

# 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 2013-008

Date: October 3, 2013

To: Tom Sebastian, Compass Health  
Donna Konicki, Bridgeways  
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Jan Bodily, Whatcom Counseling and Psychiatric Center  
Will Rice, Catholic Community Services Northwest  
Claudia D'Allegri, Sea Mar  
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 1532.00 – Residential Placement***

This policy has been through the complete review and approval process. The Executive Director signed and approved this policy October 3, 2013.

***Policy 1563.00 – Program of Assertive Community Treatment (PACT)***

This policy has been through the complete review and approval process. The Executive Director signed and approved this policy October 3, 2013.

***Policy 1706.00 – Safeguarding of Property***

This policy has been through the complete review and approval process. The Executive Director signed and approved this policy October 3, 2013.

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

cc: Cindy Ferraro, Bridgeways  
Kathy McNaughton, Catholic Community Services  
Heather Fennell, Compass Health  
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Effective Date: 3/3/2008; 7/13/2005  
Revised Date: 9/18/2013  
Review Date: 9/18/2013

## North Sound Mental Health Administration

### Section 1500 – Clinical: Residential Placement

Authorizing Source: WACs 246-337, 388-78A, 388-865; 388-877; 388-877A; NSMHA Contract

Cancels:

See Also:

Providers must comply with this policy and may develop individualized implementation guidelines as needed

Responsible Staff: Deputy Directory

Approved by: Executive Director

Date: 10/3/2013

Signature:

## **POLICY #1532.00**

### **SUBJECT: RESIDENTIAL PLACEMENT**

#### **PURPOSE**

To ensure that individuals whose medical necessity requires a residential placement with mental health services due to their mental illness have access to this service until they are clinically appropriate for a less intensive level of care.

#### **POLICY**

The North Sound Mental Health Administration (NSMHA) will ensure that, based on available resources, individuals who are in need of housing in supervised residential settings due to their current mental health status receive such placement within the NSMHA provider network. NSMHA will ensure that the placement is at a licensed Residential Treatment Facility (RTF) or Assisted Living Facility (ALF) and is consistent with the Individualized Recovery/Resiliency Plan (IRP).

#### **Residential Placement Options**

##### ***Residential Treatment Facilities***

Per WAC 246-337-005, a mental health RTF means a facility providing 24 hour evaluation, stabilization and treatment services for individuals with a mental illness and certified by DSHS. For NSMHA-funded residential placement, NSMHA's expectation is that contracted RTFs are certified as an adult RTF per WAC 388-877A-0197. In addition, the facility must comply with any other applicable statutes, rules, etc.

There must be sufficient numbers of qualified personnel present on a 24 hour per day basis to meet the health care needs of the residents served; managing emergency situations; crisis intervention; implementation of mental health care plans; and required monitoring activities. There is a higher level of supportive supervision and services and monitoring at an RTF than at an ALF and a higher level of staff to individual served ratio. A sufficient staff/individual served ratio at an RTF is 1:8.

While an RTF is meant to serve individuals who do not require extensive medical care, an RTF does have a higher level of medical capabilities than an ALF. Hence, an RTF is able to take individuals with more intense medical and/or psychiatric need within patient safety and regulatory requirements.

Placement at an RTF is not meant to be a permanent housing placement and length of stay shall generally be less than 18-24 months. One aspect of recovery planning during the stay shall be preparing the individual for transition to a less intensive living situation such as an ALF, Adult Family Home (AFH), supported housing or independent living.

### ***Assisted Living Facilities***

Per WAC 388-78A-2020, an ALF is any home or other institution for the express or implied purpose of providing housing, basic services, and assuming general responsibility for the safety and well-being of the residents. For NSMHA-funded residential placement, NSMHA's expectation is that contracted ALFs are licensed per WAC 388-78A and provide services that include mental health care by a sufficient number of qualified staff in accordance with this licensure and the treatment modality, mental health services in a residential setting. In addition, the facility must comply with any other applicable statutes, rules, etc.

This residential option is for individuals who require 24 hour supportive supervision and services. Length-of-stay may be either short (six (6) months or less) or long-term (six (6) months or more) with an emphasis placed on transitioning individuals to more independent settings or maintaining them in their current settings. ALF placements are not intended to be permanent housing placements, but in cases where the individual states permanent ALF placement is their preference, NSMHA recovery concepts and medical necessity must be considered in conjunction with individual choice.

## **PROCEDURE**

### **Residential Prioritization Guidelines**

NSMHA funded residential placement shall be prioritized in the stated order for the following:

1. Individuals at either Western State Hospital (WSH) or Children's Long-Term Inpatient Program (CLIP);
2. Individuals being discharged from inpatient facilities or E&T Facilities;
3. Individuals needing a higher level of support than their current services provide and who need residential placement to reasonably improve/stabilize;
4. Individuals who are homeless or incarcerated; and
5. Individuals who utilize a high level of crisis, inpatient/jail services, or who are otherwise assessed as being at risk

### **Residential Referral and Admission**

An individual must meet all of the following before being referred for (non-emergent) mental health residential placement:

1. Eighteen or older;
2. Currently meets NSMHA Clinical Eligibility and Care Standards (CECS) including statewide Access to Care Standards (ACS) or, based on current clinical information, appears to meet NSMHA CECS (see NSMHA Policy #1556 CECS);
3. Due to a covered mental illness, requires 24 hour supervision to live successfully in community settings;
4. Ambulatory;
5. Cognitive and physical abilities to enable response to fire alarms;
6. Not required physical restraint in the past 30 days;
7. Is appropriate for care in a residential setting per WAC 388-865-0235 along with WAC 246-337 (RTFs) or WAC 388-78A (ALFs) including:

Medically stable and free of physical condition(s) requiring medical or nursing care beyond what the residential facility can provide

8. Has met LOCUS (Level of Care Utilization System)/CALOCUS (Child & Adolescent Level of Care Utilization System) criteria for a Level of Care 5 or 6 within the past six (6) months

For individuals who meet referral criteria, the residential provider shall ensure:

Individual receives an assessment by a Mental Health Professional consistent with WAC 388-877-0160 and WAC 388-877A-0130. The assessment assists in determining whether:

1. Individual meets NSMHA CECS;
2. Individual is appropriate for Level of Care of 5 or 6 due to a mental illness per current LOCUS/CALOCUS; and
3. Individual meets WAC standards for admission per WAC 388-865-0235 residential and housing services.

In order for NSMHA to be involved in payment for residential placement, the individual MUST meet NSMHA CECS and be currently receiving mental health services from a NSMHA contracted provider (the residential facility staff/an outpatient service provider (See Coordination of Care section below)). A person may live in a facility that contracts with NSMHA and not meet NSMHA CECS/be receiving mental health services from a NSMHA-contracted provider, but the resident would be expected to pay for such a placement from their own resources or utilize a non-NSMHA funding source.

#### **Residential Exclusionary Criteria**

1. Individual has a psychiatric condition that requires a more intensive/restrictive option;
2. Individual is actively suicidal or homicidal;
3. Individual is chemically dependent on alcohol/drugs and is in need of detoxification;
4. Individual has a primary diagnosis of Mental Retardation (DSM-IV-TR)/Intellectual Disability (DSM-5) or Autistic Disorder (DSM-IV-TR)/Autism Spectrum Disorder (DSM-5); or
5. Individual has a recent history of arson, serious property damage, or infliction of bodily injury on self or others.

This exclusion can be waived based upon the accepting facility's evaluation of individual's functioning.

#### **Coordination of Care**

Both RTFs and ALFs are expected to provide or arrange for provision of medically necessary mental health services. For medically necessary mental health services the RTFs and ALFs are not able to provide by residential facility staff, arrangements must be made for provision of these services with a NSMHA contracted provider.

When an individual is receiving mental health services from a provider outside of the residential facility, the residential facility staff shall coordinate services with the outpatient provider. This shall include, but not be limited to, an IRP and crisis plan that is developed in collaboration with the resident and outpatient provider.

Residential facilities shall also follow all other applicable NSMHA policies regarding coordination of care with other service providers.

### **Residential Documentation**

NSMHA contracted residential facilities shall maintain a chart per NSMHA policies along with other required documentation standards for licensed RTFs and ALFs. For documentation that must be completed within a standard timeline (IRP, etc.), the day of admission to the residential facility shall be considered the start of the timeline.

The chart must also contain documentation that individuals are advised of their rights including:

1. Long-term Care Resident Rights (RCW 70.129) as described in WAC 388-865-0235 Residential and Housing Services;
2. Individual Rights per WAC 388-877-0600;
3. Resident rights per WAC 246-337-075 for RTFs; and
4. Resident rights per WAC 388-78A-2660 for ALFs.

### **Continuing Care/Discharge**

Individuals receiving NSMHA-funded services shall meet continued stay criteria per NSMHA Policy 1539 Continued Stay/Reauthorization Criteria in addition to residential placement criteria. The residential facility shall continue to provide placement as long as the resident's condition continues to meet placement criteria at this residential level and no less intensive options would be adequate. Ongoing need for this service modality will be reassessed, at least, every six (6) months and documented in the clinical record.

Planning for step-down to a lower level of care shall begin at admission and be reflected in the IRP. Active transition planning shall be initiated when, but not necessarily limited to:

1. IRP goals and objectives, which necessitate support from NSMHA residential facility, have been substantially met;
2. As indicated by LOCUS/CALOCUS scoring the individual appears to be ready for a lower level of care; and/or
3. Further progress at the residential facility is deemed unlikely and the individual can maintain current level of functioning in a less intensive setting.

When a determination is made that the individual may be ready for transition to a less intensive placement, the individual's IRP shall be updated to reflect specific objectives of the transition plan. In the event that the resident is discharged from the residential facility and continues to meet medical necessity criteria for outpatient mental health services, the transition plan shall reflect coordination with the existing outpatient service provider or facilitation of connection with an outpatient provider for continued care.

See NSMHA Policy 1540 Discharge from Treatment for additional policy and procedure regarding discharge from treatment and transition planning.

### **Seclusion and Restraint**

As documented in NSMHA Policy 1541 Rationale and Use of Seclusion and Restraint, no NSMHA contracted provider shall utilize seclusion or restraint for any purpose other than a freestanding E&T Facility.

### **ATTACHMENTS**

None

Effective Date: 6/17/2010; 3/4/2009; 8/30/2007  
Revised Date: 5/1/2013  
Review Date: 9/25/2013

## North Sound Mental Health Administration

### Section 1500 – CLINICAL: Program of Assertive Community Treatment (PACT)

Authorizing Source: DSHS Contract

Cancels:

See Also:

Providers must comply with this policy and may develop individualized implementation guidelines as needed

Responsible Staff: Deputy Director

Approved by: Executive Director

Date: 10/3/2013

Signature:

## **POLICY #1563.00**

### **SUBJECT: PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)**

#### **PURPOSE**

To define PACT eligibility requirements, admission and discharge processes in this fidelity model program.

#### **POLICY**

The North Sound Mental Health Administration (NSMHA) has PACT teams/service areas located in Skagit, Snohomish and Whatcom Counties. Individuals referred to PACT may come from any of NSMHA's five counties but they must live in the PACT service area to receive PACT services.

PACT teams in the North Sound Region comply with Washington State PACT Program Standards as a minimum set of regulations (See Attachment 1563.01) in addition to other applicable state and federal regulations. PACT team leaders will collaborate with the designated NSMHA Quality Specialist on designing and implementing PACT programs. PACT teams will participate in fidelity reviews conducted by Washington Institute for Mental Health Research and Training (WIMHRT), Department of Social and Health Services (DSHS)/NSMHA in addition to utilization reviews and audits.

PACT is a person-centered, recovery-oriented team model of service delivery. The PACT team has a trans-disciplinary approach and provides the majority of services that individuals need. The team is directed by a team leader and psychiatric prescriber and includes a sufficient number of staff from the core mental health disciplines: at least one (1) peer specialist, a dual-diagnosis treatment specialist, an employment specialist, Registered Nurses (RNs) and a program or administrative support staff who work in shifts to cover 24 hours per day, 7 days per week to provide intensive services. Regular program hours include 12 hours per day on weekdays and 8 hours per day on weekend days and holidays.

PACT services include the following: comprehensive mental health assessments; individualized treatment planning; service coordination; crisis assessment; symptom assessment and management; medical (psychiatric) prescription; administration; monitoring and documentation; dual-diagnosis substance abuse services; education and work related services; activities of daily living services; social/interpersonal relationship and leisure-time skill training; peer support and wellness recovery services; support services; education; support and consultation to individuals' families and other major supports; individual medical record maintenance; culturally and linguistically appropriate services (CLAS); performance improvement and program evaluation.

PACT programs have a maximum ratio of 10 individuals to one clinical staff person. The PACT team is mobile and delivers services in community locations. Seventy-five percent or more of PACT services are delivered in the community. Individuals receive an average of 120 minutes of contact per week in an average of 3 contacts per week. Each individual's plan of care will be tailored to his/her individual needs,

which may include multiple contacts per day at times. The approach with each individual emphasizes relationship building and active involvement in assisting individuals with severe and persistent mental illness to make improvements in functioning, better manage symptoms, achieve individual goals and maintain optimism.

Admissions to the PACT team occur at a rate of 4 to 6 individuals per month until the team reaches its target enrollment, for the full PACT program this is 80 to 100 individuals with a minimum average of 90 individuals; 42-50 with a minimum average of 46 individuals in the half-PACT program. Once programs reach capacity, admissions continue as discharges occur. Individuals who have discharged from the PACT program are given rapid readmission if they meet medical necessity to return to the PACT program.

## **PROCEDURES**

### **ELIGIBILITY CRITERIA**

1. For full eligibility criteria please see attachment 1563.01, pages 7&8.
2. Individuals admitted to PACT must have a current diagnosis of a severe and persistent mental illness and be experiencing severe symptoms and have significant impairments. The individuals must also experience continuous high service needs and functional impairments and have not shown to benefit significantly from other outpatient services currently available. Individuals must meet eligibility standards and not meet any exclusionary criteria to be admitted.
3. Individuals must have a current Level of Care of 4, 5, or 6, per the Level of Care Utilization System (LOCUS), in order to be considered for admission. For those individuals for whom it is not possible to include a current LOCUS level, the submitted documentation will be used to determine if it appears the individual is in need of care at a level of 4, 5, or 6.
4. Individuals requesting PACT must have Medicaid with a mental health benefit at the time of admission. For individuals who lost Medicaid while hospitalized or incarcerated, the Medicaid pre-screening portion of the PACT screening form must be completed in order for the referral screeners to determine whether a financial exception may be made.
5. Admission criteria must be in accordance with Washington State PACT Program Standards.

### **SCREENING AND ADMISSION PROCESS**

Screening forms for each program are available on the NSMHA website at [www.nsmha.org](http://www.nsmha.org) or by requesting one from NSMHA. Screening forms may be completed by professionals, family members, individuals, or other interested individuals. When a referred individual is receiving services from a NSMHA contracted provider agency, that agency will be contacted in order to coordinate care for the referred individual. Documentation supporting the need for a PACT level of care, including current symptomology, is necessary in a referral.

Referrals are sent directly to NSMHA and are then routed to the appropriate Team Leader. Referrals are reviewed by a designated NSMHA Quality Specialist and the PACT Team Leader to determine whether or not the individual meets minimum admission criteria within seven (7) business days of receipt of the referral. This timeline may be extended if additional documentation is required to make a determination. Referrals that meet basic admission criteria are moved on for assessments. If the referral is denied, the NSMHA Quality Specialist notifies the referring party and discusses treatment options with them and a Notice is sent to the referred individual. If the individual meets minimum criteria, the PACT Team Leader notifies the referral source including the current status of assessments (i.e., an assessment will be scheduled or the individual is on a wait list for assessment and the expected timeframe, etc.). After the individual completes the initial PACT assessment, they are either prioritized for admission to the program or referred to services that can assist them at the level of care they require.

If an individual is denied PACT services after the initial assessment, a Notice is sent to the individual and the referral source is notified. If agreement between the Team Leader and NSMHA Quality Specialist cannot be reached about whether or not an individual is appropriate for PACT services, the reasons for recommending denial or admission will be put in writing by the PACT team, signed by the Team Leader, the PACT Psychiatrist and the Executive Director (or formal designee\*) of the contracting agency. The NSMHA Medical Director will review the documentation (referral information, assessment, reasons for denial request, and any other additional information available) and make a determination about admission. If the final determination by NSMHA's Medical Director is not acceptable by PACT contracting agency, a formal contract dispute resolution process may be initiated.

*(\*The formal designee must be identified in correspondence to NSMHA from the Executive Director of PACT contracted agency.)*

Order of admission to the PACT program is based on a number of factors including, but not limited to, individuals with: current and recent Western State Hospital (WSH) admissions, current and recent Children's Long-Term Inpatient Program (CLIP) admissions who are at least 18 years of age, community hospital admissions, jail/prison episodes, residential program participation, intensity of current symptoms and current supports.

### **LOCUS**

For those individuals without a current or accurate LOCUS, the LOCUS shall be completed at the time of admission into PACT. This includes individuals who may have a current LOCUS from another Community Mental Health Agency (CMHA). Subsequent completion of the LOCUS shall follow NSMHA Policy #1565 Child and Adolescent Level of Care Utilization System and Level of Care Utilization System.

### **DISCONTINUATION OF PACT SERVICES**

As PACT is a voluntary program, individuals receiving PACT services may request to be disenrolled from the PACT program at any time. PACT staff members are committed to serving individuals who are difficult to engage and will make every effort to work with enrolled individuals to come to a mutually agreeable plan of care to continue working together. If this is not possible, PACT will assist the individual to find and enroll in other services suitable to the individual prior to closing the individual's episode of treatment in the PACT program. If the individual wishes to re-enroll in the PACT program in the future, they are given a rapid readmission to the program.

Individuals in the PACT program also discontinue PACT services when they move away from the PACT service area. If the individual is moving to an area with another PACT program, the team will attempt to transfer the individual to that area's PACT team. If the move is to an area without a PACT program, the team will assist the individual to arrange other services as necessary to meet the individual's needs.

Transfers to other PACT teams will be arranged by the Team Leader in conjunction with the designated NSMHA Quality Specialist. Referrals of individuals currently receiving services from other PACT teams will be considered on an expedited basis.

All transfers and discharges of PACT participants must be approved by NSMHA prior to the closing of the PACT episode.



## **COMPLAINTS AND GRIEVANCES**

Complaints and grievances involving PACT enrollees will follow NSMHA's general policies on complaints and grievances (See NSMHA policies 1001 thru 1004) for this information. NSMHA, in conjunction with the PACT Advisory Committee, will monitor for trends in complaints and grievances specific to the PACT programs and use this information for continuous quality improvement with the programs.

## **STAKEHOLDER ADVISORY COMMITTEE**

PACT programs shall each have a Stakeholder Advisory Committee whose role is to: promote quality programs; monitor fidelity to the PACT Standards; guide and assist the administering agency's oversight of the PACT program; problem solve and advocate reducing barriers to PACT implementation; and monitor/review/mediate individual and family grievances or complaints. The Stakeholder Advisory Committee shall include a NSMHA representative.

## **ATTACHMENTS**

1563.01 – WA State Program of Assertive Community Treatment (PACT) Program Standards – (FINAL) 4-16-07

Effective Date: 3/3/2008; 8/30/2007  
Revised Date: 8/29/13  
Review Date: 8/29/13

## North Sound Mental Health Administration

### Section 1700 – Crisis Services: Safeguarding of Property

Authorizing Source: WAC 388-877-0280(3) & RCW 71.05.220, 71.05.700-71.05.715

Cancels:

See Also:

Providers must “comply” with this policy

Responsible Staff: Deputy Director

Approved by: Executive Director

Date: 10/3/2013

Signature:

### **POLICY #1706.00**

### **SUBJECT: SAFEGUARDING OF PROPERTY**

### **PURPOSE**

NSMHA providers of crisis services and providers who operate psychiatric inpatient Evaluation and Treatment (E&T) facilities shall have appropriate policies and processes to ensure that reasonable precautions are taken to safeguard an individual’s property.

### **POLICY**

When a Peace Officer or Designated Mental Health Professional (DMHP) escorts an individual to a facility to be evaluated, the DMHP must take reasonable precautions to safeguard the individual’s property.

Providers who operate E&T facilities shall take reasonable precautions to inventory and safeguard the property of the individual detained to that facility.

### **PROCEDURE**

1. Agencies employing DMHPs shall provide adequate training and have protocols regarding:
  - a. Safeguarding the individual’s property in the immediate vicinity, if involved, at the point of apprehension;
  - b. DMHPs will make every reasonable effort to ensure individuals and service animals (per ADA definition) will be kept together.
  - c. Safeguarding belongings not in the immediate vicinity, if made aware that there may be possible danger to those belongings; the DMHP may coordinate with law enforcement and/or other available collateral supports to address these needs;
  - d. Taking reasonable precautions, if made aware, to lock and otherwise secure the individual’s home or other property as soon as possible after the individual’s initial detention; the DMHP may coordinate with law enforcement and/or other available collateral supports to address these needs;
  - e. Ensuring that requirements for crisis outreaches to home visits (RCW.71.05.700 through 71.05.715) are met; and
  - f. Documenting, if made aware, the actions taken to safeguard the individual’s property.
2. At the time an individual is involuntarily admitted to an E&T facility, a copy of the inventory, signed by the E&T facilities’ staff member completing it, shall be given to the individual detained. In addition, the inventory contents shall be open to inspection to any responsible relative, subject to limitations, if any, specifically imposed by the detained individual. For purposes of this section, “responsible relative” includes the guardian, conservator, attorney, spouse, parent, adult child, or adult brother or sister of the individual. The facility shall not disclose the contents of the inventory to any other person without the consent of the individual or order of the court.
3. NSMHA will monitor providers’ policies and practices through the auditing process.

### **ATTACHMENTS**

None