



North Sound Behavioral Health Organization, LLC

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

North Sound BHO Contract Memorandum 2018-019

Date: August 15, 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** Policy

Greetings BHA Providers:

Attached are revised/updated Policy 1728.00.

Policy 1728.00 – Single Bed Certification (SBC)/Inpatient Resource Availability. This policy was reviewed and revised via email to the Integrated Crisis Response System (ICRS) Committee. It was **fast-tracked** to the Executive Director for approval. The Executive Director approved and signed this policy on 8/10/18.

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.

August 15, 2018

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
Danae Bergman, Center for Human Services
Jackie Henderson, Island County Coordinator
Barbara LaBrash, San Juan County Coordinator
Rebecca Clark, Mental Health Program Coordinator Skagit County
Anji Jorstad, Snohomish County Coordinator
Anne Deacon, Whatcom County Coordinator
Marsh Kellegrew, Evergreen Recovery Services
Rowell Dela Cruz, Pioneer Human Services
Perry Mowery, Whatcom County
Contract File

Effective Date: 5/18/2018; 8/28/2015; 7/31/2008; 7/13/2005
Revised Date: 4/30/2018
Review Date: 4/30/2018

North Sound Behavioral Health Organization

Section 1700 – Clinical: Single Bed Certification (SBC)/Inpatient Resource Availability

Authorizing Source: WAC 388-877-0810, RCW 71.05, 71.34, DCR protocols

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: 8/9/2018

POLICY #1728.00

SUBJECT: SINGLE BED CERTIFICATION (SBC)/INPATIENT RESOURCE AVAILABILITY

PURPOSE

The availability of a certified Evaluation and Treatment (E&T) bed or secure detox facility (April 1, 2018) bed will not be a factor in determining whether or not to conduct an involuntary investigation for mental health or substance use disorders (SUD). Nor shall it influence the determination if an individual meets detention criterion.

The purpose of this policy is to outline the process for requesting an SBC from Western State Hospital (WSH) delegate for the Division of Behavioral Health and Recovery (DBHR) when there is a need for an individual to be detained to a facility not certified under WAC 388-865-0500 to provide **involuntary** mental health treatment to an adult.

The SBC request is also used when there is a need for a community facility to provide treatment to an adult on a 90- or 180-day inpatient involuntary commitment order for a maximum of 30 days; or to a facility not certified under WAC 388-865-0500 to treat an involuntarily detained or committed child until the child's discharge from that setting to the community or until he or she transfers to a Children's Long-term Inpatient Program (CLIP).

An SBC will not be available for individuals detained due to SUD until July 1, 2026.

The purpose is also to define and provide direction to Designated Crisis Responder (DCR) staff in our region when they are unable to find an appropriate placement in a certified E&T facility.

DEFINITIONS

Single bed certification (SBC) refers to the process for requesting an exception to be granted to allow a facility that is willing and able, but is not certified, under WAC 388-865-0500 to provide timely and appropriate, involuntary inpatient mental health treatment to an adult on a 72-hour detention or 14-day commitment or for a maximum of 30 days to allow a community facility to provide treatment to an adult on a 90- or 180-day inpatient involuntary commitment order [RCW 71.05.745, WAC 388-865-0526].

For involuntarily detained or committed children, this exception may be granted to allow timely and appropriate treatment in a facility not certified, until the child's discharge from that setting to the community, or until they transfer to a bed in a CLIP [WAC 388-865-0526].

Attestation means the facility confirmed it is willing and able to provide adequate treatment services and will provisionally accept placement upon receipt of the approved SBC.

No-Bed Report (also Unavailable Detention Facilities Report) refers to when a DCR determines a person meets criteria for involuntary inpatient treatment but is unable to detain the person at risk due to the lack of an available bed at an E&T facility or the person cannot be served by using an SBC. The DCR is required to make a report to the Department within 24 hours.

Substance use disorder (SUD): a cluster of cognitive, behavioral and physiological symptoms indicating an individual continues using the substance despite significant substance-related problems; the diagnosis of SUD is based on a pathological pattern of behaviors related to the use of the substances [71.05.020(52)] [effective April 1, 2018].

Mental disorder: any organic, mental, or emotional impairment, which has substantial adverse effects on an individual's cognitive or volitional functions [RCW 71.05.020(29)].

POLICY

SBCs must meet all requirements as outlined in this policy. The facility that is the site of the proposed SBC confirms it is willing and able to provide directly or by direct arrangement with other public or private agencies, timely and appropriate mental health treatment and the request describes why the individual meets at least one (1) of the following criteria:

1. The individual is expected to be ready for discharge from inpatient services within the next 30 days and being at a community facility would facilitate continuity of care, consistent with the individual's treatment needs.
2. The individual can receive appropriate mental health treatment in a residential treatment facility, as defined in WAC 246-337-005.
3. The RTF is a certified E&T (If RTF is not a certified E&T the SBC will need an attachment documenting how the RTF will meet the person's E&T needs per WAC & RCW.)
4. The individual can receive appropriate mental health treatment at a:
 - a. Hospital with a psychiatric unit;
 - b. Hospital that can provide timely and appropriate mental health treatment; or
 - c. Psychiatric hospital.
5. The individual requires medical services that are not generally available at a facility certified under WAC 388-865-0526.

6. The individual is awaiting transportation to an identified bed at a certified E&T and the Emergency Room is willing and able to provide mental health treatment in the interim.

PROCEDURE

1. When conducting an Involuntary Treatment Act (ITA) investigation in circumstances which suggest an E&T bed may not be readily available to meet the treatment needs of an individual, the DCR will proceed as follows:
 - a. DCR determines whether or not the person meets detention criteria following all applicable Washington State laws for the ITA or Less Restrictive Alternative (LRA) process.
 - b. When the DCR determines the individual meets emergent detention criteria, the DCR shall contact Volunteers or America (VOA) Placement Coordinator through the bed census phone number at 844-282-8666 [option #1 – the greeting will be “For Bed Census Information, press 1] to check on these resources. VOA has the responsibility for updating bed availability throughout the state.
 - c. The Placement Coordinator will advise the DCR to any psychiatric potential inpatient availability in the region/state.
 - d. Based on (c), the DCR will then attempt to locate an E&T bed, secure provisional acceptance from that facility and complete the detention.
2. If there is no E&T bed located and the DCR makes a determination the individual’s treatment needs can be met via attestation with an SBC (defined above), the DCR will complete the detention.
 - a. The DCR will complete and fax the SBC form to WSH.
 - b. The DCR/DCR offices will ensure the attesting facility has a copy of the approved SBC.
 - c. The DCR will call in the disposition in to the VOA Triage line, voicemail is acceptable.
 - d. The DCR/DCR office shall send a copy of the SBC to North Sound BHO by the next business day (encrypted email or fax to 360-416-7017).
3. If an E&T bed has not been located and the hospital cannot attest to being able to meet the individual’s treatment needs, the DCR will notify the hospital of the inability to detain. The patient is now referred back to the hospital’s care. The DCR is expected to do the following:
 - a. Document the individual has met detention criteria (RCW 71.05.150, 71.05.153, 71.34.700, or 71.34.710), but there are not any appropriate beds available and will leave documentation to that effect. The DCR will also leave “the hospital call list” which includes the number for the VOA Placement Coordinator for further follow up and possible placement.

- b. Fax the “DCR report of a Person Meeting Detention Criteria and no available E&T beds or LRAs” (DCR no bed report) to DBHR, at # 253-756-2873 with the fields completed within 24 hours of the determination the individual has met detention criteria.
 - c. Shall then re-contact the VOA Placement Coordinator (or triage clinician), in person, with the disposition. VOA will need name, location, date and time the investigation was completed, what facilities were contacted and what the hospital has advised they are going to do with the patient.
 - d. The DCR/DCR offices shall also send copy of the DCR report to North Sound BHO, via fax by the next business day.
4. VOA will, the next business day, re-contact the Emergency Department (ED)/hospital, through the Placement Coordinator, to check on the individual’s status.
 - a. VOA will continue to coordinate daily with the ED/hospitals and DCR office on re-evaluation if the individual continues to meet criteria for detention.
 - b. If the individual is discharged back to the community, VOA will initiate the follow up response to the individual.
 - c. VOA will dispatch the Crisis Prevention and Intervention Team (CPIT) and/or the DCR ensure that the crisis system is attempting to re-evaluate the individual on a daily basis to determine if the individual continues to meet criteria for detention. Consideration for an LRA to detention will be considered, when appropriate.
 - d. CPIT or the DCR will contact VOA to report the disposition of the follow up engagement/attempts to engage.
5. DBHR will be sharing the (DCR no bed) report with North Sound BHO to monitor those cases closely.
6. North Sound BHO will report back those attempts to DBHR within seven (7) days.
7. North Sound BHO will provide an annual clinical audit/review to ensure adherence to sourced WAC and relevant RCW standards utilizing current related audit/review tools.

ATTACHMENTS

None