



North Sound Behavioral Health Organization, LLC

301 Valley Mall Way, Suite 110, Mount Vernon, WA 98273
<http://northsoundbho.org> • 360.416.7013 • 800.684.3555 • F 360.416.7017

North Sound BHO Contract Memorandum 2016-005

Date: May 10, 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'Allegrì, 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
Chris Starets-Foote, Mukilteo Evaluation and Treatment (E&T) Facility
Gregg von Fempè, Telecare E&T
Bill Sinclair, Swedish
Sue Derosier, Swedish
Mendy Silva, Skagit Valley Hospital
Danielle Kizer, Peace Health
Connie Davis, Skagit Regional Health
Julie Zarn, Providence
Kathy Brewer, Seattle Children's Hospital
Kelly Schloredt, Seattle Children's Hospital
Michael Uradnik, United Health Services
Steve Smith, Fairfax Hospital
Jo Ellen Watson, Evergreen Fairfax

From: Joe Valentine, Executive Director

Subject: Guidelines for Outpatient Monitoring of Conditional Release/Less Restrictive/Assisted Outpatient Treatment (CR/LR/AOT) orders and revised policy

Attached are guidelines and revised policy related to the delivery of services when an individual is placed on a Conditional Release/Less Restrictive/Assisted Outpatient Treatment (CR/LR/AOT) Order by the courts.

There has been a recent change in the law that will affect the monitoring process for Behavioral Health Agencies (BHA), certified by Department of Behavioral Health and Recovery (DBHR) for outpatient psychiatric and medical components of community support services and involuntary treatment services consistent with Washington Administrative Codes (WAC) 388-877A-0195.4. This change (to the provision of services to individuals on a CR/LR/AOT Order) is designed to improve monitoring and coordination required for Less Restrictive Alternative (LRA) Treatment. The assignment of a care coordinator in the BHA is to ensure there is an identified clinician who has been given clear responsibility to monitor the CR/LRO/AOT.

Some revised procedures to ensure this change are listed below and are included in revised policy 1562.00 – Monitoring of Conditional Release/Less Restrictive/Assisted Outpatient Treatment (CR/LR/AOT) Orders (attached).

For individuals involuntarily committed under Revised Code of Washington (RCW) 71.05 or 71.34, inpatient psychiatric facilities are required to provide notice of discharge and copies of CRs/LROs/AOTs to the Designated Mental Health Professional (DMHP) office responsible for the detention and the DMHP office in the county where the individual is expected to reside.

Inpatient psychiatric facilities are also expected to contact BHAs to request the BHA assume responsibility of the CR/LRO/AOT, at a minimum, prior to the individual's discharge.

The inpatient psychiatric facility **must** contact the certified BHA to request the BHA assume responsibility of the CR/LRO/AOT. This contact **must** be a written request and is expected to occur prior to the individual's discharge from the inpatient facility. This is a change and will require the inpatient units to fax this request to the BHA to secure the agreement from the BHA for that responsibility.

The BHA will need to fax the response to the request back to the inpatient unit in an expedited manner to ensure the courts have the information they need to complete the order. LROs **must** be assigned prior to discharging from the inpatient facility.

Once the individual has been seen by the BHA for an intake assessment, the BHA will need to assign a Care Coordinator, a clinical practitioner, who coordinates the activities of LRA treatment. The Care Coordinator coordinates activities with the DMHP necessary for enforcement and continuation of LRA orders and is responsible for coordinating service activities with other agencies and establishing and maintaining a therapeutic relationship with the Individual on a continuing basis.

The Care Coordinator assigned to an individual ordered to LRA treatment will need to be responsible for submitting an individualized plan for the individual's treatment services to the court that entered the order. An initial plan must be submitted as soon as possible following the intake evaluation and a revised plan must be submitted upon any subsequent modification in which a type of service is removed from or added to the treatment plan.

This is a change to current practice for the BHA. BHA's will need to develop a system to submit and track the submission of these plans to their respective courts, who have managed the case. The court involved in the case should be identified on the LRO. (If there are questions regarding which court was involved, the BHA care coordinator can contact their DMHP office for further information). The courts are currently working on a process to accept these recovery/treatment plan submissions from the providers. The recovery/treatment plans will need assigned to the individual's cause (case). A template has been provided as an example of what the courts will need. The preferred method for delivery of these plans to the courts will be via mail to the respective courts. Included in this memo is a listing of regional courts that have placed the individual on the order.

The change in the rules will go into effect on June 9, 2016. It does not provide a great deal of time to prepare for the changes; the amendment was just passed and the policy changes have to be revised quickly.

Policy 1562.00 – Monitoring of Conditional Release/Less Restrictive/Assisted Outpatient Treatment (CR/LR/AOT) Orders (name on the website will be – Monitoring of CR/LR/AOT Orders)

This policy has been **fast tracked** to the Executive Director for approval. The Executive Director signed and approved this policy May 10, 2016.

Full implementation of this policy should occur no later than beginning of business June 9, 2016.

If you have any questions, you can contact Sandy Whitcutt (sandy_whitcutt@north_soundbho.org; 360-416-7013).

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: **FAST TRACKED 5/10/2016**; 4/28/2014; 9/30/2011; 11/16/2009; 3/5/2009; 8/30/2007

Revised Date: 4/28/2016

Review Date: 4/28/2016

North Sound Behavioral Health Organization

Section 1500– Clinical: Monitoring of Conditional Release (CR)/Less Restrictive Orders (LRO)/Assisted Outpatient Treatment (AOT)

Authorizing Source: WAC 388-865-0245 2(a)(b); WAC 388-877A-0195;

RCW 71.05.320; 71.05.340; 71.05.700-715, and 71.34.780; Crisis Training Module, North Sound BHO 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: 5/10/2016

Signature:

POLICY #1562.00

SUBJECT: MONITORING OF CONDITIONAL RELEASE (CR)/LESS RESTRICTIVE ORDERS (LRO)/ASSISTED OUTPATIENT TREATMENT (AOT)

PURPOSE

The purpose of this policy is to ensure a consistent and meaningful process for individuals on CR/LRO court orders or AOT order.

DEFINITIONS

Assisted Outpatient Treatment (AOT): an order for Less Restrictive Alternative (LRA) Treatment, for up to ninety days, from the date of judgement. AOT shall not order inpatient treatment.

Care Coordinator: a clinical practitioner who coordinates the activities of LRA treatment. The Care Coordinator coordinates activities with the designated mental health professionals necessary for enforcement and continuation of LRA orders and is responsible for coordinating service activities with other agencies and establishing and maintaining a therapeutic relationship with the Individual on a continuing basis

Conditional Release (CR): a revocable modification of a commitment, which may be revoked upon violation of any of its terms. (A commitment means the determination by a court that a person should be detained for a period of either evaluation or treatment, or both, in an inpatient or a less restrictive setting.) This document specifies what the person needs to do to remain in the community. It differs from an LR in length and because there is no court involvement, other than the underlying 90 or 180 day MR Order.

Less Restrictive Order/Less Restrictive Alternative (LRO/LRA): A court order that is put in place, by court hearing or stipulation, for some individuals after they have been involuntarily detained. This order specifies what the person needs to do to remain in the community after discharge from an inpatient unit.

POLICY

For individuals involuntarily committed under Revised Code of Washington (RCW) 71.05 or 71.34, inpatient psychiatric facilities are required to provide notice of discharge and copies of CRs/LROs/AOTs to the Designated Mental Health Professional (DMHP) office responsible for the detention and the DMHP office in the county where the individual is expected to reside. This notification is required to occur as soon as possible and no later than one business day after the individual's discharge from the inpatient psychiatric facility. The DMHP office located in the county where the individual is expected to reside will contact the responsible Behavioral Health Agency (BHA) as soon as they are made aware of the CR/LRO/AOT on the individual.

Inpatient psychiatric facilities are also expected to contact BHAs to request the BHA assume responsibility of the CR/LRO/AOT, at a minimum, prior to the individual's discharge. However, once a BHA becomes aware of an individual's CR/LRO/AOT, lack of notification by the inpatient facility to the BHA prior to the individual's discharge does not eliminate responsibility to follow up with the individual on the CR/LRO/AOT (see Procedure section).

In order to ensure the provision of services to individuals on a CR/LRO/AOT, BHAs **must** be certified by Department of Behavioral Health and Recovery (DBHR) for outpatient psychiatric and medical components of community support services and involuntary treatment services consistent with Washington Administrative Codes (WAC) 388-877A-0195.4. A "Less Restrictive Alternative Treatment Provider" means a provider agency that is licensed by DBHR to monitor, provide/coordinate the full scope of services required for LRA Treatment, agrees to assume this responsibility, and houses the Care Coordinator.

In order to ensure integrated, well-coordinated and medically necessary services are delivered to individuals on a CR/LRO/AOT, BHA's will need to work closely with DMHPs and other allied professionals in the community.

Legal status does not preclude the individual's financial responsibility for outpatient services. State funds payment by North Sound BHO for individuals receiving State plan services shall be considered payment in full as long as they meet State funding qualifications and do not have third party resources.

PROCEDURE

1. The inpatient psychiatric facility must contact the BHA to request the BHA assume responsibility of the CR/LRO/AOT. This contact **must** be a written request and is expected to occur prior to the individual's discharge from the inpatient facility.
2. Although a BHA may decline to assume responsibility of the CR/LRO/AOT if there is clinical rationale to do so, this should be a rare occurrence. Any BHA declining the request from an inpatient facility will need to notify North Sound BHO prior to notifying the inpatient facility of the decision.
3. If the BHA has agreed to serve the individual, the inpatient facility must contact Volunteers of America (VOA) Access Line or the provider directly, to complete a request for service. Availability of Open Access/same day appointment does not eliminate the need for the discharging hospital to complete the request for service.

4. BHAs shall ensure monthly evaluation of each committed individual for release from or continuation of an involuntary treatment order by documenting the individual's adherence to the conditions of the CR/LRO/AOT in accordance with current WACs. The monthly summary will include compliance violations over the last 30 days, in addition, to the next steps and plan. The monthly summary should be faxed to the responsible DMHP office.
5. BHAs shall document each violation of the conditions of the CR/LRO/AOT in the chart. This shall include an evaluation of the need to pursue revocation. See the North Sound BHO's Integrated Crisis Response System (ICRS) Training Module (http://nsmha.org/Committee/RTC/ICRS/Crisis_Response_Module.pdf) for additional information on revocation.
6. For an individual placed on a CR/LRO/AOT who is not currently in an open outpatient treatment episode with a North Sound BHO BHA:
 - a. The BHA is responsible for providing follow up services with the individual when a request for service at that BHAA has been made (refer to North Sound BHO Policy #1502.00 – Accessibility, Engagement and Utilization of Services for High Need Individuals Not Engaging in Treatment).
 - i. The BHA care coordinator will coordinate appropriate follow up needs with his/her supervisor.
 - ii. The BHA care coordinator will notify the DMHP office in writing if the individual does not attend the assessment appointment and documentation must include what attempts are going to be made to engage the individual.
 - iii. The BHA and DMHP offices may need to coordinate on further follow up needs as appropriate. This could include outreach, crisis alerts, affidavits, etc.
 - iv. All BHA care coordinators will document their attempts to contact and engage the individual.
 - v. Any and all DMHP involvement will be documented by the BHA.
 - b. The DMHP office is responsible for notifying the BHA when the office is made aware of an individual being placed on a court order for a specific BHA.
 - c. When no assignment to a BHA has been made on the court order, the DMHP office will retain the order pending further action.
 - i. The DMHP office will notify a North Sound BHO Care Coordinator when an unassigned or inappropriately assigned order is received and/or the DMHP office is contacted by an individual on an unassigned or inappropriately assigned order. The North Sound BHO- Care Coordinator will contact a regional BHA to seek an assignment of the court order, and then coordinate with the DMHP office to facilitate appropriate assignment by the court and referral of the individual to that CMHA. The BHA is then responsible for follow up with the individual and monitoring of the order.
 - ii. If the individual refuses to comply with the conditions of the CR/LRO, the DMHP may petition to revoke the court order and send the individual back to the hospital (based on clinical and safety needs).

- iii. Individuals on an AOT are not able to be revoked. If the individual refuses to comply with the conditions of the AOT, the BHA should coordinate with the DMHP office regarding the violation(s) to determine if there are grounds for a new evaluation for a detention.
- 7. For an individual on a CR/LRO/AOT who is currently in an open outpatient treatment episode with a North Sound BHO BHA, the BHA/shall monitor the CR/LRO,AOT, as ordered by the court.
- 8. "LRA Treatment" to include CR/LRO/AOT means a program of individualized treatment in a less restrictive setting that includes the following services:
 - a. Assignment of a care coordinator; this individual will have the responsibility of monitoring the LR/CR/AOT and will be clearly identified in the chart.
 - b. An intake evaluation with the provider of the LRA treatment;
 - c. A psychiatric evaluation;
 - d. Medication management (as specified in RCW 71.05);
 - e. A schedule of regular contacts with the provider of LRA treatment for the duration of the order;
 - f. A transition plan addressing access to continued services at the expiration of the order;
 - g. An individual crisis plan; and
 - h. For AOT, an evaluation to determine medical necessity will occur after the first month.
 - i. LRA Treatment may additionally include requirements for an Individual to participate in the following services:
 - i. Psychotherapy;
 - ii. Nursing;
 - iii. Substance abuse counseling;
 - iv. Residential treatment; and
 - v. Support for housing, benefits, education, and employment.
- 9. The care coordinator assigned to an individual ordered to less restrictive alternative treatment **must** submit an individualized plan for the individual's treatment services to the court that entered the order. An initial plan must be submitted as soon as possible following the intake evaluation and a revised plan must be submitted upon any subsequent modification in which a type of service is removed from or added to the treatment plan
- 10. In order to monitor individuals on CRs/LROs/AOT's, BHA care coordinators shall prioritize the following:
 - a. The CR/LRO/AOT is a tool to assist the individual in their recovery and to maintain stability and safety in the community.
 - b. An individual's participation in treatment, per the CR/LRO/AOT.
 - c. Providing DMHPs with information needed to support petitions.
- 11. BHAs shall notify the DMHP if non-adherence with the CR/LRO/AOT impairs the individual sufficiently to warrant evaluation for revocation of the CR/LRO/AOT.

12. DMHPs shall maintain a system which tracks CRs/LROs/AOTs, as well as, ensuring BHAs are informed of the process for extending a CR/LROAOT.
13. Petitioning to extend the CR/LRO/AOT shall occur whenever the individual continues to meet the criteria for further commitment and when further less restrictive treatment will support the individual's recovery. Care coordinators are encouraged to consider information from all natural supports and other treatment providers. In this circumstance, the BHA care coordinator shall request an extension from their local DMHP office **three to four weeks** prior to the expiration of the CR/LRO/AOT.

BHA care coordinators shall be fully educated and aware of the ability to continue or extend a CR/LRO/AOT, even when the individual's circumstances do not warrant hospitalization or meet acute care criteria. The individual's past history of decompensation without continued involuntary outpatient treatment is important to consider when determining if the criteria for grave disability can be met.

14. A BHA assigned to monitor an enrolled individual on a CR/LRO/AOT may not discharge the individual from mental health services while they are on the CR/LRO/AOT. BHAs involved in the care of an individual on a CR/LRO/AOT, but who are not the BHA assigned to monitor the order, will need to coordinate care with the assigned BHA (see North Sound BHO Policy #1540.00 - Discharge from Treatment for information related to discharge).

ATTACHMENTS

None