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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 0240, 0260, 0270 and 0280; North Sound Behavioral Health Organization ICRS

Cancels:

See Also:

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

Responsible Staff: Deputy Director

Approved by: Executive Director

Date: 3/7/2016

Signature:

POLICY #1723.00

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

PURPOSE

The purpose of this policy is to ensure that Emergency Mental Health Clinicians (EMHC)/Designated Mental Health Professionals (DMHP) 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 EMHC/DMHP if an individual from a licensed residential facility is evaluated at an Emergency Department (ED).

POLICY

The public mental health system is committed to supporting individuals in the most independent living situation that meets their needs. Crisis outreach mental health services should be requested by licensed residential care facilities early in a 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 that an individual is experiencing a mental health concern and may pose a danger to self, others, or is gravely disabled, the EMHC/DMHP will attempt to coordinate with the care facilities 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://nsmha.org/Forms/index.asp>), prior to CCRS consulting with or dispatching the EMHC/DMHP.
- 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 EMHC/DMHP in the coordination and assessment of the resident's needs:

- A. Whenever possible, the EMHC/DMHP 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, the EMHC/DMHP 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. The EMHC/DMHP should 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, the EMHC/DMHP should also obtain information from a variety of sources such as: the resident, family members 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: 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 or significant decline in functioning.

- C. For those outreaches and investigations where hospitalization can be diverted, the EMHC/DMHP shall provide recommendations and resources, including recommendations for possible follow-up services to the facility staff and others for any remaining mental 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.

If the EMHC/DMHP 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.

- E. If during the course of the outreach/investigation, the EMHC/DMHP has concerns about mental health or other services provided by the facility, the EMHC/DMHP 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