

Effective Date: 9/30/2014; 9/9/11; 11/8/2007
Revised Date: 2/25/2016
Reviewed Date: 2/25/2016

North Sound Behavioral Health Organization
Section 1700 – ICRS: Utilization of Crisis Stabilization/Triage Beds
for Hospital Discharge Planning

Authorizing Source: WAC 388-865-0800 through 0880, WAC 388-877A-0260

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

Date: 3/7/2016

Signature:

POLICY #1719.00

SUBJECT: UTILIZATION OF CRISIS STABILIZATION/TRIAGE BEDS FOR HOSPITAL DISCHARGE PLANNING

PURPOSE

To identify a coordinated discharge procedure between hospitals and contracted community crisis stabilization/triage programs in the North Sound Behavioral Health Organization (BHO) region to ensure rapid and safe discharges from hospitals to less restrictive options.

POLICY

Crisis stabilization/triage beds will be utilized to provide a temporary step-down placement for those individuals who are anticipating discharge from the hospital setting but continue to need stabilization services prior to their return to community living. The intent of this service is to improve the transition for the individual into the community, reducing the risk for re-hospitalization.

Priority will be given to those individuals who are ready for discharge from Western State Hospital (WSH). The use of the stabilization program is also available to the Evaluation and Treatment (E&T) Centers and community hospitals on a case-by-case basis.

Crisis stabilization/triage programs do not need to reserve beds for people potentially being discharged from hospitals. However, use of these beds as an aid to transitioning people out of inpatient care is an important function for these programs. Crisis stabilization/triage staff shall work collaboratively with WSH Liaisons and E&T/community hospital discharge planners to coordinate rapid discharge from inpatient facilities.

The preference is to provide crisis stabilization/triage bed placement for individuals living in the county where the crisis stabilization/triage program is located, but consideration will be given to individuals from other counties in the North Sound BHO region requiring crisis stabilization/triage bed placement who meet the other conditions outlined in this policy. Exceptions to the use of the beds will be considered on a case-by-case basis, after review by the Crisis Stabilization/Triage Program Manager or designee.

PROCEDURE

I. Admission Criteria:

A. WSH Liaisons and E&T/community hospital personnel will complete comprehensive discharge planning prior to contacting the crisis stabilization/triage program in the individual's county of residence.

1. The discharge plan will include a housing plan, which addresses proposed living arrangements and the funding arrangements for the proposed housing and ongoing living costs.

2. The discharge plan will address relapse prevention/intervention strategies including assessment of Less Restrictive/Assisted Outpatient Treatment/Conditional Release (LR/AOT/CR) needs and hospital readmission protocol for the individual.
- B. The individual must have a source of funding that addresses basic needs including the ability to obtain any prescribed medications and other medical equipment.
- C. The individual must have an open outpatient episode or a scheduled assessment for outpatient services with a North Sound BHO contracted provider within seven (7) calendar days of inpatient discharge, prior to their admission to crisis stabilization/triage beds for step-down from a hospital.
- D. WSH Liaisons and E&T/community hospital personnel will coordinate with the Crisis Stabilization/Triage Program Manager or designee to address the needs of the individual and the rationale for the use of the crisis stabilization/triage bed.
- E. Crisis stabilization/triage admissions will meet the inclusionary criteria defined in North Sound BHO Policy #1701.
- F. Crisis stabilization triage bed placements after discharge from an inpatient setting are a transitional placement. Crisis stabilization triage beds used for the purpose of step-down from inpatient will initially be given up to five (5) calendar days. Anything beyond five (5) calendar days is considered an extension, which shall be utilized only on a very limited basis.

1. Crisis stabilization/triage staff shall maintain a log of all extensions.

The log must include the name of the individual, the dates of admission, extension and discharge, and the name of the crisis stabilization/triage staff making the determination to extend the stay.

2. The clinical justification for any extensions must be documented in the crisis stabilization/triage facility clinical record.
3. Crisis stabilization/triage facilities shall provide a monthly report and/or log of extensions to North Sound BHO. North Sound BHO shall perform periodic utilization reviews on those individuals requiring extensions to ensure that extensions for crisis stabilization beds used as step down from inpatient are being used when clinically appropriate.

II. Exclusionary Criteria:

- A. Individuals who appear to have housing needs that are expected to exceed 14 calendar days to resolve would not be considered for this program.
- B. Exclusionary criteria, as defined in North Sound BHO Policy #1701, apply in this policy.

III. Stabilization/Triage Services:

Individuals in this program shall receive all services defined in North Sound BHO Policy 1701.

ATTACHMENTS

None