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
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NSMHA Contract Memorandum 2013-004

Date: May 30, 2013

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Jan Bodily, Whatcom Counseling and Psychiatric Center
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Ken Stark, Snohomish County Human Services Director
Phil Smith, Volunteers of America
Cindy Paffumi, Interfaith
Sue Closser, Sunrise Services
Christine Furman, Pioneer Human Services

From: Joe Valentine, Executive Director

Subject: Revised Policies

Policy 1701.00 – Crisis Stabilization Standards for Adults
This policy has been through the complete review and approval process. The Executive Director signed and approved this policy May 29, 2013.

Policy 1716.00 – Accessing Developmental Disability (DD)/Mental Health (MH) Crisis Stabilization Services
This policy has been through the complete review and approval process. The Executive Director signed and approved this policy May 29, 2013.

Full implementation of this revised policy should occur no later than 60 days after this memo.

cc: Cindy Ferraro, Bridgeways
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Contract File

Effective Date: 5/29/2009; 5/30/2007; 12/21/2005
Revised Date: 4/24/13
Review Date: 4/24/13

North Sound Mental Health Administration

Section 1700: ICRS – Crisis Stabilization Standards for Adults

Authorizing Source: Per NSMHA and ICRS Management
Cancels: Policy 1512.00 –Stabilization Standards for Adults
See Also: Approved by: Executive Director Date: 5/29/2013
Providers must have a "policy consistent with" NSMHA policy
Responsible Staff: Deputy Director Signature:

POLICY #1701.00

SUBJECT: CRISIS STABILIZATION STANDARDS FOR ADULTS

PURPOSE

The purpose of this policy is to assure consistent, safe, quality crisis stabilization services within treatment facilities across the North Sound region.

POLICY

Crisis stabilization facilities provide behavioral health stabilization to adult individuals in crisis and transitioning to and from inpatient facilities (refer to North Sound Mental Health Administration [NSMHA] Policy 1719.00). Crisis stabilization is a service that provides safety for the individual, includes short-term, face-to-face assistance with life skills training, offers medication education, and provides follow up services. Facilities providing these crisis stabilization services will use the following standards and procedures to assure access to quality services.

PROCEDURES AND STANDARDS

I. All facilities must have the capacity to admit individuals into crisis stabilization services on a 24-hour per day, 7-day per week basis. Length of stay is limited to 5 calendar days. Extensions may be granted when deemed clinically necessary.

II. Crisis stabilization facilities are available to all residents of the region. These facilities shall accept referrals from other counties within NSMHA's region when beds are available.

III. The intentions of these services are to:

A. Evaluate and stabilize individuals in their community and prevent unnecessary hospitalization;
B. Provide transition from state and community hospitals to reduce length of stay and assure stability prior to moving back into the community.
C. Actively facilitate resource linkage so individuals can return to functionality; and
D. Provide follow up contact to the individual to ensure stability after discharging from the facilities.

IV. Screening and Admission

A. Crisis stabilization staff shall use standardized admission and exclusion criteria in determining eligibility for crisis stabilization services. Exclusionary criteria assure that referrals to the crisis stabilization facilities are appropriate for the level of care available. Exceptions can be made on a case-by-case basis in consultation with the clinical supervisor. The rationale for all exceptions shall be noted in the record.

1. Inclusionary Criteria

    a. Anyone in the region 18 years or older, experiencing an acute mental health crisis or in need of sub-acute detoxification services (Skagit County Crisis Center [SCCC] and Whatcom County Behavioral Triage Center [WCBTC]).
    b. Individuals must be willing to admit to a voluntary facility.
    c. Individuals, if a risk to self, must be willing to engage in safety planning.
    d. Individuals must be willing and able to comply with house rules regarding violence, weapons, drug/alcohol use, medication compliance, and smoking.
    e. Individuals must have the ability to maintain safe behavior towards staff and other residents of the facility.
    f. Individuals must be able to self-administer prescribed medications and perform basic Activities of Daily Living (ADLs).
    g. Individuals in crisis cannot be excluded from receiving crisis stabilization services solely due to intoxication or developmental disability.

2. Exclusionary Criteria

    a. Individuals needing immediate medical intervention for an acute or chronic condition.
    b. Individuals who are Level 1, 2 or 3 sexual offenders (SCCC and WCBTC programs)
    c. Individuals who present a high likelihood of violence or arson.

3. Direct referrals from NSMHA-contracted agency clinicians and community professionals shall be screened telephonically for admission by the crisis stabilization facilities. Examples of community professionals referral sources include, but are not limited to:

    a. Department of Corrections;
    b. Community housing case managers;
    c. Community substance abuse treatment professionals;
    d. Law Enforcement; and
    e. Emergency Departments.

4. Individuals enrolled with a NSMHA-contracted provider agency can access stabilization services by contacting their Mental Health Care Provider (MHCP), calling the stabilization facility directly, or calling the Care Crisis Line at 1-800-584-3578.
5. Non-enrolled individuals, concerned family, friends, or natural supports in the community can access stabilization services by contacting the Care Crisis Line at 1-800-584-3578. Self-referrals and walk-ins are available to individuals at the Skagit and Whatcom facilities.
6. For enrolled individuals to be admitted directly there must have been a face-to-face contact with a mental health clinician within 12 hours prior to admission. **Exceptions to this standard may be made on a case-by-case basis if both the referring clinician and program staff are in agreement.**

Enrolled individual's admission to a crisis stabilization facility will include a review of that individual's crisis plan (available through Volunteers of America Care Crisis Response Services (CCRS), 1-800-747-8654).

7. Individuals screened for admission to stabilization care who need further evaluation by a Mental Health Professional (MHP) shall be seen by an MHP on-site at the crisis stabilization facility within 3 hours of the request. These requests shall be made through CCRS.

   Individuals screened by an MHP who are deemed inappropriate by the crisis stabilization facilities shall be referred by the MHP to the appropriate level of care and shall be transported off the premises.

8. Whenever possible, referrals to crisis stabilization facilities will include the following information:

   a. Any known behaviors or symptoms that might cause concern or require special care or safety measures;
   b. An evaluation of the individual's cognitive status and current level of functioning, including any disorientation, memory impairment, and impaired judgment;
   c. History of mental health issues, including suicidality, depression, and anxiety;
   d. Social, physical and emotional strengths and needs;
   e. Current substance use;
   f. Functional abilities in relationship to Activities of Daily Living (ADLs);and
   g. Current medications and medical needs.
   h. When information is not available at admission, program staff will strive to gather information as services are provided and use this information as clinically appropriate in the provision of services.

9. All appropriate documentation shall be completed at the time of admission. Admission documentation will include:

   a. Initial assessment to include: demographics, reason for presentation, history, legal involvement, risk assessment and initial discharge plan;
   b. A care plan developed in collaboration with the individual and available collateral supports;
   c. Crisis stabilization Consent/Program Rules Form;
   d. Copy of Client Rights;
   e. Health and Medical Information Form;
   f. Medication Sheet;
   g. Inventory of personal effects/property;
   h. Releases of Information for collaterals;
   i. Global Appraisal of Individual Needs – Short Screener (GAIN-SS);
   j. For individuals with a current service provider, crisis stabilization staff will attempt to obtain the current Recovery/Resiliency Plan to coordinate care with their primary clinician.

k. For direct calls or walk-ins, crisis stabilization staff should call CCRS for information on the individual, including a WATCH (Washington Access to Criminal History) report.
l. If the individual is unable to provide information at time of admission, this should be documented in the clinical record. The documentation should be completed as soon as clinically feasible or within 12 hours.

10. Basic medical screening is part of the admission screening and intake process. This can include taking basic vital health information (e.g.: blood pressure, heart rate, pulse, temperature, and blood alcohol level).
11. Being determined ineligible for crisis stabilization services does not impact the individual's eligibility for other clinically indicated services such as other crisis services, Involuntary Treatment Act (ITA) services, psychiatric hospitalization and/or cross-system referral, planning and coordination.

V. Ongoing Services Requirements

A. For enrolled individuals:

1. The Mental Health Care Provider (MHCP) shall consult with crisis stabilization staff on a daily basis to coordinate care and plan for discharge.
2. The MHCP shall contact the individual on a daily basis while the individual is in the crisis beds to coordinate care and plan for discharge.
3. Subsequent treatment/supports provided and progress toward achieving these will be documented at least daily during the crisis stabilization placement.

B. For un-enrolled individuals:

1. Crisis stabilization staff shall be responsible for coordinating treatment (including crisis case management services and referral to ongoing services, as necessary) and the discharge planning process.
2. Subsequent treatment/supports provided and progress toward achieving these will be documented at least daily during the crisis stabilization placement.

VI. Discharge

A. Planning for discharge is expected to begin at referral. Updates on the progress of the discharge plan shall be given at the change of shift to each incoming staff by the previous shift.
B. Working in conjunction with the individual and whatever other systems/supports are appropriate, crisis stabilization staff will develop a written discharge plan prior to all scheduled discharges. The individual will receive a copy of this plan at the time of discharge. This plan will contain at a minimum:

1. A listing of all follow-up appointments (including time, place, telephone number, and name of the person with whom the appointment is scheduled);
2. The names and telephone numbers of any natural supports or other resources which have been identified as helpful during times of crisis;

3. A list of current medications;
4. The name and telephone number of the individual's case manager/primary clinician;
5. The name of the individual's prescriber; and
6. The telephone number to be used to get refills.

C. Prior to unplanned discharge, the on-duty crisis stabilization staff will contact the stabilization program coordinator for discharge approval, including review of current risk and necessary supports.

1. If there is a determination of risk, a consultation with and/or outreach request to an MHP shall occur. Such a request shall be made through the Care Crisis Line. If necessary, arrangements will be made for the individual to be seen at an alternative location.
2. When clinically indicated, a Crisis Alert will also be filed when unplanned discharges take place.
3. For enrolled individuals, the MHCP primary clinician, other professionals/and or natural supports and/or programs will be informed of all unplanned discharges.

VII. OTHER PROGRAM PROCEDURES AND STANDARDS

A. Staffing

1. Crisis stabilization facilities must be staffed 24 hours per day;
2. Crisis stabilization programs shall have the ability to provide additional staff within 2 hours when this is necessary and sufficient to maintain a crisis stabilization placement;
3. Crisis stabilization facilities will be staffed by those trained in the treatment of individuals experiencing a mental health crisis;
4. Facility staff will receive training in admission and screening prior to providing single coverage;
5. Emergency Services staff/Designated Mental Health Professionals (DMHPs) shall be responsible for providing clinical consultation to crisis stabilization staff and for providing face-to-face interventions to persons receiving crisis stabilization services as needed;
6. Staffing levels must meet all appropriate licensing requirements.

B. Medication Management
Medications will be reviewed and monitored in a manner that meets all applicable contractual, licensing and regulatory requirements.

ATTACHMENTS

None

Effective Date: 8/30/2007
Revised Date: 4/24/13
Review Date: 4/24/13

North Sound Mental Health Administration

Section 1700: ICRS – Accessing Developmental Disability (DD)/Mental Health (MH) Crisis Stabilization Services

Authorizing Source: Per NSMHA and ICRS Management
Cancels:
See Also: Approved by: Executive Director Date: 5/29/2013
Providers "must have a policy consistent with NSMHA policy"
Responsible Staff: Deputy Director Signature:

POLICY #1716.00

SUBJECT: ACCESSING DD/MH CRISIS STABILIZATION SERVICES

PURPOSE

To clarify how to access Developmental Disability (DD)/Mental Health (MH) Crisis Stabilization Services throughout the North Sound Region and the parameters within which such services will be provided.

POLICY

Developmental Disabilities Administration (DDA) Crisis Stabilization Services are available to adults enrolled with the Region 2 North DDA and who are assessed to be at high risk of inpatient admission and/or loss of placement. Referrals into this specialized program must be initiated by DDA.

PROCEDURES

I. Determining enrollment with DDA

Integrated Crisis Response System (ICRS) staff intervening with someone in crisis may ascertain enrollment status with DDA by calling the VOA Care Crisis Response Services (CCRS) at 1-800-747-8654. In order to access enrollment status, the caller must be able to provide the name and birth date and/or the individual's social security number.

II. Accessing DDA Crisis Stabilization Services:

a. If an individual is determined to be DDA enrolled and **not enrolled** in the public mental health system then the individual may be recommended to this program by calling the Region 2 DDA Resource Manager at 1-425-339-4887.
b. A recommendation for a referral directed to the DDA Resource Manager will be reviewed to ensure it is appropriate and the required information has been documented. If approved, the individual's referral form is faxed to the supervisor or manager of the DD/MH Crisis Stabilization Program.
c. The supervisor assigns a clinician and the individual is then contacted to begin the process of determining what services may be effective in stabilizing the individual. Services may include psychiatric evaluation and consultation, case management, cross-system coordination, and crisis planning.

III. Hospital Diversion Bed Placement:

One bed is available for regional use at Cascade Hall in King County. This bed may be accessed via the Region 2 DDA Resource Manager.

ATTACHMENTS

None