

Effective Date: 3/7/2016; 4/30/2012  
Revised Date: 2/25/2016  
Reviewed Date: 2/25/2016

**North Sound Behavioral Health Organization**  
Section 1700 – ICRS: Outreach and Involuntary Investigations for Residents  
of Licensed Residential Care Facilities

Authorizing Source: 2 CFR 488.3 Subpart A; RCWs 18.20.185; 18.51.190; 70.129.110; 74.39A.060; 74.42.450(7)4; and 71.05, WACs 388-877 0810,0910  
North Sound Behavioral Health Organization ICRS

Cancels:

See Also:

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

Responsible Staff: Deputy Director

Approved by: Executive Director

Signature:

Date: 9/14/2018

**POLICY #1723.00**

**SUBJECT: OUTREACH AND INVOLUNTARY INVESTIGATIONS FOR RESIDENTS OF LICENSED RESIDENTIAL CARE FACILITIES**

**PURPOSE**

The purpose of this policy is to ensure Crisis Prevention and Intervention Teams (CPIT)/Designated Crisis Responders (DCR) performing crisis outreach or involuntary investigations to residents of licensed residential care facilities coordinate care with these facilities and exhaust less restrictive (LR) options available to the residents. Additionally, this policy offers procedural guidance to the DCR if an individual from a licensed residential facility is evaluated at an Emergency Department (ED).

**POLICY**

The public behavioral health system is committed to supporting individuals in the most independent living situation that meets their needs. Crisis outreach behavioral health services should be requested by licensed residential care facilities early in a crisis, after they have exhausted their efforts to resolve the crisis, to prevent risk of discharge from the facility or referral to an ED. Licensed residential care facilities include adult family homes (AFH), boarding homes and nursing homes.

If there is evidence an individual is experiencing a behavioral health concern and may pose a danger to self, others, or is gravely disabled, the CPIT/DCR will attempt to coordinate with the care facility to assess whether the facility can safely be a less restrictive alternative (LRA) to hospitalization, whether the needs of the resident can be met and if the safety of other residents can be protected through reasonable changes in the facility's practices or the provision of additional services.

**PROCEDURE**

- I. Licensed residential care facilities should contact Care Crisis Response Services (CCRS) Triage Clinicians by calling Volunteers of America (VOA) Care Crisis Line at 1-800-747-8654. The CCRS Triage Clinician will conduct a preliminary nursing home screening with the Nursing Home Screening tool (available at: <http://northsoundbho.org/Forms>), prior to CCRS consulting with or dispatching the CPIT/DCR.

- II. The preliminary screening will assist the Triage Clinician with dispatch information for the crisis outreach worker or in making recommendations to the licensed care facility regarding available resources and supports that are an appropriate alternative to dispatching the crisis outreach worker.
- III. The following considerations will assist the CPIT/DCR in the coordination and assessment of the resident's needs:
  - A. Whenever possible, CPIT/DCR shall evaluate the individual at the licensed residential care facility rather than an ED so that situational, staffing and other factors can be observed. If the individual is referred to the ED from a licensed care facility, DCR will review the information provided to determine if LR options have been exhausted at the licensed care facility and made the appropriate referrals needed.
  - B. CPIT/DCR will confer with and obtain information from the facility on the reason for the referral, the level of safety threat to residents and alternatives that may have been considered to maintain the individual at the facility. When appropriate, available and consistent with confidentiality provisions, CPIT/DCR will also obtain information from a variety of sources such as: the resident, other residents, family members/natural supports of the resident, guardians, facility staff, attending physician, the resident's file, the resident's caseworker or mental health provider and/or the ombudsperson.

Alternative strategies could include but are not limited to: changes in care approaches, consultations with mental health professionals/specialists and/or clinical specialists, reduction of environmental or situational stressors and/or medical evaluations of treatable conditions that could cause aggression, exacerbation of symptoms and/or significant decline in functioning.

- C. For those outreaches and investigations where hospitalization can be diverted, CPIT/DCR shall provide recommendations and resources, including recommendations for possible follow-up services to the facility staff and others for any remaining mental behavioral health concerns the individual may have.
- D. In those circumstances where a resident has been evaluated at an ED and hospitalization can be diverted, the resident may have re-admission rights to the licensed care facility.
- E. If the DCR has concerns about facility refusal to re-admit the resident, the EMHC/DMHP should notify the Residential Care Services Complaint Resolution Unit (CRU) Hotline at 1-800-562-6078, TTY 1-800-737-7931.
- F. If during the course of the outreach/investigation, the CPIT/DCR has concerns about mental behavioral health or other services provided by the facility, CPIT/DCR should notify the Residential Care Services CRU Hotline for follow-up at 1-800-562-6078 or Adult Protective Services (APS). The website to report AFH abuse is:  
[www.adsa.dshs.wa.gov/APS](http://www.adsa.dshs.wa.gov/APS).

## ATTACHMENTS

None