

Effective Date: 7/1/2019

Review Date: 6/25/2019

Revised Date:

North Sound Behavioral Health Administrative Services Organization, LLC

Section 1500 – Clinical: Monitoring of Conditional Release (CR)/Less Restrictive (LRO)/
Assisted Outpatient Treatment (AOT) Order

Authorizing Source: HCA Contract

Approved by: Executive Director

Date:

Signature:

POLICY # 1562.00

SUBJECT: MONITORING OF CONDITINAL RELEASE (CR)/LESS RESTRICTIVE (LRO)/ASSISTED OUTPATIENT TREATMENT (AOT) ORDER

PURPOSE

The purpose of this policy is to ensure a consistent and meaningful process for State only funded individuals on CR/LRO court orders or AOT order.

DEFINITIONS

Assisted Outpatient Treatment (AOT) is an order for Less Restrictive Alternative (LRA) Treatment, for up to 90 days, from the date of judgement. AOT shall not order inpatient treatment.

Care Coordinator means an Individual's healthcare needs are coordinated with the assistance of a primary point of contact. The point of contact provides information to the Individual and the Individual's caregivers, and works with the Individual to ensure the Individual receives the most appropriate treatment, while ensuring that care is not duplicated.

Conditional Release (CR) is a revocable modification of a commitment, which may be revoked upon violation of any of its terms. (A commitment means the determination by a court that a person should be detained for a period of either evaluation or treatment, or both, in an inpatient or a less restrictive setting). This document specifies what the person needs to do to remain in the community. It differs from an LR in length and because there is no court involvement, other than the underlying 90- or 180-day More Restrictive (MR) Order.

Less Restrictive Order/Less Restrictive Alternative (LRO/LRA) means a program of individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in RCW 71.05.585.

GENERAL POLICY ON LRs

For individuals involuntarily committed under Revised Code of Washington (RCW) 71.05 or 71.34, inpatient psychiatric facilities are required to provide notice of discharge and copies of CRs/LROs/AOTs to the Designated Crisis Responder (DCR) office responsible for the detention and the DCR office in the county where the individual is expected to reside. This notification is required to occur as soon as possible and no later than one business day after the individual's discharge from the inpatient psychiatric facility. The DCR office located in the county where the individual is expected to reside will contact the responsible Behavioral Health Agency (BHA) as soon as they are made aware of the CR/LRO/AOT on the individual.

Inpatient psychiatric facilities are also expected to contact BHAs to request the BHA assume responsibility of the CR/LRO/AOT, at a minimum, prior to the individual's discharge. However, once a BHA becomes aware of an individual's CR/LRO/AOT, lack of notification by the inpatient facility to the BHA prior to the individual's

discharge does not eliminate responsibility to follow up with the individual on the CR/LRO/AOT (see Procedure section).

In order to ensure the provision of services to individuals on a CR/LRO/AOT, BHAs **must** be certified by Health Care Authority (HCA) for outpatient psychiatric and medical components of community support services and involuntary treatment services consistent with Washington Administrative Codes. An LRA Treatment Provider means a provider agency that is licensed by HCA to monitor, provide/coordinate the full scope of services required for LRA Treatment, agrees to assume this responsibility, and houses the Care Coordinator.

In order to ensure integrated, well-coordinated and medically necessary services are delivered to individuals on a CR/LRO/AOT, BHA's will need to work closely with DCRs and other allied professionals in the community.

STATE ONLY FUNDING

Legal status does not preclude the individual's financial responsibility for outpatient services. State funds payment by North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) for individuals receiving State plan services shall be considered payment in full as long as they meet State funding qualifications and do not have third party resources.

State only funded individuals will initially be authorized for services for 90 days or the duration of the CR. Reauthorizations will need to meet continuing stay criteria, every 90 days.

PROCEDURE

1. The inpatient psychiatric facility must first contact the BHA to request the BHA assume responsibility of the State only funded CR/LRO/AOT. This contact must be a written request and is expected to occur prior to the individual's discharge from the inpatient facility.
2. The BHA will notify North Sound BH-ASO to determine if the individual meets financial eligibility for state only funding.
3. If funds are available, the BHA will recontact (in writing) the inpatient unit, to accept responsibility of the individual on the State only funded CR/LRO/AOT.
4. BHAs shall ensure monthly evaluation of each committed individual for release from or continuation of an involuntary treatment order by documenting the individual's adherence to the conditions of the State only funded CR/LRO/AOT, in accordance with current WACs. The monthly summary will include compliance violations over the last 30 days, in addition to, the next steps and plan. The monthly summary should be faxed to the responsible DCR office.
5. BHAs shall document each violation of the conditions of the CR/LRO/AOT in the chart. This shall include an evaluation of the need to pursue revocation.
6. The BHA is responsible for providing follow up services with the individual when a Request for Service (RFS) at that BHA has been made.
 - a. The BHA Care Coordinator will coordinate appropriate follow up needs with his/her supervisor.
 - b. The BHA Care Coordinator will notify the DCR office in writing if the individual does not attend the assessment appointment and documentation must include what attempts are going to be made to engage the individual.
 - c. The BHA and DCR offices may need to coordinate on further follow up needs as appropriate. This could include outreach, crisis alerts, affidavits, etc.
 - d. All BHA Care Coordinators will document their attempts to contact and engage the individual.
 - e. Any and all DCR involvement will be documented by the BHA.

7. The DCR office is responsible for notifying the BHA when the office is made aware of an individual being placed on a court order for a specific BHA.
8. The BHA working with the State only funded individual is responsible for coordination with North Sound BH-ASO on continuing stay, discharge planning while the individual is on an CR/LRO/AOT. Individuals on an AOT are not able to be revoked. If the individual refuses to comply with the conditions of the AOT, the BHA should coordinate with the DCR office regarding the violation(s) to determine if there are grounds for a new evaluation for a detention.
9. For an individual on a CR/LRO/AOT who is currently in an open outpatient treatment episode with a North Sound BH-ASO contracted BHA, the BHA/shall monitor the CR/LRO/AOT, as ordered by the court.
10. "LRA Treatment" to include CR/LRO/AOT means a program of individualized treatment in a less restrictive setting that includes the following services:
 - a. Assignment of a Care Coordinator; this individual will have the responsibility of monitoring the LR/CR/AOT and will be clearly identified in the chart.
 - b. An intake evaluation with the provider of the LRA treatment;
 - c. A psychiatric evaluation;
 - d. Medication management (as specified in RCW 71.05);
 - e. A schedule of regular contacts with the provider of LRA treatment for the duration of the order;
 - f. A transition plan addressing access to continued services at the expiration of the order;
 - g. An individual crisis plan; and
 - h. For AOT, an evaluation to determine medical necessity will occur after the first month.
 - i. LRA Treatment may additionally include requirements for an Individual to participate in the following services:
 - i. Psychotherapy;
 - ii. Nursing;
 - iii. Substance abuse counseling;
 - iv. Residential treatment; and
 - v. Support for housing, benefits, education and employment.
11. The Care Coordinator assigned to an individual ordered to LRA treatment must submit an individualized plan for the individual's treatment services to the court that entered the order. An initial plan must be submitted as soon as possible following the intake evaluation and a revised plan must be submitted upon any subsequent modification in which a type of service is removed from or added to the treatment plan.
12. In order to monitor individuals on a CR/LRO/AOT, BHA Care Coordinators shall prioritize the following:
 - a. The CR/LRO/AOT is a tool to assist the individual in their recovery and to maintain stability and safety in the community.
 - b. An individual's participation in treatment, per the CR/LRO/AOT.
 - c. Providing DCRs with information needed to support petitions.
13. BHAs shall notify the DCR if non-adherence with the CR/LRO/AOT impairs the individual sufficiently to warrant evaluation for revocation of the CR/LRO/AOT.

14. DCRs shall maintain a system which tracks CRs/LROs/AOTs, as well as, ensuring BHAs are informed of the process for extending a CR/LRO/AOT.
15. Petitioning to extend the CR/LRO/AOT shall occur whenever the individual continues to meet the criteria for further commitment and when further less restrictive treatment will support the individual's recovery. Care coordinators are encouraged to consider information from all-natural supports and other treatment providers. In this circumstance, the BHA Care Coordinator shall request an extension from their local DCR office three to four (3 to 4) weeks prior to the expiration of the CR/LRO/AOT.
16. BHA Care Coordinators shall be fully educated and aware of the ability to continue or extend a CR/LRO/AOT, even when the individual's circumstances do not warrant hospitalization or meet acute care criteria. The individual's past history of decompensation without continued involuntary outpatient treatment is important to consider when determining if the criteria for grave disability can be met.
17. A BHA assigned to monitor an enrolled individual on a CR/LRO/AOT may not discharge the individual from mental health services while they are on the CR/LRO/AOT.

ATTACHMENTS

None