

North Sound Mental Health Administration

Diversion Options

PREFACE: This list of crisis diversion options is designed to provide professionals across the North Sound Region the array of crisis diversion options that are available. If a service does not appear on this list, the service is not currently available in the North Sound Region, at this time. The North Sound Mental Health Administration (NSMHA) and the five counties are working to enhance crisis service options. The intention in providing this list to professionals is to have these options considered when working with individuals in crisis so the most effective and the least restrictive crisis diversion options are utilized. If you have questions about these options, experienced Crisis Triage Mental Professionals are available 24 hours a day at (800) 747-8654.

FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) DISASTER

The Integrated Crisis Response Service (ICRS) system is responsible for responding to a crisis if there is a disaster. This is done in collaboration with first responders, i.e. Red Cross, working with the Care Crisis Line to determine how extensive the need is. In the event of a disaster/emergency in the NSMHA service area, there is the availability of disaster outreach. Disaster Outreach means contacting persons in their place of residence or in non-traditional settings for the purpose of assessing their mental health and social functioning following a disaster or increasing the utilization of human services and resources.

There are two basic approaches to outreach: mobile (going person to person) and community settings (e.g., temporary shelters, disaster assistance sites, disaster information forums, etc.) The outreach process includes:

- locating persons in need of disaster relief services,
- assessing their needs,
- engaging or linking persons to an appropriate level of support or disaster relief services, and
- providing follow-up mental health services when clinically indicated

Disaster Outreach can be performed by trained volunteers, peers and /or persons hired under a federal Crisis Counseling Grant. These persons should be trained in disaster crisis outreach which is different than traditional mental health crisis intervention.

ADULT DIVERSION OPTIONS

1	<p>Volunteers of America (VOA) Crisis Line- 24 hr/7 days a week access to centralized telephone crisis counseling, support, and referral. VOA crisis line is also one access point for additional crisis services including urgent and emergent crisis service appointments. (1) Individuals and their family's crisis line is 1.800.584.3578 and (2) Professionals (physicians, case workers, etc.) triage services line is 1.800.747.8654.</p>
2	<p>Emergent Services- 24 hr/7 days a week access to face to face evaluation and/or intervention services. Emergent mental health care, as determined by VOA Care Crisis Response Services Clinician, occurs within two (2) hours of a request for mental health services from any source. Emergent mental health care can occur in community locations. Calls in this category require a response within 2 hours of the dispatch of outreach staff by the VOA Care Crisis Response Services (CCRS) Clinician (See NSMHA Policy 1702, ICRS Outreach Screening, Crisis Line Pre- and Post-Dispatch, for additional policy and procedures related to Emergent contacts).</p>

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Urgent Services -24 hr/7 day a week access to face to face evaluation and/or intervention services. Urgent care occurs within 24 hours of a request for mental health services from any source. Urgent mental health care can occur in community locations. Calls in this category shall provide individuals in crisis with timely access to face-to-face mental health evaluation/intervention services when needed, to prevent the individual's situation from deteriorating to the point that Emergent care is necessary. These calls require a response by the NSMHA provider within 24 hours of the VOA CCRS Clinician's notification.

1. Individuals with an open outpatient episode:

a) During typical business hours, individuals who are currently enrolled with a NSMHA Community Mental Health Agency (CMHA) shall be seen whenever possible by their Mental Health Care Provider (MHCP)/team. If the MHCP is unavailable, the program supervisor will be contacted to determine if another member of the treatment team can see the individual. In those rare circumstances where support through the treatment team is unavailable, ICRS staff may be dispatched by VOA CCRS Clinician.

b) When the MHCP will be unavailable to the VOA Care Crisis Response Services (CCRS) Clinician within 24 hours of the identified need for contact (e.g., the need is identified on a Friday evening), the ICRS staff shall be contacted, briefed, and requested to respond via face-to-face intervention within 24 hours.

2. Individuals without an open outpatient episode:

a) Designated ICRS Providers shall maintain a Monday through Friday schedule of available appointment times and shall make this schedule available to VOA CCRS Clinicians.

b) VOA CCRS Clinicians shall schedule an available Urgent Appointment for callers, within 24 hours of the call to VOA.

c) VOA CCRS Clinicians shall notify the CMHA as soon as possible regarding the scheduled contact and shall provide summarized clinical information in a standard format.

d) When an appointment is not available within 24 hours (e.g., the need is identified on a Friday evening), the ICRS staff shall be contacted, briefed, and requested to respond via face-to-face intervention within 24 hours. Disposition will follow the ICRS process.

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4	<p>Follow up appointments- Follow-up appointments are offered when the caller does not require “Emergent” or “Urgent” intervention, but there is an indication that without prompt assessment/intervention further decompensation is likely. This appointment may be initiated at the request of the VOA CCRS Clinician, or by any other Clinician within the ICRS system. Enrolled individuals will be seen by their MHCP (Mental Health Care Provider). Follow-up services may also be offered to non-enrolled individuals needing follow-up contact while awaiting transition into ongoing care.</p> <p>1. Individuals with an open outpatient episode: a) Follow-up services for these individuals shall be provided by the MHCP or another member of the clinical team. ICRS is not responsible for providing follow-up services to enrolled individuals. b) The CCRS Clinician or Emergency Services staff referring an enrolled individual for Follow-up services shall notify the NSMHA CMHA as soon as possible, and shall provide summarized information in a standard format.</p> <p>2. Individuals without an open outpatient episode: a) VOA CCRS Clinicians shall notify the Designated ICRS Providers regarding the referral and shall provide summarized clinical information in a standard format. Disposition will follow the ICRS process.</p> <p>During this period of ICRS Emergency Follow-up services, Emergency Services staff shall communicate directly with the individual regarding scheduling appointments, etc., as needed.</p> <p>b) Emergency Services staff is responsible for providing clinically necessary Follow-up services to non-enrolled individuals in crisis when needed, until the crisis is resolved, or until the referral to ongoing services is complete. c) It is understood that follow up through Emergency Services is not a substitute for ongoing services and that, as financially and clinically eligible, individuals shall be moved as quickly as possible into ongoing care.</p>
5	<p>Mobile Outreach Teams-(Skagit and Whatcom Counties) (early crisis intervention, crisis prevention) This service is available through VOA for adults to provide community outreach and brief intervention to prevent mental health crises, provide early intervention and to prevent unnecessary use of Emergency Departments and inpatient psychiatric hospitalizations. Mobil Outreach Program is 1-9 PM Monday through Friday. Referrals can be made though VOA or directly to the programs-Pioneer Human Services (PHS) in Skagit County or Whatcom Counseling and Psychiatric Clinic (WCPC) in Whatcom County.</p>
6	<p>Emergent Medications- Emergency psychiatric medication evaluations are available for those individuals who have been assessed by an Emergency Mental Health Clinician (EMHC) or Designated Mental Health Professional (DMHP) and deemed at risk of hospitalization. Access to these psychiatric appointments is through the EMHC or DMHP. This process varies from county to county. Follow up psychiatric consultations are available when clinically indicated by the prescriber. Generally this service is used for non-enrolled individuals.</p>
7	<p>Same day access for assessment for routine outpatient services-(WCPC in Whatcom County and Compass Health in Skagit County) Medicaid enrollees, and some state funded adults, has same business day access to intake process for referral for routine outpatient services. Access is Monday through Friday 9-5 through VOA regional Access line at 1 (888) 693-7200 or individuals may go to these agencies and request outpatient services.</p>

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8	<p>Intake for routine outpatient services-Medicaid enrollees, and some state funded adults, has access to intake for referral for routine outpatient services. Access is Monday through Friday 8:30-5 through VOA regional Access line at 1 (888) 693-7200.</p>
9	<p>Intake for expedited outpatient services-Medicaid enrollees, and some state funded adults, have access to expedited intake (within 3 business days) as determined by access mental health professions for referral for routine outpatient services. Access is Monday through Friday 9-5 through VOA regional Access line at 1 (888) 693-7200.</p>
10	<p>Crisis Centers (Skagit, Snohomish & Whatcom Counties)-24 hour a day seven day a week stabilization or crisis services are available at Crisis Centers. These services are available to adults throughout the 5 county region regardless of whether they are currently receiving outpatient services. Adults may stay in the Crisis Center for up to 5 days or longer with extension. 24/7 access is through VOA although direct referrals can be made and law enforcement drop-off is encouraged.</p>
11	<p>Diversion is available from inpatient psychiatric care to 3 regional crisis centers.</p>
12	<p>Intensive Outpatient Services (IOP)-Adults currently enrolled in intensive outpatient services have access to a member of their IOP team for consultation and outreach 24 hr/7 day a week. Agencies with Adult IOP programs: Compass Health: Skagit, Snohomish and Island Counties, Bridgeways, Sunrise Services, Lake Whatcom Residential & Treatment Center and Whatcom Counseling and Psychiatric Clinic. Intensive outpatient services includes: intensive, coordinated treatment by a multi-disciplinary team in the community to include reinforcement of safety, promotion of stability/ independence in the community, restoration to a higher level of functioning.</p> <p>Adults not currently in IOP programs—If a clinician determines that IOP is the appropriate resource for an individual they should contact the IOP program manager for instructions on referral and alert them that it is a diversion attempt. Some IOP programs <i>may</i> be able to do an expedited admission for an individual in this situation. There are different referral procedures for each program.</p>
13	<p>Program of Assertive Community Treatment (PACT) - (Skagit, Snohomish and Whatcom Counties) Adults currently enrolled in PACT services have access to their PACT team 24 hr/7 day a week. Provision of mental health services by a trans-disciplinary team to facilitate community living, psychosocial rehabilitation, and recovery for individuals who have the most severe and persistent mental illnesses, have severe symptom impairments, and have not benefited from traditional outpatient programs. The team is directed by a team leader and psychiatric prescriber and a sufficient number of staff to cover 24 hours/day, 7 days/week. PACT teams are mobile and deliver services in community locations.</p>
14	<p>Crisis Services for adults eligible for Developmental Disabilities Administration (DDA) Services- Enhanced crisis stabilization and intervention services may be available to prevent the hospitalization of DDA eligible adults. Developmental Disabilities Administration (DDA) Crisis Stabilization Services are available to adults enrolled with the Region 2 North DDA and who are assessed to be at high risk of inpatient admission and/or loss of placement. Referrals into this specialized program must be initiated by DDA. The individual may be recommended to this program by calling the Region 2 DDA Resource Manager at 1-425-339-4887.</p>

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15	<p>Other Funded Programs</p> <p>Federal Block Grant (FBG) Programs-Federal Block Grant Programs vary by county and may not be available on an immediate basis. Some services are through the counties and some are through providers. Services <u>may be</u> available for some individuals who are not eligible for NSMHA services. (See attached addendum for detail, FBG & County Mental Health Program Contacts List and website links).</p> <p>Additional County Funded Outpatient Services-(varies by county and may not be available on an immediate basis) Individual Counties may provide additional Services. (See attached addendum for detail, FBG & County Mental Health Program Contacts List and website links).</p>
16	<p>Programs to Aid in the Transition from Homelessness (PATH) Services (Snohomish and Whatcom Counties) Outreach and engagement services are available out in the community for homeless adults who are not currently in mental health services. PATH services can assist adults to receive mental health and other necessary services prior to their situation deteriorating to the point they may be at risk for hospitalization. The program is 9-5 Monday through Friday and can be accessed by contacting Compass Health and WCPC.</p>
17	<p>Residential Programs – Lake Whatcom Center (Whatcom), Aurora, Greenhouse and Haven House (Snohomish) – Adults currently residing in a NSMHA-contracted residential facility have access to residential staff 24 hr/7 day a week.</p>

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CHILD DIVERSION OPTIONS	
1	<p>Volunteers of America (VOA) Crisis Line- 24 hr/7 days a week access to centralized telephone crisis counseling, support, and referral. VOA crisis line is also one access point for additional crisis services including urgent and emergent crisis service appointments. (1) Individuals and their family's crisis line is 1.800.584.3578 and (2) Professionals (physicians, case workers, etc.) triage services line is 1.800.747.8654.</p>
2	<p>Emergent Services- 24 hr/7 days a week access to face to face evaluation and/or intervention services. Emergent mental health care, as determined by VOA Care Crisis Response Services Clinician, occurs within two (2) hours of a request for mental health services from any source. Emergent mental health care can occur in community locations.</p> <p>Calls in this category require a response within 2 hours of the dispatch of outreach staff by the VOA Care Crisis Response Services (CCRS) Clinician (See NSMHA Policy 1702, ICRS Outreach Screening, Crisis Line Pre- and Post-Dispatch, for additional policy and procedures related to Emergent contacts).</p>
3	<p>Urgent Services 24 hr/7 day a week access to face to face evaluation and/or intervention services. Urgent care occurs within 24 hours of a request for mental health services from any source. Urgent mental health care can occur in community locations.</p> <p>Calls in this category shall provide individuals in crisis with timely access to face-to-face mental health evaluation/intervention services when needed, to prevent the individual's situation from deteriorating to the point that Emergent care is necessary. These calls require a response by the NSMHA provider within 24 hours of the VOA CCRS Clinician's notification.</p> <ol style="list-style-type: none"> 1. Individuals with an open outpatient episode: <ol style="list-style-type: none"> a) During typical business hours, individuals who are currently enrolled with a NSMHA Community Mental Health Agency (CMHA) shall be seen whenever possible by their Mental Health Care Provider (MHCP)/team. If the MHCP is unavailable, the program supervisor will be contacted to determine if another member of the treatment team can see the individual. In those rare circumstances where support through the treatment team is unavailable, ICRS staff may be dispatched by VOA CCRS Clinician. b) When the MHCP will be unavailable to the VOA Care Crisis Response Services (CCRS) Clinician within 24 hours of the identified need for contact (e.g., the need is identified on a Friday evening), the ICRS staff shall be contacted, briefed, and requested to respond via face-to-face intervention within 24 hours. 2. Individuals without an open outpatient episode: <ol style="list-style-type: none"> a) Designated ICRS Providers shall maintain a Monday through Friday schedule of available appointment times and shall make this schedule available to VOA CCRS Clinicians. b) VOA CCRS Clinicians shall schedule an available Urgent Appointment for callers, within 24 hours of the call to VOA. c) VOA CCRS Clinicians shall notify the CMHA as soon as possible regarding the scheduled contact and shall provide summarized clinical information in a standard format. d) When an appointment is not available within 24 hours (e.g., the need is identified on a Friday evening), the ICRS staff shall be contacted, briefed, and requested to respond via face-to-face intervention within 24 hours. Disposition will follow the ICRS process.

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4	<p>Follow up appointments- Follow-up appointments are offered when the caller does not require “Emergent” or “Urgent” intervention, but there is an indication that without prompt assessment/intervention further decompensation is likely. This appointment may be initiated at the request of the VOA CCRS Clinician, or by any other Clinician within the ICRS system. Enrolled individuals will be seen by their MHCP (Mental Health Care Provider). Follow-up services may also be offered to non-enrolled individuals needing follow-up contact while awaiting transition into ongoing care.</p> <p>1. Individuals with an open outpatient episode: a) Follow-up services for these individuals shall be provided by the MHCP or another member of the clinical team. ICRS is not responsible for providing follow-up services to enrolled individuals. b) The CCRS Clinician or Emergency Services staff referring an enrolled individual for Follow-up services shall notify the NSMHA CMHA as soon as possible, and shall provide summarized information in a standard format.</p> <p>2. Individuals without an open outpatient episode: a) VOA CCRS Clinicians shall notify the Designated ICRS Providers regarding the referral and shall provide summarized clinical information in a standard format. Disposition will follow the ICRS process.</p> <p>During this period of ICRS Emergency Follow-up services, Emergency Services staff shall communicate directly with the individual regarding scheduling appointments, etc., as needed.</p> <p>b) Emergency Services staff is responsible for providing clinically necessary Follow-up services to non-enrolled individuals in crisis when needed, until the crisis is resolved, or until the referral to ongoing services is complete. c) It is understood that follow up through Emergency Services is not a substitute for ongoing services and that, as financially and clinically eligible, individuals shall be moved as quickly as possible into ongoing care.</p>
5	<p>Mobile Outreach Teams- (Skagit and Whatcom Counties) (early crisis intervention, crisis prevention) This service is available through VOA for children to provide community outreach and brief intervention to prevent mental health crises, provide early intervention or to prevent unnecessary use of Emergency Departments and inpatient psychiatric hospitalizations. Mobil Outreach Program is 1-9 PM Monday through Friday. Referrals can be made though VOA or directly to the programs-Pioneer Human Services in Skagit County or WCPC in Whatcom County.</p>
6	<p>Emergent Medications- Emergency psychiatric medication evaluations are available for those individuals who have been assessed by an EMHC or DMHP and deemed at risk of hospitalization. Access to these psychiatric appointments is through the EMHC or DMHP. This process varies from county to county. Follow up psychiatric consultations are available when clinically indicated by the prescriber. Generally this service is used for non-enrolled individuals.</p>
7	<p>Same day access for assessment for routine outpatient services-(WCPC in Whatcom County) Medicaid enrollees, and some state funded children, has same business day access to intake process for referral for routine outpatient services. Access is Monday through Friday 9-5 through VOA regional Access line at 1 (888) 693-7200.</p>

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8	<p>Intake for routine outpatient services-Medicaid enrollees, and some state funded children have access to intake and authorization process or expedited intake and authorization process for referral for routine outpatient services. Access is Monday through Friday 9-5 through VOA regional Access line at 1 (888) 693-7200.</p>
	<p>Intake for expedited outpatient services-Medicaid enrollees, and some state funded adults, have access to expedited intake (within 3 business days) as determined by access mental health professions for referral for routine outpatient services. Access is Monday through Friday 9-5 through VOA regional Access line at 1 (888) 693-7200.</p>
9	<p>Intensive Outpatient Services (Wraparound) - Children currently enrolled in wraparound services have access to their teams' crisis pager and crisis response services. Services are available minimally 7 AM to 10 PM weekdays</p>
10	<p>Other Funded Programs</p> <p style="padding-left: 40px;">Federal Block Grant (FBG) Programs-Federal Block Grant Programs vary by county and may not be available on an immediate basis. Some services are through the counties and some are through providers. Services <u>may be</u> available for some individuals who are not eligible for NSMHA services. (See attached addendum for detail, FBG & County Mental Health Program Contacts List and website links).</p> <p>Additional County Funded Outpatient Services-varies by county and may not be available on an immediate basis) Individual Counties may provide additional Services. (See attached addendum for detail, FBG & County Mental Health Program Contacts List and website links).</p>