



North Sound Behavioral Health Organization, LLC

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North Sound BHO Contract Memorandum 2016-003

Date: March 28, 2016

To: Tom Sebastian, Compass Health and Compass Whatcom
Donna Konicki, Bridgeways
Michael Watson, Lake Whatcom RTC
Will Rice, Catholic Community Services Northwest
Claudia D'Allegri, Sea Mar
Jim Lovick, Snohomish County Executive
Phil Smith, Volunteers of America
Randy Polidan, Interfaith
Sue Closser, Sunrise Services
Robert Sullivan, Pioneer Human Services
Beratta Gomillion, Center for Human Services

From: Joe Valentine, Executive Director

Subject: Revised/New Policies

Policy 1703.00 – Duration of Crisis Services

This revised policy has been through the complete review and approval process. The Executive Director signed and approved this policy March 28, 2016.

Policy 1729.00 – Designated Mental Health Professional (DMHP) Coordination with Jails for Involuntary Evaluation Needs

This new policy has been through the complete review and approval process. The Executive Director signed and approved this policy March 28, 2016.

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

cc: Cindy Ferraro, Bridgeways
Heather Fennell, Compass Health
Kay Burbidge, Lake Whatcom RTC
Pat Morris, Volunteers of America
Katherine Scott, Sea Mar
Richard Sprague, Interfaith
Danae Bergman, Center for Human Services
Jackie Henderson, Island County Coordinator
Barbara LaBrash, San Juan County Coordinator
Rebecca Clark, Mental Health Program Coordinator Skagit County
Anji Jorstad, Snohomish County Coordinator
Anne Deacon, Whatcom County Coordinator
Contract File

Effective Date: 1/31/2014; 6/17/2008; 1/28/2008; 11/29/2005
Revised Date: 3/24/2016
Review Date: 3/24/2016

North Sound Behavioral Health Organization

Section 1700 – Integrated Crisis Response Services (ICRS): Duration of Crisis Services

Authorizing Source: WACs 388-877A-0240, 0260, 0270;
North Sound Behavioral Health Organization and ICRS Management

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: 3/28/2016

Signature:

POLICY #1703.00

SUBJECT: DURATION OF CRISIS SERVICES

POLICY

Crisis Service and Crisis Stabilization Services are provided until the assessor has determined that the individual is stabilized and no longer presents an immediate, acute, or heightened risk of harm to self, others, or grave disability. Crisis Service and Crisis Stabilization Services also may end when the individual is referred to other services.

Crisis Services and Crisis Stabilization Services are short-term (up to two weeks per episode) in nature and are intended to last for a few hours or days. Crisis Prevention and Intervention Teams (CPIT), are voluntary teams available in Skagit, Snohomish and Whatcom Counties. These teams operate with more flexibility and discretion in their stabilization services. Individuals may re-enter crisis services if a new crisis arises or the individual's functioning deteriorates.

PROCEDURES

- I. Appropriate and timely discharge from Crisis Service and Crisis Stabilization Services are a consideration from the beginning of each crisis intervention.
- II. When discharge from crisis services is being planned, the following shall occur:
 - a. The risk of harm to self or others shall be assessed and documented in the clinical record and any substantial risks have been addressed.
 - b. The action plan for the continued resolution of the crisis and stability has been developed. This means the following:
 - i. The action plan has been agreed to by the individual who was in crisis;
 - ii. The action plan has been coordinated with significant others and other professionals; as appropriate.
 - iii. If the individual is being referred to another service, the individual has the referral contact information and alternative plans, if this referral does not work out;
 - iv. The individual and significant others have a plan to respond if the issues of concern become more acute again; and
 - v. The action plan has been documented in the clinical record.

ATTACHMENTS

None

Effective Date: 3/28/2016
Revised Date: 1/28/2016
Reviewed Date: 3/23/2016

North Sound Behavioral Health Organization

Section 1700 –DMHP Coordination with Jails for Involuntary Evaluation Needs

Authorizing Source: DMHP protocols

Cancels:

See Also:

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

Responsible Staff: Deputy Director

Approved by: Executive Director

Date: 3/28/2016

Signature:

POLICY #1729.00

SUBJECT: DESIGNATED MENTAL HEALTH PROFESSIONALS (DMHP) COORDINATION WITH JAILS FOR INVOLUNTARY EVALUATION NEEDS

PURPOSE

The purpose of this policy is to ensure consistent coordination between DMHPs and jails for individuals needing involuntary evaluations in accordance with RCWs 71.05 and 10.77.

POLICY

This policy provides procedures for DMHPs working with the jails when there are requests from the jails to provide an Involuntary Treatment Act (ITA) evaluation.

The DMHP does not rule out any referral for investigation solely because the person is incarcerated. Persons in a jail or prison who have a mental disorder can be detained to an evaluation and treatment facility with, or without, a jail hold if the required criteria below are met.

Only individuals who are eligible for release from the jail can be detained to a treatment facility.

PROCEDURE

1. When the jail is requesting an ITA evaluation, not pursuant of a court order, for inmates eligible for release, the jail professional will contact the Care Crisis line at 1-800-747-8654. Care Crisis Clinicians will gather information to determine the basis for the DMHP request. The Care Crisis professionals will check the North Sound Consumer Information System (CIS) and will inform the DMHP of the enrollment status.
2. The Care Crisis professional will contact the DMHP on call in the county in the jail's jurisdiction. Care Crisis will pass the case to the DMHP as a Consult. The DMHP will then contact the jail to gather pertinent information to determine if a face-to-face investigation is warranted. The DMHP may request the jail fax court orders directly to the DMHP office. Information needed will include, but is not limited to: the individual's criminal charges status (felony or misdemeanor); release date; jail hold (if any); and the jail or prison's policy regarding release, current behavior, medication administration.
3. Individuals held under 10.77 (competency holds) should be referred to WSH to address competency evaluations and restoration. RCW 71.05 is not able to provide evaluation or restoration services to those individuals.
4. If an investigation is requested for an incarcerated person upon completion of competency evaluation/restoration under RCW 10.77 (Mentally Ill Offender [MIO]), an evaluation shall be conducted of such person under RCW 71.05 and RCW 10.77.065(1)(b). **To the extent possible, the DMHP, upon request of the correctional facility, will conduct the investigation shortly before the person's scheduled release date or when the correctional facility has the authority to release the person if the detention criteria are met. RCW 10.77.065.**

5. If an investigation is warranted, the DMHP will then make arrangements with the jail to evaluate the inmate, who is currently incarcerated and scheduled for release. For involuntary mental health treatment within 72 hours prior to release from confinement.
 - a. The DMHP will inform the jail/jail professional of the results of the investigation. If the DMHP decides that a detention under RCW 71.05 is necessary, the DMHP:
 - b. Coordinates the process with law enforcement personnel and other representatives of the legal system as needed.
6. The DMHP will discuss arrangements for transportation to the nearest emergency department for medical clearance and for transportation of the inmate.
7. If the result of the investigation is a decision not to detain, the DMHP may offer some recommendations to the jail professional prior to the release of the inmate.

ATTACHMENTS

None