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North Sound Behavioral Health Administrative Services Organization, LLC

Section 1500 – Clinical: Monitoring of Less Restrictive Alternatives

Authorizing Source: HCA Contract

Approved by: Executive Director Date: 3/12/2024

Signature:

POLICY # 1562.00

SUBJECT: MONITORING OF LESS RESTRICTIVE ALTERNATIVES

PURPOSE

The purpose of this policy is to ensure consistent monitoring activity for non-Medicaid individuals on a court order for outpatient behavioral health treatment for Designated Crisis Responders (DCRs) and Behavioral Health Agencies (BHAs) or providers that are certified or licensed to provide or coordinate the full scope of Less Restrictive Alternative (LRA) treatment under Revised Code of Washington (RCW) 71.05 or 71.34.

DEFINITIONS

Assisted Outpatient Treatment (AOT) is a form of Less Restrictive Alternative Treatment that prioritizes longer, more intensive court ordered outpatient treatment for individuals meeting requirements established under RCW 71.05.148. AOT orders can be issued for clients currently committed to an inpatient facility as a requirement of discharge, or as an alternative to commitment to an inpatient facility. An AOT order can last up to 18 months.

Care Coordinator means a clinical practitioner who coordinates the activities of less restrictive alternative treatment. The care coordinator coordinates activities with the designated crisis responders (DCRs) that are necessary for enforcement and continuation of less restrictive alternative treatments and is responsible for coordinating service activities with other agencies and establishing and maintaining a therapeutic relationship with the individual on a continuing basis.

Conditional Release (CR) “Conditional Release (CR)” means if a treating Facility determines that an Individual committed to an inpatient treatment Facility can be appropriately treated by outpatient treatment in the community prior to the end of the commitment period, the Individual may be discharged under a CR. A CR differs from a less restrictive alternative treatment order in that the CR is filed with the court, as opposed to being ordered by the court. The length of the CR is the amount of time that remains on the current inpatient commitment order.

Less Restrictive Alternative Treatment (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. This term includes: Treatment pursuant to a less restrictive alternative (LRA) treatment order under RCW 71.05.240 or 71.05.320; treatment pursuant to a conditional release (CR) under RCW 71.05.340; and treatment pursuant to an assisted outpatient treatment order (AOT) under RCW 71.05.148.

Less Restrictive Alternative Treatment Order (LRO) means if a court determines that an Individual committed to an inpatient Facility meets criteria for further treatment but finds that treatment in a less restrictive setting is a more appropriate placement and is in the best interest of the Individual or others, an LRO may be issued.

The LRO remands the Individual to outpatient treatment by a Behavioral Health service provider in the community who is responsible for monitoring and providing LRA treatment. The Individual must receive at least a minimum set of services and follow the conditions outlined in the LRO. The length of an LRO is usually 90 or 180 days but in certain cases can be extended for up to one year (RCW 71.05.320). An LRO may be extended by a court.

POLICY

North Sound BH-ASO's LRA monitoring requirements for State Hospital or Long Term Civil Commitment (LTCC) is referenced in Policy *1597.00 Care Management and Coordination*. North Sound BH-ASO's tracking of LRAs that are issued by superior courts within the North Sound Regional Service Area (RSA), please reference Policy *1733.00 Scope of Crisis Services*.

In order to ensure the provision of services to individuals on a Less Restrictive Alternative or Conditional Release, Behavioral Health Agencies (BHAs) must be certified for outpatient psychiatric and medical components of community support services and involuntary treatment services. LRA treatment must be administered by a BHA that is licensed to provide and coordinate the full scope of services required under the court order, has an assigned Care Coordinator, and has agreed to assume the responsibility of providing and monitoring treatment compliance.

Individuals court ordered for AOT treatment services, please reference North Sound BH-ASO policy 1599.00 *Assisted Outpatient Treatment* for program specific requirements.

Court Order Outpatient Treatment – Hospital Notification

For individuals involuntarily committed under RCW 71.05 or 71.34, inpatient psychiatric facilities are required to provide notice of discharge and a copy of any court order of outpatient treatment to the BHAs that will provide monitoring and treatment, to the DCR office responsible for the initial detention, and to the DCR office in the county where the individual is expected to reside or receive treatment. Notification to the appropriate DCR office is required to occur as soon as possible and no later than one (1) business day after the individual's discharge from the inpatient psychiatric facility.

PROCEDURES

1. The inpatient psychiatric facility must first contact the BHA in writing to request the BHA to assume responsibility of monitoring and treatment services of the court order.
2. BHAs shall ensure monthly evaluation of each committed individual for release from or continuation of the LRA by documenting the individual's adherence to the conditions of the order. Treatment monitoring will include compliance violations over the last 30 days.
3. The BHA Care Coordinator assigned to an individual ordered to an LRA shall submit an individualized plan for the individual's treatment services to the court that entered the order.
4. The BHA Care Coordinator coordinates activities with the DCRs that are necessary for enforcement and continuation of less restrictive alternative orders and is responsible for coordinating service activities with other agencies while establishing and maintaining a therapeutic relationship with the individual on a continuing basis.
5. BHAs shall document each violation of the conditions of the court order and include an evaluation of the need to pursue revocation.
6. The BHA is responsible for providing follow up services with the individual as follows:

- a. The BHA Care Coordinator will notify the DCR office in writing if the individual does not attend the initial assessment appointment and documentation must include what attempts are going to be made to engage the individual.
 - b. The BHA and DCR offices may need to coordinate on further follow up needs as appropriate. This could include outreach, crisis alerts, or affidavits.
 - c. All BHA Care Coordinators will document their attempts to contact and engage the individual.
 - d. Any and all DCR involvement will be documented by the BHA.
7. BHAs providing less restrictive court order treatment for non-Medicaid individuals may coordinate with North Sound BH-ASO for continuing stay needs and discharge planning.
 8. DCRs shall maintain a system which tracks LRA, as well as ensuring BHAs are informed of the process for enforcement, modification or revocation of a LRA.
 9. A BHA assigned to monitor individuals may not discharge the individual from services during the duration of the court order.

Enforcement, modification or revocation of less restrictive court orders

RCW 71.05.590 establishes criteria for revocation procedures of an Less Restrictive Alternative or Conditional Release Orders for adults and RCW 71.34.780 provides guidance on revocation procedures for minors. BHAs and DCRs shall consult and coordinate on any enforcement, modification or revocation of a Less Restrictive court order to include criteria and clinical considerations for both adults and minors.

ATTACHMENTS

None