

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

117 North First Street, Suite 8 • Mount Vernon, WA 98273

360.416.7013 • 800.684.3555 • Fax 360.416.7017 • Email nsmha@nsmha.org • Web Site <http://nsmha.org>

NSMHA Contract Memorandum 2014-007

Date: April 28, 2014

To: Tom Sebastian, Compass Health
Donna Konicki, Bridgeways
Michael Watson, Lake Whatcom RTC
Dean Wight, 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
Mitch Lykins, Pioneer Human Services
Dr. Jerry Jenkins, NWESD 189

From: Joe Valentine, Executive Director

Subject: Revised Policies

Policy 1561.00 – Revocation of Less Restrictive Orders (LRO)/Conditional Release (CR) Orders

This policy has been through the complete review and approval process. The Executive Director signed and approved this policy April 28, 2014.

Policy 1562.00 – Monitoring of Conditional Release (CR)/Less Restrictive Orders (LRO)

This policy has been through the complete review and approval process. The Executive Director signed and approved this policy April 28, 2014.

Full implementation of these policies 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
and Psychiatric Center
Pat Morris, Volunteers of America
Katherine Scott, Sea Mar
Richard Sprague, Interfaith
Robert Sullivan, Pioneer Human Services

Rebecca Clark, Mental Health Program
Coordinator Skagit County
Barbara LaBrash, San Juan County Coordinator
Anne Deacon, Whatcom County Coordinator
Jackie Henderson, Island County Coordinator
Cammy Hart-Anderson, Snohomish County
Eric Chambers, NWESD 189
Contract File

Effective Date: 7/7/2008; 8/30/2007
Revised Date: 4/22/2014
Review Date: 4/23/2014

North Sound Mental Health Administration
Section 1500– Clinical: Revocation of Less Restrictive Orders (LRO)/
Conditional Release (CR) Orders

Authorizing Source: RCW 71.05.340, RCW 71.34.780 WAC 388-877-0195

Cancels:

See Also:

Providers are required to have a “policy consistent with” this policy

Responsible Staff: Quality Manager

Approved by: Executive Director

Date: 4/28/2014

Signature:

POLICY #1561.00

SUBJECT: REVOCATION OF LESS RESTRICTIVE ORDERS (LRO)/CONDITIONAL RELEASE (CR) ORDERS

PURPOSE

To standardize the coordination process between Outpatient Service Providers and Designated Mental Health Professionals (DMHP) initiating a petition for revocation of a Less Restrictive Court Order (LRO) or Conditional Release Order (CR).

POLICY

Revised Code of Washington (RCW) 71.05.340 establishes criteria for possible revocation of an LRO/CR for an adult. RCW 71.34.780 provides guidance on revocation of an LRO/CR for a minor. Outpatient Providers shall notify the DMHP upon identification of any of the criteria indicated below:

1. Criteria for adults:

- a. **DMHP Determination (“may revoke”) – RCW 71.05.340 (3)(a):** The DMHP *may* order the person be temporarily detained in an Inpatient Evaluation and Treatment Facility in or near the county in which he or she is receiving outpatient treatment if the Outpatient Provider or DMHP determines:
 - i. The person fails to comply with the terms and conditions of his or her LRO/CR;
 - ii. The person experiences substantial deterioration in his or her condition;
 - iii. There is evidence of substantial decompensation with a reasonable probability the decompensation can be reversed by further inpatient treatment; **or**
 - iv. The person poses a likelihood of serious harm.

- b. **Outpatient Provider Determination (“shall revoke”) – RCW 71.05.340(3)(b):** The Outpatient Provider shall notify the DMHP and the DMHP *shall* order the person be temporarily detained in an Inpatient Evaluation and Treatment Facility in or near the county in which he or she is receiving outpatient treatment when:
 - i. The person fails to comply with the terms and conditions of his or her LRO/CR; **and/or**
 - ii. The person experiences substantial deterioration in his or her condition; **and**
 - iii. The person presents an increased likelihood of serious harm.

In “shall revoke” cases the obligation to testify solely falls on the Outpatient Provider.

2. Criteria for minors:

If the Professional Person in charge of an Outpatient Treatment Program or a DMHP determines a minor is failing to adhere to the conditions of the LRO/CR, or substantial deterioration in the minor’s functioning has occurred, the Professional Person shall notify the DMHP. The DMHP may order the minor be taken into custody and transported to an Inpatient Evaluation and Treatment Facility.

PROCEDURE

1. In all cases, when the Outpatient Provider makes a specific request for Petition for Revocation of an LRO/CR, the request must include a written affidavit detailing specific facts in support of the revocation which should include:
 - a. The date and time the Outpatient Provider last personally evaluated the person; **and**
 - b. The specific conditions of the LRO/CR which have been violated; **and**
 - c. Specific behaviors demonstrating substantial deterioration; **and**
 - d. Specific behaviors indicating an increased likelihood of serious harm; **and**
 - e. Interventions attempted by the Outpatient Provider to maintain the individual in the community; **and**
 - f. By what means the individual would benefit from inpatient treatment.

See the North Sound Mental Health Administration’s Integrated Crisis Response System Training Module (http://nsmha.org/Committee/RTC/ICRS/Crisis_Response_Module.pdf) for additional information on writing an affidavit.

2. Should a Revocation Hearing be scheduled, the Outpatient Provider is expected to testify.
3. If the individual’s LRO/CR is revoked and the individual returns to an inpatient unit, a Treating Psychiatrist or Psychiatric ARNP can discharge the individual from the inpatient facility at any time without a hearing.

ATTACHMENTS

None

Effective Date: 9/30/2011; 11/16/2009; 3/5/2009; 8/30/2007

Revised Date: 4/22/2014

Review Date: 4/23/2014

North Sound Mental Health Administration

Section 1500– Clinical: Monitoring of Conditional Release (CR)/Less Restrictive Orders (LRO)

Authorizing Source: WAC 388-865-0245 2(a)(b); WAC 388-877A-0195;
RCW 71.05.340; RCW 71.05.320; RCW 71.05.700-715; Crisis Training Module

Cancels:

See Also:

Providers must “comply with” this policy

Responsible Staff: Deputy Director

Approved by: Executive Director

Date: 4/28/2014

Signature:

POLICY#1562.00

SUBJECT: MONITORING OF CONDITIONAL RELEASE (CR)/LESS RESTRICTIVE ORDERS (LRO)

PURPOSE

The purpose of this policy is to ensure a consistent and meaningful process for individuals on CR or LRO court orders.

POLICY

For individuals involuntarily committed under Revised Code of Washington (RCW) 71.05 or RCW 71.34, inpatient psychiatric facilities are required to provide notice of discharge and copies of CRs/LROs to the Designated Mental Health Professional (DMHP) office responsible for the detention and the DMHP office in the county where the individual is expected to reside. This notification is required to occur as soon as possible and no later than one business day after the individual’s discharge from the inpatient psychiatric facility. The DMHP office located in the county where the individual is expected to reside will contact the responsible Community Mental Health Agency (CMHA) as soon as they are made aware of the CR/LRO on the individual.

Inpatient psychiatric facilities are also expected to contact CMHAs to request the CMHA assume responsibility of the CR/LRO, at a minimum, prior to the individual’s discharge. However, once a CMHA becomes aware of an individual’s CR/LRO, lack of notification by the inpatient facility to the CMHA prior to the individual’s discharge does not eliminate responsibility to follow up with the individual on the CR/LRO (see Procedure section).

In order to ensure the provision of services to individuals on a CR/LRO, CMHAs must be certified by DBHR for outpatient psychiatric and medical components of community support services and involuntary treatment services consistent with Washington Administrative Codes (WAC) 388-877A-0195.4.

In order to ensure integrated, well-coordinated and medically necessary services are delivered to individuals on a CR/LRO, CMHAs will need to work closely with DMHPs and other allied professionals in the community.

Legal status does not preclude the individual’s financial responsibility for outpatient services. State funds payment by NSMHA for individuals receiving State plan services shall be considered payment in full as long as they meet State funding qualifications and do not have third party resources.

PROCEDURE

1. The inpatient psychiatric facility is expected to contact the CMHA to request the CMHA assume responsibility of the CR/LRO. This contact may be an oral or written request and is expected to occur prior to the individual's discharge from the inpatient facility.
2. Although a CMHA may decline to assume responsibility of the CR/LRO if there is clinical rationale to do so, this should be a rare occurrence. Any CMHA declining the request from an inpatient facility will need to notify NSMHA prior to notifying the inpatient facility of the decision. The CMHA declining the request will need to offer alternative service options to the inpatient psychiatric facility.
3. If the CMHA has agreed to serve the individual, the inpatient facility must contact Volunteers of America (VOA) Access Line to complete a request for service. Availability of Open Access/same day appointment does not eliminate the need for the discharging hospital to call the VOA Access Line.
4. CMHAs shall ensure periodic evaluation of each committed individual for release from or continuation of an involuntary treatment order by documenting the individual's adherence to the conditions of the CR/LRO in accordance with current WACs.
5. CMHAs shall document each violation of the conditions of the CR/LRO in the chart. This shall include an evaluation of the need to pursue revocation. See the North Sound Mental Health Administration's Integrated Crisis Response System Training Module (http://nsmha.org/Committee/RTC/ICRS/Crisis_Response_Module.pdf) for additional information on revocation.
6. For an individual placed on a CR/LRO who is not currently in an open outpatient treatment episode with a North Sound Mental Health Administration (NSMHA) CMHA:
 - a. The CMHA is responsible for providing follow up services with the individual when a request for service at that CMHA has been made (refer to NSMHA Policy #1502.00 – Accessibility, Engagement and Utilization of Services for High Need Individuals Not Engaging in Treatment).
 - i. The CMHA clinician will coordinate appropriate follow up needs with his/her supervisor.
 - ii. The CMHA clinician will report to the DMHP office if the individual does not attend the assessment appointment.
 - iii. The CMHA and DMHP offices may need to coordinate on further follow up needs as appropriate. This could include outreach, crisis alerts, affidavits, etc.
 - iv. All CMHA clinicians will document their attempts to contact and engage the individual.
 - v. Any and all DMHP involvement will be documented.
 - b. The DMHP office is responsible for notifying the CMHA when the office is made aware of an individual being placed on a court order for a specific CMHA.
 - c. When no assignment to a CMHA has been made on the court order, the DMHP office will retain the order pending further action.

- i. The DMHP office will notify a NSMHA Care Coordinator when an unassigned or inappropriately assigned order is received and/or the DMHP office is contacted by an individual on an unassigned or inappropriately assigned order. The NSMHA Care Coordinator will contact a regional CMHA to seek an assignment of the court order, and then coordinate with the designated DMHP office to facilitate appropriate assignment by the court and referral of the individual to that CMHA. The CMHA is then responsible for follow up with the individual and monitoring of the order.

If the DMHP office is contacted by the individual on an unassigned or inappropriately assigned court order, the DMHP office will advise the individual of his or her rights and responsibilities while on a CR/LRO. The DMHP shall ask the individual which CMHA he/she prefers in order to facilitate appropriate assignment and also provide the individual with the VOA Access Line number to be referred to a regional CMHA.

- ii. If the individual refuses to comply with the conditions of the CR/LRO, the DMHP may revoke the court order and send the individual back to the hospital (based on clinical and safety needs).
7. For an individual on a CR/LRO who is currently in an open outpatient treatment episode with a NSMHA CMHA, the CMHA/shall monitor the CR/LRO as ordered by the court.
 8. In order to monitor individuals on CRs/LROs, CMHA clinicians shall prioritize the following:
 - a. The CR/LRO is a tool to assist the individual in their recovery and to maintain stability and safety in the community.
 - b. An individual's participation in treatment, per the CR/LRO.
 - c. Providing DMHPs with information needed to support petitions for further court-ordered less restrictive treatment.
 9. CMHAs shall notify the DMHP if non-adherence with the CR/LRO impairs the individual sufficiently to warrant evaluation for revocation of the CR/LRO.
 10. DMHPs shall maintain a system which tracks CRs/LROs as well as ensuring CMHAs are informed of the process for extending a CR/LRO.
 11. Petitioning to extend the CR/LRO shall occur whenever the individual continues to meet the criteria for further commitment and when further less restrictive treatment will support the individual's recovery. Clinicians are encouraged to consider information from all natural supports and other treatment providers. In this circumstance, the CMHA clinician shall request an extension from their local DMHP office three to four weeks prior to the expiration of the CR/LRO.

CMHA clinicians shall be fully educated and aware of the ability to continue or extend a CR/LRO, even when the individual's circumstances do not warrant hospitalization or meet acute care criteria. The individual's past history of decompensation without continued

involuntary outpatient treatment is important to consider when determining if the criteria for grave disability can be met.

12. A CMHA assigned to monitor an enrolled individual on a CR/LRO may not discharge the individual from mental health services while they are on the CR/LRO. CMHAs involved in the care of an individual on a CR/LRO, but who are not the CMHA assigned to monitor the order, will need to coordinate care with the assigned CMHA (see NSMHA Policy #1540.00 - Discharge from Treatment for information related to discharge).

ATTACHMENTS:

None