



North Sound Behavioral Health Organization, LLC

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North Sound BHO Contract Memorandum 2017-006

Date: April 21, 2017

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Donna Konicki, Bridgeways
Michael Watson, Lake Whatcom RTC
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Claudia D'Allegri, Sea Mar
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Randy Polidan, Unity Care NW
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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

Subject: New/Revised Policies

Greetings BHA Providers:

Policy 1542.00 – Evaluation and Treatment Facilities Admission Medical Clearance Criteria

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy April 17, 2017.

Policy 1578.00 – Western State Hospital Admission Screening and Waitlist Management

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy April 20, 2017.

Policy 1586.00 – Children's High Intensity Treatment – Wraparound with Intensive Services (WISE)

This new policy has been through the review and approval process. The Executive Director signed and approved this policy April 17, 2017.

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The NM with policy attachments is included below for your convenience.

Please ensure all appropriate staff is notified of this revised policy.

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

cc: Cindy Ferraro, Bridgeways
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Contract File

Effective Date: 11/21/2005
Revised Date: 4/12/2017
Review Date: 4/12/2017

North Sound Behavioral Health Organization
Section 1500 – Clinical: Evaluation and Treatment Facilities Admission
Medical Clearance Criteria

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

Signature:

Date: 4/17/2017

POLICY #1542.00

SUBJECT: EVALUATION AND TREATMENT FACILITIES ADMISSION MEDICAL CLEARANCE CRITERIA

PURPOSE

To provide a consistent and comprehensive set of basic medical admission criteria for potential admission of individuals to freestanding Evaluation and Treatment facilities (E&Ts) for the purpose of maximum resident safety and welfare.

POLICY

The E&Ts provide a type of service that is comparable to an inpatient psychiatric unit in many ways. However, they are licensed as a Residential Treatment Program. They have significantly less medical capability than most hospitals. Thus, people needing to be admitted must be reasonably medically stable. By their design, E&Ts serve individuals who are dangerous to self or others or who are gravely disabled and thus have high acuity and complex needs, are frequently admitted in an agitated or severely anxious state and have multiple co-morbid conditions. Therefore, it is necessary to define a systematic set of medical clearance criteria with which to screen referrals. With these criteria in place, the E&T staff can better identify those physical conditions that can and cannot be safely managed at the E&Ts and ensure that individuals referred for admission are medically stable prior to admission to the E&T.

1. All referrals will be screened through basic medical clearance criteria.
2. The accepting psychiatric prescriber must make any exceptions to basic medical clearance criteria. Disputed refused admissions, to include those based on medical clearance, should be handled through procedures listed in Policy 1577 (Evaluation and Treatment Refusal and Review Process).
3. To ensure consistency and accuracy, medical clearance data must be communicated from one health professional to another (i.e., nurse to nurse, MD to nurse, MD to MD, etc.) when a referral is being considered for admission.
4. Individuals who have overdosed may require additional lab work and will be accepted for admission at the discretion of the admitting psychiatric prescriber.

PROCEDURES

1. All potential referrals to the E&T for admission must have had a full, documented body systems examination by an MD, ARNP or PAC, to include wounds or trauma, cardiac and respiratory status, evidence of acute nutritional/hydration issues and acute etiologies ruled out for any complaints of pain.
2. The following vitals parameters must be met for admission:
 - a. Pulse no greater than 120
 - b. Systolic Blood Pressure no greater than 200
 - c. Diastolic Blood Pressure no less than 50, no greater than 110
 - d. Temperature no greater than 100 degrees Fahrenheit
3. The following foundational lab work is required on all referrals for potential admission:
 - a. Comprehensive Metabolic Panel (CMP)
 - b. Urinalysis
 - c. Complete Blood Count with differential;
 - d. Urine toxicology screen
 - e. Pregnancy test for females of childbearing years
4. The following labs and levels are required prior to admission for individuals with the following specific conditions:
 - a. Known to have diabetes: blood glucose 200 or below;
 - b. Alcohol intoxication: blood alcohol less than 0.08%;
 - c. Lithium level, if known, lithium overdose, or are showing signs of toxicity.
5. Chest x-ray, if cough or other issues suggest the presence of communicable disease in a person with obvious poor health care.
6. Neuro screening in an individual over 50 years of age presenting with psychosis and with no mental health or drug use history.
7. Baseline Electrocardiogram in individuals known to have been tasered, with history of Myocardial Infarction or known cardiac problems.
8. A constellation of confusion, agitation, incoherence and elevated Vital Signs should be assumed to be delirium level unless proved otherwise. This would include delirium secondary to substance withdrawal. Delirium is not treated in a psychiatric facility such as an E&T, and requires resolution on a medical unit.
9. Other tests may be requested based on the medical data presented at the time of the request

ATTACHMENTS

None

Effective Date: 2/3/2010
Revised Date: 4/12/2017
Review Date: 4/12/2017

North Sound Behavioral Health Organization

Section: 1500 – Clinical: Western State Hospital Admission Screening
and Waitlist Management

Authorizing Source: North Sound BHO

Cancels:

See Also:

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

Approved by: Executive Director

Responsible Staff: Quality Manager

Signature:

Date: 4/20/2017

POLICY #1578.00

SUBJECT: WESTERN STATE HOSPITAL ADMISSION SCREENING AND WAITLIST MANAGEMENT

PURPOSE

To ensure that residents of the North Sound region are served in settings from which they are expected to gain the greatest possible benefit in terms of treatment and community support, in alignment with individual needs and preferences.

POLICY

North Sound Behavioral Health Organization (North Sound BHO) will screen all referrals to Western State Hospital (WSH) and organize the WSH regional waitlist such that those individuals who are clinically appropriate for transfer, based on acuity and expected benefit from treatment, are prioritized for admission. North Sound BHO will coordinate care with inpatient units in an effort to achieve safe and appropriate discharge for individuals who have not been prioritized for transfer to WSH.

PROCEDURE

When it is determined a North Sound resident is likely to require an involuntary detention of 90 or 180 days, the inpatient unit is encouraged to call North Sound BHO's Clinical Oversight Team to provide preliminary information and discuss any less restrictive alternative to inpatient care that may be available and appropriate.

When a North Sound resident is on a 90- or 180-day More Restrictive Order (MRO) and the inpatient unit staff believes a transfer to WSH is necessary, inpatient staff must call North Sound BHO's Clinical Oversight Team for screening and placement on the regional waitlist. The North Sound BHO Quality Specialist screening the request will require documentation from the inpatient unit which addresses the following:

1. Circumstances of admission;
2. Course of current hospitalization;
3. Current symptoms and behaviors;
4. History, including courses of prior hospitalizations;

5. Community resources available to meet the individual's needs on an outpatient basis, including natural supports;
6. Medical condition(s);
7. Recommendations of outpatient treatment team (when available);
8. 90- or 180-Day MRO; and
9. Other information as relevant to each specific case.

Before individuals with dementia and similar diagnoses and those for whom community placement barriers are the presenting issues may be placed on the WSH waitlist, the North Sound BHO will ensure the inpatient unit has requested a Comprehensive Assessment Reporting Evaluation (CARE) Assessment from Home and Community Services (HCS) and they have coordinated with HCS to exhaust all possibilities for appropriate community placement.

It may be necessary for the Quality Specialist reviewing the referral to collect information from a variety of sources and/or to seek clinical consultation before making a determination. For this reason, decisions may require multiple follow-up communications. The Quality Specialist will respond as expeditiously as possible.

Once the referral has been screened, the North Sound BHO Quality Specialist will call the WSH Admissions Coordinator to provide information necessary to arrange the transfer, including the initial determination of waitlist priority.

North Sound BHO requests weekly updates from inpatient units for all individuals on the regional WSH waitlist and may request additional documentation or follow-up from inpatient units when changes in presentation necessitate the consideration of any adjustment in waitlist priority.

North Sound BHO does not have the authority to dictate who WSH admits; therefore, there may be occasions when WSH denies admission. In these cases, North Sound BHO Quality Specialists may collaborate with hospital discharge planners to develop an alternative discharge plan.

If an inpatient unit does not agree with the Quality Specialist's decision on waitlist priority, they may request a conversation between North Sound BHO's Medical Director, the Medical Director of the requesting inpatient unit and other parties as needed. If the inpatient unit is not satisfied with the decision following this discussion, they may request the case be reviewed by North Sound BHO's Executive Director or designee. The outcome of this review is the final decision.

ATTACHMENTS

None

Effective Date: 4/17/2016
Revised Date: 4/12/2016
Review Date: 4/12/2016

North Sound Behavioral Health Organization, LLC

Section 1500 – CLINICAL: Children’s High Intensity Treatment – Wraparound with Intensive Services (WISe)

Authorizing Source: DBHR & NORTH SOUND BHO Contract

Cancels: NEW

See Also:

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

Approved by: Executive Director

Responsible Staff: Deputy Director

Signature:

Date: 4/17/2017

POLICY #1586.00

SUBJECT: CHILDREN’S HIGH INTENSITY TREATMENT – WRAPAROUND WITH INTENSIVE SERVICES (WISe)

PURPOSE

The purpose is to define High Intensity Treatment for children/youth and their families, utilizing a wraparound model of care, including:

1. Eligibility Criteria;
2. Referral Process;
3. Required WISe timelines;
4. Crisis Planning and Delivery; and
5. Discontinuation Criteria.

POLICY

Washington State’s WISe is designed to provide comprehensive behavioral health services and supports to Medicaid eligible individuals, under the age of 21, (herein referred to as “youth”) with complex behavioral health needs and their families. The goal of the program is for eligible youth to live and thrive in their homes and communities, as well as, to avoid or reduce costly and disruptive out-of-home placements.

A multi-disciplinary team approach will be utilized, with the family viewed as key members of the team. No team meetings or facilitation will occur without the family present. The long-term goal of WISe is to improve quality of life by providing maximum community integration for the youth and family; ultimately, the youth and family should transition out of WISe with an increased level of functioning, strengthened connections to natural supports and/or a reduced reliance on formal system involvement.

Coordinated crisis services are to be accessible 24 hours a day, 7 days a week to meet individualized treatment needs. The provider’s WISe team members are the primary program staff responsible to respond to the needs of the family/youth and will offer ongoing services to promote safety and stabilization. The provider’s WISe team members will work in coordination with Emergency Services and Designated Mental Health Professionals/Designated Crisis Responders (DMHP’s/DCR’s) as situations arise in which the family/youth needs additional resources to support the youth in the most natural and least restrictive environment.

North Sound Behavioral Health Organization (North Sound BHO) intends services and team meetings within WISE (exclusive of psychiatry and some individual therapy) will be delivered in a location of the family's choice, including the family's home or other non-office based natural setting. Services are based on high-intensity mental health treatment modalities that provide a multi-disciplinary treatment team approach to those individuals who have been assessed to be in the greatest need of these services. Team members work together to provide intensive, coordinated and integrated treatment as described in the Cross-System Care Plan (CSCP).

Eligibility Criteria

WISE targets Medicaid eligible youth under the age of 21 that meet the State's Access to Care Standards (ACS) and who have a mental health disorder that is causing severe disruptions in behavior interfering with functioning in their family, school, or with peers. The Washington (WA) Child and Adolescent Needs and Strengths (CANS) instrument is used to determine functional impairment in youth over age 5. For children under age 5 who meet the State's ACS, the decision shall be made on a person-by-person basis with consultation and approval by North Sound BHO WISE Designee/WISE Coordinator.

Individuals served in WISE are likely to have or are experiencing one or more of the following:

1. Frequent or long-term psychiatric inpatient care;
2. Juvenile justice involvement or risk;
3. Repeated or long-term out-of-home placements in the last 12 months;
4. Significant school related issues;
5. Significant childhood/adolescent trauma;
6. Homelessness;
7. Imminent risk of more restrictive placement due to inability to stabilize in current placement;
8. Moderate to intensive involvement with behavioral health system and involvement in multiple child-serving systems within the last 12 months;
9. Request for out-of-home treatment or placement due to mental health needs; or
10. Step-down request from institutional or group care.

WISE services are typically provided for duration of 12-18 months with medical necessity reviews using the WA Child and Adolescent Needs and Strengths (CANS) instrument conducted every 3 months.

CLINICAL PROCEDURES

- I. Anyone can make a referral for a WISE screen, including the youth and family. All Medicaid-eligible youth, under the age of 21, who might benefit from WISE should be referred for a WISE Screen. A referral for a WISE screen must be made for Medicaid-eligible youth in the following circumstances:
 - a. When a youth is referred to Children's Long-Term Inpatient Program (CLIP) or Behavioral Rehabilitation Services (BRS);
 - b. While a youth is enrolled in BRS or receiving CLIP services: no less frequently than every six (6) months, and during discharge planning;

- c. Prior to a youth discharging from a psychiatric hospital;
- d. When a step-down request has been made from institutional or group care;
- e. When a youth receives crisis intervention or stabilization services and there are past and/or current functional indicators of need for intensive mental health services.

II. Referral Process

All requests for WISE services will result in an initial screening, for Medicaid eligible youth, regardless of the referral source. All CANS Screens must be completed by a clinician currently certified in WA CANS. A WISE screen MUST be offered within 10 working days/14 calendar days of receiving a referral.

- a. For individuals not receiving services from a North Sound BHO provider, the WISE screen will be incorporated into the outpatient mental health assessment;
- b. For individuals currently receiving services from a North Sound BHO provider, the referring clinician will work within their agency to ensure the initial WA CANS screen and the WISE referral check list (found on the North Sound BHO website in the "[Forms](#)" section) are completed;
- c. All youth, ages 5-20 that meet the CANS algorithm and are eligible for BHO services, will be offered all medically necessary services through WISE or outpatient behavioral health services. For those children under 5, who are eligible for BHO services, this decision shall be made based on a person-by-person basis with consultation and approval by North Sound BHO WISE designee/WISE Coordinator;
- d. Youth who are not eligible for BHO services will be referred to other community resources, including their health care plan for mental health services;
- e. All youth receiving or eligible for BHO services, but who do not meet the CANS algorithm, will be offered all medically necessary mental health services through outpatient behavioral health services and may be referred to other appropriate community resources, as well;
- f. WISE may be declined or accepted by any youth (over the age of consent – 13 years and older) and/or a legal decision-maker for each youth.

III. Cross System Care Plan (CSCP)

The WISE Care Coordinator will create a CSCP, within 30 days of the initial Child and Family Team (CFT) meeting, using a facilitated process that elicits multiple perspectives and builds trust and shared vision among team members and include 2s and 3s from the CANS, with an ever-present focus that the youth and family drive the plan.

- a. The CSCP must address the needs found within the Individual Service Plan (ISP), or could include all required elements of the ISP within the CSCP.
- b. Expected outcomes/transition activities and transition/discharge criteria will be clearly defined in the CSCP.

IV. **Child and Family Team (CFT)**

The WISE Practitioners help the youth and family identify and engage others (natural and professional supports) who are in the youth and family's life and should be part of the WISE CFT to align the interests and ensure all involved individuals have a shared mission for the youth and family.

V. **Administrative Practices**

a. **WISE manual: highlighted requirements**

Refer to the current WISE [manual](#) for complete details on the following:

- i. Access;
- ii. Practice Model;
- iii. Service Array;
- iv. Staffing;
- v. Community oversight and cross-system collaboration; and
- vi. Documentation.

b. **Required WISE timelines**

- i. Completed CANS Screen within 10 business days/14 calendar days of receiving the WISE referral, CANS Full within 30 days of WISE enrollment, updated CANS full at least every 90 days and CANS full again upon discharge or transition to a lower level of care;
- ii. The CSCP must be completed within 30 days of the initial CFT;
- iii. CFT meetings must occur with sufficient regularity, every 30 days/monthly, at a minimum;
- iv. Complete the Family's Strength Needs and Culture Discovery within the first 30 days of the initial CFT.

c. **Crisis Planning and Delivery**

WISE provides access to mobile crisis and stabilization response 24 hours a day, 7 days a week, by individuals who know the youth and family's needs and circumstances, as well as, their current crisis plan.

Crisis planning is based on youth's history and needs and includes:

- i. Types of crises that may occur;
- ii. Identifies potential precipitating events and methods to reduce or eliminate them; and
- iii. Establishes individualized responsive strategies by caregivers and members of the youth's team to minimize crisis and ensure safety.

d. Fiscal/Flexible Funds

Flex funds are available to assist families with short-term needs directly related to the CSCP (see Policy 3046.00 – Flex Funds)

e. Discontinuation of WISE Intensive Outpatient Services

The long-term goal of WISE is to improve quality of life by providing maximum community integration for the youth and family. Ultimately, the youth and family should transition out of WISE with an increased level of functioning, strengthened connections to natural supports and/or a reduced reliance on formal system involvement. When formal Wraparound/WISE ends, it does not necessarily mean formal services are no longer needed. Rather, discontinuation occurs when the family/youth have completed the Wraparound/WISE phases and no longer require this level of service intensity. The following are other examples of when discontinuation of WISE services is warranted:

- i. Family/youth have successfully reached established goals and objectives in the CSCP and a lesser level of care is needed and/or informal resources can meet the family/youth's needs. For example, family or youth has demonstrated over time a return to baseline functioning and/or increased integration into community resources (formal or informal) is evident.
- ii. When the family/youth declines or refuse services and/or requests discharge; despite the team's best efforts to engage the family/youth.
- iii. The family/youth moves outside the service area.

f. CLIP

There are instances where a youth may require intensive inpatient treatment despite the best efforts of the family, community, professional supports and WISE team. The following are examples of how the WISE team may interface with CLIP:

- i. If a youth enters a CLIP Facility, a member of the WISE team will consistently participate in treatment planning meetings from pre-admission through discharge.
- ii. If a youth has not been enrolled in outpatient behavioral health treatment prior to entering a CLIP facility, but meets WISE criteria, the Behavioral Health Agency (BHA) providing WISE services in the youth's community will be asked to participate in discharge planning with the CLIP facility 30-60 days prior to discharge from CLIP.

See CLIP Policy 1529.00 on the North Sound BHO [website](#) for additional information on the CLIP process.

VI. After care services/supports

Providers are encouraged to provide after care to WISE families for up to 90 days' post discharge from WISE.

When a youth transitions to an outpatient provider, a member of the WISE team may attend at least 1 meeting with the individual's outpatient clinician and/or document at least 1 phone contact per month for up to 90 days (using the outpatient codes).

RELATED NORTH SOUND BHO [POLICIES](#)

1510.00 – Consumer Transfers Between Agencies

1540.00 – Criteria for Closing an Episode of Care/Planned Discharge from Treatment

3046.00 – Flex Funds

1529.00 – Children’s Long-term Inpatient Program (CLIP)

Please refer to the following website for WISe information sheets: [Information sheets on WISe](#)

ATTACHMENTS

None