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## North Sound Behavioral Health Organization

### Section 1700: ICRS – Crisis Stabilization Standards for Adults

Authorizing Source: WAC 388-865-0800 through 0880

Cancels: Policy 1512.00 –Stabilization Standards for Adults

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: 8/15/2016

#### **POLICY #1701.00**

#### **SUBJECT: CRISIS STABILIZATION STANDARDS FOR ADULTS**

#### **PURPOSE**

The purpose of this policy is to ensure consistent, safe and quality crisis stabilization services within treatment facilities across the North Sound region.

#### **POLICY**

Crisis stabilization facilities provide behavioral health stabilization to adult individuals in crisis and transitioning to and from inpatient facilities (refer to North Sound Behavioral Health Organization [North Sound BHO] Policy 1719.00). Crisis stabilization is a service that provides safety for the individual, includes short-term, face-to-face assistance with life skills training, offers medication education and provides follow up services. Facilities providing these crisis stabilization services will use the following standards and procedures to ensure access to quality services.

#### **PROCEDURES AND STANDARDS**

- I. All facilities must have the capacity to admit individuals into crisis stabilization services on a 24-hour per day, 7-day per week basis. Length-of-stay is limited to 5 calendar days. Extensions may be granted when deemed clinically/medically necessary.
- II. Crisis stabilization facilities are available to all residents of the region. These facilities shall accept referrals from other counties within North Sound BHO's region when beds are available.
- III. The intentions of these services are to:
  - A. Evaluate and stabilize individuals in their community and prevent unnecessary hospitalization;
  - B. Provide transition from state and community hospitals to reduce length-of-stay and ensure stability prior to moving back into the community;
  - C. Actively facilitate resource linkage so individuals can return to baseline functionality; and
  - D. Provide follow up contact to the individual to ensure stability after discharging from the facilities.

#### IV. Screening and Admission

Crisis stabilization staff shall use standardized admission and exclusion criteria in determining eligibility for crisis stabilization services. Exclusionary criteria ensure that referrals to the crisis stabilization facilities are appropriate for the level of care available. Exceptions can be made on a case-by-case basis in consultation with the clinical supervisor. The rationale for all exceptions shall be noted in the record.

##### A. Inclusionary Criteria

1. Anyone in the region 18 years or older, experiencing an acute behavioral health crisis or in need of withdrawal management services (Skagit County Crisis Center [SCCC] and Whatcom County Behavioral Triage Center [WCBTC]).
2. Individuals must be willing to admit to a voluntary facility.
3. Individuals, if a risk to self, must be willing to engage in safety planning.
4. Individuals must be willing and able to comply with house rules regarding violence, weapons, drug/alcohol use, medication compliance and smoking.
5. Individuals must have the ability to maintain safe behavior towards staff and other residents of the facility.
6. Individuals must be willing to accept medications as prescribed and/or be able to self-administer prescribed medications.
7. Individuals must be able to perform basic Activities of Daily Living (ADLs) and be able to self-ambulate.
8. Individuals in crisis cannot be excluded from receiving crisis stabilization services solely due to intoxication (when below blood alcohol level [BAL] of 0.25) or developmental disability.

##### B. Exclusionary Criteria

1. Individuals needing immediate medical intervention for an acute or chronic condition.
2. Individuals who present a high likelihood of violence or arson, at time of admit.
3. Individuals currently designated as a Level 3 Sexual Offender.

##### C. Direct referrals from North Sound BHO-contracted agency clinicians and community professionals shall be screened telephonically for admission by the crisis stabilization facilities. Examples of community professionals referral sources include, but are not limited to:

1. Department of Corrections;
2. Community housing case managers;
3. Community substance abuse treatment professionals;
4. Law Enforcement; and
5. Emergency Departments.

- D. Un-enrolled individuals or individuals who are enrolled with a North Sound BHO-contracted provider agency can be referred to stabilization services by contacting their Behavioral Health Care Provider (BHCP), calling the stabilization facility directly, or calling the Volunteers of America (VOA) Care Crisis Line at 1-800-584-3578.
- E. Whenever possible, referrals to crisis stabilization facilities will include the following information:
  - 1. Any known behaviors or symptoms that might cause concern or require special care or safety measures;
  - 2. An evaluation of the individual's cognitive status and current level of functioning, including any disorientation, memory impairment and impaired judgment;
  - 3. History of mental health issues, including suicidality, depression and anxiety;
  - 4. Social, physical and emotional strengths and needs;
  - 5. Current substance use;
  - 6. Functional abilities in relationship to ADLs and ambulation; and
  - 7. Current medications and medical needs.
  - 8. Enrolled individual's admission to a crisis stabilization facility will include a review of that individual's crisis plan and/or less restrictive alternatives prior to admission with their provider (available through VOA Crisis Response Services [CCRS], 1-800-747-8654).
  - 9. When information is not available at the time of the referral, program staff will strive to gather information as services are provided and use this information as clinically appropriate in the provision of services.
- F. Verbal provisional acceptance to the facility will be given at that time.
- G. After arrival, individuals will complete a more comprehensive screening/assessment for the crisis stabilization services by the professional staff in the facility. This will include an evaluation by a Registered Nurse for physical assessment or by Licensed Practical Nurse under the direction of an appropriate licensed medical professional. Medical screening is part of the admission screening and intake process. This will include taking basic vital health information (e.g., blood pressure, heart rate, pulse, temperature and BAL).
- H. Individuals admitted for withdrawal management services will be evaluated by a Chemical Dependency Professional/Chemical Dependency Professional Trainee (CDP/CDPT) within 24 hours.
- I. Individuals screened who are deemed inappropriate by the crisis stabilization facilities shall be referred to the appropriate level of care.
- J. All appropriate documentation shall be completed at the time of admission. Admission documentation will include:
  - 1. Initial assessment to include: demographics, reason for presentation, history, legal involvement, risk assessment, co-occurring screen and initial discharge plan;

2. A recovery care plan developed in collaboration with the individual and available natural and collateral supports;
3. Crisis Stabilization Consent/Program Rules Form;
4. Copy of Client Rights;
5. Health and wellness screening;
6. Medication Sheet;
7. Inventory of personal effects/property;
8. Releases of Information for natural and collateral supports;
9. Global Appraisal of Individual Needs – Short Screener (GAIN-SS);
10. For individuals with a current service provider, crisis stabilization staff will attempt to obtain the current Recovery/Resiliency Plan to coordinate care with their primary clinician.
11. For direct calls, crisis stabilization staff shall call VOA-CCRS for information on the individual, including a Washington Access to Criminal History (WATCH) report.
12. If the individual is unable to provide information at time of admission, this should be documented in the clinical record. The documentation should be completed as soon as clinically feasible or within 12 hours.

K. Individual's assessed and determined ineligible for crisis stabilization services does not impact the individual's eligibility for other clinically indicated services such as other crisis services, Involuntary Treatment Act (ITA) services, psychiatric hospitalization and/or cross-system referral, planning and coordination.

#### V. Ongoing Services Requirements

##### A. For enrolled individuals:

1. The BHCP shall consult with crisis stabilization staff on a daily basis to coordinate care and plan for discharge.
2. The BHCP shall contact the individual on a daily basis while the individual is in the crisis beds to coordinate care and plan for discharge.
3. For individuals enrolled with Substance Use Disorders (SUD) providers, crisis stabilization staff will contact the provider to alert to the individual's status and coordination of care plans.
4. Subsequent treatment/supports provided and progress toward achieving these will be documented at least daily during the crisis stabilization placement.

##### B. For un-enrolled individuals:

1. Crisis stabilization staff shall be responsible for coordinating treatment (including crisis case management services and referral to ongoing services, as necessary) and the discharge planning process.

2. Subsequent treatment/supports provided and progress toward achieving these will be documented at least daily during the crisis stabilization placement.

## VI. Discharge

- A. Planning for discharge is expected to begin at admission. Updates on the progress of the individual's recovery care plan and discharge plan shall be given at the change of shift to each incoming staff by the previous shift and documented in the clinical chart.
- B. Working in conjunction with the individual and whatever other systems/supports are appropriate, crisis stabilization staff will develop a written discharge plan prior to all scheduled discharges. The individual will receive a copy of this plan at the time of discharge. This plan will contain, at a minimum:
  1. A listing of all follow-up appointments (including time, place, telephone number and name of the person with whom the appointment is scheduled);
  2. The names and telephone numbers of any natural supports or other resources which have been identified as helpful during times of crisis;
  3. A list of current medications;
  4. The name and telephone number of the individual's case manager/primary clinician;
  5. The name of the individual's prescriber; and
  6. The telephone number to be used to get refills.
- C. Prior to unplanned discharge, the on-duty crisis stabilization staff will contact the stabilization program coordinator for discharge approval, including review of current risk and necessary supports.
  1. If there is a determination of risk, a consultation with and/or outreach request to a Designated Mental Health Professional (DMHP) shall occur. Such a request shall be made through the Care Crisis Line. If necessary, arrangements will be made for the individual to be seen at an alternative location.
  2. The program will coordinate with whatever facility will be receiving the individual.
  3. When clinically indicated, a Crisis Alert will also be filed when unplanned discharges take place.
  4. For enrolled individuals, the BHCP, other professionals and/or natural supports and/or programs will be informed of all unplanned discharges.

## VII. OTHER PROGRAM PROCEDURES AND STANDARDS

### A. Staffing

1. Crisis stabilization facilities must be staffed 24 hours per day;
2. Crisis stabilization programs shall have the ability to provide additional staff when this is necessary and sufficient to maintain a crisis stabilization placement;

3. Crisis stabilization facilities will be staffed by those trained in the treatment of individuals experiencing a behavioral health crisis per WAC;
4. Facility staff will receive training in admission and screening prior to providing single coverage;
5. DMHPs may provide clinical consultation to crisis stabilization staff and to provide face-to-face interventions to persons receiving crisis stabilization services when requested.
6. Staffing levels must meet all appropriate licensing requirements.

B. Medication Management

Medications will be reviewed and monitored in a manner that meets all applicable contractual, licensing and regulatory requirements.

**ATTACHMENTS**

None