



North Sound Mental Health Administration

Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties
Improving the mental health and well being of individuals and families in our communities

117 North First Street, Suite 8 • Mount Vernon, WA 98273

360.416.7013 • 800.684.3555 • Fax 360.416.7017 • Email nsmha@nsmha.org • Web Site <http://nsmha.org>

NSMHA Contract Memorandum 2012-009

Date: July 23, 2012

To: Hospital Emergency Department Directors

From: Sandy Whitcutt, Quality Specialist

Subject: Updated Procedural Guidance for Regional Mental Health Programs

In 2010, North Sound Mental Health Administration (NSMHA) sent a memo regarding coordination between our regional mental health programs: Intensive Outpatient Program (IOP), Program for Assertive Community Treatment (PACT), the Integrated Crisis Response System (ICRS) and Regional Emergency Departments.

The attached memo offers updated procedural guidance to ICRS and the IOP and PACT programs, as well as, the hospitals coordinating with these programs.

Please distribute this memo to other professionals in your organization who may be involved in coordinating care for individuals who receive these services.

If you have any questions, please feel free to contact me here at NSMHA.

Sincerely,

Sandy Whitcutt
Quality Specialist

North Sound Mental Health Administration

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MEMORANDUM

TO: EMERGENCY DEPARTMENT DIRECTORS/EMERGENCY DEPARTMENT STAFF, COMMUNITY MENTAL HEALTH AGENCY IOP AND PACT STAFF, INTEGRATED CRISIS RESPONSE SYSTEM PROGRAM STAFF

FROM: NORTH SOUND MENTAL HEALTH ADMINISTRATION (GREG LONG, DEPUTY DIRECTOR; CHARISSA WESTERGARD, QUALITY SPECIALIST COORDINATOR, AND SANDY WHITCUTT, QUALITY SPECIALIST)

SUBJECT: UPDATED – CRISIS RESPONSE TO INDIVIDUALS ENROLLED IN IOP OR PACT

DATE: 7/17/2012

A previous memo, dated 1/25/2010, addressed roles and responsibilities between North Sound Mental Health Administration's Community Mental Health Agencies' (CMHA) adult intensive outpatient programs (Intensive Outpatient Program [IOP] and Program of Assertive Community Treatment [PACT]), Integrated Crisis Response System (ICRS), and local hospital emergency departments. This memo offers updated procedural guidance to ICRS and the IOP and PACT programs, as well as, the hospitals coordinating with these programs.

IOP and PACT are voluntary outpatient service programs with access for crisis situations 24 hours per day, seven days per week. IOP and PACT clinicians know the individuals enrolled in these programs very well, including their baseline functioning and the individualized supports available to them. As a result of this knowledge and availability, the program staff is well equipped and expected to assist individuals in their programs in stabilizing during a crisis and to prevent hospitalization when possible. Consequently, voluntary ICRS Emergency Services should not be necessary in many crisis situations for individuals in IOP and PACT. As noted above, the rest of this memo is meant to provide guidance about a coordinated crisis response to individuals in IOP or PACT when the individual in crisis contacts the crisis system or goes to a hospital emergency department. The appropriateness of an outreach for individuals in IOP or PACT experiencing a crisis should be determined as indicated in later points of this memo. When identified as warranted (see below), outreaches for crisis situations by IOP and PACT clinicians to the community, including hospital emergency departments, are expected to adjacent counties along the I-5 corridor, those that involve a drive time of more than 45 minutes from the IOP or PACT office are generally *not* expected, but may be provided at the discretion of the IOP and PACT teams.

Responding to crisis situations in the community (other than hospital emergency departments)

- If an individual in IOP or PACT experiences a crisis and contacts VOA Care Crisis, the expectation is that VOA Care Crisis will contact a clinician from IOP or PACT first and the IOP/PACT clinician will determine what follow-up is needed. The clinician will call in the disposition to VOA Care Crisis after response to the crisis situation.
 - If an outreach to the community seems warranted, the IOP or PACT clinician will perform the outreach unless there are safety concerns that cannot be mitigated by typical means. If there are specific safety concerns, the clinician shall coordinate with their supervisor and team an appropriate plan to meet the consumer's needs.
- If during the course of responding to an individual in crisis in the community, the IOP/PACT clinician believes an involuntary evaluation is needed, the IOP/PACT clinician will contact VOA Care Crisis to coordinate with the DMHP indicating to VOA that this is the disposition to their involvement in the crisis situation. The IOP/PACT clinician shall provide any necessary documentation and/or communicate concerns to the DMHP and VOA. The DMHP will call in their disposition to VOA Care Crisis after the crisis situation.
 - Prior to requesting an involuntary evaluation, the expectation is that an IOP/PACT clinician will have conducted a face-to-face contact with the individual within the 12 hours (unless there has been a significant change in their clinical/behavioral presentation that warrants a new evaluation) prior to the request for an ITA evaluation (face-to-face contact does not have to be conducted by the same individual requesting evaluation, but requester should be able to discuss relevant clinical details). If there are safety concerns that cannot be mitigated by typical means prior to conducting the face-to-face contact, the clinician shall coordinate with their supervisor and team an appropriate plan to meet the consumer's needs. If needed, the IOP/PACT clinician or member of their team should contact VOA Care Crisis to assist with the safety concern and coordination with the DMHP.

Responding to crisis situations at hospital emergency departments

- If an individual in IOP or PACT arrives at an Emergency Department (ED), hospital ED staff are requested to contact VOA at 1-800-747-8654 after they have evaluated the individual. VOA will contact the IOP/PACT clinician and communicate the hospital's information to the clinician. Follow up will be coordinated between the IOP/PACT clinician and the hospital ED staff. The IOP/PACT clinician will call in the disposition to VOA Care Crisis after response to the crisis situation.
 - It should be noted that IOP and PACT clinical staff responding to crisis situations are determined to have sufficient educational and professional experience to respond by providing community support services.
 - After consultation with the hospital ED staff, the IOP/PACT clinician will perform an outreach to the hospital if it is determined by the IOP/PACT clinician to be clinically warranted (e.g., IOP/PACT clinician determines his/her presence will provide support to the consumer, IOP/PACT clinician can assist in diverting the hospitalization by providing program-specific diversion options, presence of IOP/PACT staff is not contra-indicated for the consumer's treatment, etc).

- If all less restrictive options have been attempted and an IOP/PACT individual is determined to need voluntary hospitalization, the hospital staff should perform the certification/authorization functions including locating the bed, contacting VOA for certification/authorization and communicating with the admitting hospital.
- If all voluntary options have been deemed inappropriate and an involuntary evaluation is needed following a hospital emergency department intervention, the hospital staff should contact VOA Care Crisis to coordinate with the DMHP. The IOP/PACT clinician will also communicate all necessary information to VOA and the DMHP including the disposition of their involvement in the crisis situation.

Communications between all parties, working through VOA, will expedite the appropriate disposition.

If you have any questions, please feel free to contact me at 360-416-7013 or email me at sandy_whitcutt@nsmha.org.