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North Sound Behavioral Health Administrative Services Organization, LLC

Section 1700 – Crisis Services: Crisis Services General Requirements

Authorizing Source: HCA Contract

Approved by: Executive Director Date: 4/29/2025

Signature:

POLICY # 1733.00

SUBJECT: CRISIS SERVICES GENERAL REQUIREMENTS

PURPOSE

This policy addresses North Sound Behavioral Health Administrative Service Organizations (North Sound BH-ASO) Health Care Authority (HCA) contractual requirements for Crisis Services in Snohomish, Skagit, Island, San Juan, and Whatcom Counties.

DEFINITIONS

Behavioral Health Emergency means a person is experiencing a significant behavioral health crisis that requires an immediate in-person response due to level of risk or lack of means for safety planning as defined in Washington Administrative Code (WAC) 162-140-0010.

Behavioral Health Professional means a licensed physician, board certified or board eligible in Psychiatry or Child and Adolescent Psychiatry, Addiction Medicine or Addiction Psychiatry, licensed doctoral level psychologist, Psychiatric Advanced Registered Nurse Practitioner (ARNP) or a licensed pharmacist.

Certified Peer Counselor (CPC) means Individuals who have self-identified as a consumer of behavioral health services; have received specialized training provided/contracted by Health Care Authority (HCA), Division of Behavioral Health and Recovery (DBHR); have passed a written/oral test, which includes both written and oral components of the training; have passed a Washington State background check; have been certified by DBHR; and are a registered Agency Affiliated Counselor with the Department of Health (DOH).

Community-based Crisis Team (CBCT) means a team that is part of an emergency medical services agency, a fire service agency, a public health agency, a medical facility, a nonprofit crisis response provider, or a city or county government entity, other than a law enforcement agency, that provides the on-site, community-based interventions of a Mobile Rapid Response Crisis Team (MRRCT) for people who are experiencing Behavioral Health Emergencies.

Crisis means a behavioral health crisis, defined as a turning point, or a time, a stage, or an event, whose outcome includes a distinct possibility of an undesirable outcome.

Crisis Services (Behavioral Health) also referred to as “Crisis Intervention Services” means screening, evaluation, assessment, and clinical intervention are provided to all Individuals experiencing a Behavioral Health crisis. A Behavioral Health crisis is defined as a significant change in behavior in which instability increases, and/or risk of harm to self or others increases. The reasons for this change could be external or internal to the Individual. If the crisis is not addressed in a timely manner, it could lead to significant negative outcomes or harm to the Individual or others. Crisis services are available on a 24-hour basis, 365 days a year. Crisis Services are intended to stabilize the person in crisis, prevent further deterioration, and provide

immediate treatment and intervention, de-escalation, and coordination/referral efforts with health, social, and other services and supports as needed to affect symptom reduction, harm reduction, and/or to safely transition Individuals in acute crisis to the appropriate environment for continued stabilization. Crisis intervention should take place in a location best suited to meet the needs of the Individual and in the least restrictive environment available. Crisis Services may be provided prior to completion of an intake evaluation .

Co-responder means teams consisting of first responders and behavioral health professional(s) to engage with individuals experiencing behavioral health crises that does not rise to the level of need for incarceration.

Designated Crisis Responder (DCR) means a person designated by the county or other authority authorized in rule, to perform the civil commitment duties described in chapter 71.05 Revised Code of Washington (RCW).

Endorsement means Health Care Authority (HCA) has determined the Mobile Rapid Response Crisis Team (MRRCT) or Community Based Crisis Team (CBCT) meet all the endorsement criteria standards identified in the “HB 1134 Endorsement Standards for MRRCT and CBCT.” The endorsement is a voluntary designation that a MRRCT or CBCT may obtain to signify that it maintains the capacity to respond to persons who are experiencing a significant Behavioral Health emergency requiring an urgent, in-person response.

Mental Health Care Provider (MHCP) means an individual working in a Behavioral Health Agency, under the supervision of a Mental Health Professional, who has primary responsibility for implementing an individualized plan for mental health rehabilitation services. To provide services as a Mental Health Care Provider, this person must be a registered agency affiliated counselor and have a minimum of one year education or experience in mental health or related field.

Mobile Rapid Response Crisis Team (MRRCT) means a team that provides professional on-site community-based intervention such as outreach, de-escalation, stabilization, resource connection, and follow-up support for Individuals who experiencing a Behavioral Health crisis, that shall include certified peer counselors as a best practice to the extent practicable based on workforce availability, and that meets standards for response items established by the HCA. MRRCT teams that primarily serve children, youth, and families follow the Mobile Response and Stabilization Services (MRSS) model and may refer to themselves as an MRSS team or as a child, youth, and family MRRCT.

Mobile Response and Stabilization Services (MRSS) means a rapid response home and community crisis intervention model customized to support Youth and families.

Stabilization Services (also referred to as Crisis Stabilization), means services provided to Individuals who are experiencing a Behavioral Health crisis. This service includes follow-up after a crisis intervention. These services are to be provided in the Individual’s own home, or another home-like setting, or a setting which provides safety for the Individual and the Mental Health Professional. Stabilization services may include short-term assistance with life skills training and understanding medication effects. It may also include providing services to the Individual’s natural and community supports, as determined by a Mental Health Professional, for the benefit of supporting the Individual who experienced the crisis. Stabilization services may be provided prior to an intake evaluation for Behavioral Health services. Stabilization services may be provided by a team of professionals, as deemed appropriate and under the supervision of a Mental Health Professional.

Transportation means the transport of individuals to and from behavioral health treatment facilities.

Warm Handoff means a transfer of care between two members of a health care team, where the handoff occurs in front of the Individual explaining why the other team member can better address a specific issue emphasizing the other team member’s competence.

POLICY

Crisis System General Requirements

1. North Sound BH-ASO maintains a regional behavioral health crisis system that meets the following general requirements:
 - a. Crisis Services will be available 24-hours a day, seven (7) day a week to all individuals who present with a need for crisis services in Snohomish, Island, Skagit, San Juan and Whatcom counties.
 - i. Crisis response shall occur within one hour of a referral for Behavioral Health Emergency, within two hours of a referral for an Emergent Care crisis and within 24 hours of a referral for an Urgent Behavioral Health Situation crisis.
 - b. Under no circumstance shall the North Sound BH-ASO Behavioral health Crisis System deny the provision of crisis services, Behavioral Health ITA Services, Evaluation and Treatment (E&T), or Secure Withdrawal Management and Stabilization (SWMS) services to an Individual due to the Individual's ability to pay.
 - c. Crisis Services will be provided in accordance with Washington Administrative Code (WAC) 246-341-0670, WAC 246-341-0715, and WAC 246-341-0901.
 - i. Involuntary Treatment Act (ITA) services will include all services and administrative functions required for the evaluation of involuntary detention or involuntary treatment of Individuals in accordance with Chapter 71.05 Revised Code of Washington (RCW), RCW 71.24.300 and RCW 71.34.
 1. Requirments include payment for all Behavioral Health services ordered by the court for Individuals ineligible for Medicaid, and ITA court costs and transportation to and from court hearings.
 2. Crisis Services become ITA Services when a Designated Crisis Responder (DCR) determines an Individual must be evaluated for involuntary treatment (i.e. Individual Rights are Read). ITA services continue until the end of the Involuntary Commitment and may be outpatient or inpatient.
 3. ITA decision-making authority of the DCR must be independent of the North Sound BH-ASO.
2. Crisis Services will be delivered in a manner that is consistent with the following:
 - a. Crisis Triage and Intervention to determine the urgency of the needs and identify the support and services necessary to meet those needs. Dispatch MRRCT or connect the Individual to services. For Individuals enrolled with a MCO, assist in connecting the Individual with current or prior service Providers. For Individuals who are AI/AN, assist in connecting the Individual to services available from a Tribal government or IHCP
 - b. Stabilize individuals as quickly as possible and assist them in returning to a level of functioning that no longer qualifies them for crisis services.
 - c. Provide solution-focused, person-centered and recovery-oriented interventions designed to avoid unnecessary hospitalization, incarceration, institutionalization or out of home placement.
 - d. Engage the Individual in the development and implementation of crisis prevention plans to reduce unnecessary crisis system utilization and maintain the Individual's stability.
 - e. Develop and implement strategies to continuously evaluate and improve the crisis system.

Community Information and Education

North Sound BH-ASO implements a Community Information and Education Plan (CIEP) that educates and informs community stakeholders about the crisis system. Community stakeholders shall include residents of the Regional Service Area (RSA), health care providers, First Responders, the criminal justice system, educational systems, Tribes, and faith-based organizations.

Crisis System Staffing Requirements

1. North Sound BH-ASO establishes staffing requirements for all its contracted crisis services providers in accordance with WAC 246-341.
2. North Sound BH-ASO shall ensure providers have sufficient staff available, including DCRs, to respond to requests for Crisis Services and ITA services.
3. North Sound BH-ASO shall ensure provider compliance with DCR qualification requirements in accordance with Chapters 71.05 and 71.34 RCW and WAC 246-341-0912 and will incorporate the statewide DCR Protocols, listed on the Health Care Authority (HCA) website, into the practice of DCRs.
4. North Sound BH-ASO contracts with Behavioral Health Agencies (BHA) to have clinicians available twenty-four (24) hours a day, seven (7) days a week who have expertise in behavioral health conditions pertaining to children and families.
5. North Sound BH-ASO ensures that there is at least one (1) certified Substance Use Disorder Professional (SUDP) and (1) Certified Peer Counselor (CPC) with experience providing behavioral health crisis support for consultation by phone or on site during regular business hours.
6. North Sound BH-ASO has established policies and procedures of ITA services that implement WAC 246-341-0901 and the following requirements:
 - a. No DCR or crisis worker will be required to respond to a private home or other private location to stabilize or treat a person in crisis, or to evaluate a person for potential detention under the state's ITA, unless a second trained individual accompanies them.
 - b. The team supervisor, on-call supervisor, or the individual will determine the need for a second individual to accompany them based on a risk assessment for potential violence.
 - c. The second individual who responds may be a First Responder, a MHP, SUDP, or a behavioral health provider who has received training required in RCW 49.19 030.
 - d. No retaliation will be taken against an individual who, following consultation with the clinical team or supervisor, refuses to go to a private home or other private location alone.
 - e. Have a written plan to provide training, behavioral health staff back-up, information sharing, and communication for crisis staff who respond to private homes or other private locations.
 - f. Every DCR dispatched on a crisis visit will have prompt access to information about an Individual's history of dangerousness or potential dangerousness documented in crisis plans or commitment records and is available without unduly delaying a crisis response.
 - g. Crisis agencies shall provide a wireless telephone or comparable device for the purpose of emergency communications described in RCW 71.05.710 to every DCR or crisis worker, who participates in home visits to provide Crisis Services.

Crisis System Operational Requirements

North Sound BH-ASO has established comprehensive Regional Care Crisis Dispatch (RCCD) protocols for dispatching Mobile Rapid Response Crisis Teams and Community Based Crisis Teams. The Regional Crisis Protocols must memorialize expectations, understandings, lines of communication, and strategies for optimizing crisis response within available resources. North Sound BH-ASO's RCCD protocols describe how

partners and stakeholders share information, including real-time information sharing between 988 contact hubs and regional crisis lines.

RCCD protocols will be updated as needed. North Sound BH-ASO must notify HCA if changes are made to the protocols within thirty (30) calendar days of the change. North Sound BH-ASO's RCCD protocols must be reviewed, updated and resubmitted to HCA every three (3) years.

1. Crisis Services will be available twenty-four (24) hours a day, seven (7) days a week.
 - a. Mobile crisis outreach will respond within two (2) hours of the referral to an emergent crisis and within twenty-four (24) hours for referral to an urgent crisis.
2. North Sound BH-ASO shall maintain an adequate number of behavioral health provider agencies that offer Next Day Appointments (NDA) for uninsured individuals who meet the definition of an urgent behavioral health situation and has a presentation of signs or symptoms of a behavioral health concern.
3. North Sound BH-ASO shall coordinate with the 988/National Suicide Prevention Lifeline (NSPL) provider in region to ensure these appointments are accessible to uninsured individual callers who meet the criteria outlined by HCA.
 - a. North Sound BH-ASO shall work with contracted crisis agencies to ensure they can access next day appointments for individuals who meet the criteria for next day appointments.
4. Mobile Rapid Response Crisis Teams (MRRCT) services will employ Certified Peer Counselors (CPC).
 - a. CPCs are required to complete HCA CPC continuing education curriculum for peer services in crisis environments.
 - b. MRRCT supervisors of CPCs must complete HCA sponsored Operationalizing Peer Support Training in accordance with HCA requirements.
 - c. Each BH-ASO will receive additional funding for up to two CPCs per RSA, training costs and associated administration (10 percent).
 - d. North Sound BH-ASO will complete and submit quarterly reporting in accordance with HCA contract reporting requirements.
5. North Sound BH-ASO will maintain MRRCT for adults and children, youth and families that meet HCA and contractual requirements to include a minimum of one (1) adult MRRCT and one (1) children, youth and family MRCCT in the region and will continue to work on increasing capacity.
 - a. MRRCT will maintain capacity to provide services in the community 24 hours per day, seven days a week, 365 days per year with a two-person dyad (peer and clinician). MRRCT providers must have a minimum of one MHP supervisor to provide clinical oversight and supervision of all staff, at all times.
6. North Sound BH-ASO maintains mobile crisis team staffing to serve adults, youth and children.
 - a. Each team will adhere to the HCA crisis team model as described in the MRRCT Best Practice Guide. Youth MRRCT will follow the MRSS model in the HCA MRRCT Best Practice Guide.
 - b. On the Initial crisis outreach service, each team will require, at a minimum, a Mental Health Professional (MHP) to provide clinical assessment and a peer trained in crisis services, responding jointly. Mental Health Care Provider (MHCPs), with WAC 246-341-0302 exemption, can respond jointly with a peer in place of an MHP, as long as at least one Mental Health

Professional is available 24/7 for any MHCP or peer to contact for consultation, this Mental Health Professional does not have to be the supervisor.

- c. All Peers must complete the HCA sponsored peer crisis training.
 - d. All individuals providing MRRCT services must complete the following trainings:
 - i. HCA sponsored certification crisis intervention specialist trainings and trainings in Trauma Informed Care, De-escalation Techniques, and Harm Reduction.
 - ii. MRRCT shall follow the established Tribal Crisis Coordination Protocols established between the HCA and the Tribe.
7. North Sound BH-ASO shall maintain contract with any MRRCT or Community Based Crisis Team (CBCT) that receives endorsement from HCA. North Sound BH-ASO will report any issues or concerns related to the endorsement teams fulfilling contract terms to HCA.
- a. North Sound BH-ASO will ensure their contracts with endorsed teams contain the following:
 - i. Funding for the enhanced case rate for endorsed teams;
 - ii. Mechanism to make supplemental performance payments to an endorsed team that responds to Behavioral Health Emergencies and meets the response times described in RCW 71.24.903 for rural, suburban, and urban areas;
 - iii. The ability to collect identified endorsement related data and service encounters;
 - iv. Inclusion of the endorsed team in regional dispatch protocols as the primary responder to calls defined as a Behavioral Health Emergency in chapter 182-140 WAC for their service area;
 - v. Monitor Providers annually to ensure compliance of the endorsement standards;
 - vi. Conduct formal inspections of Providers within sixty (60) calendar days that are determined to be out of compliance with the endorsement standards; and
 - vii. Notify HCA within thirty (30) calendar days if an endorsed team is determined to be out of compliance with the endorsement standards.
 - b. Being endorsed makes teams eligible for performance payments. The choice not to become endorsed does not change a team's obligation to comply with any standards adopted by HCA related to MRRCTs.
 - i. Nothing in the endorsement standards shall be construed to alter or interfere with MRRCT standards in the contract nor any requirements in the contract between BH-ASO and HCA.
 - c. North Sound BH-ASO, in partnership with HCA, shall convene an annual crisis continuum of care forum with participation from partners serving regional service areas, including MCOs, Behavioral Health Providers, mobile rapid response crisis teams, 988 call center hubs, counties, tribes, and other regional partners to identify and develop collaborative regional-based solutions. The Contractor shall submit the Regional Crisis Forum report to HCA including recommendations that may include capital infrastructure requests, local capacity building, or community investments including joint funding opportunities, innovative and scalable pilot initiatives, or other funder and stakeholder partnerships. The Regional Crisis Forum report is due August 15, 2025, and annually thereafter. Submit the Regional Crisis Forum report to HCABHASO@hca.wa.gov.

8. North Sound BH-ASO provides a Regional toll-free Crisis Line (RCL) that is available twenty-four (24) hours a day, seven days a week, to provide crisis intervention and triage services, including screening and referral to a network of providers and community resources.
 - a. The RCL will be a separate number from North Sound BH-ASO's customer service line.
 - b. The Contractor shall ensure crisis call centers comply with the following crisis line performance standards:
 - i. Telephone abandonment rate – performance standard is 5 percent or less.
 - ii. Telephone response time – performance standard is at least 90 percent of calls are answered within thirty (30) seconds.
9. Individuals have access to crisis services without full completion of intake evaluations, assessment, and screening (Mental Health) and/or other screening and assessment processes.
10. North Sound BH-ASO maintains established registration processes for non-Medicaid individuals utilizing crisis services to maintain demographic and clinical information and establish a medical record/tracking system to manage their crisis care, closed loop referrals, and utilization.
 - a. North Sound BH-ASO conducts eligibility verification for individuals who are receiving services or who want to receive services to determine financial eligibility. Please refer to North Sound BH-ASO Policy #3045.00 *Eligibility Verification*.
11. North Sound BH-ASO has established protocols for providing information about and referral to other available services and resources for individuals who do not meet criteria for Medicaid or General Funds State/Federal Block Grant (GFS/FBG) services (e.g., homeless shelters, domestic violence programs, Alcoholics Anonymous). Protocols shall align with the protocols for coordination with Tribes and Non-Tribal Indian Health Care Provider (IHCP) within region.
12. North Sound BH-ASO will comply with record content and documentation requirements in accordance with WAC 246-341.
13. North Sound BH-ASO ensures that crisis service providers document calls, services, appropriate coordination with Tribes and Indian Health Care Providers (IHCP), and outcomes.

Crisis System Services

1. North Sound BH-ASO will make the following services available to all individuals in North Sound BH-ASO's Service Area, in accordance with the specified requirements:
 - a. Crisis Triage and Intervention to determine the urgency of the needs and identify the support and services necessary to meet those needs. Dispatch MRRCT or connect the individual to services. For individuals enrolled with an MCO, assist in connecting the individual with current or prior service providers. For Individuals who are American Indian/Alaskan Native (AI/AN), assist in connecting the Individual to services available from a Tribal government or Indian Health Care Provider (IHCP).
 - b. Behavioral Health ITA Services shall be provided in accordance with WAC 246-341-0912. Services shall include investigation and evaluation activities, management of the court case findings and legal proceedings in order to ensure the due process rights of the Individuals who are detained for involuntary treatment. The North Sound BH-ASO will reimburse the county for court costs associated with ITA and will provide evaluation and treatment services as ordered by the court for Individuals who are not eligible for Medicaid, including Individuals detained by a DCR. Reimbursement for judicial services shall be provided per civil commitment case at a

rate to be determined based on an independent assessment of the county actual direct costs. This assessment must be based on the average of the expenditures for judicial services within the county over the past three years. In the event that a baseline cannot be established because there is no significant history of similar cases within the county, the reimbursement rate shall be equal to 80 percent of the median reimbursement rate of counties included in the independent assessment.

- c. Services provided in Involuntary Treatment facilities such as E&T facilities and Secure Withdrawal Management and Stabilization facilities, must be licensed and certified by the Department of Health (DOH). These facilities must have adequate staff to provide a safe and secure environment for the staff, patients and the community. The facilities will provide evaluation and treatment services to limit the duration of involuntary treatment until the person can be discharged back to their home community to continue their treatment without the loss of their civil liberties. The treatment shall be evidence-based practices to include supportive housing, supported employment, Pharmacological services, psycho-social classes, withdrawal management as needed, discharge planning, and warm handoff to follow up treatment including any less restrictive alternative (LRA) care ordered by the court.
- d. Assisted Outpatient Treatment (AOT) shall be provided to those who are identified as meeting the need. North Sound BH-ASO employs an AOT program coordinator to oversee system coordination and legal compliance for AOT under RCW 71.05.148 and RCW 71.34.755. The AOT Coordinator shall:
 - i. Coordinate to develop program requirements and best practices, policy and procedures and implement them within the North Sound RSA.
 - ii. Coordinate with superior courts, MCOs, contractors providing services to individuals release on AOT orders and other stakeholders within region.
 - iii. Coordinate and provide notice to the tribe and IHCP regarding the filing of an AOT petition concerning a person who is an AI/AN who receives medical or behavioral health services from a tribe within Washington state.
 - iv. Coordinate with superior courts in their region to assure a process for the courts to provide notification to the contractors of petitions filed where the court has knowledge that a respondent is an AI/AN who receives medical or behavioral health services from a tribe within the state of Washington.
- e. North Sound BH-ASO will track Less Restrictive Alternative (LRA) orders that are issued by superior courts within the North Sound Regional Service Area (RSA).
 - i. Tracking responsibility includes notification to the individual's MCO of the LRA order. MCO's are responsible for:
 - 1. Coordinating care with the individual and the treatment provider for the provision of LRA treatment services.
 - 2. Monitor or purchase monitoring services for individuals receiving LRA treatment services to include coordinating with the appropriate DCR provider about non-compliance of the LRA order.
 - ii. For individuals not enrolled in a MCO, North Sound BH-ASO will coordinate LRA treatment services with the individual and the LRA treatment provider for the following:
 - 1. Unfunded Individuals;

2. Individuals who are not covered by the Medicaid fee-for-services program; and
 3. Individuals who are covered by commercial insurance.
- iii. North Sound BH-ASO will monitor or purchase monitoring services for individuals receiving LRA treatment services, including reporting of non-compliance with the appropriate DCR provider.
1. For out of RSA individuals who will be returning to their home RSA, upon notification from North Sound's RSA superior court, North Sound BH-ASO will notify the home RSA BH-ASO of the LRA order. The home RSA ASO will be responsible for notifying the appropriate MCO (if applicable), tracking the LRA order, coordinating with the individual and LRA treatment provider, and purchasing or providing LRA monitoring services.
 2. Authority for treatment of services for individuals released from a state hospital in accordance with RCW 10.77.086(4), competency restoration. North Sound BH-ASO may submit an A-19, not to exceed \$9,000 without prior written approval from HCA, for transition teams services and treatment services provided to non-Medicaid individuals released from a state hospital in accordance with RCW 71.05.320 or who are found not guilty by reason of insanity (NGRI).
2. North Sound BH-ASO will provide the following services to Individuals who meet eligibility requirements defined in HCA North Sound BH-ASO Contract, but who do not qualify for Medicaid, when medically necessary, and based on available resources:
- a. Crisis Stabilization Services includes short-term face-to-face assistance with life skills training and understanding of medication effects and follow up services. Services are provided in the person's own home, or another home-like setting, or a setting which provides safety for the individual experiencing a behavioral health crisis.
 - b. SUD Crisis Services including short term stabilization, a general assessment of the individual's condition, an interview for therapeutic purposes, and arranging transportation home or to an approved facility for intoxicated or incapacitated individuals on the streets or in other public places. Services may be provided by telephone, in person, in a facility or in the field. Services may or may not lead to ongoing treatment.
 - c. Secure Withdrawal Management and Stabilization services provided in a facility licensed by DOH and certified to provide evaluation and treatment services to individuals detained by the DCR for SUD ITA. Appropriate care for persons with a history of SUD who have been found to meet criteria for involuntary treatment includes: Evaluation and assessment, provided by certified chemical dependency professionals; acute or subacute detoxification services; SUD treatment; and discharge assistance provided by certified chemical dependency professionals, including facilitating transitions to appropriate voluntary or involuntary inpatient services or LRA as appropriate for the individual and meets the rules provided in WAC 246-341-1100. This is an involuntary treatment which does not require authorization.
 - d. Peer-to-Peer Warm Line Services are available to callers with routine concerns who could benefit from or who request to speak to a peer for support and help de-escalating emerging crises. Warm line staff may be peer volunteers who provide emotional support, comfort, and information to callers living with a behavioral health condition.
 - e. Supportive housing services are a specific intervention for people who, but for the availability of services, do not succeed in housing and who, but for housing, do not succeed in services. Supportive housing services help Individuals who are homeless or unstably housed live with

maximum independence in community-integrated housing. Activities are intended to ensure successful community living through the utilization of skills training, cueing, modeling and supervision as identified by the person-centered assessment. Services can be provided flexibly, including in-person or on behalf of an Individual.

- f. Supported employment services aid Individuals who have physical, behavioral, and/or long-term healthcare needs that make it difficult for the person to obtain and maintain employment. These ongoing services include individualized job coaching and training, help with employer relations, and assistance with job placement.

Coordination with External Entities

1. North Sound BH-ASO collaborates with HCA and MCOs operating in the North Sound's RSA to develop and implement strategies to coordinate care with community behavioral health providers for Individuals with a history of frequent crisis system utilization. Coordination of care strategies will seek to reduce utilization of Crisis Services.
2. The North Sound BH-ASO will coordinate with the regional MCOs, community court system, First Responders, criminal justice system, inpatient/residential service providers, Tribal governments, IHCPs, and outpatient behavioral health providers, to include processes to improve access to timely and appropriate treatment for Individuals with current or prior criminal justice involvement.
3. The North Sound BH-ASO will, in partnership with the MCOs operating in the RSA, develop protocols to engage and collaborate with Department of Corrections (DOC), jail-based staff, and other partners within the criminal justice system to coordinate the discharge and transition of incarcerated adults and Transitional Age Youth (TAY) with SMI for the continuation of prescribed medications and other Behavioral Health services prior to re-entry to the community.
4. North Sound BH-ASO will contract with HCA and MCOs operating in the North Sound RSA to establish protocols related to the provision of behavioral health Crisis Services and Ombuds services by North Sound BH-ASO to the MCOs' Medicaid enrollees. The protocols shall, at a minimum, address the following:
 - a. Payment by the MCOs to North Sound BH-ASO for Crisis Services arranged for or delivered by the Contractor or the Contractor's provider network to Individuals enrolled in the MCOs' plan.
 - i. If North Sound BH-ASO is paid on a FFS basis and delivers Crisis Services through a network of crisis providers, it shall reimburse its providers within fourteen (14) calendar days of receipt of reimbursement from the MCO.
 - ii. Any sub-capitation arrangement with HCA MCOs or North Sound BH-ASO's providers shall be reviewed and approved by HCA.
 - b. North Sound BH-ASO shall submit claims and/or encounters for Crisis Services consistent with the provisions of HCA contracts. Claims and encounter submission timeliness requirements apply regardless of whether North Sound BH-ASO directly provides services, acts as a third-party administrator for a network of crisis providers, or is paid on a capitation or a FFS basis.
 - c. North Sound BH-ASO shall establish information systems to support data exchange consistent with HCA requirements including, but not limited to: eligibility interfaces, exchange of claims and encounter data, administrative data such as PRISM, critical incidents, sharing of care and crisis plans, and MHAD necessary to coordinate service delivery in accordance with applicable privacy laws, HIPAA Regulations and 42 C.F.R. Part 2.
 - d. North Sound BH-ASO shall notify an MCO within one Business Day when a MCO's Enrollee interacts with the crisis system.

5. North Sound BH-ASO shall require that the Regional Crisis Line and MRRCT coordinate with co-responders within their region.
6. North Sound BH-ASO will maintain a co-responder implementation plan. Co-responder implementation funds must be used solely for grants to law enforcement and other first responders to include a mental health professional on the team of personnel responding to emergencies within the region.
 - a. North Sound BH-ASO will complete and submit all co-responder reporting requirements in accordance with HCA contract reporting requirements.

Protocols for Coordination with Tribes and non-Tribal IHCPs

North Sound BH-ASO's protocols for coordination with Tribes and non-Tribal IHCP are outlined in Policy 6003.00 *North Sound BH-ASO Tribal Coordination with Tribal Authorities*.

Tribal Designated Crisis Responders

1. Upon North Sound BH-ASO Authority to designate DCRs, and upon request, North Sound BH-ASO must assist and designate at least one (1) person from each Tribe within the North Sound RSA as a Tribal DCR, subject to the following requirements:
 - a. The potential Tribal DCR must meet all the requirements as a DCR in accordance with RCW 71.05.020, 71.24.025 and 71.34.020;
 - b. The request for designation of a potential Tribal DCR person must be made in writing to North Sound BH-ASO from the Tribal Authority;
 - c. Upon written request from all the affected Tribes, Tribes may elect to share Tribal DCRs;
 - d. The decision-making authority of the DCR must be independent of the North Sound BH-ASO and the Tribal Authority.
2. North Sound BH-ASO will enable any Tribal DCR, whether appointed by North Sound BH-ASO, by the courts within the region, or by HCA, to shadow with and receive on-the-job training and technical assistance from a DCR employed by a DCR provider agency that is contracted with North Sound BH-ASO.
3. North Sound BH-ASO will actively engage and include Tribal DCRs, whether appointed by North Sound BH-ASO, by the courts within the region, or by HCA, in the regional work on Crisis Services collaborative groups, trainings, and policy impacts within their RSA and as provided to other crisis and DCR service providers.
4. The North Sound BH-ASO must pay for non-Medicaid DCR evaluations provided by Tribal DCRs.
5. In the event the North Sound BH-ASO and Tribal Authority are unable to reach agreement on a methodology to designate a Tribal DCR, including hiring, funding and operational processes, written documentation must be provided to the HCA contract manager.
 - a. Documentation must include names of those participating in the planning, discussions from both parties and barriers or issues that remain unresolved.
 - b. HCA will work with North Sound BH-ASO and Tribal Authority to attempt to resolve issues and provide technical assistance where needed. This may include a facilitate executive level meeting between North Sound BH-ASO and Tribal Authority.

Crisis System Reporting

North Sound BH-ASO provides crisis system monitoring and assessment reports on a weekly, monthly, quarterly, and annual schedule. The annual report is due by the last day of February for the previous calendar

year. North Sound BH-ASO's Policy 1732.00 *Crisis Service Regional Quality Assurance and Improvement* outlines HCA-ASO contractual reporting requirements.

ATTACHMENTS

None