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North Sound Behavioral Health Administrative Services Organization, LLC

Section 1700 – Crisis Services: Mobile Crisis Outreach: Crisis Intervention and Involuntary
Treatment Investigation Services

Authorizing Source: HCA Contract; HCA DCR Protocols; 71.05 RCW; 71.24.300, 71.34 RCW; WAC 246-341

Approved by: Executive Director Date: 5/3/2022 Signature:

POLICY # 1734.00

SUBJECT: MOBILE CRISIS OUTREACH: CRISIS INTERVENTION AND INVOLUNTARY TREATMENT INVESTIGATION SERVICES

PURPOSE

To outline North Sound Behavioral Health Administrative Organization's (North Sound BH-ASO) policy and procedures for 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. Crisis Mobile Outreach includes both Voluntary Crisis Intervention Services 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 Triage and Intervention means to determine the urgency of the needs and identify the supports and services necessary to meet those needs.

Designated Crisis Responder (DCR) means a person designated by the county or North Sound BH-ASO 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.

Involuntary Treatment Act Services includes all services and Administrative Functions required for the evaluation and treatment of individuals civilly committed under the ITA in accordance with chapters 71.05 and 71.34 RCW, and RCW 71.24.300

POLICY

Mobile Crisis Outreach services are designed to provide community based early intervention to those experiencing a behavioral health crisis or who are believed to be suffering from significant behavioral health symptoms. Mobile Crisis outreach services include 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 Washington Administrative Code (WAC) 246-341, and RCW 71.05, 71.24 and 71.34.

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 *Crisis Services General Requirements*.

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 requires crisis services.
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 (24) hours a day, seven (7) 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.
 - a. 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.
 - b. If North Sound BH-ASO's Delegate determines that response by a DCR is required, Mobile Crisis Outreach staff will respond per Policy 1734.01 *Dispatch Protocols*.
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 Professionals (SUDP), and Certified Peer Counselors (CPCs).
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. Crisis services will include 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 Mobile Crisis Outreach services can be made through North Sound BH-ASO's Regional Crisis Line (RCL).
2. Mobile Crisis Outreach staff and North Sound BH-ASO's RCL Delegate will check for any available relevant information, to include consulting with North Sound BH-ASO and the MCOs when appropriate.
3. Mobile Crisis Outreach providers will have agency protocols for requesting a copy of an individual's Crisis Plan twenty-four (24) hours a day, seven (7) days a week.
4. 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 staff are expected to develop a crisis plan, if not available, during the crisis intervention episode.
5. North Sound BH-ASO's RCL has established dispatch referral protocols that determine the need for a face-to-face outreach. North Sound BH-ASO's Delegate RCL referrals do not determine immediacy of response or 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 information received by the referent.
6. Once a referral for Mobile Crisis Outreach has been made by North Sound BH-ASO's Delegate RCL, Mobile Crisis Outreach staff are expected to continue information gathering and provide ongoing coordination with the referent or other collateral contacts.

Crisis Intervention Services

1. Mobile Crisis Outreach staff 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. Mobile Crisis Outreach services are provided in a setting that provides for the safety of the individual and agency staff member.
3. Crisis Intervention services shall utilize *North Sound BH-ASO Clinical Practice Guidelines, SAMHSA National Guidelines for Behavioral Health Crisis Care Toolkit and other relevant nationally recognized best or promising practices that* 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 staff 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.)
Crisis Services become ITA Services when a DCR determines an individual must be evaluated for involuntary treatment. ITA services continue until the end of the involuntary commitment and may be outpatient (AOT/LR/CR) or inpatient services

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, 71.24.300 71.34 and current Washington State DCR protocols. Please refer to North Sound BH-ASO Policy 1732.00 Crisis Service Regional Oversight.

2. MHPs designated to perform the duties of a DCR will operate within each provider's Mobile Crisis Outreach team and provide voluntary 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. Please refer to North Sound BH-ASO Policy 1562.00 *Monitoring of Conditional Release (CR)/Less Restrictive Order/Assisted Outpatient Treatment (AOT)*.
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 *DCR Coordination with Jails for Involuntary Evaluation*.
5. Documented ITA Investigation services provided to the individual, and other applicable information must meet the requirements in accordance with RCW 71.05, 71.24.300, 71.34, applicable WAC 346-341 standards and State DCR protocols.

No Bed Reporting – Care Coordination

DCRs 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, Secure Withdrawal Management and Stabilization facility, psychiatric unit, or under a single bed certification, and the DCR was not able to arrange for a less restrictive alternative for the Individual.

1. The DCR shall submit an *Unavailable Detention Facilities Report (No Bed 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;
 - d. The identity of the responsible BH-ASO and MCO, if applicable;
 - e. The county in which the person met detention criteria; and
 - f. Other reporting elements deemed necessary or supportive by HCA.
2. The DCR shall provide notification to North Sound BH-ASO's RCL Delegate of the disposition in the event of a No Bed Report.
3. When a DCR submits a No Bed Report due to the lack of an involuntary treatment bed, a face-to-face re-assessment is conducted each day by the DCR or Mental Health Professional (MHP) employed by the crisis provider to verify that the person continues to require involuntary treatment. If a bed is still not available, the DCR sends a new No Bed Report to HCA and the DCR or MHP works to develop a safety plan to help the person meet their health and safety needs, which includes the DCR or MHP continuing to search for an involuntary treatment bed or appropriate less restrictive alternative to meet the Individual's current crisis.
4. Upon notification by HCA that a No Bed Report has been filed on an Individual, North Sound BH-ASO, RCL Delegate or Mobile Crisis Outreach staff will attempt to engage the Individual in appropriate services for which the Individual is eligible. North Sound BH-ASO will report back within seven (7) calendar days to HCA. The report must include a description of all attempts to engage the Individual, any plans made with the Individual to receive treatment, and all plans to contact the Individual on future dates about the treatment plan from this encounter. North Sound BH-ASO, RCL Delegate or crisis providers may contact the Individual's insurance provider or treatment providers to ensure services are provided.
5. North Sound BH-ASO shall implement a plan to provide appropriate treatment services to the Individual, which may include the development of LRAs or relapse prevention programs reasonably calculated to reduce demand for involuntary detentions to E&T Facilities, and Secure Withdrawal

Management and Stabilization facilities.

6. HCA may initiate corrective action to ensure an adequate plan is implemented. An adequate plan may include development of LRAs to Involuntary Commitment, such as crisis triage, crisis diversion, voluntary treatment, or relapse prevention programs reasonably calculated to reduce demand for evaluation and treatment
7. North Sound BH-ASO's RCL 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.
8. North Sound BH-ASO's RCL 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.

Additional coordination activities by North Sound BH-ASO for filing an No Bed Report are outlined in Policy 1597.00 *Care Management and Coordination*.

Follow Up Services

Follow up crisis services following the initial crisis intervention service shall be consistent with any 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 (24) hours a day, seven (7) days a week.

1. Follow up Services:
 - a. May include phone contacts, additional outreaches, or facility-based appointments.
 - b. need to be clearly documented, and 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. Mobile Crisis Outreach staff providing follow up services that involve frequent utilizers of the crisis system should coordinate care or other 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 staff should provide all relevant and required information to North Sound BH-ASO's RCL Delegate for Crisis line services per Policy 1734.01 *Dispatch Protocols*.

ATTACHMENTS

Policy 1734.01 Dispatch Protocols