



North Sound Behavioral Health Organization, LLC

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North Sound BHO Contract Memorandum 2018-021

Date: September 17, 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 1703.00 and 1723.00.

Policy 1703.00 – Duration of Crisis Services

The Executive Director approved and signed this policy on 9/14/18.

Policy 1723.00 – Outreach and Invol Investigations for Res. Of Licensed Res. Care Facilities

The Executive Director approved and signed this policy on 9/14/18.

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.

September 17, 2018

A separated redlined version of these policies will be attached to the email as requested.

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: 3/28/2016; 1/31/2014; 6/17/2008; 1/28/2008; 11/29/2005
Revised Date: 8/16/2016
Review Date: 8/16/2018

North Sound Behavioral Health Organization

Section 1700 – Integrated Crisis Response Services (ICRS): Duration of Crisis Services

Authorizing Source: WACs 388-8770900, 0905,0910, 0915,0920, North Sound BHO and ICRS Management

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: 9/14/2018

POLICY #1703.00

SUBJECT: DURATION OF CRISIS SERVICES

POLICY

Crisis Services and Crisis Stabilization Services are provided until the assessor has determined the individual is stabilized and no longer presents an immediate, acute, or heightened risk of harm to self, others, or grave disability. Crisis Services and Crisis Stabilization Services also may end when the individual is referred to other services.

Crisis Services and Crisis Stabilization Services are short-term (up to two [2] weeks per episode) in nature and are intended to last for a few hours or days. Crisis Prevention and Intervention Teams (CPIT), are voluntary teams available in Skagit, Snohomish and Whatcom Counties. These teams operate with more flexibility and discretion in their stabilization services. Individuals may re-enter crisis services if a new crisis arises or the individual's functioning deteriorates.

PROCEDURES

- I. Appropriate and timely discharge from Crisis Service and Crisis Stabilization Services are a consideration from the beginning of each crisis intervention.
- II. When discharge from crisis services is being planned, the following shall occur:
 - a. The risk of harm to self or others shall be assessed and documented in the clinical record and any substantial risks have been addressed.
 - b. The action plan for the continued resolution of the crisis and stability has been developed. This means the following:
 - i. The action plan has been agreed to by the individual who was in crisis;
 - ii. The action plan has been coordinated with significant others and other professionals; as appropriate.
 - iii. If the individual is being referred to another service, the individual has the referral contact information and alternative plans, if this referral does not work out;
 - iv. The individual and significant others have a plan to respond if the issues of concern become more acute again; and
 - v. The action plan has been documented in the clinical record.

ATTACHMENTS

None

Effective Date: 3/7/2016; 4/30/2012
Revised Date: 2/25/2016
Reviewed Date: 2/25/2016

North Sound Behavioral Health Organization
Section 1700 – ICRS: Outreach and Involuntary Investigations for Residents
of Licensed Residential Care Facilities

Authorizing Source: 2 CFR 488.3 Subpart A; RCWs 18.20.185; 18.51.190; 70.129.110; 74.39A.060; 74.42.450(7)4; and 71.05, WACs 388-877 0810,0910
North Sound Behavioral Health Organization ICRS

Cancels:

See Also:

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

Responsible Staff: Deputy Director

Approved by: Executive Director

Signature:

Date: 9/14/2018

POLICY #1723.00

SUBJECT: OUTREACH AND INVOLUNTARY INVESTIGATIONS FOR RESIDENTS OF LICENSED RESIDENTIAL CARE FACILITIES

PURPOSE

The purpose of this policy is to ensure Crisis Prevention and Intervention Teams (CPIT)/Designated Crisis Responders (DCR) performing crisis outreach or involuntary investigations to residents of licensed residential care facilities coordinate care with these facilities and exhaust less restrictive (LR) options available to the residents. Additionally, this policy offers procedural guidance to the DCR if an individual from a licensed residential facility is evaluated at an Emergency Department (ED).

POLICY

The public behavioral health system is committed to supporting individuals in the most independent living situation that meets their needs. Crisis outreach behavioral health services should be requested by licensed residential care facilities early in a crisis, after they have exhausted their efforts to resolve the crisis, to prevent risk of discharge from the facility or referral to an ED. Licensed residential care facilities include adult family homes (AFH), boarding homes and nursing homes.

If there is evidence an individual is experiencing a behavioral health concern and may pose a danger to self, others, or is gravely disabled, the CPIT/DCR will attempt to coordinate with the care facility to assess whether the facility can safely be a less restrictive alternative (LRA) to hospitalization, whether the needs of the resident can be met and if the safety of other residents can be protected through reasonable changes in the facility's practices or the provision of additional services.

PROCEDURE

- I. Licensed residential care facilities should contact Care Crisis Response Services (CCRS) Triage Clinicians by calling Volunteers of America (VOA) Care Crisis Line at 1-800-747-8654. The CCRS Triage Clinician will conduct a preliminary nursing home screening with the Nursing Home Screening tool (available at: <http://northsoundbho.org/Forms>), prior to CCRS consulting with or dispatching the CPIT/DCR.

- II. The preliminary screening will assist the Triage Clinician with dispatch information for the crisis outreach worker or in making recommendations to the licensed care facility regarding available resources and supports that are an appropriate alternative to dispatching the crisis outreach worker.
- III. The following considerations will assist the CPIT/DCR in the coordination and assessment of the resident's needs:
 - A. Whenever possible, CPIT/DCR shall evaluate the individual at the licensed residential care facility rather than an ED so that situational, staffing and other factors can be observed. If the individual is referred to the ED from a licensed care facility, DCR will review the information provided to determine if LR options have been exhausted at the licensed care facility and made the appropriate referrals needed.
 - B. CPIT/DCR will confer with and obtain information from the facility on the reason for the referral, the level of safety threat to residents and alternatives that may have been considered to maintain the individual at the facility. When appropriate, available and consistent with confidentiality provisions, CPIT/DCR will also obtain information from a variety of sources such as: the resident, other residents, family members/natural supports of the resident, guardians, facility staff, attending physician, the resident's file, the resident's caseworker or mental health provider and/or the ombudsperson.

Alternative strategies could include but are not limited to: changes in care approaches, consultations with mental health professionals/specialists and/or clinical specialists, reduction of environmental or situational stressors and/or medical evaluations of treatable conditions that could cause aggression, exacerbation of symptoms and/or significant decline in functioning.

- C. For those outreaches and investigations where hospitalization can be diverted, CPIT/DCR shall provide recommendations and resources, including recommendations for possible follow-up services to the facility staff and others for any remaining mental behavioral health concerns the individual may have.
- D. In those circumstances where a resident has been evaluated at an ED and hospitalization can be diverted, the resident may have re-admission rights to the licensed care facility.
- E. If the DCR has concerns about facility refusal to re-admit the resident, the EMHC/DMHP should notify the Residential Care Services Complaint Resolution Unit (CRU) Hotline at 1-800-562-6078, TTY 1-800-737-7931.
- F. If during the course of the outreach/investigation, the CPIT/DCR has concerns about mental behavioral health or other services provided by the facility, CPIT/DCR should notify the Residential Care Services CRU Hotline for follow-up at 1-800-562-6078 or Adult Protective Services (APS). The website to report AFH abuse is:
www.adsa.dshs.wa.gov/APS.

ATTACHMENTS

None