 10-bed Crisis Stabilization facility in Oak Harbor, WA and Whatcom County's 16-bed Crisis Stabilization and Triage program and 16-bed Acute Withdrawal Management program. These facilities expand critical access points for individuals in behavioral health crisis and increase viable less restrictive treatment options.

As outlined later in this report under ***System Coordination***, we continued our progress in 2021 to support a more robust care coordination agreements with the MCOs with a target to reduce unnecessary crisis system utilization.

Detained Prior 6 Months



Detained Prior Year



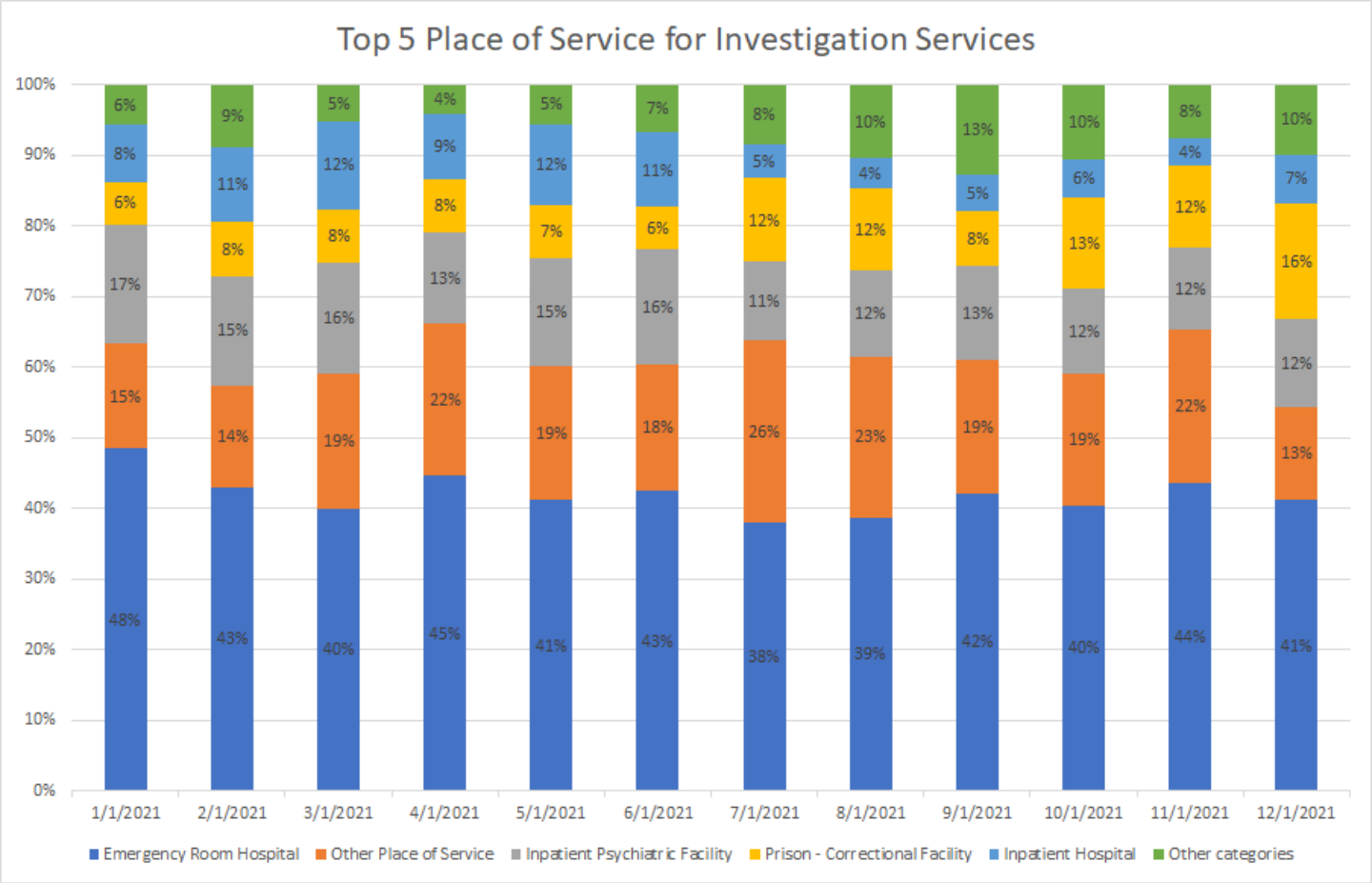
Place of Service for DCR Investigations

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

Although the graph below indicates some monthly variation, place of services percentages by location has remained somewhat stable through 2021. Emergency rooms accounted for the most frequent place of service for DCRs at 42%, while "Other" accounted for 19%, inpatient psychiatric facilities 13.9%, Correctional Facilities 9.2% and Inpatient

Hospital at 8%. It should be noted that "Other" place of services typically represents unstaffed locations not represented in the place of service table below.

Place of Service for Investigation Compared Monthly

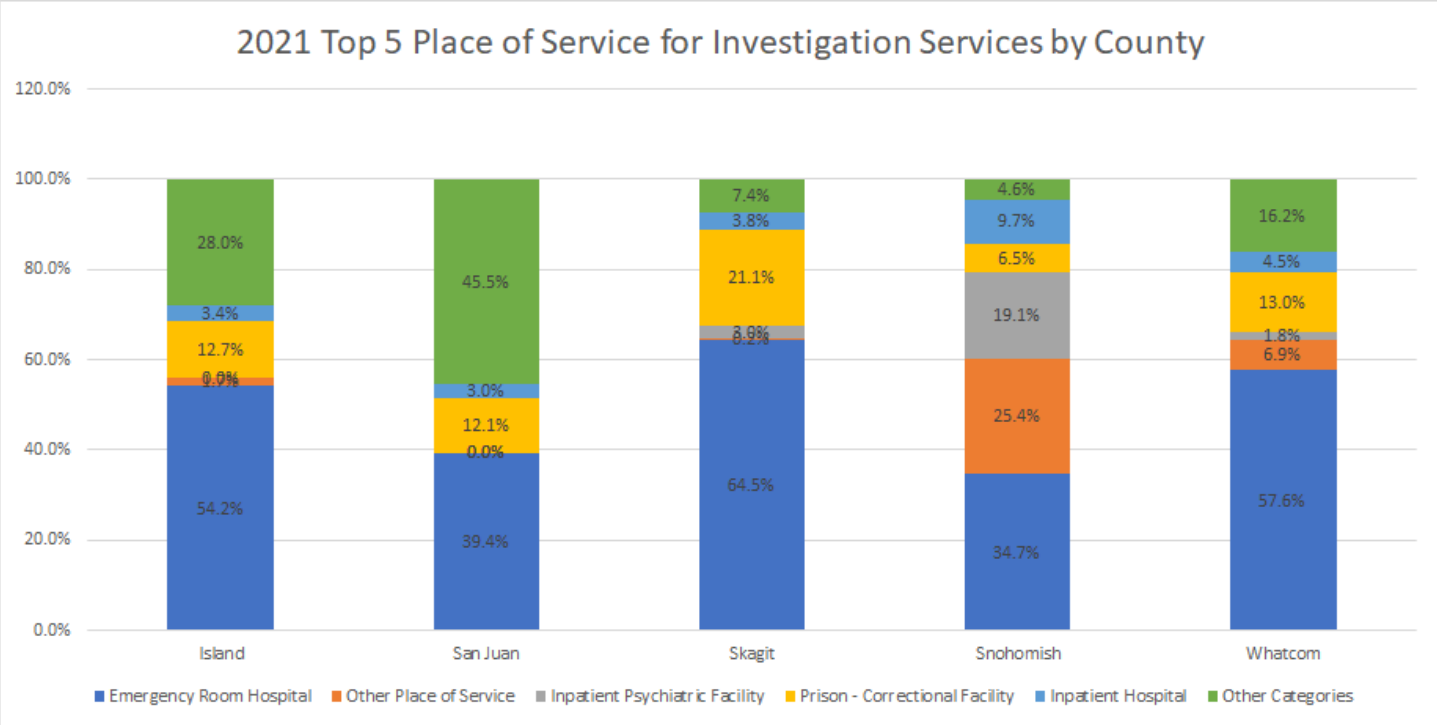


Place of Service for Investigation Compared by County

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

As illustrated in the summary below, the majority of DCR investigations in emergency rooms are occurring in Snohomish County at 34.7%, which is also the case for DCR investigations coded as "Other" place of service at 25.4%, inpatient psychiatric facilities accounted for 19.1%, inpatient hospitals 9.7%, and correctional facilities at 6.5%.

The largest percentage of DCR investigations conducted via telehealth occurred in Island County at 22% and Skagit County at 3.4%. Whatcom County also had the largest percentage of DCR investigation conducted at a personal residence at 9.8%. San Juan County had the largest percentage at Assisted Living Facility 36.4%.



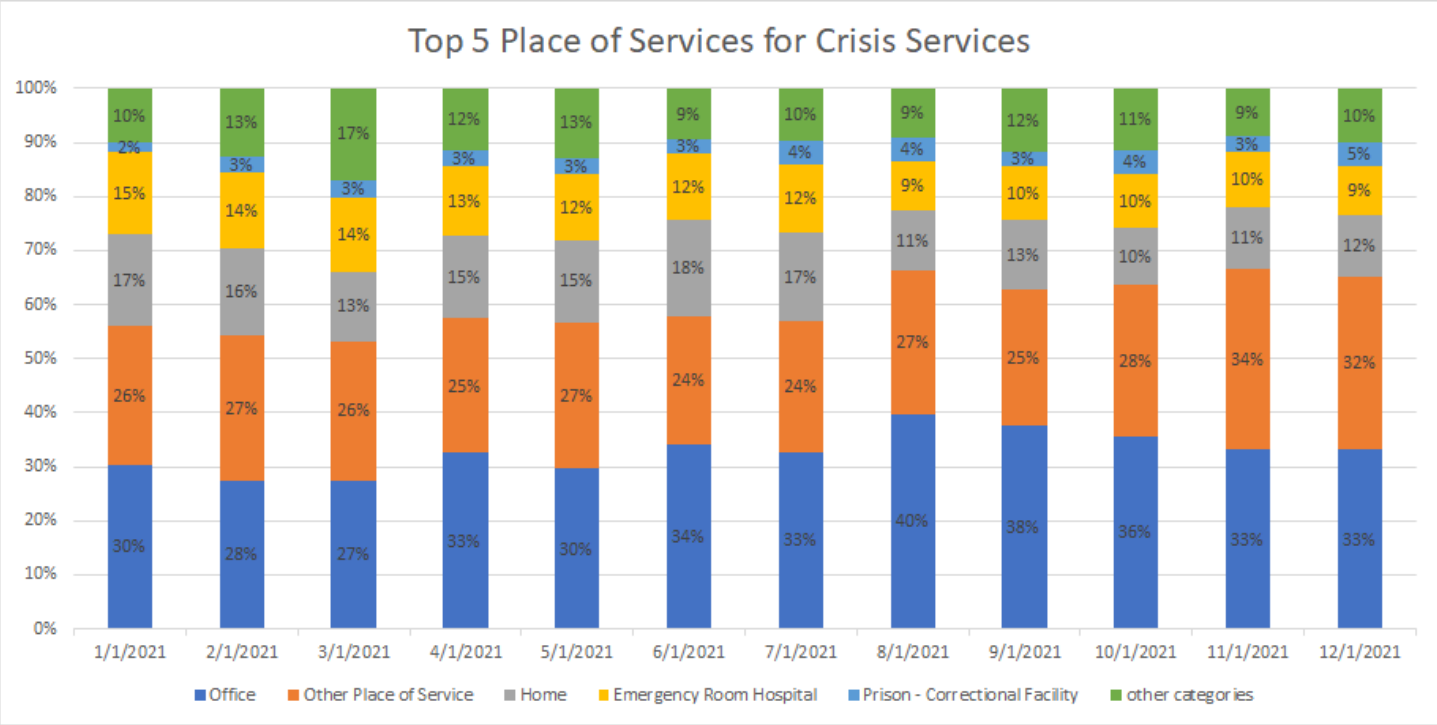
Crisis Services – Mobile Crisis Outreach

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

Comparison of Crisis Service Place of Service by Month

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

Reviewing the total count of Crisis Services by location per month in the graph below, you will see that mobile crisis outreach programs conducted 17,685 outreaches. The largest percentage of services are coordinate through the crisis agency's office 33%. The second largest is "Other" at 27%, Emergency Rooms accounted for 12%, personal residence (Home) at 14%, and inpatient hospital settings accounted for 2%.

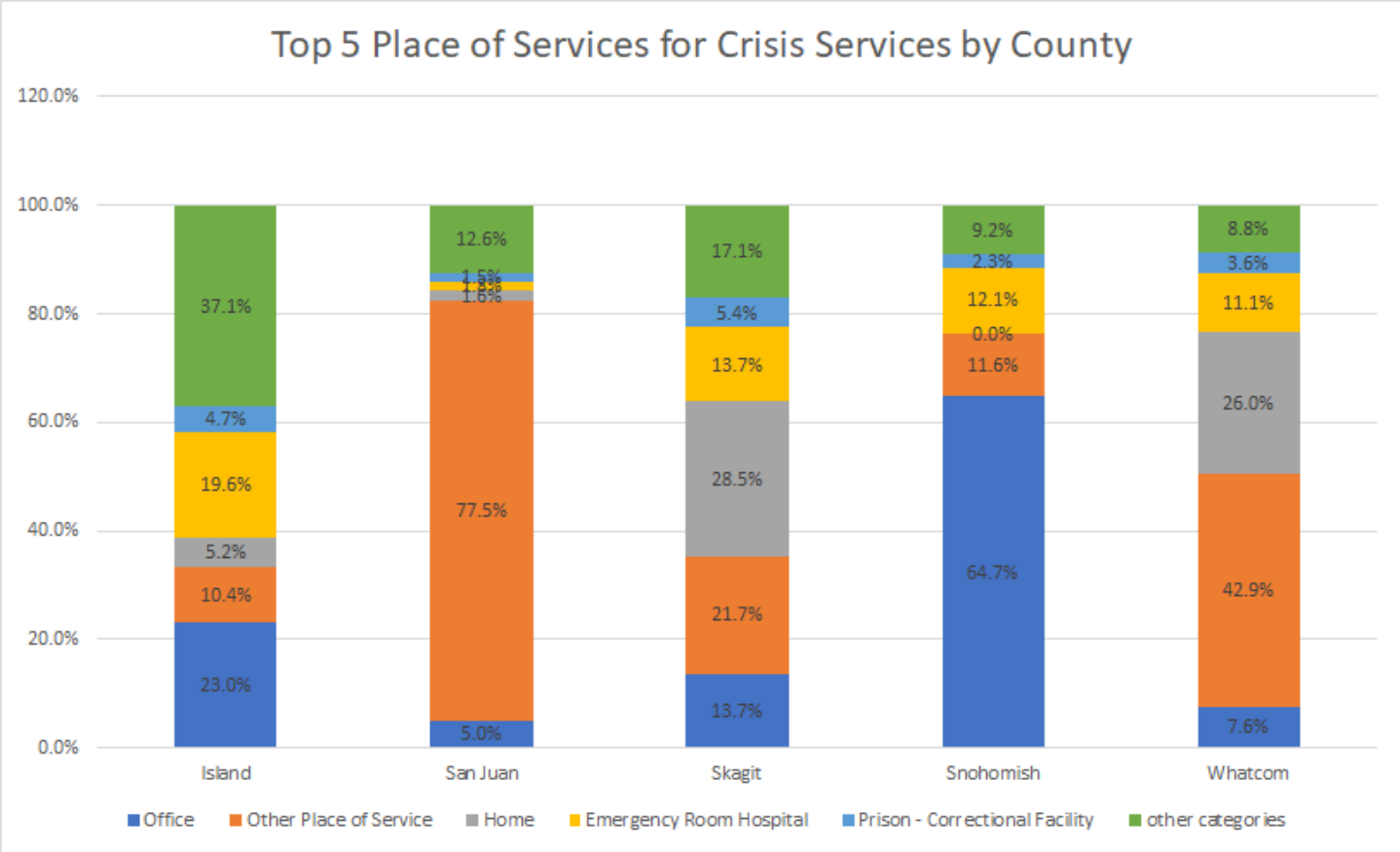


Count of Crisis Services by County and Place of Service

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

Snohomish County had the largest percentage of mobile crisis outreaches conducted from the office at 64.7%, emergency rooms 12.1%, and inpatient psychiatric settings 5% and community mental health centers 3%.

Skagit has the highest percent of services conducted in home at 28.5%. Skagit also has the highest percent in jail at 5.4%. San Juan has the highest percent delivered at Other – 77.5%.

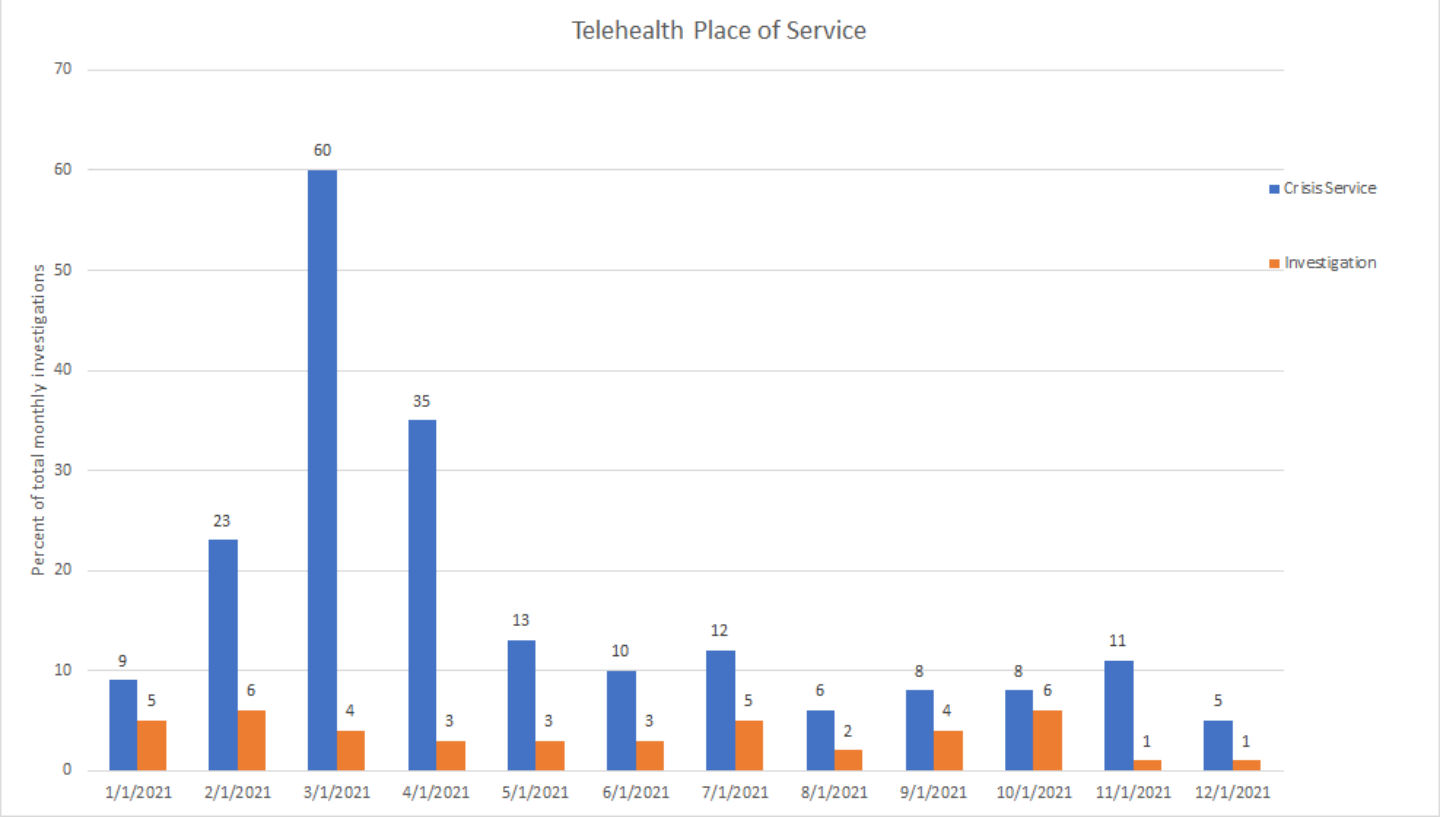


Telehealth Place of Service – Crisis and Investigation Services

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

Due to the nature of the service, crisis outreach and investigation services tend to be provided face-to-face at a location best suited by the individual. During 2021 there has been a natural delineation between the use of the telehealth as a means for crisis evaluation and the various waves of impact felt by the COVID-19 pandemic. The graph below shows an increase in the usage of telehealth services in the crisis system that corresponds with fluctuations of variants brought on during the pandemic.

In early 2021 there was a sharp increase in the use of telehealth services, but as pandemic numbers began to fluctuate due to vaccinations, mandates, and multiple variants, so too did the use of telehealth. Although there has been a significant decrease in the use of telehealth during 2021, the numbers still show telehealth is being utilized in the crisis system at a greater rate than pre pandemic levels. North Sound BH-ASO feels that telehealth is a viable alternative for the future to remain flexible during unforeseen disruptions in the traditional service delivery model.

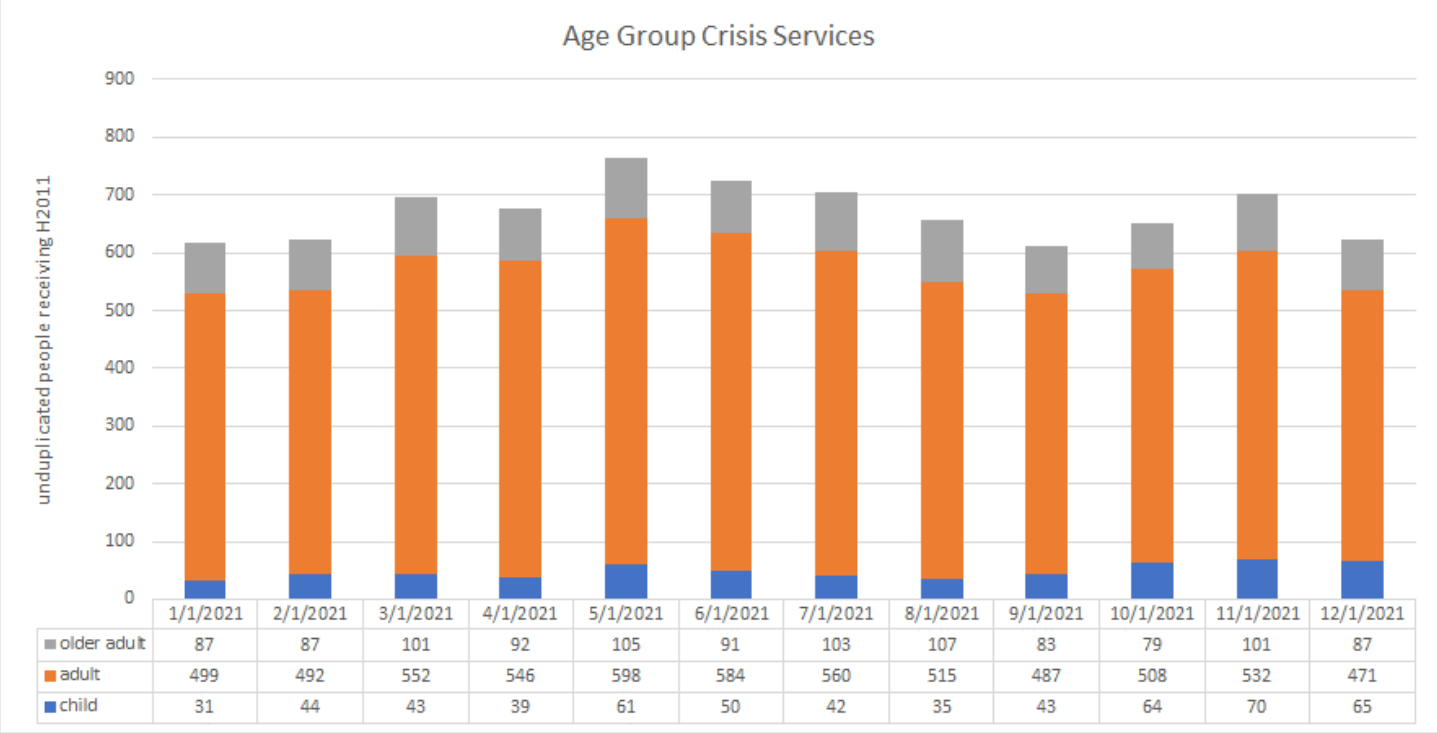


Crisis Service (H2011) Demographics

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

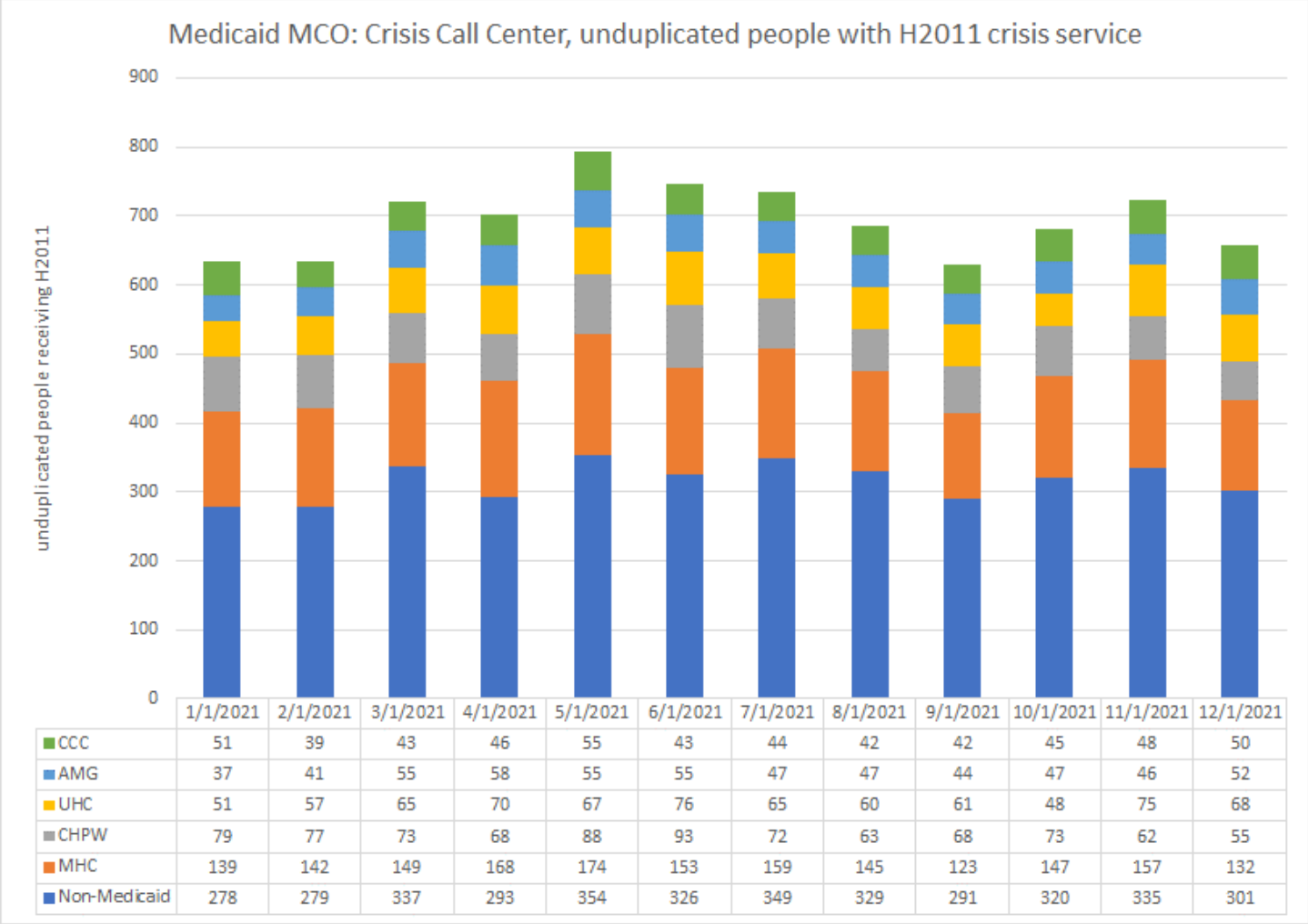
Age Group

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



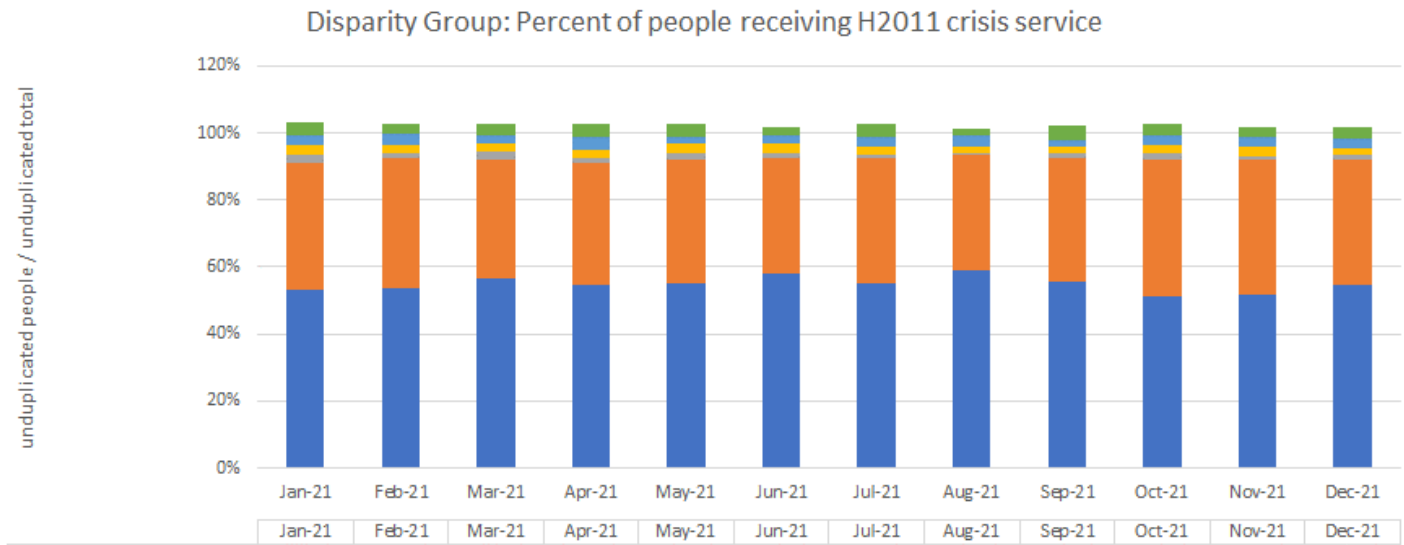
	1/1/2021	2/1/2021	3/1/2021	4/1/2021	5/1/2021	6/1/2021	7/1/2021	8/1/2021	9/1/2021	10/1/2021	11/1/2021	12/1/2021
older adult	87	87	101	92	105	91	103	107	83	79	101	87
adult	499	492	552	546	598	584	560	515	487	508	532	471
child	31	44	43	39	61	50	42	35	43	64	70	65

Funding Source



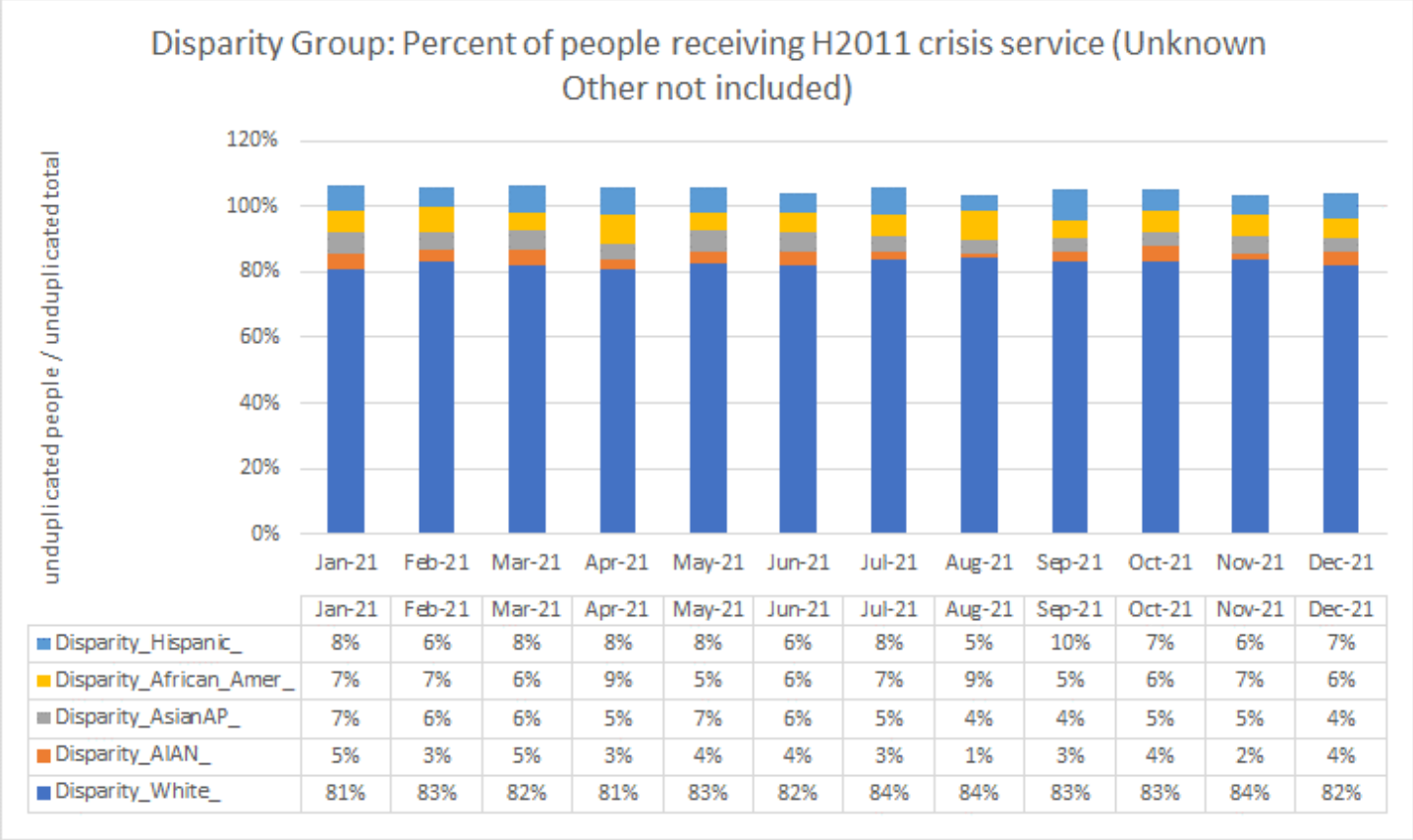
	1/1/2021	2/1/2021	3/1/2021	4/1/2021	5/1/2021	6/1/2021	7/1/2021	8/1/2021	9/1/2021	10/1/2021	11/1/2021	12/1/2021
CCC	51	39	43	46	55	43	44	42	42	45	48	50
AMG	37	41	55	58	55	55	47	47	44	47	46	52
UHC	51	57	65	70	67	76	65	60	61	48	75	68
CHPW	79	77	73	68	88	93	72	63	68	73	62	55
MHC	139	142	149	168	174	153	159	145	123	147	157	132
Non-Medicaid	278	279	337	293	354	326	349	329	291	320	335	301

Ethnicity



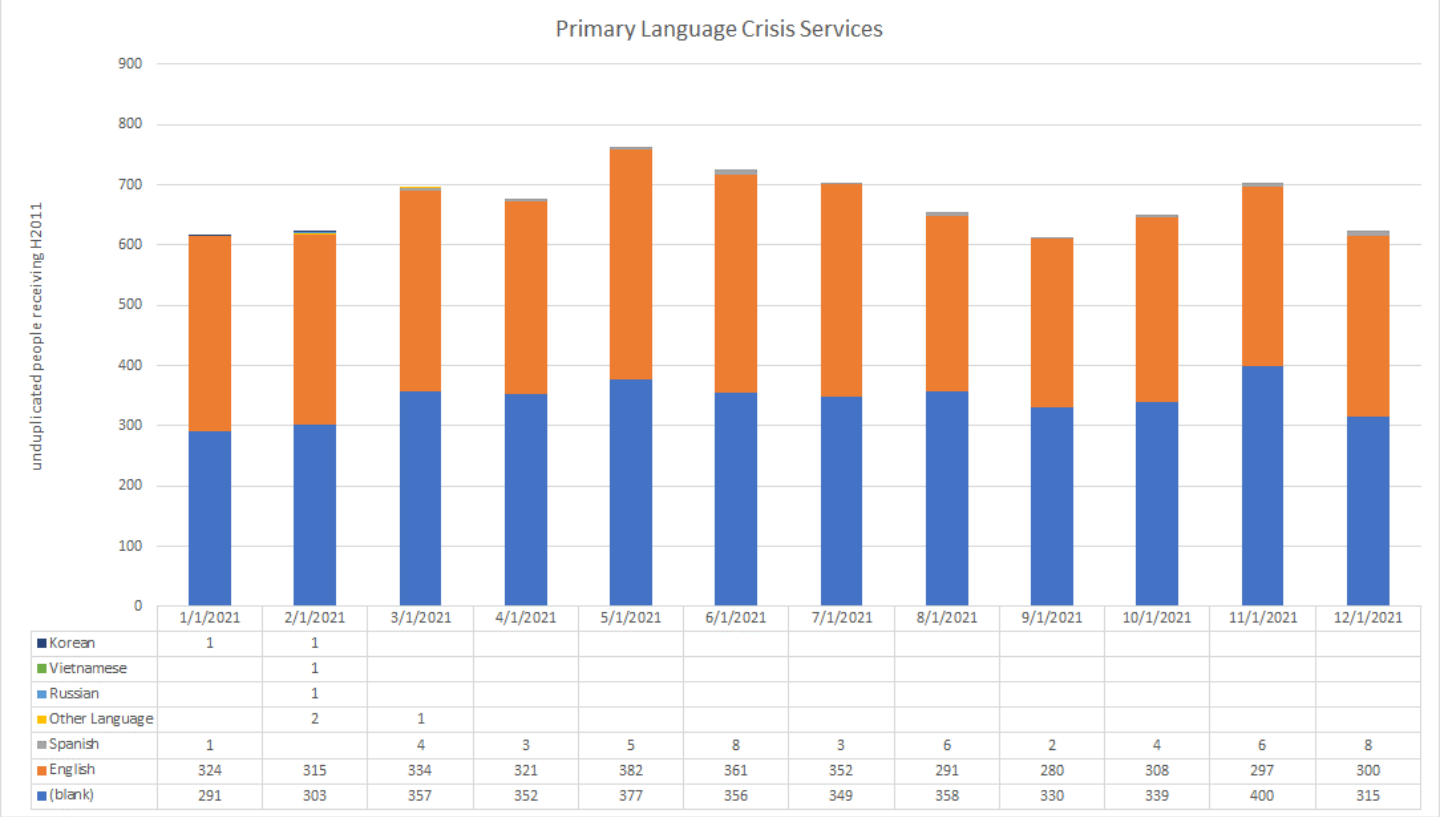
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Disparity_Hispanic_	4%	3%	4%	4%	4%	3%	4%	2%	4%	3%	3%	3%
Disparity_African_Amer_	3%	3%	2%	4%	2%	2%	3%	4%	2%	3%	3%	3%
Disparity_AsianAP_	3%	3%	3%	2%	3%	3%	2%	2%	2%	2%	3%	2%
Disparity_AIAN_	2%	2%	2%	1%	2%	2%	1%	1%	1%	2%	1%	2%
Disparity_White_	38%	39%	35%	36%	37%	34%	38%	34%	37%	41%	40%	37%
Disparity_Unknown_Other_	53%	54%	57%	55%	55%	58%	55%	59%	56%	51%	52%	55%

Ethnicity: Taking out the other / unknown group



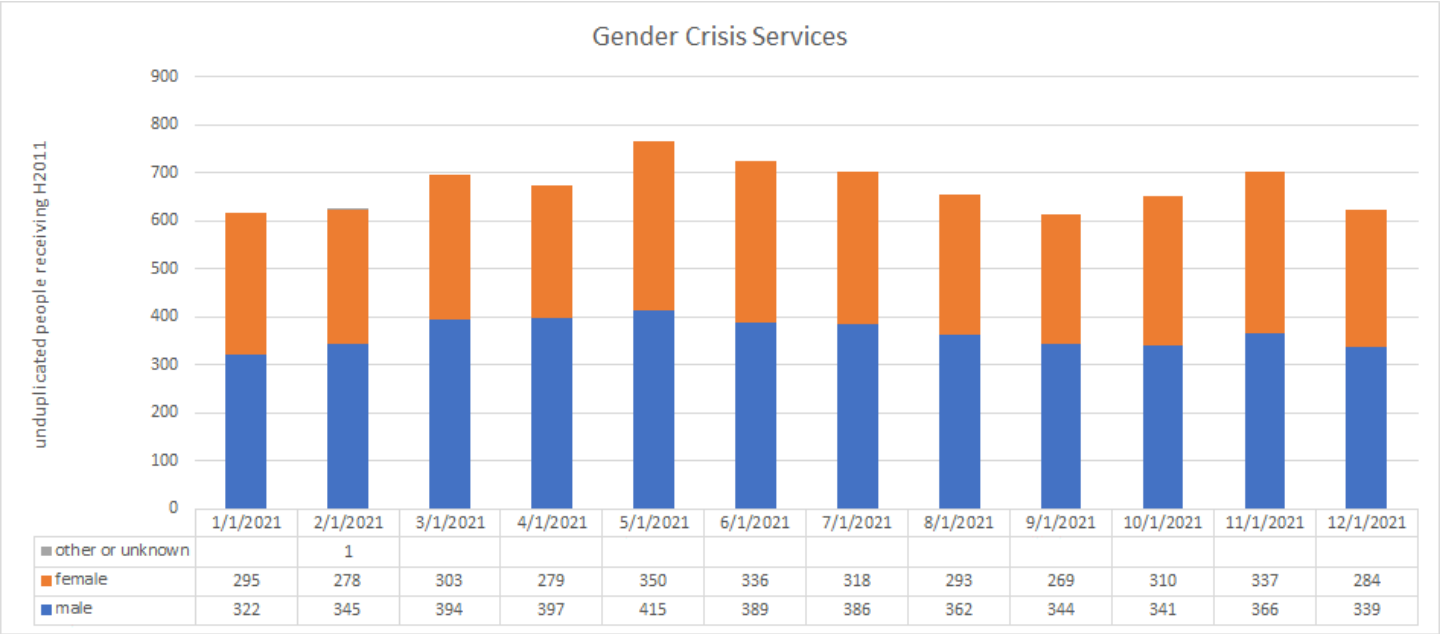
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Disparity_Hispanic_	8%	6%	8%	8%	8%	6%	8%	5%	10%	7%	6%	7%
Disparity_African_Amer_	7%	7%	6%	9%	5%	6%	7%	9%	5%	6%	7%	6%
Disparity_AsianAP_	7%	6%	6%	5%	7%	6%	5%	4%	4%	5%	5%	4%
Disparity_AIAN_	5%	3%	5%	3%	4%	4%	3%	1%	3%	4%	2%	4%
Disparity_White_	81%	83%	82%	81%	83%	82%	84%	84%	83%	83%	84%	82%

Primary Language



	1/1/2021	2/1/2021	3/1/2021	4/1/2021	5/1/2021	6/1/2021	7/1/2021	8/1/2021	9/1/2021	10/1/2021	11/1/2021	12/1/2021
Korean	1	1										
Vietnamese		1										
Russian		1										
Other Language		2	1									
Spanish	1		4	3	5	8	3	6	2	4	6	8
English	324	315	334	321	382	361	352	291	280	308	297	300
(blank)	291	303	357	352	377	356	349	358	330	339	400	315

Gender



	1/1/2021	2/1/2021	3/1/2021	4/1/2021	5/1/2021	6/1/2021	7/1/2021	8/1/2021	9/1/2021	10/1/2021	11/1/2021	12/1/2021
other or unknown		1										
female	295	278	303	279	350	336	318	293	269	310	337	284
male	322	345	394	397	415	389	386	362	344	341	366	339

Contract Crisis Metric Summary and Report Cross Reference

Crisis System Metric Report

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

2021 Crisis Metric Deliverable

	2021	Q1	Q2	Q3	Q4	total
	Crisis Calls					
1a	Total number of crisis calls received	10,565	11,249	12,295	12,467	46,576
1b	Total number of crisis calls answered	10,178	10,930	12,063	12,260	45,432
1c	Average answer time of all crisis calls (seconds)	26	38	28	24	29
1d	Total number of calls to crisis line answered live within 30 seconds	9,745	9,947	11,389	11,548	31,081
1e	Percentage of crisis calls answered live within 30 seconds	92.3%	88.3%	92.7%	92.6%	91.5%
1f	Total number of calls to crisis line abandoned	387	319	232	207	937
1g	Percentage of crisis calls abandoned	3.7%	2.8%	1.9%	1.7%	2.5%
	Mobile Crisis Team					
2a	Total number of face to face crisis contacts	1,812	1,691	1,459	1,468	6,430
2b	Percentage of EMERGENT mobile crisis outreach service requests/referrals that were responded to within two (2) hours	86.8%	89.3%	90.5%	90.2%	89.2%
2c	Percentage of URGENT mobile crisis outreach service requests/referrals that were responded to within twenty-four (24) hours	99.0%	98.8%	97.1%	97.9%	98.3%
	DCR					
3a	Total number of ITA investigations	1,352	1,224	1,177	1,119	4,872
3b	Total number of ITA investigations conducted via telehealth	26	8	10	8	52
3c	Total number of ITA investigations not meeting detention criteria, resulting in a referral to outpatient treatment	319	277	267	285	1,148
3d	Total number of ITA investigations not meeting detention criteria, resulting in a referral to voluntary inpatient treatment	64	56	56	48	224
3e	Total number of ITA investigations resulting in detention or revocation	633	520	443	418	2,014
3f	Total number of ITA investigations resulting in detentions or revocations filed as SUD	10	9	6	9	34
3g	Total number of ITA investigations resulting in detentions or revocations filed as MH	623	511	437	409	1,980

Summary of Crisis System Coordination

In Calendar Year 2021, the North Sound BH-ASO continued with the extensive collaboration structure that it had developed and used since 2018 to plan for and support the transition to Integrated Managed Care. As the key program function for North Sound BH-ASO, Crisis Services coordination was one of the key focus areas for these collaborations.

List of Coordination Activities

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

Description of Coordination Activities

Activity	Description
Interlocal Leadership Structure	The formally charted collaboration body overseeing implementation of Integrated Managed Care in the North Sound region. The ILS is co-chaired by rotating representatives of the MCOs and Counties. Staff support is provided by North Sound BH-ASO. During 2021, The ILS has

	focused discussions with key stakeholders and BHAs on the impact of COVID on behavioral health needs and service availability.
Joint Operating Committee	The joint technical workgroup chartered by the ILS to develop care coordination protocols. It is co-chaired by an MCO representative and the North Sound BH-ASO Director. All 5 MCOS and the contracted Crisis Services agencies are members. Counties are also invited to participate if they wish. The JOC has continued to work on the development of enhanced crisis-care coordination protocols and technologies. • Development of an automated care management report that lists individuals my MCO who have had multiple ITA investigations and/or detentions. These reports are produced bi-monthly and uploaded to a SFTP site for MCOS to access. • Developing a data sharing platform that can better support the exchange of crisis care coordination data.
County Coordinator Meetings	North Sound BH-ASO staff meet monthly with the county behavioral coordinator leadership staff. Agendas include identifying local needs, strategies for coordinating crisis and non-Medicaid services across the region and coordinating with county criminal justice agencies. County staff are assisting North Sound BH-ASO with strategies to expand co-responder community response models
County Crisis Oversight Committees	Each county hosts a "Crisis Oversight Committee", or an equivalent group comprised of stakeholders from first responders, hospitals, BHAs and other social services and treatment providers. A North Sound BH-ASO clinical staff person is assigned to each county. These local county committees share information across and identify strategies to improve crisis response services across all the different stakeholder systems.
Integrated Provider Meetings	Every other month the MCOs and North Sound BH-ASO jointly host a Behavioral Health Agency Provider Meeting. These meetings both provide a forum MCOs and North Sound BH-ASO to present and explain changes in policies and procedures but also provide a chance for the providers to raise concerns and ask questions. Surveys are sent out to providers prior to each meeting to solicit suggestion for the issues and questions they want to discuss. Topics have included questions and concerns about billing, forms, and authorization policies. Recently, these meetings have also been used to solicit concerns from providers regarding the impact of the COVID pandemic on both agency staff and operations, and the people they serve.
MCO-ASO Clinical Coordination Meetings	North Sound BH-ASO continues to actively participate in the bi-monthly MCO & ASO Clinical Coordination Meetings. This has helped standardize clinical protocols across the IMC region. It has also

	provided a forum to discuss billing and data challenges for providers and crisis care coordination protocols. More recently, the Clinical Coordination meetings have focused on identifying strategies to support the state's plan for workforce development.
Tribal Coordination Meetings North Sound ACH Tribal Alignment Committee	North Sound BH-ASO Director and Tribal Coordination Liaison participate in North Sound Tribal Coordination meetings, meetings of the Regional Tribal Coordinating Council, and the meetings of the North Sound ACH Tribal Alignment Committee. These meetings have provided a forum for providing updates on crisis services and detailed discussion of the ASO-Tribal Crisis Coordination activities.

Successes

- Developed an automated care management report that lists individuals my MCO who have had multiple ITA investigations and/or detentions. These reports are produced bi-monthly and uploaded to a SFTP site for MCOs to access.
- Initiated and provided project management support to the development of a data sharing platform hosted by CMT that will allow Crisis Services staff to access treatment and crisis plan information on Medicaid members who come into contact with the crisis system.
- Created draft protocols for crisis care coordination between Crisis Services Agencies and MCO care coordinators.
- Maintained and updated a joint contact list for use by both MCOs, North Sound BH-ASO, and Crisis Services agencies.
- Continued to develop and share common solutions for coordination between crisis services agencies and community stakeholders using the Crisis Services Leadership meetings.
- Continued to expand funding for mobile crisis outreach including new partnerships with law enforcement.
- Actively participated in the HCA-Tribal Government to Government meetings to develop Tribal/HCA Care Coordination protocols.

Challenges

- Although we have developed an alternative, more targeted, report on high utilizers we still have to produce the crisis logs, though it appears the value of this is minimal.
- Although we make the bi-weekly care management reports available to all MCOs, few seem to make use of it. Once the CMT data sharing platform in developed, there will need to be sponsorship agreements with MCOs and Behavioral Health Agencies and MCOs will need to require providers to enter information into it.
- Continuing to assist with the development of HCA-Tribal Care Coordination protocols. To date, preliminary meetings have only been held with Tulalip and with none of the other seven Tribes in the region.
- The lack of adequate demographic data on ethnicity and primary language continues to make it difficult to get a clear picture of how well we're serving communities of color and limited English-Speaking persons.

Criminal Justice System

North Sound BH-ASO has worked diligently to develop relationships with the criminal justice systems. The five North Sound Counties have been instrumental in bridging system relationships on behalf of the North Sound BH-ASO. Our criminal justice partnerships include county specific Crisis Oversight Committees, Law and Justice Councils, Interlocal

Leadership Committee, contracting for services such as Juvenile Court Treatment Services, Criminal Justice Treatment Account (CJTA), Jail Transition Services (JTS) and Law Enforcement co-responder partnerships.

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

Successes

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

Opportunities

- A five (5) county region with four jails, five courts and numerous Sheriff/Municipal Police agencies continues to be an opportunity to strengthen our response to the vast criminal justice needs within the RSA.
- SB 1310 offered the opportunity to strengthen communication and local protocols between law enforcement and the crisis system.

At the Provider Level

Local Crisis Oversight Committees

In partnership with our five counties, North Sound BH-ASO supports the convening of local Crisis Oversight Committees with our County partners that include with broad attendance including local law enforcement, first responders, community hospitals, behavioral health agencies, Tribes, National Alliance on Mental Illness (NAMI), community organizations and crisis providers. Committee goals vary by county based on community and provider needs, though the basic structure focuses on strengthening the care crisis continuum with local entities. Below is a summary of the issues and topics addressed in 2021:

Snohomish County Crisis Oversight Committee

- DCR referral coordination with Snohomish Triage and E&Ts.
- Capacity updates: Swedish Medical Center, PRMC, Evergreen Recovery Center, Everett Diversion Center, PACT & IOP Programs.
- Presentations from Various Criminal Justice Diversion programs
- HB 1310 Impacts
- HB 1477 (988) Updates and Discussions
- Regional Navigator Program (RNP) Planning and Updates

- Identifying system gaps in system communication – MCO, DCRs and BHAs
- COVID-19 Impacts – Capacity, admission and screening protocols.
- Hospital Trend Reporting
- Crisis System Metrics – System utilization and trends
- Washington Legislative updates

Skagit County Crisis Oversight Committee

- Mobile Crisis Outreach coordination with Law Enforcement
- Presentations on DCR/Mobile Crisis Outreach
- Skagit Crisis Center – Admission Coordination, transportation needs
- Regional Navigator Program (RNP) planning and updates.
- Law Enforcement presentations on current BH trends and volumes
- HB 130 Impacts
- HB 1477 (988) Updates and Discussions
- Coordinating with PHS Oak Harbor Crisis Stabilization Facility
- COVID-19 system impacts – Capacity, admission and screening protocols.
- Skagit Crisis System Metrics – system utilization and trends
- Washington Legislative updates

Whatcom County Crisis Oversight Committee

- Whatcom County Crisis Stabilization Facility – Capacity and treatment needs, coordination.
- COVID-19 Impacts – DCR health and Safety protocols, local shelter capacity, local Crisis Triage/Detox capacity
- COVID-19 DOH behavioral health impact reports
- Crisis System coordination with county outreach programs – Ground Level Response and Coordinate Engagement (GRACE) and Law Enforcement Assisted Diversion (LEAD)
- Local EMS/Community Paramedic coordination with DCRs
- HB 1310 Impacts
- HB 1477 (988) Updates and Discussions
- Crisis System coordination with Law Enforcement on cases requiring ED admission
- Youth Behavioral health needs – collaboration on local resources and meetings

Island County Crisis Oversight Committee

- Oak Harbor Crisis Stabilization Facility opening, referral and admission coordination
- Presentations from Island County BH LE co-response program
- COVID-19 system impacts – Capacity, admission and provider screening protocols
- DCR/MCT coordination with Island County Sherriff, hospital discharges
- HB 1477 (988) Updates and Discussions
- HB 1310 Impacts

San Juan County Crisis Oversight Committee

- DCR/Mobile Crisis outreach protocols and coordination with San Juan Hospital
- Community needs – outpatient capacity, family resource center
- Addressing system gap for high intensity services for San Juan - Crisis System partnership with OP providers
- HB 1477 (988) Updates and Discussions
- HB 1310 Impacts
- COVID-19 Impacts – Compass OP capacity
- COVID-19 DOH Behavioral Health impact reports

- Crisis System Metrics – system utilization and trends
- Washington Legislative updates

2021 Stakeholder Survey Follow-up

As part of our previous 2021 Annual Crisis Assessment, North Sound BH-ASO conducted a stakeholder survey to evaluate key areas of the behavioral health crisis system. This assessment was completed in effort to partner with our crisis agencies to support ongoing improvements in service delivery and to gather community input on the effectiveness and responsiveness of the crisis system.

North Sound BH-ASO established an operations workgroup to assess recommendations from the 2021 stakeholder survey and incorporate that feedback into our 2022 strategic plan. Below is a summary of the 2021 stakeholder survey recommendations that North Sound BH-ASO acted on in 2021:

Law Enforcement Partnerships

2021 Survey results indicated an overall positive response to our crisis system's partnership with law enforcement and first responders, though also indicated a need to further fund and enhance behavioral health co-response programs region wide. North Sound BH-ASO identified this as a 2021 opportunity, developed a comprehensive Co-Responder Implementation Plan and solicited funding partnerships with several law enforcement agencies in Snohomish, Skagit, Island and Whatcom Counties.

As indicated elsewhere in this reporting, we are now funding the implementation of several behavioral health co-response programs:

Name	Location/Jurisdiction	Funding Source
Whatcom County Co-Response Outreach	Bellingham, Whatcom County	State/Federal Funding, MHBG; GF-S; SABG
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 – IMPACT – Co-Response Crisis Intervention	Snohomish and Skagit Counties	NSBH-ASO MHBG/SABG; GF-S, WASPC Grants
Island County Human Services – Co-Responder Behavioral Health Program	Island County	NSBH-ASO MHBG/SABG, Federal, State and Local funding

Crisis Stabilization and Triage Capacity

Strengthening access to Crisis Stabilization and Triage services was indicated as a top priority. We have included ongoing capacity funding for Snohomish, Skagit, Island and Whatcom facilities as part of our Federal Block Grant plan.

Expand Non-Medicaid Access to Services

Expanding capacity and access to outpatient treatment and case management for individuals that are not eligible for Medicaid was identified as a priority. We have included funding for residential and outpatient treatment in our Federal Block Grant Plan.

Strengthen Follow up/Post Crisis Care

Strengthening follow up and post-crisis supports was indicated as a notable priority. We have identified additional funding to enhance crisis provider's follow up/post-crisis supports. In 2021, we fully funded VOA's Emergency Response Suicide Prevention (ERSP) program that provides follow-up support and case management.

Homeless Outreach Programs

Building specialized programs to provide early preventative engagement to our region's homeless population was identified as a priority. Beginning in 2021, our funding to expand law enforcement co-response outreach programs serves priority populations that are often unhoused or at risk of homelessness. North Sound BH-ASO is currently engaged with HCA to support the implementation of a Homeless Outreach Service Transition (HOST) program in our region.

Regional Residential and Inpatient Capacity

North Sound BH-ASO is contracting with the Cumming Group, Inc to update our 5-year Behavioral Health Needs Assessment. The former 2016 Behavioral Health Needs assessment completed in 2016 was utilized to successfully procure over $40 million in capital funds. Our 2022 report will evaluate the need for 90 and 180-day Long-term Civil commitment beds, child and minor youth capacity, intensive behavioral health facilities and peer respite.

Summary of Crisis Plans

Background

- Since the beginning of the planning for the transition to Integrated Managed Care, the BHO and then the successor ASO, have worked with the MCOs and crisis services agencies to address a critical information gap that was created when health information for Medicaid members was moved from the former BHO to the 5 MCOs.
- The Crisis Line and mobile crisis outreach teams no longer had access to information about a person's current treatment provider or the person's current crisis plan. This created a gap in crisis treatment planning.
- In compliance with RCW 71.05.715 and WAC 246-341-0910, North Sound BH-ASO maintains policies that require Crisis Services staff to utilize all available information and request a crisis plan if one is available. This information was no longer readily available, however.
- The health information gap was partly addressed when a protocol was created for MCOs to transmit to North Sound BH-ASO PACT and WISe enrollment information. This allowed more immediate connection of persons in crisis back with their PACT or WISe treatment provider.
- For all other Medicaid members needing crisis services however, neither the Crisis Line nor the Crisis agency had access to this information unless the crisis agency was also currently serving this person in an outpatient capacity.
- Without immediate access to treatment provider or crisis plan information, DCRs have to either obtain this information from the person being served, if they're willing or able to provide it, or from available collateral informants.

Successes

- Initiated and provided project management support to the development of a data sharing platform hosted by CMT that will allow Crisis Services staff to access treatment and crisis plan information on Medicaid members who come into contact with the crisis system.
- Maintained and updated a joint contact list for use by both MCOs, North Sound BH-ASO, and Crisis Services agencies.

Challenges

- Once the CMT data sharing platform is developed, there will need to be sponsorship agreements with MCOs and Behavioral Health Agencies and MCOs will need to require providers to enter information into it
- The significant impact of COVID on crisis line services will require more work between North Sound BH-ASO and the MCOs to continue to develop a strategy to identify and engage persons frequently utilizing the crisis line system and is clinically indicated that additional treatment interventions and cross-system coordination is warranted.

North Sound BH-ASO continues to ensure the MCOs are receiving the information they need to conduct care coordination. Workgroups chartered by the Interlocal Leadership Structure – first the "Model of Care" and technical workgroups, and subsequently the "Joint Operating Committee" - have done detailed work on how to transfer information to the MCOs and how to in turn provide access to current behavioral health treatment information for the Crisis Services Behavioral Health Agencies.

North Sound BH-ASO has transmitted the data required by the MCO crisis log template by using service encounter data and supplemental transactions to auto populate the fields embedded in the log.

There have been several limitations with the current process to support two-way care coordination between the MCOs and the Crisis Services agencies. For example, as indicated earlier in this report, crisis agencies no longer having reliable access to an individual's relevant treatment history hinders their ability to readily connect with and coordinate with the individual's treatment provider.

Since mid-2019 North Sound BH-ASO has been working with CMT on identifying a solution to the issue of not having readily available crisis plans or outpatient provider information for an individual during the time of a crisis. Using the Joint Operating Committee as a vehicle for conversations with MCOs and providers, we have begun the process of building a platform that enhances 2-way communication between an individual's outpatient provider and the crisis providers.

Care Coordination Protocols

North Sound BH-ASO is tasked with developing and implementing crisis system protocols that promote coordination, continuity, and quality of care for individuals receiving crisis services. As outlined above, our work continues several key elements: (1) coordinating and accessing crisis prevention plans, and (2) piloting programs and 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, broader support systems and whether the individual's recovery would be better supported in a different level of care.

As referenced throughout this report, we continued our 2020 work implementing 'high utilization' crisis care management reports. This reporting identifies frequency of crisis services based on a set of utilization criteria and break down by MCO or categorized as non-Medicaid. Our reports are provided to each MCO on a bi-weekly basis to serve as a 'flag' for potential care coordination oversight and engagement. North Sound BH-ASO has been monitoring both Medicaid and non-Medicaid high-utilizer reports to understand trends and whether ASO or MCO Care Coordination engagement impacts crisis utilization.

As briefly outlined in the Summary *of Crisis System Coordination* above*,* developing regional care coordination protocols established a system improvement need within various North Sound regional committees and workgroups. More importantly, this work continues to reinforce that utilization of crisis service alone is not a good indicator of whether an individual would benefit from payer level involvement. Crisis provider's clinical judgement and case knowledge is often the most important indicator of coordination need.

Summary of Strategies Used to Improve the Crisis System

Crisis line and Mobile Crisis Outreach

- Continue to provide funding to expand Crisis Line staff and fully funding a post-crisis/follow-up program (ERSP)
- With funding provided by the BH-ASO, the Crisis Line was able to procure and deploy a new call management system that allows some staff to work remotely.
- Continuing with implementation of the joint corrective action plan developed in 2020 which has enabled the Crisis Line to maintain crisis line metrics within the contracted standards in spite of increased call volume.
- Expanded funding for voluntary mobile crisis outreach and follow up services.
- Funded new initiatives to fund law enforcement and first responder co-response programs and are continuing to expand this model to new jurisdictions.
- Developing model policies and procedures for co-response programs.
- Targeted BH-ASO Behavioral Health Enhancement funds to support recruitment and retention of behavioral health staff in the three Crisis Services agencies.

Crisis Stabilization and Triage Facilities

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

Crisis Care Coordination and Management

- Developed and implemented a Care Management report that identifies persons who have had frequent ITA investigations and/or detentions.
- Jointly funded a project to develop a data sharing platform hosted by CMT that will allow Crisis Services staff to access treatment and crisis plan information on Medicaid members who come into contact with the crisis system.
- Worked with MCO care coordinators to pilot crisis care coordination protocols.
- Created a joint contact list for use by both MCOs, North Sound BH-ASO, and Crisis Services agencies.
- Developed in internal BH-ASO workgroup to develop a model for a future Youth Mobile Outreach Team in the North Sound region.
- Developing requirements and guidelines to include certified Peer Counselors on Mobile Crisis Outreach Teams.

Information and Data About the Disposition of Crisis Calls

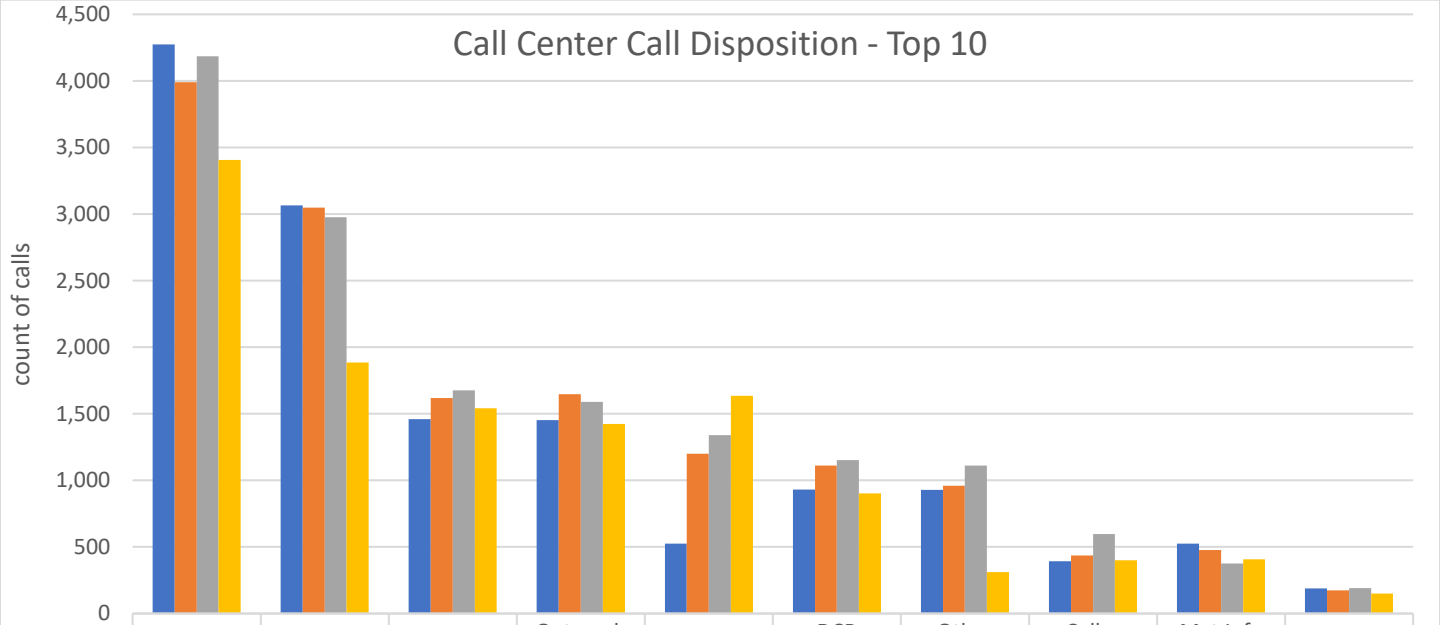
Overview

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

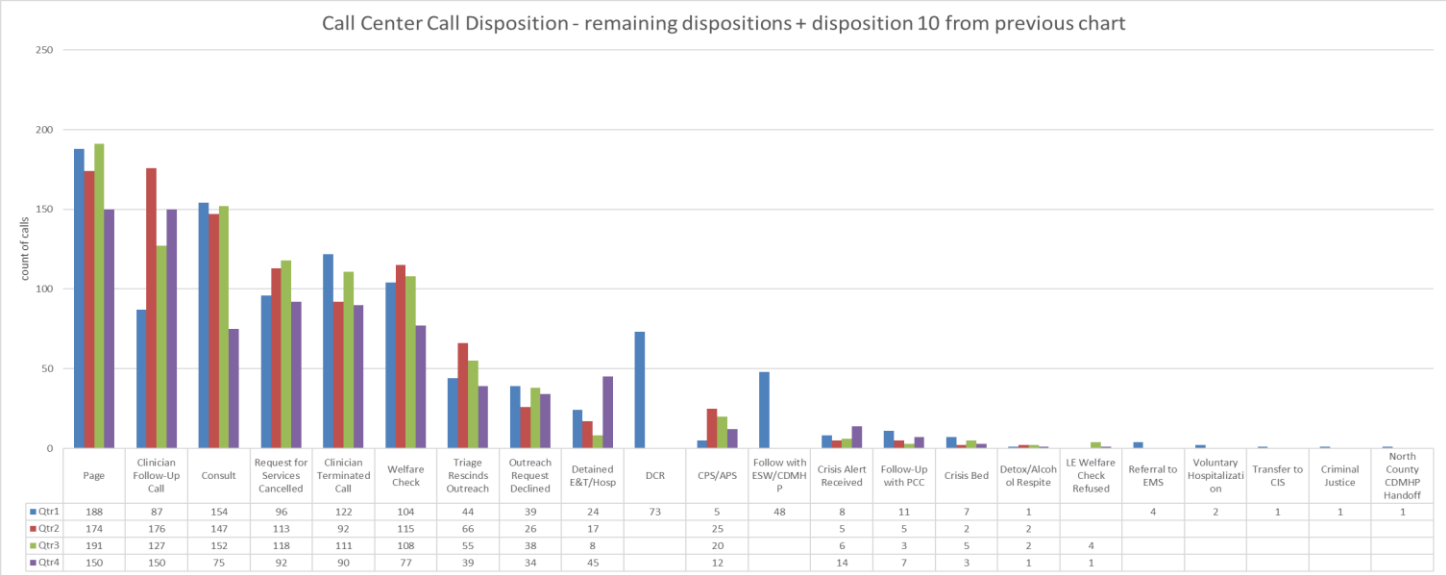
Analysis

The graphs below display all of the Crisis Line disposition reasons that were used during calendar year 2021. The top 10 are put into one graph for readability. The top 10 selections represent approximately 95% of the dispositions rendered. Of the top 10 selections "Crisis Resolved" was the most frequent selection at 27%. 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 19% of the selections, selected was "other" and does not equate to a specific action taken. VOA has worked to bring this number down 6% from 2020. North Sound BH-ASO will continue working with VOA during 2022 to see if there are common themes in the "Other" selection to identify potentially adding more unique codes. Having such a large number of "other" selections does not provide useful data to allow VOA or North Sound BH-ASO to take any necessary action. The next 2 most represented selections, both at 10%, are "Outreach Requested by Caller" and "Dispatch". These selections indicate the need for further intervention with the individual and represent calls in which the crisis outreach team or a DCR would be sent out to the individual's location to intervene.



	Crisis Resolved	Other	Dispatch	Outreach requested by Caller	DCR Follow-Up	DCR Outreach Complete	Other Community Resource	Caller Terminated Call	Mgt Info Sys Check Requested	Page
Qtr1	4,275	3,064	1,460	1,452	525	932	929	393	524	188
Qtr2	3,991	3,049	1,618	1,647	1,200	1,111	960	435	476	174
Qtr3	4,186	2,976	1,677	1,589	1,339	1,152	1,112	596	376	191
Qtr4	3,406	1,885	1,542	1,424	1,635	903	310	399	408	150



	Page	Clinician Follow-Up Call	Consult	Request for Services Cancelled	Clinician Terminated Call	Welfare Check	Triage Rescinds Outreach	Outreach Request Declined	Detained E&T/Hosp	DCR	CPS/APS	Follow with ESW/CDMHP	Crisis Alert Received	Follow-Up with PCC	Crisis Bed	Detox/Alcohol Respite	LE Welfare Check Refused	Referral to EMS	Voluntary Hospitalization	Transfer to CIS	Criminal Justice	North County CDMHP Handoff
Qtr1	188	87	154	96	122	104	44	39	24	73	5	48	8	11	7	1		4	2	1	1	1
Qtr2	174	176	147	113	92	115	66	26	17		25		5	5	2	2						
Qtr3	191	127	152	118	111	108	55	38	8		20		6	3	5	2	4					
Qtr4	150	150	75	92	90	77	39	34	45		12		14	7	3	1	1					

System Coordination

Coordination of Referrals to Provider Agencies or MCOs for Case Management

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

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

Awareness of Frequent Crisis Line Callers

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

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

Reduction of Law Enforcement Involvement with the Crisis System

As discussed in the ***Referral Source – Partnering with Law Enforcement*** analysis, North Sound BH-ASO has prioritized funding for targeted crisis service programs with local law enforcement agencies and will continue this partnership through our strategic planning in 2022. Program aims to provide behavioral health outreach while reducing criminal justice system involvement for individuals with mental health and substance use disorder treatment needs.

Crisis System Data

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

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

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

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

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

The North Sound BH-ASO maintains a strong relationship with community providers and agencies. Feedback from our partners is integrated into regional and local strategies for quality improvement. This includes active participation of North Sound BH-ASO staff in county-based crisis oversight committees that focus on local issues and efforts related to crisis services. During 2021, Local Crisis Oversight committees have:

- Provided North Sound BH-ASO and our crisis provider direct feedback from community stakeholders and partners. Local Crisis Oversights acts as a system feedback loop regarding service delivery strengths and opportunities for improvement.
- Improved Mobile Crisis Outreach and Law Enforcement collaboration. North Sound BH-ASO has provided funding and resources to coordinate more responsive outreach services to law enforcement referrals. Compass Health and Snohomish County have established MOUs with local Law enforcement.

- Improved coordination with county-based outreach programs and EMS to strengthen the continuum of acute crisis care.
- Maintained a cross-system dialogue about changes to the continuum of acute care services, to include program or facility capacity changes and coordination protocols.
- Maintained a cross-system analysis of North Sound BH-ASO Crisis performance metrics, to include current Mobile Crisis Outreach capacity and program models.

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

Opportunities

- Work with Crisis Services agencies to encourage and fund the expansion of follow up services to persons who have been assessed for involuntary commitment services.
- As the limitations of COVID decline, expand mobile crisis outreach services to home and community settings to prevent crises from deteriorating to the point where ITA Services are needed.
- Assess the degree to which communities of color and Limited English-Speaking persons know how to access crisis services and/or are comfortable doing so.
- Continue to expand funding for co-responder models involving mobile crisis outreach staff, other behavioral health staff, and law enforcement.
- Maintain ASO funding for Crisis Triage and Withdrawal Management facilities and encourage their use as a central access point for crisis services for first responders and others.
- Reach out to primary care providers to educate them on the availability of crisis response services.
- Continue support of telehealth services for video ITA evaluations and support expansion of the use of telehealth for community-based crisis services.
- Implement the new CMT data sharing platform to provide access to treatment and crisis plan information for crisis services staff.
- Continue to refine protocols for providing more targeted services to high utilizers using the new care management reports.
- Develop and implement a model for Youth Mobile Outreach Crisis and Stabilization services and a greater use of Certified Peer Counselors as part of the crisis care continuum.
- Partner closely with Department of Health (DOH) and HCA on Washington State's 988 implementation.