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North Sound BHO Contract Memorandum 2016-019-2

Date: December 20, 2016

To: Tom Sebastian, Compass Health and Compass Whatcom
Donna Konicki, Bridgeways
Michael Watson, Lake Whatcom RTC
Will Rice, Catholic Community Services Northwest
Claudia D'Allegri, Sea Mar
Cammy Hart-Anderson, Snohomish County MH/CD/Vets Division Manager
Phil Smith, Volunteers of America
Randy Polidan, Unity Care NW
Sue Closser, Sunrise Services
Robert Sullivan, Pioneer Human Services
Beratta Gomillion, Center for Human Services
Corky Hundahl, Phoenix Recovery Services
Julie Lord, Pioneer Human Services
Linda Grant, Evergreen Recovery Services
Marli Bricker, Therapeutic Health Services

From: Joe Valentine, Executive Director

Subject: Revised Policy

Greetings BHAs:

This message is to provide an update to the below original release of Numbered Memorandum 2016-019.

Policy 1580.00 – Mental Health Intensive Programs Crisis Response
This policy has been revised to reflect our shift from RSN to BHO; however, the content has not changed just the title of the policy.

The NM with policy attachment is included below for your convenience.

Please ensure all appropriate staff is notified of these revised policies.

Full implementation of these policies should occur no later than 60 days after this memo.

cc: Cindy Ferraro, Bridgeways
Charissa Westergard, Compass Health
Kay Burbidge, Lake Whatcom RTC
Pat Morris, Volunteers of America
Katherine Scott, Sea Mar
Richard Sprague, Unity Care NW
Danae Bergman, Center for Human Services
Jackie Henderson, Island County Coordinator
Barbara LaBrash, San Juan County Coordinator
Rebecca Clark, Mental Health Program Coordinator Skagit County
Anji Jorstad, Snohomish County Coordinator
Anne Deacon, Whatcom County Coordinator
Marsh Kellegrew, Evergreen Recovery Services
Robert Sullivan, Pioneer Human Services
Contract File

Effective Date: 6/29/2015
Revised Date: 12/15/2016
Review Date: 12/15/2016

North Sound Behavioral Health Organization, LLC

Section 1500: Mental Health Intensive Programs Crisis Response

Authorizing Source: North Sound BHO
See Also: Contract
Providers must comply with this policy and may develop individualized implementation guidelines as needed.
Responsible Staff: Deputy Director

Approved by: Executive Director
Signature:

Date: 12/15/2016

POLICY #1580.00

SUBJECT: MENTAL HEALTH INTENSIVE PROGRAMS CRISIS RESPONSE

PURPOSE

This policy addresses roles and responsibilities of North Sound Behavioral Health Organization's (North Sound BHO) Behavioral Health Agencies' adult intensive programs in responding to crises for individuals enrolled in those programs. It provides guidance for the collaboration of the adult intensive programs, Integrated Crisis Response Services (ICRS) and hospital emergency departments (EDs).

DEFINITIONS

Adult intensive program – a program that serves adults and has a contractual or policy based expectation of 24/7 service availability for outreach. This includes, but is not limited to, Programs for Assertive Community Treatment (PACT), Adult Intensive Outpatient and Geriatric Transitions Program.

POLICY

Intensive program clinicians know the individuals enrolled in these programs very well, including their baseline functioning and the individualized supports available to them. Program staff members are well-equipped and expected to assist these individuals in stabilizing during a crisis and to prevent hospitalization when possible. Voluntary ICRS should not be necessary in most crisis situations for individuals in an intensive program.

PROCEDURES

<u>General procedures</u>

I. Outreach should be performed when:

   A. It is clinically indicated, for example, when:

      1. The clinician determines that his or her presence will provide support to the individual, or
      2. The clinician can assist in diverting a hospitalization, and
      3. Presence of the clinician is not contra-indicated for the individual's treatment.

      When community outreach is contra-indicated for a specific individual, this should be clearly indicated in their crisis plan. The crisis plan should also clearly outline alternative strategies for dealing with crisis.

   B. It can be performed safely. If safety concerns cannot be effectively addressed, the team will work to coordinate an alternative plan to meet the individual's needs.

C. It is within the program's home county, or an adjacent county along the I-5 corridor, or within a 45 minute drive from the intensive program office to which the individual is assigned.

1. Outreach to more distant locations is not expected, but can be provided at the program's discretion.
2. When outreach cannot be performed due to distance, geographical limitations (such as ferry schedules), or other factors, the clinician should provide as much assistance as possible via phone and/or other available means.

II. The following timelines are expected for phone and in-person responses:

A. Telephone response should be within 10 minutes of the initial page or contact.
B. In-person outreach should occur within two hours of the initial page or contact.
C. Whenever VOA contacts an intensive services clinician, the intensive services program should call in a disposition to VOA within 1 hour of completion of their response to the crisis situation.

III. Crisis situations in the community (other than hospital emergency departments)

A. If an individual in intensive services experiences a crisis and contacts VOA Care Crisis, VOA Care Crisis will contact a clinician from the intensive program and the clinician will determine what follow-up is needed. The clinician will call in the disposition to VOA Care Crisis after response to the crisis situation.

1. VOA Care Crisis may choose not to contact an intensive program clinician when:

    a. They are able to successfully help the individual through the crisis and no additional follow up is needed; and
    b. The client is not requesting to speak to a clinician from their intensive program.

2. If VOA is able to resolve the crisis and chooses not to contact the intensive program, the primary clinician will be notified of the call the following business day.

B. The intensive program should coordinate any voluntary crisis response, including community outreach, referral to crisis stabilization, voluntary hospitalization, and any other options less restrictive than evaluation by a Designated Mental Health Professional (DMHP). When voluntary hospitalization is deemed appropriate, the clinician should facilitate the hospitalization, including locating the bed, contacting VOA for certification/authorization, and communicating with the admitting hospital.
C. If the intensive services clinician believes an involuntary evaluation is needed, the clinician will contact VOA Care Crisis to request dispatch of a DMHP, and will indicate to VOA that this is the disposition of their involvement in the crisis situation. The clinician should provide any necessary information to the DMHP and VOA. The DMHP will call in their disposition to VOA Care Crisis after completion of their response to the crisis situation.

1. Prior to requesting a DMHP evaluation, the expectation is that a program clinician will have had face-to-face contact with the individual within the 12 hours prior to the request for an ITA evaluation. Face-to-face contact does not have to be conducted by the same

individual requesting evaluation, but the requester should be able to discuss relevant clinical details.

Exceptions to this standard are made on a case-by-case basis if both the referring clinician and the VOA staff are in agreement. For example, if the individual is unwilling to see the intensive program or participate in less restrictive options, the intensive program may request DMHP dispatch without having recently evaluated the individual.

2. Only DMHPs are able to write custody authorizations (pick-up orders) allowing law enforcement to involuntarily transport individuals. Therefore, in cases where evaluation for involuntary detention is warranted, but DMHP dispatch is deemed unsafe, DMHPs should consult with intensive program staff to determine a course of action, which if appropriate may include a pick-up order.

IV. Responding to crisis situations at hospital emergency departments (EDs)

A. If an individual enrolled with an intensive program arrives at an ED, hospital ED staff are requested to contact VOA at 1-800-747-8654 after they have evaluated the individual. VOA will contact the intensive program and communicate the hospital's information to the clinician. Follow up will be coordinated between the intensive program clinician and the hospital ED staff. The intensive program clinician will call in the disposition to VOA Care Crisis after responding to the crisis situation.

1. Intensive programs clinical staff responding to crisis situations are considered to have sufficient educational and professional experience to respond to crisis situations by providing community support services.
2. Intensive program staff involvement is not intended to supplant ED staff duties, although there may be some overlap in the rare circumstances noted below.
3. After phone consultation with the hospital ED staff, the clinician will perform an outreach to the hospital if it is determined by the clinician to be clinically warranted.
4. The clinician will clearly indicate to the ED staff whether they intend to perform an outreach, and if so, the approximate time they will arrive at the ED.
5. If all less restrictive options have been attempted, and the individual is determined to need voluntary hospitalization, the hospital staff should facilitate the hospitalization, including locating the bed, contacting VOA for certification/authorization, and communicating with the admitting hospital.

B. In some circumstances, the hospital emergency department may not have an on-duty social worker or other appropriate staff to facilitate voluntary hospitalization. If this is the case, the intensive program clinician should facilitate the hospitalization. This can be expected to occur at some of the region's smaller hospitals.

C. If there is disagreement between the hospital and the intensive program about who should facilitate the hospitalization, the intensive program clinician should perform these duties. The intensive program can contact North Sound BHO after the crisis situation is resolved with any concerns about this process.
If all voluntary options have been deemed inappropriate, and an involuntary evaluation is needed following a hospital emergency department intervention, the hospital staff should contact VOA Care Crisis to request dispatch of a DMHP.

D. The intensive program clinician should provide any necessary information to the DMHP and VOA.
E. In circumstances where the hospital has no social worker on duty, the clinician will contact VOA Care Crisis to request dispatch of a DMHP.
F. As above, if there is disagreement about who should perform these duties, the intensive program clinician should do so.

V. Disputes

A. In the case of dispute, please reference policy #1707, Crisis System Clinical Dispute Resolution.
B. The emphasis should always be on providing the best service possible to the individual.

ATTACHMENTS

None