



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 2016-021

Date: December 27, 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
Cammy Hart-Anderson, Snohomish County MH/CD/Vets Division Manager
Phil Smith, Volunteers of America
Randy Polidan, Unity Care NW
Sue Closser, Sunrise Services
Robert Sullivan, Pioneer Human Services
Beratta Gomillion, Center for Human Services
Corky Hundahl, Phoenix Recovery Services
Julie Lord, Pioneer Human Services
Linda Grant, Evergreen Recovery Services
Marli Bricker, Therapeutic Health Services

From: Joe Valentine, Executive Director

Subject: Revised Policies

Greetings BHAs:

Policy 1720.00 – Administration of the Involuntary Treatment Program

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy December 23, 2016.

Policy 1724.00 – ICRS/Law Enforcement Coordination

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy December 23, 2016.

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

Please ensure all appropriate staff is notified of these revised policies.

cc: Cindy Ferraro, Bridgeways
Charissa Westergard, Compass Health
Kay Burbidge, Lake Whatcom RTC
Pat Morris, Volunteers of America
Katherine Scott, Sea Mar
Richard Sprague, Unity Care NW
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
Marsh Kellegrew, Evergreen Recovery Services
Robert Sullivan, Pioneer Human Services
Contract File

Effective Date: 3/28/2014; 7/14/2010; 8/30/2007
Revised Date: 9/12/16
Reviewed Date: 9/12/2016

North Sound Behavioral Health Organization

Section 1700 – ICRS: Administration of the Involuntary Treatment Program

Authorizing Source: North Sound BHO contract, DMHP protocols,
WAC 388-877-02,200 through 280,
(except 230) ; RCW 71.05, 71.34, 10.77

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:

Signature:

POLICY #1720.00

SUBJECT: ADMINISTRATION OF THE INVOLUNTARY TREATMENT PROGRAM

PURPOSE

The purpose of this policy is to ensure Involuntary Treatment Services are provided by Designated Mental Health Professionals (DMHPs) to evaluate an individual in crisis and determine if involuntary services are required.

POLICY

North Sound Behavioral Health Organization (North Sound BHO) or its member counties will designate DMHPs to perform the duties of involuntary investigation and detention in accordance with the requirements of RCW Chapters 71.05, 71.34, current Washington Administrative Codes (WAC), and current DMHP protocols (see website at: www.dshs.wa.gov/dbhr/mhcdmhp.shtml). This will be done in consultation between the Integrated Crisis Response Services (ICRS) Service Providers, the counties and North Sound BHO.

RCW 71.05 provides for persons suffering from mental disorders to be involuntarily committed for treatment and sets forth that procedures and services be integrated with RCW Chapter 71.24.

RCW 71.34 establishes mental health services for minors, protects minors against needless hospitalization, enables treatment decisions to be made with sound professional judgment and ensures minors' parents/guardians are given an opportunity to participate in treatment decisions

PROCEDURE

Definitions

DMHP means a Mental Health Professional (MHP) designated by the county or other authority authorized in rule to perform the duties specified in these chapters.

"Detention" or **"Detain"** means the lawful confinement of a person, under the provisions of these chapters.

1. North Sound BHO will have agreements in place with ICRS Service Providers, Snohomish, Skagit, Island Whatcom and San Juan Counties to provide services in accordance with the designation noted above.
2. MHPs designated to perform these duties will have the necessary training required to perform these duties.
3. North Sound BHO will monitor this designation practice through the auditing process.

ATTACHMENTS

None

Effective Date: 9/30/14; 3/1/2012

Revised Date: 9/12/16

Review Date: 9/12/16

North Sound Behavioral Health Organization

Section 1700 – Crisis Services – ICRS/Law Enforcement Coordination

Authorizing Source: North Sound BHO

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:

Signature:

POLICY #1724.00

SUBJECT: ICRS/LAW ENFORCEMENT COORDINATION

PURPOSE

The purpose of this policy is to ensure that Volunteers of America (VOA) Care Crisis Response Services (CCRS), Crisis Prevention and Intervention Teams (CPIT), Designated Mental Health Professionals (DMHPs) and Stabilization/Triage facilities are working in a coordinated effort with law enforcement when there is a behavioral health crisis.

POLICY

North Sound Behavioral Health Organization (North Sound BHO) is committed to strengthening partnerships with law enforcement agencies in the Region to improve the coordination of services for individuals in behavioral health crisis. Law enforcement agencies are often the first responders on the scene when individuals and families are in crisis. To assist them when decisions are needed regarding crisis intervention, law enforcement officers may need to consult with the North Sound BHO Integrated Crisis Response System (ICRS) providers to determine the most appropriate course of action.

PROCEDURES

- I. CCRS: Law enforcement officers, who request ICRS assistance, should contact CCRS at 800-584-3578, and alert them to the nature of the crisis. CCRS clinicians will triage the case with law enforcement officers to determine the next steps. This may include consultation with CCRS, consultation with CPIT, DMHP, identifying linkage to appropriate and available resources or simply documenting information with CCRS.
- II. Stabilization/Triage: Law enforcement officers intending to drop off individuals at a Stabilization/Triage facility should contact CCRS clinicians to work with the officer or they can directly contact the facility in their county. These facilities are located in Whatcom, Skagit and Snohomish counties.
 - a. CCRS can initiate a three way call with the Stabilization/Triage Facility and law enforcement officer to facilitate coordination between the officer and the stabilization/triage facility.
 - b. Officers must speak directly with stabilization/triage program staff before transporting the individual to the facility.

- c. Stabilization/Triage staff will get background information and a description of the current problems from the officer.
 - d. Stabilization/Triage center staff will obtain a copy of the mental health contact report from the law enforcement officer. The officer will be requested to remain at the facility until a brief screening has been completed and it has been determined that the individual meets criteria for admission. The officer may be requested to transport the individual to jail or a hospital when more appropriate.
 - e. In Skagit and Whatcom counties, Stabilization/Triage facilities are able to admit voluntary individuals only.
 - f. In Snohomish County, Stabilization/Triage facility is able to admit both voluntary individuals, as well as, individuals delivered by law enforcement on a 12-hour hold because it is a secured locked facility.
 - g. Stabilization/Triage facilities will coordinate with law enforcement to facilitate appropriate, safe outcomes for individuals and the community to assure the crisis is resolved. This may include, upon request, providing disposition information to the jurisdiction that delivered the individual to the facility as well as other exchanges of information with appropriate authorization.
- III. After CCRS triages a case with law enforcement, outreach teams will respond with consultation or dispatch as directed by triage clinician. The outreach teams will prioritize community (non-hospital/jail) outreach responses. Law enforcement cases will be a top priority.
- IV. The final disposition of the consult will be communicated back to CCRS and can be communicated back to law enforcement by the DMHP if requested as part of the crisis response to the ITA investigation per 71.05 390.

ATTACHMENTS

None