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North Sound Behavioral Health Administrative Services Organization, LLC

Section 1700 – Crisis Services: Mobile Crisis Outreach: Crisis Intervention and Involuntary
Detention Evaluation Services

Authorizing Source: HCA Contract; HCA DCR Protocols; 71.05 RCW; 71.34 RCW; WAC 246-341

Approved by: Executive Director Date: 05/19/2020 Signature:

POLICY # 1734.00

SUBJECT: MOBILE CRISIS OUTREACH: CRISIS INTERVENTION AND INVOLUNTARY DETENTION EVALUATION SERVICES

PURPOSE

To outline North Sound Behavioral Health Administrative Organization's (North Sound BH-ASO) policy and procedures for Crisis Dispatch and Mobile Crisis Outreach services in Snohomish, Skagit, Island, San Juan and Whatcom counties.

DEFINITIONS

Crisis Services (Behavioral Health) means providing evaluation and short-term treatment and other services to individuals with an emergent mental health condition or are intoxicated or incapacitated due to substance use and when there is an immediate threat to the individual's health or safety.

Face to Face intervention services are provided to assist individuals in a community setting and are provided by a Mental Health Professional (MHP), Chemical Dependency Professionals (CDP) and Certified Peer Counselors. Crisis Mobile Outreach Services are delivered in accordance with WAC 246-341-0900 section. Crisis Mobile Outreach includes both Voluntary Crisis Outreach and activities performed by a Designated Crisis Responder (DCR) that are not an ITA investigation and include but are not limited to Crisis services and community support.

Crisis Line – Triage - Crisis Triage and intervention services are provided by a 24/7 centralized toll-free crisis line, responsible to assess the urgency of the needs and identify the supports and services necessary to meet those needs to include dispatching of Crisis Mobile Outreach and Designated Crisis Responders (DCRs).

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 the Revised Code of Washington (RCW) Chapters 71.05 RCW and 71.34 RCW.

POLICY

Mobile Crisis Outreach is designed to provide early intervention services to those experiencing a behavioral health crisis or who are believed to be suffering from significant behavioral health symptoms. Mobile Crisis Outreach crisis services includes access to the full continuum of Crisis Intervention to include all components of the Involuntary Treatment Act (ITA) services. Crisis Intervention services and ITA services will be provided in accordance with WAC 246-341, and Chapters 71.05 RCW, 71.24 RCW and 71.34 RCW.

In addition, North Sound BH-ASO publishes a Supplemental Provider Guide that outlines the full operational requirements and statement of work for Crisis Services in the North Sound Region. Please also refer to North Sound BH-ASO policy 1732.00 *Crisis Services Regional Oversight*, and Policy 1733.00 *Scope of Crisis Services*.

Mobile Crisis Outreach services will be delivered in a manner that is consistent with the following:

1. Stabilize individuals as quickly as possible and assist them in returning to a level of functioning that no longer qualifies them for Crisis Services. Stabilization Services will be provided in accordance with Washington Administrative Code (WAC) 246-341-0915.
2. Provide solution-focused, person-centered and recovery-oriented interventions designed to avoid unnecessary hospitalization, incarceration, institutionalization or out of home placement.
3. Coordinate closely with the regional Managed Care Organizations (MCOs), community court system, First Responders, law enforcement, criminal justice system, inpatient/residential service providers, and outpatient behavioral health providers to operate a seamless crisis system and acute care system that is connected to the full continuum of health services.
4. Coordinate closely with regional Tribal Authorities for any Crisis or Involuntary Commitment Evaluation Service per North Sound BH-ASO Policy# 6003.00 *Coordination Plan with Tribal Authorities*.
5. Engage the Individual in the development and implementation of crisis prevention plans to reduce unnecessary crisis system utilization and maintain the Individual's stability.
6. Develop and implement strategies to assess and improve the crisis system over time.

Mobile Crisis Outreach Operational Requirements

1. With the exception of stabilization services, Crisis Services shall be available twenty-four hours a day, seven days a week
2. Mobile crisis outreach shall respond within two (2) hours of the referral to an emergent crisis and within twenty-four (24) hours for referral to an urgent crisis.
3. Providers of Mobile Crisis Outreach must ensure sufficient staff available and may include a team of DCRs, Mental Health Professionals (MHPs), Substance Use Disorder (SUD) Professionals and Certified Peer Counselor as funding allows.
4. Mobile Crisis Outreach staffing structure will be compliant with WAC 346-341 and will support a seamless delivery of crisis intervention services and Involuntary Treatment Act (ITA) investigations.

Prevention and Engagement

1. Mobile Crisis Outreach service providers will ensure programing that prioritizes early prevention and engagement strategies to include:
 - a. Collaborating with allied systems to identify community outreach needs.
 - b. Developing outreach strategies that address existing service gaps or underserved communities with limited behavioral health access.
 - c. Established first responder, law enforcement or criminal Justice system partnership to reduce unnecessary incarceration.

Referrals and Screening

Prior to any community (unstaffed) dispatch, a safety screening must be completed and documented, please refer to *North Sound BH-ASO policy 1702.00 Crisis Intervention Safety Screening*. Medical Status Criteria for ITA investigations can be found in *North Sound BH-ASO Policy 1721.00 Medical Status Criteria for ITA Crisis Assessment*.

1. Referrals for Crisis Mobile Outreach services can made through North Sound BH-ASO's Delegate 800.747.8654.

- a. Mobile Crisis Outreach providers maintain a direct Law Enforcement priority referral line.
 - b. Mobile Crisis Outreach providers are expected to coordinate dispatch and disposition with North Sound BH-ASO's Delegate with any law enforcement referral that results in a self-dispatch.
2. Mobile Crisis Outreach providers and North Sound BH-ASO's Delegate will check for any available relevant information, to include consulting with North Sound BH-ASO and the MCOs when appropriate. Mobile Crisis Outreach providers will have agency protocols for requesting a copy of an individual's Crisis Plan twenty-four hours a day, seven days a week.
 3. If a Crisis Plan is not immediately available, supervisory consultation is completed to ensure safety of the individual and agency staff members. Mobile Crisis Outreach teams are expected to develop a crisis plan, if not available, during the crisis intervention episode.
 4. North Sound BH-ASO's Delegate dispatch referral protocols determine the immediacy of response (Emergent or Urgent) required by Mobile Crisis Outreach teams. North Sound BH-ASO's Delegate referrals do not determine legal status prior to a face-to-face evaluation, but referrals by North Sound BH-ASO's Delegate can require that a DCR conducts the outreach based on the type of outreach request received.

Dispatch Timelines

1. North Sound BH-ASO's Delegate will determine whether an Emergent (2 hours or less) or Urgent (within 24 hours) response is warranted.
2. Direct law Enforcement Referrals to Mobile Crisis Outreach providers that result in a self-dispatch shall have a target timeline of 30 minutes from the time of referral.
3. If North Sound BH-ASO's Delegate determines that an emergent response by a DCR is required, Mobile Crisis Outreach providers will respond under two (2) hours with capacity to offer the full continuum of ITA services.

Crisis Intervention

1. Crisis Mobile Outreach providers will attempt to resolve the crisis in the least restrictive manner possible and required to remain with the individual in crisis in order to provide stabilization and support until the crisis is resolved or a referral to another service is accomplished.
2. Ensures services are provided in a setting that provides for the safety of the individual and agency staff member.
3. Crisis Intervention services shall adhere to *North Sound ASO Clinical Practice guidelines* and deliver a systematic, evidence-based and recovery-oriented approach that is trauma informed and strength based.
4. Family members, significant others, and other relevant treatment providers, as necessary will be included to provide support to the individual in crisis.
5. Crisis Intervention services are provided to individuals who suffer from both mental health and/or substance symptoms and are designed to prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual.
6. Mobile Crisis Outreach teams will provide information about and referral to other available services and resources for individuals who do not meet criteria for Medicaid or GFS/FBG services (e.g., homeless shelters, domestic violence programs, etc.)
7. Crisis Intervention assessments that determine the need for a referral for an ITA investigation, a DCR ITA investigation will be conducted within statutory timelines.

Administration of the Involuntary Treatment Act (ITA)

1. North Sound BH-ASO or its member counties will designate DCRs to perform the duties of involuntary investigation and detention in accordance with the requirements of RCW Chapters 71.05, 71.34 and current DCR protocols.
2. Mental Health professionals designated to perform the duties of a DCR will operate within each provider's Mobile Crisis Outreach team to include performing voluntary outreach and crisis intervention services.
3. DCR Referrals, investigations, less restrictive alternative (LRA), revocations and court testimony duties will need to be coordinated with other program priorities.
4. DCR coordination with Jails or Jail professionals regarding incarcerated individuals who have Involuntary evaluation needs, please refer to *North Sound BH-ASO Policy 1729.00*.
5. Document services provided to the individual, and other applicable information. At a minimum, this must include:
 - a. That the individual was advised of their rights in accordance with RCW 71.05.360;
 - b. That if the evaluation was conducted in a hospital emergency department or inpatient unit, it occurred in accordance with the timelines required by RCW 71.05.959, 71.05.153, and 71.34.710;
 - c. That the DCR conducting the evaluation considered both of the following when evaluating the individual:
 - i. The imminent likelihood of serious harm or imminent danger because of being gravely disabled; and
 - ii. The likelihood of serious harm or grave disability that does not meet the imminent standard for the emergency detention.
 - d. That the DCR documented consultation with any examining emergency room physician as required by RCW 71.05.154.
 - e. If the individual was not detained:
 - i. A description of the disposition and follow-up plan;
 - ii. Documentation that the minor's parent was informed of their right to request a court review of the DCR's decision not to detain the minor under RCW 71.34.710, if the individual is a minor thirteen years of age or older.
 - f. If the individual was detained, a petition for initial detention must include the following:
 - i. The circumstances under which the person's condition was made known;
 - ii. Evidence, as a result of the DCR's personal observation or investigation, that the actions of the person for which application is made constitute a likelihood of serious harm, or that the individual is gravely disabled;
 - iii. Evidence that the individual will not voluntarily seek appropriate treatment;
 - iv. Consideration of all reasonably available information from credible witnesses, to include family members, landlords, neighbors, or others with significant contact and history of involvement with the individual, and records, as required by RCW 71.05.212; and
 - g. Documentation that the individual, or the individual's guardian or conservator, received a copy of the following:
 - i. Notice of detention;

- ii. Notice of rights; and
- iii. Initial petition

No Bed Reporting – Care Coordination

DCR's report to HCA when it is determined an individual meets detention criteria under RCW 71.05.150, 71.05.153, 71.34.700 or 71.34.710 and there are no beds available at the evaluation and treatment facility, the individual has not been provisionally accepted for admission by a facility and cannot be served on a single bed certification (SBC) or Less Restrictive Order (LRO).

1. The DCR shall submit an *Unavailable Detention Report* to HCA within 24 hours to include:
 - a. The date and time the investigation was completed;
 - b. A list of facilities that refused to admit the individual;
 - c. Information sufficient to identify the individual, including the name and age or date of birth; and,
 - d. Other reporting elements deemed necessary or supportive by HCA.
2. The DCR shall provide notification to North Sound BH-ASO's Delegate of the disposition.
3. If the DCR is unable to find a bed, then the DCR must go out daily to provide a face to face evaluation of the person to determine if the person continues to require involuntary treatment and if so to look for a bed. If a bed is still not available, the DCR will work to develop a safety plan to help the person meet their health and safety needs.
4. North Sound BH-ASO's Delegate will provide follow up engagement with the individual, facility and/or provider to ensure appropriate services for which the individual is eligible, to include Re-dispatching of the DCRs.
5. North Sound BH-ASO's Delegate will notify North Sound BH-ASO of the No Bed Reporting, follow up engagement conducted, final disposition and/or case recommendations to North Sound BH-ASO Care Coordinators.

Follow Up Services

Follow up crisis services following the initial crisis intervention service is required to be consistent with the established Care Plan intended to prevent unnecessary hospitalization, incarceration and return to a level of functioning no longer requiring crisis services. A follow-up plan, including any referrals for services, are available twenty-four hours a day, seven days a week.

1. Follow up Services:
 - a. May include phone contacts, additional outreaches, or facility-based appointments.
 - b. Should not exceed 14 days from initial contact. Circumstances for ongoing crisis intervention services need to be clearly documented in the Care Plan, to include barriers to accessing long term services or resources.
 - c. Should include the development of an after-care plan that includes information about and resources to available services for individual who do not meet criteria for Medicaid.
2. Follow up crisis services that involve high utilizers of the crisis system should coordinate care planning activities with North Sound BH-ASO Care Coordinators, Manage Care Organization (MCO) Care Coordinators, Tribal behavioral health professionals and/or other appropriate systems or support.
3. Triage and Crisis Stabilization Facilities and other community-based interventions must be thoroughly explored and ruled out before referring to more acute or restrictive resources, including voluntary hospitalization and a DCR referral.

Outreach Disposition

Crisis Outreach providers should provide all relevant and required information to Triage staff per Policy 1734.01 Dispatch Protocols.

ATTACHMENTS

Policy 1734.01 Dispatch Protocols

Policy 1734.02 COVID Crisis Dispatch Protocols