



North Sound Behavioral Health Organization, LLC

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North Sound BHO Contract Memorandum 2018-018

Date: August 8, 2018

To: Tom Sebastian, Compass Health and Compass Whatcom
Donna Konicki, Bridgeways
Jenny Billings, 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
Shanon Hardie, 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 Centers
Marli Bricker, Therapeutic Health Services
Jane Jisun Kim, Asian Counseling Treatment Services

From: Joe Valentine, Executive Director

Subject: **Revised** Policies

Greetings BHA Providers:

Attached are revised/updated Policies 1521.00, 1572.00 and 1726.00.

Policy 1521.00 – Cultural and Linguistic Competence. The Quality Management Oversight Committee reviewed and approved this policy 7/11/18. The Executive Director approved and signed this policy on 8/3/18.

Policy 1572.00 – Mental Health Inpatient Continuity of Care. The Quality Management Oversight Committee reviewed and approved this policy 7/11/18. The Executive Director approved and signed this policy on 8/3/18.

Policy 1726.00 – Involuntary Treatment Program Court Liaison Role and Responsibilities. This policy was reviewed and revised via email to the Integrated Crisis Response System (ICRS). It was **fast-tracked** to the Executive Director for approval. The Executive Director approved and signed this policy on 8/7/18.

August 7, 2018

Please ensure all appropriate staff receives this information.

The revised policies are attached to this NM for your convenience.

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

A separate redlined version of each policy will be attached for your convenience.

cc: Cindy Ferraro, Bridgeways

Becky Olson-Hernandez, Compass Health

Kay Burbidge, Lake Whatcom RTC

Pat Morris, Volunteers of America

Katherine Scott, Sea Mar

Richard Sprague, Unity Care NW

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Jackie Henderson, Island County Coordinator

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Rebecca Clark, Mental Health Program Coordinator Skagit County

Anji Jorstad, Snohomish County Coordinator

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Marsh Kellegrew, Evergreen Recovery Services

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Contract File

Effective Date: 6/26/2004
Revised Date: 7/11/2018
Review Date: 7/11/2018

North Sound Behavioral Health Organization

Section 1500 – Clinical: Cultural and Linguistic Competence

Authorizing Sources: 42 CFR 438.206(b); RCW 71.24.300; WAC 388-877-0600, 388-877-0620; State North Sound BHO Policies 1545, and 6001

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: 8/3/2018

POLICY #1521.00

SUBJECT: CULTURAL AND LINGUISTIC COMPETENCE

PURPOSE

To promote, develop and maintain a culturally and linguistically competent public behavioral health service system of care for the North Sound Behavioral Health Organization (North Sound BHO) geographic service area.

DEFINITIONS

Culture

The integrated patterns of human behavior that include language, thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious and/or social groups.

Cultural Identity

The extent to which one relates self to race, ethnicity, language, age, gender, sexual orientation, physical ability, region or country of origin, degree of acculturation, socioeconomic status, religious beliefs and the makeup of one's family.

Cultural and Linguistic Competence

Cultural Competence means a set of congruent behaviors, attitudes, and policies that come together in a system or agency and enable that system or agency to work effectively in cross-cultural situations. A culturally competent system of care acknowledges and incorporates at all levels the importance of language and culture, assessment of cross-cultural relations, knowledge and acceptance of dynamics of cultural differences, expansion of cultural knowledge and adaptation of services to meet culturally unique needs.

POLICY

North Sound BHO and its providers will develop policies and procedures designed to promote the development and maintenance of cultural and linguistic competence toward its individuals, employees and the community at large.

PROCEDURES

1. AGENCY CULTURAL AND LINGUISTIC COMPETENCE

- 1.1** North Sound BHO will develop and establish policies and procedures that support cultural and linguistic competence in its Human Resources practices, system of care and service delivery to individuals and public relations with the community at large.
- 1.2** North Sound BHO will review its providers' policies and procedures periodically to ensure the promotion of cultural and linguistic competence throughout the behavioral health system of care at all levels. This will include a review of Recovery & Resiliency Plans (RRP) to assess whether they address age, gender, cultural, strengths and/or disability issues identified by the individual or, if applicable, the individual's parent(s) or legal representative [WAC 388-877-0620 (b)].
- 1.3** North Sound BHO will periodically assess, as part of its Quality Management Plan, the bilingual and bicultural capabilities of its service delivery system. A thorough analysis of all individual and individual-related data will be performed to ascertain the level of need for bilingual/bicultural staff. These analyses will include, but not be limited to:
 - a. Individual demographic data;
 - b. Minority individual penetration rates;
 - c. Provider periodic on-site contract review reports;
 - d. Individual's grievances, appeals and fair hearings.
 - e. Provision of interpreter/translation services based on the requirements of North Sound BHO Policy #1515.
- 1.4** Publications routinely circulated among minority communities will be regularly included in advertising for North Sound BHO and provider staff vacancies. Additionally, culturally sensitive groups, organizations and academic institutions may be contacted to maximize recruitment potential.
- 1.5** North Sound BHO conducts periodic on-site contract reviews of providers, which include review of documentation for orientation and training on cultural competence. This includes reviews conducted by the North Sound BHO Quality Review Team. In addition, North Sound BHO conducts a cultural and linguistic competence review of provider staff that includes:
 - a. Education level;
 - b. Knowledge of culturally competent policies and/or plan;
 - c. Participation in cultural competence training; and
 - d. Experience working with specific minority groups.

- 1.6 Providers shall develop and maintain a listing of their employees or others in the community who are certified interpreters in other languages, including American Sign Language, to ensure interpreter services are available. These lists shall be updated and submitted annually to North Sound BHO so that a master regional list can be established and maintained.
- 1.7 North Sound BHO will utilize the aggregate related data (e.g., review of provider policies and procedures, onsite contract reviews) to periodically assess its performance and effectiveness in developing, implementing, and maintaining cultural and linguistic competence.

2. SPECIAL POPULATIONS [State BHO Contract Requirement 9.6.2.2.12]

Special Populations – The Contractor shall ensure that Individuals who self-identify as having specialized cultural, ethnic, linguistic, disability, age, or gender identity related needs have those needs addressed. Special Population Evaluations and Consultation shall be utilized per North Sound #1551.00. Referrals for these evaluations and consultations should be tracked through the RRP and progress notes. If a provider identifies a need, but it is deferred by the Individual, the provider must document why they are not addressing it at this time.

3. TRIBAL COORDINATION

North Sound BHO will maintain a Tribal Coordination of Implementation of Services Plans to describe the Goals and Activities identified by the North Sound Tribal Nations to ensure equal access to behavioral health services for American Indians/Alaska Natives. The Tribal Coordination of Implementation of Services Plans will include:

- a. Arrangements for representation on the North Sound BHO Board of Directors and Advisory Board.
- b. Information about 7.01 Trainings provided by DSHS Office of Indian Affairs being forwarded to North Sound BHO Staff and Provider Agencies.
- c. Strategies to ensure optimum access to and inclusion in North Sound BHO contracted programs and/or culturally appropriate services for which Tribal Members are eligible.
- d. Strategies to provide culturally appropriate treatment for all Tribal individuals, and collaborative relationships between Tribes and PHP's in the treatment of Tribal individuals.
- e. A plan for providing training opportunities that address cultural sensitivity to Tribal Behavioral Health Workers and the public.
- f. Agreements to ensure that Tribes are notified of employment openings within North Sound BHO and Provider Agencies.
- g. A plan for the development of written Crisis Services agreements between North Sound BHO and each Tribal Authority to increase coordination in behavioral health crisis services, including psychiatric inpatient discharge planning, between Tribes and North Sound BHO Provider Agencies.

4. CULTURAL COMPETENCE TRAINING

- 4.1** North Sound BHO and its Provider Agencies will be required to conduct bi-annual Cultural Competence Self-Assessments to identify areas for staff training, strategies to strengthen culturally sensitive trauma informed systems of care, and plans for specialty service consultations.
- 4.2** The North Sound BHO Training Committee will review the North Sound BHO and Provider Agency Self-Assessments, on-site provider reviews, service data, and recommendations from Tribes to identify training opportunities to include in North Sound BHO’s annual training plan, including trainings that can be hosted on the Relias On-Line learning system.

ATTACHMENTS

None

Effective Date: 3/3/2008; 7/13/2005
Revised Date: 7/11/2018
Review Date: 7/11/2018

North Sound Behavioral Health Organization

Section 1500 – Clinical: Mental Health Inpatient Continuity of Care

Authorizing Source: DBHR-North Sound BHO Contract; North Sound BHO-Provider Contracts; WAC 182-550-2600; North Sound BHO

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: 8/3/2018

POLICY #1572.00

SUBJECT: MENTAL HEALTH INPATIENT CONTINUITY OF CARE

PURPOSE

To ensure North Sound Behavioral Health Organization's (North Sound BHO) contracted Behavioral Health Agencies (BHAs) provide seamless access and coordination of care between medically necessary inpatient and outpatient behavioral health services for Apple Health members and other individuals eligible for North Sound BHO services. Such collaboration is undertaken to improve outcomes including the level of social support, positive change in psychiatric symptoms, improved quality of life and greater independence in daily functioning. For the purposes of this policy, an inpatient unit refers to both community hospital inpatient mental health units and freestanding Evaluation and Treatment facilities (E&Ts).

POLICY

North Sound BHO's contracted providers will ensure continuity of care by working closely and collaboratively with individual enrollees and inpatient facilities when enrollees need inpatient mental health services and require clinical support to access them on a voluntary basis. Furthermore, BHAs are expected to work with individuals, inpatient units, families, friends and community supports to create and/or bolster the individual's post-discharge network of support. Closely coordinated care between inpatient and outpatient providers shall be undertaken with the goal of effecting positive outcomes for the enrollee in terms of increasing needed post-discharge supports to include timely outpatient appointments, coordination with community resources and the inclusion of supportive family and friends in accordance with the individual's needs and preferences.

PROCEDURE

Inpatient Service Coordination by Outpatient Clinicians

Individuals may enter inpatient mental health units through several avenues. This procedure is meant to describe the steps for an outpatient clinician involved in seeking hospitalization for non-emergent, voluntary services.

1. The individual for whom inpatient psychiatric treatment is being sought by the outpatient clinician shall have a face-to-face evaluation by that clinician within 24 hours prior to the request for admission. The clinician shall be a Mental Health Professional (MHP) or supervised by an MHP.
2. If, following the evaluation, the clinician determines the individual requires inpatient psychiatric treatment, the clinician shall locate an available bed at an inpatient mental health unit.

3. Once a bed has been identified, but prior to admission, the assessing clinician must call Volunteers of America (VOA) Western Washington at 800-707-4656 for prior authorization.
4. The clinician shall provide required demographic and clinical information and be prepared to discuss whether less restrictive (LR) options might meet the individual's needs.
5. VOA will make a determination as expeditiously as the individual's situation requires, but no longer than 72 hours after the receipt of the request per North Sound BHO Policy #1571.
6. If VOA approves the request, the inpatient episode will be certified and arrangements for admission can be made (e.g., transportation).

If the clinician has assessed the individual as needing an inpatient level of care but the individual is refusing psychiatric hospitalization, the clinician shall request evaluation by a Designated Crisis Responder (DCR) for any individual age 13 or older. If the clinician has determined the individual needs inpatient care and the situation is urgent due to an eminent risk of harm to self or others and the individual requires immediate intervention, the clinician should take the appropriate steps to access emergency care based on their clinical judgement.

Outpatient Service Requirements Related to Inpatient Utilization

1. When notified of an enrolled individual's inpatient admission, BHA staff shall contact the inpatient unit within three (3) working days. For eligible individuals who are not enrolled in services, VOA shall be responsible for contact with the inpatient unit.
2. BHA staff shall provide to the inpatient unit information regarding an enrolled individual's treatment history at admission or once notified of admission. Minimally, the most recent psychiatric evaluation or intake assessment, last two (2) prescriber notes, medication sheet, last two (2) months of progress notes, advance directive and/or other information as requested and available shall be sent to the inpatient unit. All available information related to payment resources and coverage must also be provided. VOA shall have this responsibility for those who are eligible but not currently enrolled in services.
3. BHA staff must participate in treatment and discharge planning with the inpatient treatment team for enrolled individuals. The primary care clinician and/or team will be responsible for notifying relevant parties, if any, of the hospitalization and will play an active role in the discharge planning process. VOA, in conjunction with the inpatient unit, shall have the responsibility for treatment and discharge planning for eligible individuals who are not currently enrolled in services.
4. For enrolled individuals who have been hospitalized, there must be documented good faith BHA prescriber-initiated requests with inpatient staff for consultation regarding medication changes while the individual is in the hospital. If the BHA prescriber is unavailable, other qualified clinical staff can facilitate fax or voicemail communication between the inpatient and outpatient prescribers.
5. For enrolled individuals, BHA staff shall, once notified of admission, attempt to have at least one (1) direct contact (either face-to-face or by phone) with the individual or their legal guardian and inpatient unit staff prior to discharge. If unable to make direct contact, the BHA shall document attempts and the reason contact did not occur. VOA shall have this responsibility for eligible individuals who are not currently enrolled in services.

6. If the individual is not already enrolled in services, VOA shall coordinate with the inpatient provider to designate a contracted network BHA prior to discharge for individuals and their families seeking community support services. In the event that the individual is a Tribal Member or receiving mental health services from a Tribal or Urban Indian Health Program and the individual or their legal representative consents, efforts must be made to notify the Tribal Authority or Recognized American Indian Organization (RAIO) to assist in discharge planning and transition. If the individual chooses to be served only by the Tribal Mental Health Service, referral to a contracted network BHA is not required.
7. Outpatient services must be offered to individuals within seven (7) calendar days of discharge from an inpatient unit.
8. BHA staff shall advocate for an adequate (enough to last until the outpatient prescriber appointment) supply of medication to be supplied and dispensed in a manner that ensures safety. A follow-up psychiatric appointment is established within seven (7) working days of discharge, or as needed to ensure continuity of medications and care.
9. For individuals on Less Restrictive Orders (LRO) and Conditional Releases (CR), the BHA shall offer covered mental health services to assist in compliance with North Sound BHO Policy #1562.
10. The BHA shall use best efforts to offer covered mental health services for follow-up and after-care as needed when they are aware an individual has been treated in an emergency room. These services shall be offered to maintain the stability gained by the provision of emergency room services.
11. North Sound BHO and VOA will ensure authorized community mental health inpatient services are continued through an enrolled individual's discharge should a community hospital become insolvent.

ATTACHMENTS

None

Effective Date: 6/26/2015
Revised Date: 8/7/2018
Reviewed Date: 8/7/2018

North Sound Behavioral Health Organization

Section 1700 – ICRS: Involuntary Treatment Program Court Liaison Role and Responsibilities

Authorizing Source: RCW 71.05, 71.34

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: 8/7/2018

POLICY #1726.00

SUBJECT: INVOLUNTARY TREATMENT PROGRAM COURT LIAISON ROLE AND RESPONSIBILITIES

PURPOSE

To ensure the duties of court liaisons provided under Involuntary Treatment Services are administered by professionals knowledgeable in the Involuntary Treatment Act (ITA) court process in accordance with RCWs 71.05 and 71.34 (refer to Policy 1720.00 – Administration on Involuntary Treatment for definitions).

POLICY

The North Sound Behavioral Health Organization (North Sound BHO) has developed a region-wide process that facilitates the interaction between the Designated Crisis Responder (DCR) teams, the inpatient facilities and court systems when an individual (respondent) is detained, identified as the role of court liaison. This role supports the legal processes of the courts during the inpatient stay.

This role has generally been an adjunct to the DCR teams. However, it can also be a function of hospital professionals assigned the court work who is knowledgeable with the ITA court process.

There are variations in the duties based on workload and the size of the counties but there are core elements specific to the functions of this role.

This policy provides elements and expectations for North Sound BHO provider agencies contracted to provide court liaison function.

PROCEDURE

A. Individuals performing this function will:

1. Have a thorough understanding of all applicable laws and procedures;
2. Have excellent clinical assessment skills and a solid understanding of the court process;
3. Act as an expert contact regarding the process and workflows.

B. Upon direction of the attending physician/psychiatric Advanced Registered Nurse Practitioner (ARNP)/Prosecuting Attorney (PA)/designee, the court liaison will initiate the process of pursuing further involuntary treatment and if applicable, file the appropriate petition.

- C. The court liaison will prepare, file and make all court documents available to public defense, prosecution, the inpatient unit and respondent within expected timeframes.
- D. The court liaison is prepared to testify at the discretion of the court.
- E. They will document their activities with and on behalf of respondents; these activities will be retained in the clinical record.
- F. The court liaison will provide coordination, communication and collaboration between the court system and clinical system throughout the involuntary inpatient stay.
- G. North Sound BHO provider agencies contracted to perform the court liaison role will have the ability to provide liaison support throughout their contracted county(ies).
- H. North Sound BHO provider agencies will be responsible for submitting involuntary court hearing data to North Sound BHO.
- I. North Sound BHO provider agencies contracted to perform the court liaison role will provide training and administrative oversight to this position, including any changes in policies relevant to this position.
- J. North Sound BHO will monitor this function through the typical auditing and oversight process.

ATTACHMENTS

None