



North Sound Behavioral Health Organization, LLC

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North Sound BHO Contract Memorandum 2018-016

Date: July 5, 2018

To: Tom Sebastian, Compass Health and Compass Whatcom
Donna Konicki, Bridgeways
Jenny Billings, 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
Shanon Hardie, 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 Centers
Marli Bricker, Therapeutic Health Services

From: Joe Valentine, Executive Director

Subject: Revised Policies

Greetings BHA Providers:

Attached to Numbered Memorandum (NM) 2018-016 is **Policy 1561.00 – Revocation of Less Restrictive Orders (LRO)/Conditional Release (CR) Orders; Policy 1721.00 – Medical Status Criteria for Involuntary Treatment Evaluation Crisis Assessment in Emergency Departments and Community Hospitals; and Policy 1729.00 – Designated Crisis Responder's (DCR) Coordination with Jails for Involuntary Evaluation Needs**

These policies have been through the complete review and approval processes.

Policy 1561.00 was signed and approved by the Executive Director July 5, 2018.
Policies 1721.00 and 1729.00 were signed and approved by the Executive Director July 3, 2018.

Please ensure all appropriate staff receives this information.

The revised policies are attached to this NM for your convenience.

July 5, 2018

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

A separate redlined version of each policy will be attached for your convenience.

cc: Cindy Ferraro, Bridgeways
Becky Olson-Hernandez, Compass Health
Kay Burbidge, Lake Whatcom RTC
Pat Morris, Volunteers of America
Katherine Scott, Sea Mar
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Contract File

Effective Date: 7/13/2016; 4/28/2014; 7/7/2008; 8/30/2007
Revised Date: 6/29/2018
Review Date: 6/29/2018

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

Authorizing Source: RCW 71.05.590, 71.34.780 and WAC 388-877-0805

Cancels:

See Also:

Providers must comply with this policy and may develop individualized implementation guidelines as needed

Approved by: Executive Director

Responsible Staff: Deputy Director

Signature:

Date: 7/5/2018

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 Crisis Responders (DCR) initiating a petition for revocation of an LR or CR Order.

POLICY

Revised Code of Washington (RCW) 71.05 establishes criteria for revocation procedures of an LR/CR Order for an adult. RCW 71.34.780 provides guidance on revocation procedures of an LR/CR Order for a minor. Outpatient Providers shall notify the DCR upon identification of any of the criteria indicated below:

1. Criteria for adults

- a. Prior to contacting the DCR office to initiate revocation procedures the Outpatient Provider must have considered the following:
 - i. A flexible range of responses of varying levels of intensity appropriate to the circumstances and consistent with the interests of the individual and the public, with regard to personal autonomy, safety, recovery, and compliance. Available actions may include, but are not limited to, any of the following:
 - ii. To counsel or advise, the person as to their rights and responsibilities under the court order, and to offer appropriate incentives to motivate compliance;
 - iii. To increase the intensity of outpatient services provided to the person by increasing the frequency of contacts with the provider, referring the person for an assessment for assertive community services, or by other means;
 - iv. To request a court hearing for review and modification of the court order.
- b. The DCR *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 DCR determines that:

- i. The person fails to comply with the terms and conditions of his or her LR/CR Order;
- ii. Substantial deterioration in his or her functioning has occurred;
- iii. There is evidence of substantial decompensation with a reasonable probability the decompensation can be reversed by further evaluation, intervention, or treatment; **or**
- iv. The person poses a likelihood of serious harm.

2. Criteria for minors:

If the care coordinator in charge of monitoring the LR/CR Order has determined that revocation procedures need to be initiated the care coordinator may notify the DCR (Refer to Policy 1562.00). The DCR may order the minor to 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 an evaluation for a Petition for Revocation of an LR/CR Order, the request must be initiated through Volunteers of America (VOA) Care Crisis Line and 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.
2. Outpatient Providers/care coordinators requesting revocation process through VOA are available to coordinate and collaborate around the revocation process.

See the North Sound Behavioral Health Organization’s Integrated Crisis Response System (ICRS) Training Module
http://northsoundbho.org/BHO_Planning/Trainings/ICRS_Crisis_Training_Module/pdf for additional information on writing an affidavit.

3. Should a Revocation Hearing be scheduled, the Outpatient Provider is expected to testify.
4. If the individual’s LR/CR Order 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: 2/1/2016; 9/5/2013; 2/3/2010; 10/9/2008
Revised Date: 6/28/2018
Review Date: 6/28/2018

North Sound Behavioral Health Organization

Section 1700 – ICRS: Medical Status Criteria for Involuntary Treatment Crisis Assessment in Emergency Departments and Community Hospitals

Authorizing Source: Per North Sound Behavioral Health Organization and DCR Protocols

Cancels:

See Also:

Providers must comply with this policy and may develop
individualized implementation guidelines as needed

Approved by: Executive Director

Responsible Party: Deputy Director

Signature:

Date: 7/3/2018

POLICY #1721.00

SUBJECT: MEDICAL STATUS CRITERIA FOR INVOLUNTARY TREATMENT EVALUATION CRISIS ASSESSMENT IN EMERGENCY DEPARTMENTS AND COMMUNITY HOSPITALS

PURPOSE

To outline a process that ensures medical stability of the individual, prior to screening for involuntary treatment act (ITA) crisis assessment at community hospitals (emergency departments, general medical floor, Intensive Care Unit, etc.). Such criteria are essential to provide consistent and basic medical status for the assessment process.

POLICY

Individuals in need of involuntary treatment crisis assessments for substance use disorders (SUD) and/or Mental Health Disorders shall be medically ready for discharge from the hospital and able to be interviewed to ensure accurate behavioral health assessments. **Exceptions can be made on a case-by-case basis when, in the professional judgment of the hospital Medical Doctor (MD, DO), Advanced Register Nurse Practitioner (ARNP), or Physician Assistant (PA) specific diagnostic/medical clearance procedures are not warranted, or are not in the best interest of the individual (e.g., in these cases a Single Bed Cert can be considered, and a detention can commence).** Exceptions and rationale shall be documented and communicated to Volunteers of America (VOA) Care Crisis Response System (CCRS) Clinician when the referral is made.

PROCEDURES

1. Individuals shall be evaluated by a MD, DO, ARNP, or PA, and the individual's presenting problem(s), to the hospital, shall be addressed by the hospital professional, prior to contacting the CCRS Clinician at the Care Crisis Line with the referral.
2. All potential referrals to ITA crisis services shall have a full, documented body systems examination by a MD, DO, ARNP, or PA, to include wounds or trauma, cardiac and respiratory status, evidence of acute nutritional/hydration issues, acute etiologies ruled out and complaints of pain addressed.

3. The following vitals parameters shall be met prior to evaluation for ITA services:
 - a. Resting pulse, no greater than 120 and no lower than 50;
 - b. Systolic blood pressure no greater than 200;
 - c. Diastolic blood pressure no less than 50, no greater than 110; and
 - d. Temperature no greater than 101.5 degrees Fahrenheit.
4. A urine toxicology screen is needed if any signs of intoxication or substance abuse are present.
 - a. For individuals requiring a SUD Involuntary evaluation, a toxicology screen is required prior to dispatch of the DCR. Secure Detox facilities require the results of toxicology screens prior to acceptance to these facilities.
 - b. Individuals who present with substances in their system and are not able to be interviewed due to the effects of the substances require medical intervention/observation to address detoxification. The individual should be re-examined by the medical professional after the individual is medically ready for discharge and able to be interviewed to determine if the initial presenting problem has resolved or is still in need of an evaluation for crisis and ITA services.
5. A blood level of prescribed measurable psychotropic medications (e.g., lithium, tegretol, Depakote) shall be done.
6. If psychiatric hospitalization is deemed likely, other routine laboratory screens (e.g., chemical 7 panel, complete metabolic panel, urinalysis and urine toxicology) shall be completed in order to facilitate the individual's rapid transfer.
7. For individuals presenting with psychosis and no mental health or drug use history, a brief screening neurological exam is needed to rule out focal neurological symptoms that may indicate a primary medical concern.
8. A constellation of confusion, agitation, incoherence and elevated vital signs should be assumed to be delirium until proven otherwise. This would include delirium secondary to substance withdrawal.
9. A brief Mental Status Exam shall be completed.

ATTACHMENTS

None

Effective Date: 3/28/2016
Revised Date: 6/29/2018
Reviewed Date: 6/29/20186

North Sound Behavioral Health Organization

Section 1700 – Crisis Services: DCR Coordination with Jails for Involuntary Evaluation Needs

Authorizing Source: DCR protocols

Cancels:

See Also:

Provider must comply with this policy and may develop individualized implementation guidelines as needed

Responsible Staff: Deputy Director

Approved by: Executive Director

Signature:

Date: 7/3/2018

POLICY #1729.00

SUBJECT: DESIGNATED CRISIS RESPONDER'S (DCR) COORDINATION WITH JAILS FOR INVOLUNTARY EVALUATION NEEDS

PURPOSE

The purpose of this policy is to ensure consistent coordination between DCRs and jails for individuals needing involuntary evaluations in accordance with Revised Code of Washington (RCW) 71.05 and 10.77

POLICY

This policy provides procedures for DCRs working with the jails when there are requests from the jails to provide an Involuntary Treatment Act (ITA) evaluation.

The DCR does not rule out any referral for investigation solely because the person is incarcerated. Persons in a jail or prison who have a mental disorder or substance use disorder (SUD) can be detained to an evaluation and treatment facility/secure detox facility with, or without, a jail hold if the required criteria below are met.

Only individuals who are eligible for release from the jail can be detained to a facility.

PROCEDURE

1. When the jail is requesting an ITA evaluation, not pursuant a court order, for inmates eligible for release, the jail professional will contact the Care Crisis line at 1-800-747-8654. Care Crisis Clinicians will gather information to determine the basis for the DCR request. The Care Crisis professionals will check the North Sound Consumer Information System (CIS) and will inform the DCR of the enrollment status.
2. The Care Crisis professional will contact the DCR on call in the county in the jail's jurisdiction. Care Crisis will pass the case to the DCR as a non-emergent dispatch. The DCR will then contact the jail to gather pertinent information to determine if a face-to-face investigation is warranted. The DCR may request the jail fax court orders directly to the DCR office. Information needed will include, but is not limited to:
 - a. The individual's criminal charges status (felony or misdemeanor);
 - b. Release date;
 - c. Jail hold (if any); and
 - d. Jail or prison's policy regarding release, current behavior, medication administration.

3. Individuals held under 10.77 (competency holds) should be referred to Western State Hospital (WSH) to address competency evaluations and restoration. RCW 71.05 is not able to provide a forensic evaluation or restoration services to those individuals.
4. If an investigation is requested for an incarcerated person, upon completion of competency evaluation/restoration under RCW 10.77 (Mentally Ill Offender [MIO]), an evaluation shall be conducted of such person under RCW 71.05 and 10.77.065(1)(b). **To the extent possible, the DCR, upon request of the correctional facility, will conduct the investigation shortly before the person's scheduled release date or when the correctional facility has the authority to release the person if the detention criteria are met (RCW 10.77.065).**
5. If an investigation is warranted, the DCR will make arrangements with the jail to evaluate the inmate for involuntary mental health/substance use treatment prior to release from confinement.

The DCR will inform the jail/jail professional of the results of the investigation. If the DCR decides a detention under RCW 71.05 is necessary, the DCR will coordinate the process with correction staff and other representatives of the legal system as needed.

6. The DCR will discuss arrangements for transportation to the nearest emergency department for medical clearance and for transportation of the inmate.
7. If the result of the investigation is a decision not to detain, the DCR may offer some recommendations to the jail professional prior to the release of the inmate.

ATTACHMENTS

None