

North Sound Mental Health Administration

Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties
Improving the mental health and well being of individuals and families in our communities

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NSMHA Contract Memorandum 2013-001

Date: January 25, 2013

To: Tom Sebastian, Compass Health
Donna Konicki, Bridgeways
Michael Watson, Lake Whatcom RTC
Jan Bodily, Whatcom Counseling and Psychiatric Center
Kathy McNaughton, Catholic Community Services Northwest
Claudia D'Allegri, Sea Mar
Ken Stark, Snohomish County Human Services Director
Phil Smith, Volunteers of America
Cindy Paffumi, Interfaith
Sue Closser, Sunrise Services
Christine Furman, Pioneer Human Services

From: Joe Valentine, Executive Director

Subject: Revised Policy

Policy 1717.00 – Urgent Contacts & Follow-Up Services

This policy has been through the complete review and approval process. The Executive Director signed and approved this policy January 25, 2013.

Full implementation of this revised policy should occur no later than 60 days after this memo.

cc: Cindy Ferraro, Bridgeways
Heather Fennell, Compass Health
Kay Burbidge, Lake Whatcom RTC
Pamala Benjamin, Whatcom Counseling
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Pat Morris, Volunteers of America
Katherine Scott, Sea Mar
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Jackie Henderson, Island County Coordinator
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Contract File

North Sound Mental Health Administration

Section 1700 – ICRS: Urgent Contacts & Follow-Up Services

Authorizing Source: Per Contract
Cancels: Policy 1514.00

See Also:

ICRS providers must comply with this policy and individualized implementation guidelines may be developed by ICRS providers
Responsible Staff: Deputy Director

Approved by: Executive Director
Signature:

Date: 1/25/2013

POLICY #1717.00

SUBJECT: ICRS – URGENT CONTACTS & FOLLOW-UP SERVICES

PURPOSE

To define Urgent, and Follow up individual contacts and services within the Integrated Crisis Response Services (ICRS) system; to clarify the process for triaging and providing individuals with Urgent contacts and Follow-up services when indicated.

POLICY

For individuals calling Volunteers of America (VOA) Care Crisis Response Services (CCRS) in crisis, CCRS Clinicians determine the urgency of the caller's crisis and initiate the crisis services contact with North Sound Mental Health Administration (NSMHA) providers. There are three levels of face-to-face responses available in the ICRS system:

- A. Emergent Contact: Calls in this category require a response within 2 hours of the dispatch of outreach staff by the VOA CCRS Clinician (see NSMHA Policy 1702, ICRS Outreach Screening, Crisis Line Pre- and Post-Dispatch, for additional policy and procedures related to Emergent contacts).
- B. Urgent Contact: 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.
- C. Follow-up Services: 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. Follow-up services may also be offered to non-enrolled individuals needing Follow-up contact while awaiting transition into ongoing care.

PROCEDURES

A. Urgent Contacts

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 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.

B. Follow-Up Services

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.
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.

During this period of ICRS Emergency Follow-up services, Emergency Services staff shall communicate directly with the individual regarding scheduling appointments, etc., as needed.

- 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.

ATTACHMENTS

None