



North Sound Behavioral Health Organization, LLC

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North Sound BHO Contract Memorandum 2017-012

Date: July 20, 2017

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
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

Subject: Revised Policies

Greetings BHA Providers:

Policy 1504.00 – Initial Assessments for Ongoing Services

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy July 18, 2017.

Policy 1510.00 – Intra-Network Individual Transfers and Coordination of Care

This revised policy has been through the review and approval process. The Executive Director signed and approved this policy July 18, 2017.

Policy 1517.00 – Coordination of Care with External Health Care Providers

This revised policy had no substantive language changes. The only changes made to this policy was changing **all** references the North Sound Mental Health Administration (NSMHA) to North Sound Behavioral Health Organization (North Sound BHO) and NSMHA references changed to North Sound BHO. The Executive Director signed and approved this policy July 20, 2017.

Policy 1518.00 – Mental Health Advance Directives

This revised policy had no substantive language changes. The only changes made to this policy was changing **all** references the North Sound Mental Health Administration (NSMHA) to North Sound Behavioral Health Organization (North Sound BHO) and NSMHA references changed to North Sound BHO. The Executive Director signed and approved this policy July 20, 2017.

Policy 1546.00 – Mental Health Medication Management Transfers to Primary Care Providers

This revised policy had no substantive language changes. The only changes made to this policy was changing all references the North Sound Mental Health Administration (NSMHA) to North Sound Behavioral Health Organization (North Sound BHO) and NSMHA references changed to North Sound BHO. The Executive Director signed and approved this policy July 20, 2017.

Policy 1704.00 – Crisis Services – General Policy

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

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 July 17, 2017.

The NM with policy attachments included below for your convenience.

The redlined versions will be included as separate attachments.

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

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

cc: Cindy Ferraro, Bridgeways
Becky Olson-Hernandez, Compass Health
Kay Burbidge, Lake Whatcom RTC
Pat Morris, Volunteers of America
Katherine Scott, Sea Mar
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Contract File

Effective Date: 7/29/2010; 2/13/2007

Revised Date: 7/12/2017

Review Date: 7/12/2017

North Sound Behavioral Health Organization

Section 1500 – Clinical: Initial Assessments for Ongoing Services

Authorizing Source: DBHR Contracts, WAC 388-877-0610, 388-877A, and 388-877B

Cancels:

See Also:

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

Approved by: Executive Director

Responsible Staff: Deputy Director

Signature:

Date: 7/18/2017

POLICY #1504.00

SUBJECT: INITIAL ASSESSMENTS FOR ONGOING SERVICES

PURPOSE

To ensure individuals who are financially eligible for North Sound Behavioral Health Organization (North Sound BHO) services are provided with an in-person initial assessment (also referred to as an intake evaluation) by a professional appropriately credentialed or qualified as determined by Washington State to determine clinical eligibility.

POLICY

All individuals receiving outpatient or residential behavioral health services at a Behavioral Health Agency (BHA) must have an initial assessment except as allowed by the Department of Social and Health Services (DSHS) Service Encounter Reporting Instructions or contract.

Any individual with Washington Apple Health (Medicaid) behavioral health coverage or who meets state-funding criteria (see North Sound BHO Policy #1574 State and Substance Abuse Block Grant Funding Plan and North Sound BHO Policy #1503 Access to Outpatient Behavioral Health Services) shall be offered an initial assessment with a BHA within 10 working days (not to exceed 14 calendar days) of the request for service, unless the following conditions are met:

1. An intake assessment has been provided in the previous 12 months that establishes medical necessity; **and**
2. The BHA agrees to use the previous initial assessment as the basis for authorization decisions and use an assessment update to provide current information.

Or,

1. The individual has been receiving services paid via fee-for-service Medicaid from the BHA, has an open BHO authorization, and has opted back in to BHO coverage; **and**
2. The BHA completes an assessment update to provide current information.

When an individual re-enters services without completing a new intake assessment, they must be offered a first ongoing appointment within the standard timeline of 28 days (as outlined in BHO/BHA contract).

For cases in which a BHA indicates, or North Sound BHO, or Volunteers of America Access Line determine that following the standard timeframe could seriously jeopardize an individual's life or health or ability to attain, maintain, or regain maximum functioning, an expedited initial assessment appointment shall be offered within three (3) working days of the request for service. An example of such an instance may be, but is not limited to, an individual discharging from a hospital or jail. Individuals may obtain an expedited initial assessment through the Access Line or directly through a BHA.

The purpose of an initial assessment is to gather information to determine if a behavioral health disorder exists which is a covered diagnosis per Washington State's Access to Care Standards. If medically necessary, State Plan Services can address the individual's needs and the appropriate level of care, if services are to be provided.

PROCEDURE

When scheduling an initial assessment, the BHA:

1. Encourages the individual to bring a friend or family member to the initial assessment, when clinically appropriate and desired by the individual.
2. Will inquire about any special accommodations that might be needed at the time of the initial assessment.
3. Recommends the individual bring all available and relevant medical and/or legal documents to the initial assessment.

All initial assessments must:

1. Be conducted in person
2. Completed by a professional appropriately credentialed or qualified to provide substance use disorder or mental health, as determined by state law
3. Be culturally and age relevant.
4. Document sufficient information to demonstrate medical necessity as defined by the Access to Care Standards, and must include:
 - a. Identifying information
 - b. Presenting issues(s) as described by the individual, including a review of any documentation of a behavioral health disorder provided by the individual.
 - c. Be inclusive of people who provide active support to the individual, if the individual so requests, or if the individual is under 13 years of age.
 - d. A medical provider's name or medical providers' names if available
 - e. Any medical concerns presented by the individual
 - f. Current physical health status, including any current medications the individual is prescribed and/or currently taking.
 - g. A brief substance use history, including tobacco
 - h. A brief mental health history
 - i. A brief problem and pathological gambling history

- j. Sufficient clinical information to justify the diagnosis, including a provisional diagnosis, using the Diagnostic and Statistical Manual of Mental Disorders; Fifth Edition (DSM 5) criteria. Examples of sufficient information may include:
 - i. Historical factors and longitudinal course of the individual's disorder;
 - ii. Differential diagnosis rationale;
 - iii. Brief description of psychosocial stressors;
 - iv. Family History of behavioral health disorders.
- k. An identification of risk of harm to self and others, including, but not limited to, suicide and homicide.
- l. A referral for provision of emergency/crisis services, consistent with WAC 388-877-0610, must be made if indicated in the risk assessment
- m. Information that the individual is or is not court-ordered to treatment, on local probation, or under the supervision of the Department of Corrections
- n. Treatment recommendations or recommendations for referral to other programs/services.
- o. Meet additional requirements for SUD assessment per WAC 388-877B or;
- p. Meet additional requirements for mental health assessment per WAC 388-877A,
- q. If seeking information presents a barrier to service, the item may be left blank, and the reason documented.

Upon completion of the initial assessment, the BHA shall make a recommendation regarding the individual's eligibility, per Washington State's Access to Care Standards, for ongoing services and either request authorization or denial (see North Sound BHO Policy 1505 – Authorization for Ongoing Outpatient Services).

If individual requests an initial assessment for services and during or at the completion, the individual indicates they no longer wish to receive services, the BHA shall have the individual sign a document that indicates:

1. Withdrawal of his/ her request for service.
2. Information how to contact the Crisis Line
3. Information on the complaint and grievance process at the BHA and NS BHO level and how to access Ombuds services.

A copy of this document shall be given to the individual and the original retained in the individual's clinical record. Should the individual refuse to sign the document, they shall be given the information verbally and documentation of the verbal withdrawal of request for service and provision of the contact information shall be included in the clinical record.

ATTACHMENTS

None

Effective Date: 3/3/2008; 6/25/2004
Revised Date: 7/12/2017
Review Date: 7/12/2017

North Sound Behavioral Health Organization

Section 1500 – Clinical: Intra-network Individual Transfers and Coordination of Care

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: 7/18/2017

POLICY # 1510.00

SUBJECT: INTRA-NETWORK INDIVIDUAL TRANSFERS AND COORDINATION OF CARE

PURPOSE

To ensure continuity and coordination of care for eligible individuals receiving services from the North Sound Behavioral Health Organization (North Sound BHO) and its contracted Behavioral Health Agencies (BHAs).

POLICY

Individuals receiving behavioral health services in the North Sound region may wish to transfer all their services from one BHA to another, or may want to augment their treatment by adding a service that is provided by another BHA within the region. It is the policy of the North Sound BHO to ensure that individuals, upon their request, are transferred to BHAs that have the capacity to meet their service needs and to ensure that individuals who wish to augment services within the region can do so. Please note: these guidelines apply only to those enrolled in mental health services who are seeking other mental health services, and/or those who are enrolled in SUD services seeking other SUD services.

Individuals who want to begin mental health services while enrolled in a SUD service and/or vice versa should follow routine processes for enrolling in the new service, and may seek an intake by calling their chosen BHA or the Volunteers of America Access Line.

Generally, individuals will transfer to another BHA when the services requested are the same services they are currently receiving. If the services requested augment the current services, then coordination of care between agencies shall be considered. The individual and the behavioral health providers involved in their care should discuss whether transfer or coordination of care is most appropriate given the individual's current services and needs.

Each BHA in the North Sound region shall have a process in place for providing services as a secondary BHA, including: designating a contact person, arranging the assessment, clinical management of care and data management. The following procedure describes the transfer and coordination process. This policy applies to individuals in a current outpatient episode authorized by North Sound BHO and current financial eligibility for BHO services. For individuals in need of services determined to be medically necessary but unavailable from a North Sound BHO-contracted BHA, please refer to North Sound BHO Policy 1522: Out of Network Referrals.

PROCEDURE

Transfers

Prior to initiating an individual's transfer from one BHA to another, the individual or legal representative shall be requested to sign a release of information allowing clinical documentation to be shared between the BHAs involved. Please note: for SUD providers, 42 CFR PART 2 must be followed as applicable. The transfer process cannot be fully facilitated by the BHA without a release of information. For individuals who refuse to work with their BHA to facilitate a transfer, please contact North Sound BHO for assistance. Individuals on Less Restrictive Orders, Conditional Releases, or Assisted Outpatient Treatment may not be transferred unless the legal process is followed to reassign responsibility for monitoring the LRO/CR/AOT.

If the plan is to transfer the individual to a specific program that has limited capacity (e.g., Mental Health Residential, Wraparound with Intensive Services (WISe), Program of Assertive Community Treatment (PACT), then the transferring BHA must first contact the other BHA to determine if space is available.

- I. If space is not available, the BHA shall not transfer the individual unless they still request the transfer for regular outpatient services at the other BHA.
- II. If space is available, the transferring BHA shall complete the appropriate referral form. If the individual is determined to be eligible for the requested service, the transferring BHA shall follow the transfer process as described below.

During the transfer process, the individual will have charts open at both BHAs - the transferring BHA retains overall responsibility for the individual's care until completion of the transfer process as noted later in this procedure.

The transferring BHA coordinates transfer of the individual to the receiving BHA by following these steps:

- I. Assist the individual to contact the Volunteers of America- Western Washington (VOA) Access Line or the other BHA to arrange the initial assessment appointment at the location of the individual's new BHA.
- II. Send completed authorization for release of information
- III. Provide the following items to the receiving BHA prior to the individual's initial assessment appointment at the receiving BHA:
 - a. Most recent intake assessment and any updates
 - b. Most recent Level of Care documentation (Child and Adolescent/Level of Care Utilization System (CA/LOCUS) form for mental health; American Society of Addiction Medicine (ASAM) placement for substance use disorder)
 - c. Global Appraisal of Individual Needs- Short Screener (GAIN-SS) form
 - d. Current Recovery/Resiliency Plan/Individual Service Plan (ISP) including most recent RRP/ISP review(s)
 - e. Health and Medical Information
 - f. Behavioral and Development information, if applicable

- g. Progress notes covering the last 30 days of treatment with additional progress notes when clinically indicated
- h. Most recent three prescriber notes, if applicable
- i. Most recent psychiatric evaluation, if applicable
- j. Medication list (current and historical), if applicable
- k. Any relevant legal records

The receiving BHA must follow typical access procedures (see North Sound Policy 1503) and offer the individual an initial assessment within 10 business days from the date the referral is made and must follow all other procedures and requirements for new individuals except where otherwise noted.

If the receiving BHA accepts the individual into services, the receiving BHA contacts the transferring BHA noting the following:

- I. The receiving BHA has accepted responsibility for treatment, including medication management, if applicable.
 - a. When prescriptive services are being transferred, the transferring BHA will provide the individual with a prescription for medications for up to 60 days unless this is not clinically indicated and the two agencies have agreed to an alternative plan.
 - b. The receiving BHA will schedule a medication evaluation within 30 days unless otherwise indicated by the mutually agreed upon plan.
- II. The transferring BHA may close the treatment episode. The transferring BHA shall close the episode in a timely manner.

The receiving BHA follows North Sound BHO Policy 1505 Authorization and Reauthorization for Outpatient Behavioral Health Services for obtaining an authorization and opening an episode of care.

If the receiving BHA believes the transfer warrants further discussion:

- I. The receiving BHA first discusses the issues with the individual and then contacts the receiving BHA's clinical director.
- II. The receiving BHA's clinical director contacts the transferring BHA's clinical director to discuss and develop a plan for the best way to meet the individual's need.
 - a. A plan shall be developed within 30 days of individual's assessment date at the receiving BHA. The transferring BHA retains responsibility for the individual's care during this period.
 - b. A BHA's decision not to serve an individual should occur only in rare instances.
 - c. Both involved BHAs follow through with the agreed upon plan.

If the agreed upon plan includes referral(s) to community resources, the transferring BHA shall coordinate and facilitate these referrals and provide assistance to the individual as needed.

- d. If the individual does not attend their assessment appointment at the receiving BHA:
 - i. The receiving BHA follows assessment “no show” protocol and closes the case if indicated.
 - ii. The transferring BHA attempts to follow-up with the individual and closes the case if indicated.

Coordination between agencies

Prior to initiating additional services at another BHA, the individual or legal guardian shall be requested to sign a release of information allowing clinical information to be shared between the agencies involved.

- I. The primary BHA shall then contact the BHA where the desired service is located (secondary BHA).
- II. Coordination of care between agencies cannot be facilitated by the BHA without a release of information. For individuals who refuse to work with their BHA to facilitate coordination, contact North Sound BHO for assistance.

If the secondary BHA is unable to accommodate the request because the service is at capacity, the primary BHA shall be directed to check back at a later date. Waiting lists shall not be utilized.

If the secondary BHA agrees to provide the requested service to the individual, all agencies involved in providing services for a single individual shall ensure there is a clear understanding of which BHA is primary and what services each BHA is providing. The primary BHA maintains responsibility for the individual’s care including crisis management.

The primary BHA clinician is to coordinate services with the secondary BHA and complete the following:

- I. Call the designated contact at the secondary BHA to arrange an initial appointment.
- II. Send completed authorization for release of information.
- III. Provide the items located in list a-k above (see Transfers section) to the receiving BHA prior to the individual’s assessment appointment at the other BHA:

If the secondary BHA, upon completion of the assessment, confirms that they will provide the requested service(s):

- I. The secondary BHA shall contact the primary BHA to:
 - a. Notify the primary BHA of the provision of the requested service and
 - b. Identify who will be responsible for the individual’s care and be the ongoing point of contact at the secondary BHA.
- II. The secondary BHA will also need to request a North Sound BHO authorization and set up an outpatient episode or special episode.
- III. All agencies involved in an individual’s care must maintain a complete clinical chart. The secondary BHA may obtain copies of certain documents from the primary BHA with a release of information, but shall complete their own versions of the following documentation:

- a. Release of information between the primary BHA and the secondary BHA providing service
 - b. Initial assessment
 - c. Current Recovery/Resiliency Plan/ISP – the plan should be complete and identify any needs being addressed by other agencies in addition to those being addressed by clinician’s own BHA
 - d. Progress notes
 - e. Documentation of coordination of care such as phone calls, exchange of relevant clinical information, etc.
 - f. Recovery/Resiliency Plan/ISP Reviews
 - g. The secondary BHA does not complete a new crisis plan, or GAIN-SS form. This information, along with other documents provided prior to assessment, shall be provided to the secondary BHA by the primary BHA.
- IV. Both agencies shall share records within legal limitations and whenever clinically indicated. If the secondary BHA, upon completion of the assessment, determines that they will not provide the requested service(s):
- a. The secondary BHA discusses the issues with the individual and contacts the secondary BHA’s clinical director.
 - b. Clinical directors discuss and develop a plan for the best way to meet the individual’s need.
 - c. A plan shall be developed within 30 days of individual’s assessment date at the secondary BHA. A BHA’s decision not to serve an individual should occur only in rare instances.

Both agencies are responsible for maintaining a current authorization as medically necessary and are expected to maintain communication regarding the necessity of continued services.

- I. If either BHA ends an episode of care or does not request reauthorization of services, this information shall be communicated to the other BHA prior to disposition. The individual may request a transfer to the secondary BHA or another BHA.
- II. In cases where transfer to the secondary BHA is requested, the primary BHA clinician shall contact the secondary BHA clinician to arrange transfer of care. This transfer process shall not go through the Access Line as an assessment has already been completed.
- III. The transferring BHA shall ensure that the receiving BHA has all required documentation as indicated previously and the receiving BHA shall complete (e.g., crisis plan and GAIN-SS form) and update (e.g., treatment plan) forms as needed to maintain a complete clinical record.
- IV. The transferring BHA may close its outpatient episode.
- V. For those individuals whose prescriptive services are being transferred or the two agencies do not agree on the necessity of transfer, follow the regular transfer procedure for these situations.

ATTACHMENTS

None

Effective Date: 7/7/2008; 2/29/2004
Revised Date: 3/1/2017
Review Date: 3/1/2017

North Sound Behavioral Health Organization

Section 1500 – Clinical: Coordination of Care with External Health Care Providers

Authorizing Source: WAC 388-877A-0135; North Sound BHO, CFR 42 Part 2

Cancels:

See Also:

Providers must comply with this policy & may develop individualized implementation guidelines as needed unless unnecessary

Approved by: Executive Director

Responsible Staff: Quality Manager

Signature:

Date: 7/20/2017

POLICY #1517.00

SUBJECT: COORDINATION OF CARE WITH EXTERNAL HEALTH CARE PROVIDERS

PURPOSE

To define the process utilized by clinicians in referring behavioral health individuals with health conditions that may result from or contribute to the individual's behavioral health status, or other conditions, clearly evident or reported by the individual, that may need medical attention, but cannot or should not be treated by behavioral health providers.

To define expectations and guidelines for ongoing interface and collaboration with North Sound Behavioral Health Organization (North Sound BHO) provider network behavioral health agencies (BHAs) and external health care providers to maximize coordination of care for North Sound BHO individuals.

DEFINITIONS

Individual

A person who applies for, is eligible for, or receives BHO-authorized behavioral health services from an agency licensed or certified by the Department as a behavioral health agency. In the case of a minor, the Individual's parent or, if applicable, the Individual's custodian.

Health Care

Per WAC 246-15-010 health care means any care, service, or procedure provided by a health care facility or a health care provider: (a) to diagnose, treat, or maintain a patient's physical or mental condition; or (b) that affects the structure or function of the human body.

Health Care Provider

Per WAC 246-15-010 a health care provider, health care professional, professional, or provider means a person who is licensed, certified, registered or otherwise authorized by the law of this state to provide health care in the ordinary course of business or practice of a profession.

Behavioral Health Agency (BHA)

A clinical staff member of a North Sound BHO network provider, licensed through the Division of Behavioral Health and Recovery, assigned with the primary responsibility to implement an individual's behavioral health individualized service plan and serve as point person for continuity of care.

Primary Care Provider (PCP)

Health care provider designated to oversee a person's primary medical needs.

POLICY

North Sound BHO is committed to ensuring that timely communication and coordination of care occurs between North Sound BHO's provider network BHAs and other health care providers external to the behavioral health system, including but not limited to primary care providers (PCP), regarding an individual's behavioral health and medical care and treatment.

North Sound BHO's provider agencies shall refer individuals to their PCP or other appropriate providers when, through the assessment and treatment process, the need for health care beyond the scope of behavioral health services are identified. Examples of health care services other than behavioral health may include, but are not limited to:

1. Auditory
2. Dental
3. Developmental Disabilities
4. Medical/Surgical
5. Optical
6. Reproductive Services, including family planning and/or treatment and prevention of sexually transmitted infections (STIs)

PROCEDURES*

At the initial intake evaluation, individuals shall be asked about the existence of any co-morbid conditions. In addition, the clinician will request the name and telephone number for each individual's PCP and will record them in the appropriate fields on the screening and intake evaluation documents. The PCP's contact information (name and contact numbers) shall be reviewed and updated at least annually or as changes occur.

The individual's consent for collaboration between the North Sound BHO network provider and the PCP, as well as other health care providers as applicable, shall be obtained in writing as soon as it is therapeutically appropriate during the intake evaluation process, or as early in the treatment episode as possible, preferably during the first face-to-face contact. The attempt to obtain the Authorization for Release(s) of Information (ROI) will be documented in the individual's clinical record. If the individual refuses to sign the ROI, the issue should be revisited at least every six months, or as clinically indicated.

If the individual and/or provider identify need for additional services and supports for health care, the BHA will address that need on the Recovery and Resiliency Plan/ Individual Service Plan (RRP/ISP), make appropriate referrals, and provide assistance in access and linkage. Referrals and assistance will be documented in the individual's clinical record. Please refer to North Sound BHO Policy #1550.00 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) regarding specific requirements for referrals to and from PCPs for individuals under age 21.

For adults, if consent is given, the North Sound BHO network providers are required to communicate with the individual's PCP to coordinate physical and behavioral health care needs, or attempt to link individuals to a PCP for medical care. Communication may be in writing or by telephone and shall be documented in the individual's clinical record. The North Sound BHO network providers' BHAs are expected to only release information authorized by the individual and/or as allowed by state and federal confidentiality laws.

The level of disclosure that an individual may indicate may include but not be limited to:

1. Release of any applicable information to and from the PCP;
2. Release of EPSDT screening findings only (for youth);
3. Release of medication information only to and from the PCP; or
4. No release of information to or from the PCP.

Applicable information might include, but not be limited to:

1. Diagnosis;
2. Recovery and Resiliency Plan/ Individual Service Plan (RRP/ISP)
3. Medication and its effects;
4. Results of lab tests and consultations;
5. Psychological testing results and consultations;
6. Information on how the PCP can contact the North Sound BHO network provider
7. HIV/AIDS or STDs; and/or
8. Alcohol or drug abuse treatment by federally assisted alcohol or drug abuse programs.
9. Behavioral Health interventions focused on physical health conditions and healthy behaviors.

To facilitate continuity of care if consent is given, the North Sound BHO network providers' BHAs are expected to communicate with the PCP when any of the following occur:

1. Initiation of care and services;
2. Initial prescription of psychotropic medications;
3. Changes in prescribed medications that might impact health care;
4. Changes in the individual's clinical condition that potentially impacts his/her overall medical care.
5. The BHA has a concern about the individual's health condition

The North Sound BHO Quality Management Plan monitors network providers through on-site clinical record reviews to ensure that documentation of coordination activities is evident in individual's clinical records and communication occurs within the scope of the consent and release(s) given by the individual. Specific monitoring activities may include, but not be limited to:

1. If health care is identified in the intake or in the course of service delivery, it has been addressed in the individual plan;

2. Presence of individual-signed ROIs to the PCP and other health care providers or documentation of the individual refusing to sign ROIs;
3. Presence in the clinical record of a letter, completed EPSDT form or other treatment notification form to the PCP or other health care provider; and/or
4. If authorized, inclusion of documentation in the individual's clinical record of communication with health care providers including when communication took place, a general description of information shared and method of communication.

*While most of the procedures reference coordination with the PCP, these procedures also apply to other health care providers under applicable circumstances.

ATTACHMENTS

None

Effective Date: 3/4/2015; 12/5/2008; 6/26/2004
Revised Date: 2/25/2015, 12/27/2016
Review Date: 2/25/2015

North Sound Behavioral Health Organization

Section 1500 – Clinical: Mental Health Advance Directives

Authorizing Source: 42 CFR 417.436, 422.128, 438.6, 438.10, 438.100, 489.100, 489.102, 489.104; RCW 71.32, 11.94.010, 11.125, and 71.05, WAC 388-877-0600

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: 7/20/2017

POLICY #1518.00

SUBJECT: MENTAL HEALTH ADVANCE DIRECTIVES

PURPOSE

To ensure North Sound Behavioral Health Organization (North Sound BHO) enrolled adult individuals and their families receive information about mental health advance directives and support from providers in developing advance directives. Providers will follow applicable Washington State Law (Revised Code of Washington [RCW] 71.32) in order to support the individual in making treatment decisions, facilitating communication between the individual and clinician and improving clinical outcomes for the individual.

DEFINITIONS (Per RCW 71.32.020)

Adult

Any individual who has attained the age of majority (18 years or older) or is an emancipated minor.

Agent

A person with authority to make mental health treatment decisions on the principal's behalf consistent with instructions in the mental health advance directive.

Capacity

An adult has not been found to be incapacitated pursuant to this chapter (RCW 71.32.020 – see definition for incapacitated below) or RCW 11.88.010(1)(e).

Court

A superior court as defined in RCW 2.08.

Health care facility

A hospital, as defined in RCW 70.41.020; an institution, as defined in RCW 71.12.455; a state hospital, as defined in RCW 72.23.010; a nursing home, as defined in RCW 18.51.010; or a clinic that is part of a community mental health service delivery system, as defined in RCW 71.24.025.

Health care provider

An osteopathic physician or osteopathic physician's assistant licensed under RCW 18.57 or 18.57A, a physician or physician's assistant licensed under RCW 18.71 or 18.71A or an advanced registered nurse practitioner licensed under RCW 18.79.050.

Incapacitated

An adult who: (a) is unable to understand the nature, character and anticipated results of proposed treatment or alternatives; understand the recognized serious possible risks, complications and anticipated benefits in treatments and alternatives, including non-treatment; or communicate his or her understanding or treatment decisions; or (b) has been found to be incompetent pursuant to RCW 11.88.010(1)(e).

Informed consent

Consent that is given after the person: (a) is provided with a description of the nature, character and anticipated results of proposed treatments and alternatives and the recognized serious possible risks, complications, and anticipated benefits in the treatments and alternatives, including non-treatment, in language the person can reasonably be expected to understand; or (b) elects not to be given the information included in (a) of this subsection.

Long-term care facility

Has the same meaning as defined in RCW 43.190.020.

Mental disorder

Any organic, mental, or emotional impairment which has substantial adverse effects on an individual's cognitive or volitional functions.

Mental Health Advance Directive

A written document in which a principal makes a declaration of instructions or preferences or appoints an agent to make decisions on behalf of the principal regarding the principal's mental health treatment, or both, and is consistent with the provisions of RCW 71.32.

Mental Health Professional

A psychiatrist, psychologist, psychiatric nurse, or social worker and such other mental health professionals as may be defined by rules adopted by the secretary (of the Department of Behavioral and Health Recovery [DBHR]) pursuant to the provisions of chapter RCW 71.05.

Principal

An adult who has executed a mental health advance directive.

Professional person

A mental health professional, physician, registered nurse and others as defined by rules adopted by the secretary pursuant to the provisions of RCW 71.05.

Social Worker

A person with a master's or further advanced degrees from a social work educational program accredited and approved as provided in RCW 18.225.010.

POLICY

Competent, adult individuals may anticipate the possibility of later incapacity and may prepare mental health advance directives stating their desires regarding the provision or withholding of mental health care in such an event including identification of a person the individual would want to act on his or her behalf.

A mental health advance directive can be an essential tool for an individual to plan for a mental health crisis by expressing, in advance his or her instructions or preferences.

It is North Sound BHO's practice to encourage the use of mental health advance directives and to honor mental health advance directives. However, neither North Sound BHO nor its providers shall place conditions on the provision of mental health care or otherwise discriminate against an individual based on whether or not the individual has executed a mental health advance directive.

MENTAL HEALTH ADVANCE DIRECTIVE

1. An adult with capacity may execute a mental health advance directive.
2. A directive executed in accordance with Washington's Mental Health Advance Directive statute (RCW 71.32) is presumed to be valid. The inability to honor one or more provisions of a directive does not affect the validity of the remaining provisions.
3. A directive executed in accordance with Washington's Mental Health Advance Directive statute may include any provision relating to mental health treatment or the care of the principal or principal's personal affairs.

Without limitation, a directive may include:

- a. The principal's preferences and instructions for mental health treatment;
- b. Consent to specific types of mental health treatment;
- c. Refusal to consent to specific types of mental health treatment;
- d. Consent to admission to and retention in a facility for mental health treatment for up to 14 days;
- e. Descriptions of situations that may cause the principal to experience a mental health crisis;
- f. Suggested alternative responses that may supplement or be in lieu of direct mental health treatment, such as treatment approaches from other providers;
- g. Appointment of an agent pursuant to RCW 11.125 to make mental health treatment decisions on the principal's behalf, including authorizing the agent to provide consent on the principal's behalf to voluntary admission to inpatient mental health treatment; and
- h. The principal's nomination of a guardian or limited guardian (as defined by law) as provided in RCW 11.94.010 for consideration by the court if guardianship proceedings are commenced.

4. A directive may be combined with or be independent of a nomination of a guardian or other durable power of attorney under RCW 11.125, so long as the processes for each are executed in accordance with its own statutes.

PROCEDURES

1. Providing Information

Each North Sound BHO provider will:

- a. Ensure a written statement of the agency's policy regarding the implementation of mental health advance directives and a written description of the State law in Washington concerning mental health advance directives is given to individuals (or family or surrogate if the individual is incapacitated) at the intake assessment. The individual's clinical record shall contain documentation to reflect that the required information was provided.
- b. Include information and instruction concerning mental health advance directives in any ongoing consumer education programs.

2. Requesting/Utilizing Information

- a. Provider policies will ensure during the intake evaluation of adult individual, staff will inquire into the existence of medical and/or mental health advance directives previously executed by the individual. The individual's clinical record will include documentation that reflects the response to the inquiry. If the individual is incapacitated (see definition) at the time of the intake and is unable to receive information or articulate whether or not he or she has executed an advance directive, providers may give advance directive information to the enrollee's family, or surrogate, or other concerned persons in accordance with state law. A provider is not relieved of the obligation to provide this information to the individual once he or she is no longer incapacitated or unable to receive such information. Follow up procedures to ensure the information is given to the individual directly at the appropriate time must be in place.
- b. If the individual indicates she/he has a medical and/or mental health advance directive, staff will request a copy and maintain it in the individual's current clinical record (i.e., this document should not be archived to a historical file). If the clinician has received an individual's advance directive, it will become part of the individual's medical record and the clinician will be considered to have actual knowledge of its contents. The clinician must act in accordance with the directive to the fullest extent possible, unless compliance would violate the accepted standard of care established in RCW 7.70.040, the requested treatment is not available, compliance would violate applicable law, or it is an emergency situation and compliance would endanger any person's life or health. More information regarding compliance and conditions for non-compliance can be found in RCW 71.32.150.

- c. In the event the North Sound BHO provider staff becomes aware of the individual's subsequent admission to a hospital, nursing home, or other residential facility, staff will contact the facility to make them aware of and supply a copy of, the individual's medical and/or mental health advance directive in a timely manner.
3. Providing Assistance
 - a. North Sound BHO providers will assist adult individuals who appear competent and desire to prepare a mental health advance directive. *Assistance shall include the following:
 - i. Information: The mental health professionals and other trained staff will endeavor to answer questions about mental health advance directives and the effect of a particular mental health advance directive in the individual's circumstance.
 - ii. Provision of approved forms: The mental health professionals and other trained staff will make available to those interested individual's copies of the approved Washington State forms for mental health advance directives, as well as, the addendum of the Durable Power of Attorney (these forms can be found on the DBHR website).
 - iii. Assistance in locating eligible witnesses: In Washington, mental health advance directives require a minimum of two witnesses to the principal's signature. However, state law prohibits certain individuals (i.e. family members, prospective beneficiaries and attending mental health care personnel) from serving as witnesses. If needed, staff shall assist in locating eligible individuals to witness the individual's execution of the form(s) who meet the requirements indicated on the form(s). A sample form is available at RCW 71.32.260 or by following this link: <http://apps.leg.wa.gov/RCW/default.aspx?cite=71.32.260>.
 - iv. Staff shall not serve as a witness to the principal's signature if they are or have been directly involved in the individual's care. Staff shall not accept appointment as a guardian or other agent in a Durable Power of Attorney or Declaration of a Desire for a Natural Death.
 - b. *Staff need not provide assistance to an individual in circumstances in which staff believes the individual is unable to make an informed decision regarding the execution of a mental health advance directive.
4. If the individual transfers to any other North Sound BHO provider, the mental health advance directive(s) shall be sent to the receiving agency for inclusion in the individual's clinical record at such agency once appropriate authorization to release information is obtained.
5. North Sound BHO or North Sound BHO providers must inform individuals, families, or surrogates that complaints concerning non-compliance with advanced directives may be filed with DBHR (see North Sound BHO brochure for current phone number).

6. North Sound BHO or North Sound BHO providers may refer individuals, families, or surrogates that complaints concerning non-compliance with advanced directives to Ombuds for assistance in filing the complaint.
7. Staff Training/Community Education
 - a. Each provider will conduct staff training in accordance with North Sound BHO Regional Training Plan on mental health advance directives. Providers will provide clinical staff with information concerning mental health advance directives and the provisions of this directive and relevant statutes. North Sound BHO and its providers will participate in training provided by DBHR.
 - b. North Sound BHO and its providers shall seek appropriate opportunities to provide community education and disseminate information concerning mental health advance directives.
8. North Sound BHO and its providers will ensure all subsequent changes in the Washington Mental Health Advance Directive statute will be provided to adult individual as soon as possible, but no later than 90 days after the effective date of the change.
9. North Sound BHO will monitor for compliance with this policy and relevant statutes through the administrative audit process.

ATTACHMENTS

None

Effective Date: 2/22/2012; 5/6/2099; 11/21/2005

Revised Date: 3/6/2017

Review Date: 3/6/2017

North Sound Behavioral Health Organization

Section 1500 – Clinical: Mental Health Medication Management Transfers to Primary Care Providers

Authorizing Source: 42 CFR 438.208, North Sound BHO

Cancels:

See Also:

Providers must comply with this policy and individualized
implementation guidelines may be developed by BHAs.

Responsible Staff: Deputy Director

Approved by Executive Director

Signature:

Date: 7/20/2017

POLICY #1546.00

SUBJECT: MENTAL HEALTH MEDICATION MANAGEMENT TRANSFERS TO PRIMARY CARE PROVIDERS

PURPOSE

To provide coordinated medication management for individuals who do not require mental health specialty medication management.

POLICY

For individuals receiving mental health specialty medication management services from a Behavioral Health Agency (BHA), transfer to a Primary Care Provider (PCP) may be considered when:

1. The individual is on a stable medication regimen and there is no longer medical necessity for the specialty care of mental health medication management services at the BHA. A stable medication regimen includes:
 - a. Individuals without a complex medication regimen who have not had medication changes for a minimum of three months.
 - b. Individuals with a complex medication regimen and/or have multiple psychiatric diagnoses requiring mental health specialty medication expertise who have not had medication changes for a minimum of six months.

A complex regimen of medications includes, but is not limited to, prescription of two or more medications in the same class or three or more psychiatric medications.

2. The PCP becomes involved in making changes to medications currently prescribed by the BHA prescriber and will not agree to stop making changes to those medications, even though this lack of coordination may put the consumer at risk.

The BHA shall continue to coordinate and consult with the PCP throughout the transfer process as noted below (i.e., long enough to ensure that medication management services have been successfully transferred to the PCP as documented in the clinical record).

3. The individual requests transfer of medication management services to his or her PCP.

Transfer of medication management services to a PCP shall occur in a coordinated process as outlined in the Procedure section of this policy.

Mental health specialist prescribers shall continue to provide medication management services except as identified above or when there is no PCP willing to accept the transfer. In addition, an individual who only needs mental health specialty medication management services from the BHA will not be referred or transferred to a PCP unless in accordance with this policy.

PROCEDURE

1. For individuals who do not have a PCP, BHA staff shall refer and assist individuals in obtaining a PCP at the beginning of the treatment episode or as soon as the need is identified.
2. BHA staff shall request from the individual and send an Authorization for Release of Information (ROI) to the PCP at the individual's first ongoing appointment after intake or as soon as the individual establishes care with a PCP.
3. BHA staff shall contact the PCP once a need for mental health medication evaluation is identified to develop a plan for the medication evaluation and ongoing mental health medication management such as:
 - a. Collaboration with the PCP so the PCP will provide the medication evaluation and ongoing medication management or;
 - b. Collaboration with the PCP so the PCP will provide ongoing medication management after the initial medication evaluation at the BHA or;
 - c. Collaborating with the PCP so the PCP will provide ongoing medication management after medication services can be appropriately transferred from the BHA to PCP.
4. BHA staff shall communicate with the PCP throughout the individual's treatment episode including as outlined in North Sound BHO Policy #1517 Coordination of Care with External Health Care Providers.
5. When it is determined that the process for transferring medication management services to the PCP should begin, the following steps for coordinated transfer shall occur:
 - a. The transfer of medication prescribing responsibilities shall be discussed with the individual prior to a transfer. The individual's preference shall be considered. This discussion shall be documented in the clinical record.
 - i. The individual shall be informed verbally and in writing of their right to file a complaint or grievance in accordance with the current North Sound Behavioral Health Organization (North Sound BHO) policy.
 - ii. The clinical record shall document the rationale outlining the reasons the individual is being referred or transferred to a PCP.
 - b. Prior to the transfer of medication prescribing responsibilities, the PCP must agree to accept the referral or transfer of the individual. The clinical record shall document this understanding. If the PCP does not agree to accept this referral, the mental health specialist prescriber will continue managing the medications until an alternative arrangement can be developed.

- c. A plan shall be developed outlining what happens if the individual becomes unstable on medications and/or the PCP believes it would be better for the mental health specialist prescriber to consult or resume management of medications. The plan must:
 - i. Include appropriate steps for the individual to follow if this situation arises after the end of a treatment episode. If these steps are not included in the initial plan, the plan must be updated prior to closing of the treatment episode. It is encouraged that this plan be included in the transition summary for the individual.
 - ii. Be developed collaboratively between the individual/guardian, mental health specialist prescriber and PCP.
 - iii. Identify a mental health specialist prescriber at the transferring BHA who will be available to consult with the PCP accepting the transfer, if requested.
- d. Appropriate psychiatric and medication records will be sent to the PCP as permitted by appropriate ROIs.
- e. The BHA shall keep the individual's treatment episode open long enough after transfer of medication management services to the PCP to ensure medication management services have been successfully transferred to the PCP as documented in the clinical record.

ATTACHMENTS

None

Effective Date: 3/31/2014; 3/28/2014; 8/28/2009; 5/30/2007; 11/29/2005

Revised Date: 3/9/2017

Review Date: 3/9/2017

North Sound Behavioral Health Organization

Section 1700 – Crisis Services: Crisis Services – General Policy

Authorizing Source: WAC 388-877A-0200, 0230, 0240 and 0260; North Sound BHO/ICRS Management agreement

Cancels:

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

Approved by: Executive Director

Responsible Staff: Deputy Director

Signature:

Date: 7/17/2017

POLICY #1704.00

SUBJECT: CRISIS SERVICES – GENERAL POLICY

PURPOSE

To provide an integrated, coordinated and seamless crisis response system for the North Sound Behavioral Health Organization (North Sound BHO) and its member counties: Island, San Juan, Skagit, Snohomish and Whatcom (North Sound BHO Service Area).

POLICY

Crisis Services are an integrated system of voluntary and involuntary short-term emergency behavioral health services provided by professional crisis responders, available 24-hours a day/7 days a week to anyone in the North Sound Region by calling 1-800-584-3578. Crisis Services are aimed at resolving crises rapidly using the least restrictive setting that assures individual, family/natural supports, staff and public safety.

PROCEDURE

1. North Sound BHO intends Integrated Crisis Response Services (ICRS) will be delivered in accordance with WAC 388-877A-0200, 0240, North Sound BHO contract and the following Substance Abuse and Mental Health Administration (SAMHSA) principles:
 - a. ICRS will deliver timely access to supports and services throughout North Sound BHO for children and adults;
 - b. ICRS will have the capacity to provide outreach when an individual cannot come to a traditional service site;
 - c. A crisis is self-defined or a situation where an individual is acutely mentally ill, or experiencing serious disruption in cognitive, volitional, psychological, and/or neurophysiologic functioning;
 - d. Individuals experiencing a psychiatric crisis will be stabilized in the least restrictive manner and setting, preserving the individual's connectedness to his or her world;
 - e. Adequate time will be spent with the individual and families to assist in resolution of the crisis;
 - f. ICRS will develop strength-based plans with the individual and natural supports in resolution of the crisis;

- g. Interventions will consider the whole context of the individual's plan of services;
 - h. ICRS services will be performed in a culturally competent manner;
 - i. Rights are respected;
 - j. ICRS services are trauma informed;
 - k. Helping the individual regain a sense of control is a priority;
 - l. When peer support is available (directly or via referral), offering opportunity for contact with others whose personal experiences with behavioral health crisis allow an ability to convey a sense of hopefulness;
 - m. ICRS will be prepared to refer to a variety of services and supports;
 - n. Delivery of services will be seamless and consistent throughout the region;
 - o. Recurring crises suggest a need to review the assessment, engagement, or plan of care;
 - p. Meaningful measures will be taken to reduce the likelihood of future crises.
2. Any individual is eligible for ICRS who is currently located in North Sound BHO Service Area, regardless of age, county of residence, enrollment status with another BHO, funding source, and/or ability to pay.
3. ICRS SERVICE COMPONENTS – Crisis response services include both voluntary and involuntary options and are available 24 hours a day/7 days a week. These services are provided by the various members of ICRS, in coordination with the outpatient behavioral health providers to ensure continuity of care. An array of services available based on medical necessity is provided with the goal of serving the individual in the least restrictive environment possible to effectively and safely resolve the crisis.
- a. 24-hour telephone triage support;
 - b. During business hours, enrolled individuals' needs shall be addressed initially by primary behavioral health providers and supported, as needed, by emergency outreach and stabilization services;
 - c. Investigation for Involuntary Detention for behavioral disorders;
 - d. Outreach Services;
 - e. Peer Support Services;
 - f. 24-hour/7 day a week Access to Crisis Plans;
 - g. Emergency Walk-In Services during business hours;
 - h. Urgent Appointments;
 - i. Follow Up Contact;
 - j. Coordination and consultation with other service providers;
 - k. Coordination with Family and Other Natural Supports;
 - l. Crisis Triage and Stabilization (for adults only);
 - m. Referrals to Psychiatric and Emergency Medical Services;
 - n. Cross-System Coordination;
 - o. Cross-BHO Coordination;
 - p. Interpreter Services;
 - q. Protocol for referrals of an individual to a voluntary or involuntary treatment facility;
 - r. Protocol for arrangements for transportation to a voluntary or involuntary inpatient treatment facility.

4. North Sound BHO shall maintain and staff the ICRS Committee in accordance with North Sound BHO Quality Management Oversight Committee charter. This committee shall consist of ICRS management staff from county-specific behavioral health crisis response, community behavioral health systems, North Sound BHO and Volunteers of America (VOA). Additional representatives from other service systems and agencies may be invited to participate in this committee on an as needed basis.
5. The Regional ICRS Committee is responsible for establishing policies and procedures, including a documentation protocol that will be used by Contractors to ensure documentation of referral information, as well as, information detailing the services provided, to include transportation arrangements and the outcome of the intervention.
6. Voluntary Crisis Services and ITA Services are provided in accordance with federal and state laws including: the 1915(b) waiver, state administrative codes, Division of Behavioral Health and Recovery (DBHR) Contracts, North Sound BHO Contracts, attachments and policies established by the Regional ICRS Management Team.

ATTACHMENTS

None

Effective Date: 12/23/2016; 9/30/2014; 3/1/2012
Revised Date: 6/12/2017
Review Date: 6/12/2017

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

Signature:

Date: 7/17/2017

POLICY #1724.00

SUBJECT: ICRS/LAW ENFORCEMENT COORDINATION

PURPOSE

The purpose of this policy is to ensure 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, DMHPs, 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 in: Skagit, Snohomish and Whatcom 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 behavioral 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 the individual meets criteria for admission. The officer may be requested to transport the individual to jail or a hospital when more appropriate.
 - e. Skagit, Snohomish and Whatcom County, Stabilization/Triage facilities are voluntary programs.
 - f. Stabilization/Triage facilities will coordinate with law enforcement to facilitate appropriate, safe outcomes for individuals and the community to ensure 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 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.

ATTACHMENTS

None