

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 2015-008

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From: Joe Valentine, Executive Director

Subject: Guidelines for Assisted Outpatient Treatment

Attached are guidelines related to the delivery of Assisted Outpatient Treatment. At this point in time, the law is in effect and the State continues to work on details related to this process (e.g., WACs). What is attached is NSMHA's guidance based on the revision to RCW 71.05 and a PowerPoint by the State.

We do not expect a very high volume of cases to start with, but for those that do arise, we will all (NSMHA, DMHPs, outpatient providers) work closely to ensure a smooth process for all. A meeting will be planned to include outpatient providers and DMHPs once we know additional detail. For now if you have questions, you can direct those to me. In my absence, if you have a question that requires immediate attention, you can contact Sandy Whitcutt (sandy_whitcutt@nsmha.org; 360-419-5644).

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Contract File

Assisted Outpatient Treatment (E2SHB 1450)

Outpatient System Implementation

House Bill 1450 has resulted in the amendment of RCW 71.05 that establishes a process to bring someone into involuntary outpatient mental health treatment without an inpatient psychiatric admission immediately preceding the individual being placed on a court order for outpatient mental health services. At this time this appears to apply only to RCW 71.05.

DMHP and Initial Court Hearing

- DMHP assesses and determines there is need for Assisted Outpatient Treatment
 - DMHP writes petition for Assisted Outpatient Treatment for involuntary outpatient evaluation
 - Per RCW 71.05, “in need of assisted outpatient treatment” means a person as a result of mental disorder: (a) has been committed by a court to detention for involuntary treatment at least twice during the preceding 36 months; or if the person is currently committed for involuntary MH treatment, the person has been committed at least once during the 36 months preceding the date of initial detention of the current commitment; (b) is unlikely to voluntarily participate in outpatient treatment without an order for less restrictive treatment, in view of the person’s treatment history or current behavior; (c) is unlikely to survive safely in the community without supervision; (d) is likely to benefit from less restrictive alternative treatment and (e) requires less restrictive alternative treatment to prevent a relapse, decompensation, or deterioration that is likely to result in the person presenting a likelihood of serious harm or the person becoming gravely disabled within a reasonably short period of time.
- Court hearing – involuntary outpatient evaluation ordered by superior court judge
 - DMHP office facilitates scheduling of expedited outpatient evaluation
 - DMHP serves the individual, which includes date, time, and location of outpatient evaluation

Outpatient Evaluation

- Outpatient evaluations conducted by any combination of licensed professionals authorized to petition for involuntary commitment under 71.05.230 (MHP **and** physician or psychiatric ARNP appear to be the most feasible combination)

- Both evaluations occur within 7 working days
 - The State has not provided a time frame within which the evaluation needs to occur after the court requires the evaluation. However, given the nature of the person's status, it seems prudent to choose a timeframe similar to individual's discharging from inpatient psychiatric care. This point can be discussed further, but we needed to establish some parameters now.
 - Recommendation – Conduct both evaluations at the same time if possible
- The individual shall be permitted to be accompanied by one or more of his or her relatives, friends, an attorney, a personal physician, or other professional or religious advisor to the place of evaluation. An attorney accompanying the person may be present during the admission evaluation.
- Persons signing the petition must have examined the person and shall consider all reasonable, available information from credible witnesses and records regarding:
 - Prior recommendations for evaluation of the need for civil commitment under RCW 10.77
 - Historical behavior, including history of one or more violent acts
 - Prior determinations of incompetency or insanity under chapter RCW 10.77; and,
 - Prior commitments under this chapter.

Recommendation to the Court

- Information is provided back to the court as to whether Assisted Outpatient Treatment is recommended or not.
- A petition for Assisted Outpatient Treatment may be filed when the professional staff of the agency providing evaluation services has analyzed the person's condition and finds that:
 - The condition is caused by mental disorder and
 - The condition results in a likelihood of serious harm, results in the person being gravely disabled, or results in the person being in need of assisted outpatient mental health treatment, and

- Staff conducting the evaluation are prepared to testify those conditions are met; and,
- The person has been advised of the need for voluntary treatment and the professional staff of the facility has evidence that he or she has not in good faith volunteered.
- Symptoms and behavior of the respondent which standing alone would not justify civil commitment may support a finding of grave disability or likelihood of serious harm, or that the person is in need of assisted outpatient MH treatment, when:
 - Symptoms and behaviors closely associated with symptoms and behavior which preceded and led to past incident of involuntary hospitalization, severe deterioration, or one or more violent acts;
 - Symptoms and behavior represent a marked and concerning change in the baseline behavior of the respondent, and
 - Without treatment, continued deterioration is probable.
- If evaluators recommend Assisted Outpatient Treatment, the evaluations need to:
 - Identify the plan and services for treatment in accordance with RCW 71.05;
 - Indicate that the individual is likely to benefit from less restrictive treatment;

Post-Evaluation Processes

- Court hearing for 90-day Assisted Outpatient Treatment occurs within 72 hours of the evaluation
 - Evaluation info must be sent to DMHPs within 24 hours of completion of evaluation (from actual appointment; from second appointment if done in two parts)
- A court order for Assisted Outpatient Treatment must be terminated prior to expiration of the order when, in the opinion of the professional person in charge of the LRA treatment provider:
 - The person is prepared to accept voluntary treatment or
 - The outpatient treatment ordered is no longer necessary to prevent a relapse, decompensation, or deterioration that is likely to result in the person presenting

a likelihood of serious harm or the person becoming gravely disabled within a reasonably short period of time.

- Revocation proceedings are not allowable if the current commitment is solely based on the person being in need of assisted outpatient mental health treatment. In order to obtain a court order for detention for inpatient treatment under this circumstance, a petition must be filed under RCW 71.05.150 or 153.
- At the conclusion of the initial commitment period, the professional staff of the agency or the DMHP may petition for an additional period of ninety days of less restrictive alternative treatment.
- Outpatient providers shall notify NSMHA of any evaluation conducted under AOT. Information provided shall include:
 - Individual's name and DOB
 - Date of evaluation(s)
 - Outcome of evaluation process – recommend AOT or not