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North Sound Behavioral Health Administrative Services Organization, LLC

Section 1700 – Crisis Services: Mobile Rapid Response Crisis Teams 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: 5/7/2024 Signature:

POLICY # 1734.00

SUBJECT: MOBILE RAPID RESPONSE CRISIS TEAMS 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) "Crisis Services", 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.

Crisis Triage means to determine the urgency of the needs and identify the supports 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.

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.

Mental Health Care Provider (MHCP) means the individual with primary responsibility for implementing an individualized plan for mental health rehabilitation services. Minimum qualifications are B.A. level in a related field, A.A. level with two years' experience in the mental health or related fields." Additionally, this person would be supervised by a Provider who meets the definition of a mental health professional and be an Agency Affiliated Counselor.

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.

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 Rapid Response Crisis Team (MRRCT) 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.

MRRCT services shall be first prioritized for in-community, face-to-face response when appropriate prior to engaging Designated Crisis Responder (DCRs) under the Involuntary Treatment Act (ITA) RCW 71.05, 71.24 and 71.34. MRRCT and DCR services will be provided in accordance with Washington Administrative Code (WAC) 246-341, RCW 71.05, 71.24 and 71.34. In addition, North Sound BH-ASO publishes a Supplemental Provider Guide (SPG) that outlines the 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*.

MRRCT and DCR providers shall incorporate nationwide best practices for crisis care in alignment with Substance Abuse Mental Health Services Administration (SAMHSA) National Guidelines for Behavioral Health Crisis Care Best Practice Tool Kits and the National Association of State Mental Health Program Directors (NASMHPD) to include Mobile Response and Stabilization Services (MRSS) for youth.

MRRCT 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 Rapid Response Crisis Team (MRRCT) and DCR Operational Requirements

1. Services shall be available twenty-four (24) hours a day, seven (7) days a week.
2. MRRCT and DCRs 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 MRRCT or DCR providers that result in a self-dispatch shall have a target timeline of 30 minutes from the time of referral.
3. Providers of MRRCT must ensure sufficient staff are available and may include a team of DCRs, Mental

Health Professionals (MHPs), Substance Use Disorder Professionals (SUDP), Mental Health Care Providers (MHCP), and Certified Peer Counselors (CPCs).

4. MRRCT must maintain operational capacity to provide services in the community responding with a two-person dyad team to include a MHP and CPC.
5. MRRCT and DCRs must maintain operational capacity to coordinate with child, youth and family MRRCT teams.
6. MRRCT staffing structure will be compliant with WAC 346-341 and will support a seamless delivery of crisis intervention services to include referrals for Involuntary Treatment Act (ITA) investigations.

North Sound BH-ASO's full description of staffing and qualification requirements can be found in *Policy 1733.00 Crisis Services General Requirements*. North Sound BH-ASO's Policy for Child, Youth and Family Crisis Teams (CYFCT) can be found in *Policy 1735.00: Child, Youth and Family Crisis Teams (in 2024 development)*.

Prevention and Engagement

1. Crisis services will include programing that prioritizes in-community early prevention and engagement strategies to include:
 - a. Collaborating with allied systems to identify in-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 MRRCT and DCR services can be made through North Sound BH-ASO's Regional Crisis Line (RCL).
2. MRRCT and DCR 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. MRRCT and DCR 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 the safety of the individual and agency staff members. MRRCT and DCR staff may 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 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 RCL can require that a DCR conducts the outreach based on the information received by the referent.
6. Once a referral for MRRCT or DCR has been made by North Sound BH-ASO's 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. MRRCT and DCR 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. MRRCT and DCR services are provided in a setting that provides safety of the individual and agency staff members.
3. MRRCT and DCR will engage family members, significant others, and other relevant treatment providers, as necessary, to be included to provide support to the individual in crisis.
4. MRRCT 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.
5. MRRCT and DCR 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.)
6. All available community less restrictive options to include stabilization and withdrawal management receiving facilities or other community-based interventions must be thoroughly explored and ruled out before referring to more acute or restrictive options.

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 Services Regional Quality Assurance and Improvement*.
2. MHPs designated to perform the duties of a DCR may operate within each provider's MRRCT program to provide crisis intervention services. Activities performed by a DCR including crisis intervention, case coordination, referral, or other activities, prior to or following an ITA investigation are considered a crisis service.
3. Crisis interventions services become ITA Services when a DCR determines an individual must be evaluated for involuntary treatment and rights are read. ITA services continue until the end of the involuntary commitment and may be outpatient (AOT/LR/CR) or inpatient services.
4. 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 Less Restrictive Alternatives*.
5. 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 Needs*.
6. 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 an Evaluation and Treatment Facility (E&T), Secure Withdrawal Management and Stabilization facility (SWMS), psychiatric unit, or under a single bed certification (SBC), 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 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 or DCR 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 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 or SWMS 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 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 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 a No Bed Report are outlined in Policy 1597.00 *Care Management and Coordination*.

Follow Up Services

Follow up MRRCT or DCR services 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. Follow-up services, including referrals for ongoing care, is available twenty-four (24) hours a day, seven (7) days a week.

1. Follow up Services include:
 - a. Phone contacts, additional outreaches, or facility-based appointments.

- b. Follow up contact made by a MHCP or CPC to initiate or continue crisis prevention plans, developing Mental Health Advance Directives (MHAD) or WRAP plans.
 - c. Referral, coordination, and navigation support to ongoing behavioral health services.
 - d. Coordinating with referrals to ensure individuals were connected to services.
2. MRRCT or DCR staff providing follow up services that involve high need individuals shall coordinate care or initiate other planning activities with North Sound BH-ASO Care Coordinators, Manage Care Organization (MCO), Tribal behavioral health professionals and/or other appropriate provider systems or support.

ATTACHMENTS

Policy 1734.01 *Dispatch Protocols*