

Effective Date: Fast-tracked 5/18/2018; 3/7/2016; 8/27/2012; 1/28/2008; 11/29/2005  
Revised Date: 1/10/2018  
Review Date: 1/10/2018

## **North Sound Behavioral Health Organization**

### **Section 1700 – Crisis Services: Crisis System Clinical Dispute Resolution**

Authorizing Source: North Sound Behavioral Health Organization and ICRS Management

Cancels: Policy 1507.00

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: 5/18/2018

### **POLICY #1707.00**

### **SUBJECT: CRISIS SYSTEM CLINICAL DISPUTE RESOLUTION**

#### **PURPOSE**

To clarify what happens in the event of professional clinical disagreements in the mental health crisis system and to outline the process by which decisions will be made and disputes resolved.

#### **DEFINITIONS**

**Inter-System Disputes** – Disagreements between Integrated Crisis Response System (ICRS) providers and other service or system providers; other service or system providers may include, but not be limited to: outpatient mental health providers, hospital or medical providers, residential providers, chemical dependency providers, criminal justice system, developmental disabilities system, etc.

**Intra-System Disputes** – Disagreements between ICRS providers; ICRS includes any agency contracted with North Sound Behavioral Health Organization (North Sound BHO) to provide emergency crisis services. This includes Volunteers of America Care Crisis Response Services (VOA CCRS), Compass Health\*, Snohomish County Human Services\*, Pioneer Human Services\*, TELECARE.

\*ICRS providers include Designated Crisis Responders (DCRs), Crisis Prevention and Intervention Team (CPIT), Triage Facility staff, Substance Use Disorder (SUD) Professionals, Certified Peer Counselors (CPCs) and Evaluation and Treatment (E&T) Staff (not all agencies identified have all types of ICRS providers).

#### **POLICY**

It is recognized when concerned, conscientious providers from different systems and perspectives interact with the same individual in crisis, differences of opinion as to what constitutes the best care for the individual will inevitably occur.

The goal of this protocol is to provide rapid and timely resolution of disputes and the ability to use this information to improve services and community relations. The intention is to resolve conflict at the lowest level possible.

During the crisis episode, the emphasis will be on providing the best service possible to the individual. Services will be provided with the minimum amount of delay and will be according to the individual's wishes and with their input whenever possible.

Complaints by individuals, family members, or on behalf of individuals by family members, or others will be handled through the Snohomish County Human Services, Behavioral Health Agencies (BHAs) and/or North Sound BHO complaint and grievance process and not under this policy. ICRS providers shall ensure involved parties are made aware of the availability of these processes. These individual complaints/grievances will be handled as expeditiously as the individual's condition requires, which may necessitate an expedited process (see North Sound BHO Policy #1001 for further information related to individual complaint and grievance processes).

## **PROCEDURE**

### **A. INTER-SYSTEM DISPUTES (between ICRS providers and other service or system providers)**

1. When involved, the CCRS Triage Clinician mediates conflicts between other service or system providers and ICRS providers. Resolution of the dispute will be attempted at the time of the call with the appropriate managers involved. In the event there is no resolution, the CCRS Triage Clinician will inform those parties of the next day follow up procedure. The following shall occur:  
The CCRS Program Manager will inform the appropriate Crisis Services Manager or their designee of the situation.
2. When an issue comes to the attention of Crisis Services Managers, they will contact the other service or system provider by the next working day. If notification of the issue did not come from VOA CCRS, the Crisis Services Manager may inform the CCRS Program Manager of the issue.
3. If the dispute cannot be resolved, information may be brought to a case review. Venues for this case review can include staff meetings, local oversight committees and the Regional ICRS Committee. All relevant information will be gathered and reviewed to determine if the dispute arose from a systems issue, problem with customer service, extraordinary occurrence, training issue, or other reason. When the reason for the dispute is ascertained, appropriate measures will be taken to address the cause.
4. Disputes will be reported to the Regional ICRS Committee for monitoring and quality improvement purposes.

### **B. INTRA-SYSTEM DISPUTES (between ICRS providers)**

1. When clinical disputes arise between ICRS providers, the CCRS Triage Clinician will have the final determination as to what service will be provided at that time.
2. Information on the incident will be brought to the appropriate ICRS Program Managers.
3. Resolution of the dispute will be attempted at the time of the call with the appropriate Program managers. In the event there is no resolution, the ICRS managers involved will inform other parties of the next day follow up procedure.
4. During the next business day, managers will connect and come to a resolution informally whenever possible.

5. Managers may also bring the incident to staff meetings, local crisis oversight committees and/or the Regional ICRS Committee for review, discussion and resolution. If the dispute cannot be resolved, information may be brought to a case review, as noted in A(4).
- C. Issues related to system functioning/resolution of disputes will be shared with the Regional ICRS Committee and, if needed, at the North Sound BHO Quality Management Oversight Committee (QMOC).

**ATTACHMENTS**

None