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North Sound Mental Health Administration
Section 1700 – ICRS: Integrated Crisis-Secure Detox (Pilot)

Authorizing Source: RCW 70.96B
Cancels:
See Also:
Responsible Staff: Deputy Director

Approved by: Executive Director
Signature:

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POLICY #1718.00

SUBJECT: INTEGRATED CRISIS-SECURE DETOX (PILOT)

General Policies for Integrated Involuntary Treatment Services for people with chemical dependencies and/or mental illnesses Pilot Project under RCW 70.96B.

PURPOSE

The purpose of this policy is to guide Designated Crisis Responders (DCRs) in the five-county region of the North Sound Mental Health Administration (NSMHA) in the discharge of their emergent responsibilities under RCW 70.96B.

To provide general policies and guidance for the Integrated Involuntary Treatment Services for people with chemical dependencies and/or mental illnesses Pilot Project. The NSMHA and its member counties and contracted involuntary treatment providers in collaboration with Pioneer Human Services have contracted to provide this service as a two-year demonstration project.

POLICY

The NSMHA's contracted commitment providers are designated as "Designated Crisis Responders" under a special pilot project law (RCW 70.96B) to commit individuals who are dangerous to themselves or others or in imminent danger due to their grave disabilities to a secure detoxification facility for up to 72 hours. These individuals may then be detained under this law for an additional 14 days in the North Cascade Secure Detox facility or transferred to a mental health treatment facility if determined more clinically responsive to their diagnoses and needs. Additionally, they may be transferred from an involuntary mental health treatment facility to the North Cascade Secure Detox facility in order to address primary chemical dependency issues. These new options available under the Pilot Project do not replace existing options under RCW 70.96A, RCW 71.05, or RCW 71.34.

NSMHA's policies for this pilot project build upon and integrate with its existing mental health crisis and involuntary treatment policies and the Washington State DMHP Protocols.

PROCEDURES

I. Responsibilities of Designated Crisis Responders

- a) Designated Crisis Responders (DCRs) have four (4) primary responsibilities in order to satisfy the requirements of RCW 70.96B. With each, DCRs are expected to use the diagnostic information available and their best clinical judgment:
 - i) Determine whether the individual's behavior or presentation meet the criteria for involuntary detention under RCW 70.96B. (See 3 below.)
 - ii) Determine whether the presenting behavior is the result, primarily, of a mental illness or substance abuse or dependence.

- iii) Determine whether there is a lesser restrictive alternative (LRA) available in the community.
- iv) If there is a lesser restrictive alternative available in the community, the DCR shall assist with the referral to the LRA to the extent possible.

II. It is expected that DCRs will actively seek information from collateral contacts to justify 72 hour detention. Examples of such collateral (or self report) information might include, but is not limited to the following:

- a) Deterioration in functioning in the community, i.e. confrontational behavior, loitering, public intoxication, reductions in prosocial community activities, etc.
- b) Homelessness caused primarily or in part because of substance abuse or dependence.
- c) A pattern of abusive or violent behavior potentiated by substance abuse or dependence.
- d) A pattern of self destructive or suicidal behavior when under the influence of substances.
- e) Deterioration in significant family relationships, i.e. increasing alienation from spouse, significant others, children, extended family, etc.
- f) A pattern of absenteeism or chronic lateness on the job, loss of job, etc.
- g) A demonstrated tolerance to normally intoxicating blood levels of specific drugs of abuse.
- h) A progressive deterioration in personal hygiene or self care, i.e. ongoing loss of sleep, apparent poor nutrition, the presence of medical complications, dental caries or discoloration.
- i) A history of previous, failed treatment interventions, including detoxification or sobering and stabilization.
- j) An overall pattern of behavior which indicates the increasing importance of an individual's relationship with specific drugs of choice at the expense of other, previously important, interpersonal relationships, i.e. increasing preoccupation with drug seeking behavior, drug using opportunities, and recovering from drug effects
- k) A continuing pattern of denial when presented with clear evidence of personal deterioration in functioning as a result of substance abuse or dependence

III. An individual shall be deemed suitable for 72 hour detention under 70.96B, if as a result of their chemical dependency, their behavior "presents an imminent likelihood of serious harm, or (he/she) is in imminent danger because of being gravely disabled..."

- a) *Imminence* is defined as "the state or condition of being likely to occur at any moment; near, at hand, rather than distant or remote" (DMHP Protocols).
- b) *Likelihood of serious harm* is defined as "a substantial risk that:
 - i) Physical harm will be inflicted by an individual upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself;
 - ii) Physical harm will be inflicted by an individual upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; the individual has threatened the physical safety of another and has a history of one or more violent acts." RCW 71.05.020(19) (from DMHP Protocols) or
 - iii) Physical harm will be inflicted by an individual upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or
 - iv) Grave Disability per RCW 71.05.20 Gravely disabled means a condition in which a person, as a result of a mental disorder: (a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or (b) manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety;

IV. Referrals for DCR evaluation

DCRs are authorized to accept referrals from the Triage supervisor at Care Crisis Response Services of Volunteers of America. Professionals may call 1 (800) 747-8654 to request an investigation for involuntary services. Referrals for this program will be handled by Triage Staff and DCR staff according to the same policies and practices as all other crises and requests for involuntary commitment investigations. Specifically this includes the no decline to Crisis Triage outreach dispatches and a two-hour response time for a face to face assessment once dispatched. Efforts will be made to find the least restrictive placement which assures the individual's health and safety and community safety by both Triage Staff and DCRs. (See Policies # 1702 and 1702.1 as well as NSMHA contracts with Associated Provider Network, attachment VI and Snohomish County Human Services, attachment XXI.)

V. Triage dispatch protocol includes:

- a) Those individuals whose behavior “presents an imminent likelihood of serious harm...” or who are “in imminent danger because of being gravely disabled...” and who have recent, multiple incidents of emergency room contacts and/or involvement with first responders, law enforcement, Detox programs or DCRs.
- b) Triage staff will dispatch a DCR to evaluate a known patient (see 5.a. above) as long as the patient can engage in the evaluation process. This includes patients exhibiting signs of intoxication including a BAL exceeding .08
- c) Those individuals with little formal histories of emergency room, first responder, law enforcement, or DCR involvement, but whose behavior due to their alcohol or substance abuse may “presents an imminent likelihood of serious harm...” or who are “in imminent danger because of being gravely disabled” Triage staff will proceed with the usual dispatch protocol.

VI. Referrals for voluntary/less restrictive services from this program

- a) The intention of the service is to provide services in the least restrictive setting that will provide safety to the individual and the community. If Triage staff or DCR determine during the course of the contacts that a less restrictive alternative is clinically appropriate, then they assist in referrals. Referrals to Alcohol and Drug Treatment Services will be guided by the attached resource list.

VII. Locations for Investigations

Emergency departments, hospitals, detoxification centers, jails and behavioral crisis triage programs shall be the site of choice for all investigations undertaken by DCRs. This policy is consistent with the mental health outreach policy that prohibits outreaches to community settings such as private homes when an individual is under the influence of alcohol or drugs. (For policies regarding outreach see Policies # 1702 and 1702.1 as well as NSMHA contracts with Associated Provider Network, attachment VI and Snohomish County Human Services, attachment XXI.)

VIII. Availability of Secure Detoxification Beds

- a) After a DCR determines that an individual meets criteria for detention under the provisions of RCW 70.96B, they will determine the availability of a bed at the Secure Detoxification Facility. If no beds exist, DCRs will take the following actions:
 - i) Provide the facility holding the patient with documentation indicating that the patient meets the criteria for detention under RCW 70.96B, but was not detained because no detention bed was available.

- ii) Inform the facility holding the patient that they have the option of holding the individual until they believe the individual is no longer an imminent risk, or discharging the patient, at their discretion. Also inform the facility that a DCR will contact them the next morning to determine whether or not the patient has remained at the facility and will inform them of the status of beds at the Secure Detoxification Facility.
- iii) If the patient has a dual diagnosis, and also meets the criteria for detention under the provisions of RCW 71.05, the DCR may detain the individual to a Mental Health Evaluation and Treatment facility if an accepting facility is available.
- iv) At approximately 10:00 hours the next day, the DCR will call the facility where the patient was evaluated to see if patient is still at the facility.
 - (1) Check with the Secure Detoxification Facility to determine the availability of a bed.
 - (2) If no bed is available, the DCR will notify the facility holding the patient that no beds are available
 - (3) If there is a bed available at the North Cascade Secure Detox, the DCR will call the facility holding the patient and if the patient has remained at the facility and there is a bed available at the Secure Detoxification Facility, the DCR will reevaluate the patient to determine whether the patient still meets detention criteria under RCW 70.96B.
- v) If the patient continues to meet the detention criteria and a bed is available, the DCR will detain the patient and have him/her transferred to the Secure Detoxification Facility.

IX. Confidentiality

- a) DCRs are conducting investigations and not CD Assessments. DCRs are expected to undertake investigations to the best of their ability, given the individual circumstances and the limitations presented by state and federal confidentiality statutes.
- b) Releases of information can expedite the investigative process and should be obtained when possible.
- c) DCRs are charged with gathering the most diagnostically useful information within the limits of pertinent statutes and contextual constraint in order to support their best clinical judgment in the disposition of each individual who is the subject of an investigation.

X. Exemption from Liability (RCW70.96B.060)

- a) A person or public or private entity employing a person is not civilly or criminally liable for performing duties under this chapter if the duties were performed in good faith and without gross negligence.
- b) This section does not relieve a person from giving the required notices under RCW 71.05.330(2) or 71.05.340(1)(b), or the duty to warn or take reasonable precautions to provide protection from violent behavior where the patient has communicated an actual threat of physical violence against a reasonably identifiable victim or victims. The duty to warn or to take reasonable precautions to provide protection from violent behavior is discharged if reasonable efforts are made to communicate the threat to the victim or victims and to law enforcement personnel.
- c) Mandatory Reporting expectations remain. Triage and DCR staff must execute their responsibilities related to the protection of vulnerable populations. This may include reporting information to Adult (or Child) Protective Services.

ATTACHMENTS

None