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Document Scope: (applies to Policy & Procedure only)

- – The requirements herein apply only to the GCBH BH-ASO Central Office and its functions.
- X The requirements herein apply, verbatim, to GCBH BH-ASO and its network providers[2].
- – The requirements herein apply to both GCBH BH-ASO and its network providers[2]. Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.

PURPOSE: To provide Greater Columbia Behavioral Health (GCBH BH-ASO) Network Providers with clearly defined standards for the provision of access to and oversight of crisis services.

DEFINITIONS

I. American Indian/Alaska Native (AI/AN): Any Individual defined at 25 U.S.C. §1603(13), §1603(28), or §1679(a), or who has been determined eligible as an Indian, under 42 C.F.R. § 136.12. This means the Individual is a member of a Tribe or resides in an urban center and meets one or more of the following criteria:

   a. Is a member of a Tribe, band, or other organized group of Indians, including those Tribes, bands, or groups terminated since 1940, and those recognized now or in the future by the state in which they reside, or who is descendant, in the first or second degree, of any such member;

   b. Is an Eskimo or Aleut or other Alaska Native;

   c. Is considered by the Secretary of the Interior to be an Indian for any purpose; or

   d. Is determined to be an Indian under regulations issued by the Secretary.

   e. The term AI/AN also includes an Individual who is considered by the Secretary of the Interior to be an Indian for any purpose or is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian health care services, including as a California Indian, Eskimo, Aleut, or other Alaska Native.

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

[1]See definitions of document types in AD100, "Development, Approval & Review of Formal GCBH BH-ASO Documents"

[2]"Network Provider" – An organization with which GCBH BH-ASO is contracted for the provision of direct services.

III. Crisis: 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.

IV. Crisis Services (Behavioral Health): 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.

V. Emergent care: Services that, if not provided, would likely result in the need for crisis intervention, or hospital evaluation due to concerns of potential danger to self, others, or grave disability, according to RCW 71.05 and 71.34.

   a. Emergent behavioral health care must occur within two (2) hours of a request for crisis behavioral health treatment from any source.

VI. Urgent care: A service to be provided to persons approaching a behavioral health crisis. If services are not received within twenty-four (24) hours of the request, the person's situation is likely to deteriorate to the point that emergent care is necessary.

   a. Urgent care must occur within twenty-four (24) hours of a request for behavioral health crisis services from any source.

VII. Involuntary Treatment Act (ITA): State laws that allow for Individuals to be committed by court order to a facility for a limited period-of-time. Involuntary civil commitments are meant to provide for the evaluation and treatment of Individuals with a behavioral health disorder, including substance use disorder (SUD), and who may be either gravely disabled or pose a danger to themselves or others, and who refuse or are unable to enter treatment on their own. An initial detention may last up to seventy-two (72) hours, but, if necessary, Individuals can be committed for additional periods of fourteen (14), ninety (90), and one hundred-eighty (180) calendar days (RCW 71.05.180, RCW 71.05.230 and 71.05.290).

VIII. Involuntary Treatment Act (ITA) 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, 71.34, and 71.24.300 RCW.

IX. Non-Tribal IHCP: An Indian Health Care Provider that is not operated by a Tribe, including the Indian Health Service and an Urban Indian Health Program.

X. Protocols for Coordination with Tribes and non-Tribal IHCPs: The protocols that the HCA and a Tribe or non-Tribal IHCP develop and agree on, with input from GCBH BH-ASO, for the coordination of crisis services (including involuntary commitment assessment, care coordination, and discharge transition planning.

POLICY

1. GCBH BH-ASO shall ensure services are in place that promote recovery and resiliency for adults and through its contracted provider network. Recovery means the processes by which people are able to live, work, learn and participate fully in their communities. Resiliency means the personal and community qualities that enable Individuals to rebound from adversity, trauma, tragedy, threats or other stresses, and to live productive lives.

2. All Individuals in the Greater Columbia Regional Service Area (RSA) who present with a need for crisis services shall have access to receive medically necessary behavioral health crisis services and services related to the administration of the Involuntary Treatment Act and Involuntary Commitment Act (Chapters 71.05 and 71.34 RCW) regardless of insurance status, ability to pay, county of residence, or level of income.
3. GCBH BH-ASO shall make available crisis behavioral health services on a twenty-four (24) hours a day, seven (7) days per week basis that may be accessed without full completion of intake evaluations or other screening and assessment processes.
4. Crisis services shall be provided by individuals with active Washington State Department of Health (DOH) credentials or licenses with training and competence in delivering crisis services, in accordance with Washington State laws.
5. Crisis service providers shall have written protocols for triage and referral decisions by DOH credentialed or licensed behavioral health practitioners, which require clinical judgment (e.g. assessing an Individual's potential for self-harm and determining the appropriate level and intensity of care).
    a. Crisis triage and intervention services shall:
        i. Determine the urgency of an Individual's needs and identify the supports and services necessary to meet those needs.
        ii. Dispatch mobile outreach crisis services when needed or connect the Individual to services and resources.
6. GCBH BH-ASO contracted crisis agencies shall have crisis staff available twenty-four (24) hours a day, seven (7) days per week with expertise in behavioral health issues pertaining to children and families.
7. GCBH BH-ASO contracted crisis agencies shall make available at least one (1) Substance Use Disorder Professional (SUDP) with experience conducting behavioral health crisis support for consultation by phone or on site during regular business hours.
8. GCBH BH-ASO contracted crisis agencies shall make available at least one Certified Peer Counselor (CPC) with experience conducting behavioral health crisis support for consultation by phone or on site during regular business hours.
9. Crisis behavioral health services shall be delivered to stabilize an Individual as quickly as possible to:
    a. Prevent further deterioration;
    b. Provide immediate treatment and intervention in a location best suited to meet the needs of the Individual;
    c. Provide treatment services in the least restrictive environment available; and
    d. Assist Individuals in returning to a level of functioning that no longer qualify them for crisis services.
10. Crisis services shall provide solution-focused, person-centered and recovery oriented interventions designed to avoid unnecessary hospitalization, incarceration, institutionalization or out of home placement.

11. Crisis services shall be provided in a manner that coordinates closely with the Greater Columbia RSA Managed Care Organizations (MCOs), community court system, First Responders, criminal justice system, inpatient/residential service providers, Tribal governments, IHCPs, 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 and inclusive processes to improve timely and appropriate treatment for Individuals with current or prior criminal justice involvement.
12. Crisis services shall engage an Individual in the development and implementation of crisis prevention plans to reduce unnecessary crisis system utilization and maintain the Individual's stability.
13. Crisis services follow up shall include assist Individuals in connecting with current or past service providers. For Individuals who are AI/AN, assist in connecting the Individual to services available from a Tribal government or IHCP.
14. Crisis Behavioral Health services include:
    a. Crisis telephone support;
    b. Crisis outreach services;
    c. Crisis stabilization services;
    d. Crisis peer support services; and
    e. Emergency involuntary detention services.
15. GCBH BH-ASO's contracted Behavioral Health Agencies (BHAs) providing crisis behavioral health services must:
    a. Be licensed by the appropriate Washington State department as a BHA;
    b. Be certified by the appropriate Washington State department to provide crisis behavioral health services;
    c. Meet the applicable BHA licensure, administration, personnel, and clinical requirements in chapter 246-341 WAC, Behavioral Health Administrative Requirements; and
    d. Have policies and procedures to support and implement the:
        i. General requirements in chapter 246-341 WAC;
        ii. Program-specific requirements in WAC 246-341-0670, and WAC 246-341-0715, and WAC 246-341-0901, and WAC 246-341-0912 for each Crisis Behavioral Health service provided; and
        iii. Department of Corrections Access to Confidential Mental Health Information Requirements in WAC.
16. A GCBH BH-ASO contracted BHA providing only Crisis Behavioral Health services is not required to meet the initial assessment, individual service plan, and clinical record requirements in WAC 246-341-0610 through WAC 246-341-0640.
17. A GCBH BH-ASO contracted BHA providing Crisis Behavioral Health services must ensure the crisis services:

a. Are, with the exception of stabilization services, available twenty-four (24) hours a day, seven (7) days a week;

b. Include family members, significant others, and other relevant treatment providers, as necessary, to provide support to the Individual in crisis;

c. Are provided in a setting that provides for the safety of the Individuals and the BHA staff members; and

d. Require that trained staff remain with the Individual in crisis in order to provide stabilization and support until the crisis is resolved or referral to another service is accomplished.

18. A BHA providing involuntary Crisis Behavioral Health services within the Regional Service Area (RSA) must have an active and valid contract with GCBH BH-ASO. The DOH credentialed or licensed practitioners providing ITA services will ensure services are consistent with Washington State Designated Crisis Responder (DCR) Protocols.

19. There must be sufficient staff available to respond to crisis services. Crisis services must be provided regardless of the Individual's ability to pay. Crisis services do not require a preauthorization.

20. GCBH BH-ASO or its subcontractor will maintain timely access to crisis response services. This includes providing the crisis response team with the information and connection with the Individual's primary behavioral health provider and/or other designated contacts in circumstances where the crisis support team is responding to an Individual who is experiencing a behavioral health emergency.

    a. Staff providing mobile crisis outreach services shall respond within two (2) hours of the referral to an emergency crisis and within twenty-four (24) hours for referral to an urgent crisis.

21. GCBH BH-ASO shall require that Individuals enrolled in services are actively included in the development of their individualized crisis plans and that crisis plans are based on current needs. GCBH BH-ASO network providers will provide Individuals with opportunities to understand their crisis triggers.

22. GCBH BH-ASO shall require that Telecommunication Device for the Deaf/Text Telephone (TDD/TTY) technology and/or interpreter services, including American Sign Language, for Individuals who speak a primary language other than English and/or have a hearing impairment are provided as early as possible in the intervention process.

23. A GCBH BH-ASO contracted BHA providing any Crisis Behavioral Health service must ensure:

    a. All Crisis Behavioral Health services are provided by, or under the supervision of, a Mental Health Professional (MHP) with an active DOH credential or license;

    b. Each staff member working directly with an Individual receiving any Crisis Behavioral Health services receives:

        i. Clinical supervision from a MHP and/or an independent practitioner licensed by the DOH; and

ii. Annual violence prevention training on the safety and violence prevention topics described in RCW 49.19.030. The staff member's personnel record must document the training.

c. Staff access to consultation with one of the following professionals who has at least one (1) years' experience in the direct treatment of Individuals who have a behavioral health disorder:

i. A psychiatrist;

ii. A physician;

iii. A physician assistant; or

iv. An Advanced Registered Nurse Practitioner (ARNP) who has prescriptive authority.

24. A GCBH BH-ASO contracted BHA providing any Crisis Behavioral Health services must maintain a record that contains timely documentation. Documentation must include the following, as applicable to the crisis service provided:

a. Demographic data;

b. A brief-summary and clinical description of each crisis service encounter, including the date, time and duration of the encounter;

i. Demographic and service encounter data will be entered into GCBH BH-ASO Raintree Data System.

c. The names of the participants;

d. The outcome of the crisis intervention(s); and

e. A follow up plan, including any referrals for services, including emergency medical services.

f. For Individuals enrolled with a Managed Care Organization (MCO), the Behavioral Health Crisis Providers will submit data for a log to GCBH BH-ASO of crisis interventions and outcomes which will be distributed to the appropriate MCO within one (1) business day of the crisis response.

g. GCBH BH-ASO will submit a log of Medicaid members' crisis interventions and outcomes to each MCO daily, each business day, to ensure the MCOs are aware of members' contact with the Greater Columbia RSA Crisis System.

i. Contracted crisis provider(s) will ensure the log is submitted to GCBH BH-ASO within one (1) business day to meet the notification requirement.

25. Crisis Behavioral Health Outreach Services: Face-to-face intervention services provided to assist Individuals in a community setting, which can be an Individual's home, an emergency room, a nursing facility, or other private or public location. A GCBH BH-ASO contracted BHA providing crisis outreach services must:

a. Provide crisis telephone screening.

b. Have trained and qualified staff with active DOH credential or license available twenty-four (24) hours a day, seven (7) days a week to respond to a crisis.

c. Ensure face-to-face outreach services are provided by a MHP, or a staff member under the supervision of a MHP with documented training in crisis response.

d. Ensure services are provided in a setting that provides for the safety of the Individual and agency staff members.

e. Have the ability to request a copy of an Individual's crisis plan twenty-four (24) hours a day, seven (7) days a week.

f. Require that staff member(s) 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.

    i. Maintain a current list of local resources for referrals, legal, employment, education, interpreter, and social health services.

g. Resolve the crisis in the least restrictive manner possible.

h. Have a written plan for training, staff back-up, information sharing, and communication for staff members who respond to a crisis in an Individual's private home or in a nonpublic setting.

i. No DCR or crisis intervention worker shall 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, determined by the clinical team supervisor, on-call supervisor, or individual professional acting along based on a risk assessment for potential violence, accompanies them. The second trained individual may be a law enforcement officer, a MHP, a mental health paraprofessional who has received training under RCW 71.05.715, or other first responder, such as fire or ambulance personnel. No retaliation may be taken against a worker who, following consultation with the clinical team, refuses to go on a home visit alone.

j. Provide staff members who are sent to a private home or other private location to evaluate an Individual in crisis, prompt access to information about any history of dangerousness or potential dangerousness on the Individual they are being sent to evaluate that is documented in a crisis plan(s) or commitment record(s). This information must be made available without unduly delaying the crisis response.

k. Have a written protocol that allows for the referral of an Individual to a voluntary or involuntary treatment facility twenty-four (24) hours a day, seven (7) days a week.

l. Have a written protocol for the transportation of an Individual in a safe and timely manner, when necessary.

m. Document all crisis response contacts, including:

    i. The date, time, and location of the initial contact;

    ii. The source of referral or identity of caller;

    iii. The nature of the crisis;

iv. Whether the Individual has a crisis plan and any attempts to obtain a copy;

v. The time elapsed from the initial contact to the face-to-face response;

vi. The outcome, including:

1. The basis for a decision not to respond in person;
2. Any follow-up contacts made; and
3. Any referrals made, including referrals to emergency medical services; and
4. The name of the staff person(s) who responded to the crisis.

26. Crisis Stabilization Services: Include short-term (less than two weeks per episode) face-to-face assistance with life skills training and understanding of medication effects on an Individual. Stabilization services may be provided (based on available resources) to an Individual as a follow-up to crisis services provided or to any Individual determined by a MHP to need additional stabilization services. A GCBH BH-ASO contracted agency providing crisis stabilization services must:

a. Ensure the services are provided by a MHP, or under the supervision of a MHP with active DOH credential or license.

b. Ensure the services are provided in a setting that provides for the safety of the Individual and agency staff.

c. Have a written plan for training, staff back-up, information sharing, and communication for staff members who are providing stabilization services in an Individual's private home or in a nonpublic setting.

d. Have a protocol for requesting a copy of an Individual's crisis plan.

e. Ensure that a staff member responding to a crisis is able to be accompanied by a second trained individual when services are provided in the Individual's home or other nonpublic location.

f. Ensure that any staff member who engages in home visits is provided by their employer with a wireless telephone, or comparable device for the purpose of emergency communication as described in RCW 71.05.710.

g. Have a written protocol that allows for the referral of an Individual to a voluntary or involuntary treatment facility.

h. Have a written protocol for the transportation of an Individual in a safe and timely manner, when necessary.

i. Document all crisis stabilization response contacts, including identification of the staff person(s) who responded.

27. Crisis Peer Support Services: Assist an Individual in exercising control over their own life and recovery process through the practice of peer counselors sharing their own life experiences related to behavioral health to build alliances that enhance the Individual's ability to function.

a. Peer support services are intended to augment and not supplant other necessary Behavioral Health services.

b. An agency providing crisis peer support services must:

    i. Ensure services are provided by a person recognized by the HCA as a peer counselor with appropriate active DOH credential, as defined in WAC 246-341-0200, under the supervision of a MHP.

c. Ensure services provided by a peer counselor are within the scope of the peer counselor's training and credential.

d. Ensure that a peer counselor responding to an initial crisis visit is accompanied by a MHP or an individual appropriately credentialed to provide substance use disorder treatment as appropriate to the crisis.

e. Develop and implement policies and procedures for determining when peer counselors may provide follow-up crisis outreach services without being accompanied by a mental health professional or individual appropriately credentialed to provide substance use disorder treatment as appropriate to the crisis.

f. Ensure that any staff member who engages in home visits is provided by their employer with a wireless telephone, or comparable device, for the purpose of emergency communication.

g. Ensure peer counselors and their supervisors receive pre-employment and ongoing training that is relevant to their unique working environment and required by the HCA.

28. Emergency Involuntary Detention Services: Services provided by a DCR with an active DOH credential/license to evaluate an Individual in crisis and determine if involuntary services are required. An agency providing emergency involuntary detention services must follow Washington State DCR Protocols and:

    a. Ensure that services are provided by a DCR.

    b. Ensure that the ITA decision-making authority of the DCR is independent of GCBH BH-ASO.

    c. Ensure staff members are available twenty-four (24) hours a day, seven (7) days a week.

    d. Ensure staff members utilize the protocols for DCRs required by RCW 71.05.214.

    e. Have a written agreement with a certified inpatient evaluation and treatment facility to allow admission of an Individual twenty-four (24) hours a day, seven (7) days a week.

    f. Have a plan for training, staff back-up, information sharing, and communication for a staff member who responds to a crisis in a private home or a nonpublic setting.

    g. Ensure that a DCR is able to be accompanied by a second trained individual when responding to a crisis in a private home or a nonpublic setting.

    h. Ensure that a DCR who engages in a home visit to a private home or a nonpublic setting is provided by their employer with a wireless telephone, or

comparable device, for the purpose of emergency communication as described in RCW.

i. Provide staff members, who are sent to a private home or other private location to evaluate an Individual in crisis, prompt access to information about any history of dangerousness or potential dangerousness on the Individual they are being sent to evaluate that is documented in a crisis plan(s) or commitment record(s). This information must be made available without unduly delaying the crisis response.

j. Require that a MHP remain with the Individual in crisis in order to provide stabilization and support until the crisis is resolved or referral to another service is accomplished.

k. Have a written protocol for the transportation of an Individual, in a safe and timely manner, for the purpose of medical evaluation or detention.

l. Ensure that when a peace officer or DCR escorts an Individual to a facility, the DCR takes reasonable precautions to safeguard the Individual's property including:

    i. Safeguarding the Individual's property in the immediate vicinity of the point of apprehension;

    ii. Safeguarding belongings not in the immediate vicinity if there may be possible danger to those belongings; and

    iii. Taking reasonable precautions to lock and otherwise secure the Individual's home or other property as soon as possible after the Individual's initial detention.

m. Document services provided to the Individual, and other applicable information. At a minimum, this must include:

    i. That the Individual was advised of their rights in accordance with RCW.

    ii. That if the evaluation was conducted in a hospital emergency department or inpatient unit, it occurred in accordance with the timelines required by RCW.

    iii. That the DCR conducting the evaluation considered both of the following when evaluating the Individual:

        1. The imminent likelihood of serious harm or imminent danger because of being gravely disabled; and

        2. The likelihood of serious harm or grave disability that does not meet the imminent standard for the emergency detention.

    iv. That the DCR documented consultation with any examining emergency room physician as required by RCW.

    v. If the Individual was not detained:

        1. A description of the disposition and follow-up plan; and

        2. 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.

vi. If the Individual was detained, a petition for initial detention must include the following:

1. The circumstances under which the person's condition was made known.
2. 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.
3. Evidence that the Individual will not voluntarily seek appropriate treatment.
4. 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.
5. Consideration of the Individual's history of judicially required, or administratively ordered, anti-psychotic medications while in confinement when conducting an evaluation of an offender identified under RCW 72.09.370.

vii. Documentation that the Individual, or the Individual's guardian or conservator, received a copy of the following:

1. Notice of detention;
2. Notice of rights; and
3. Initial petition

29. Less Restrictive Alterative Services: GCBH BH-ASO ensures that its BHAs shall monitor and track Individuals discharged from inpatient hospitalizations on Less Restrictive Alternatives (LRA) under RCW 71.05.320 to ensure compliance with LRA requirements.

a. The Contractor will document LRA tracking. Tracking documentation will include a log with the following:

i. Name of Individuals on an LRA;

ii. Date of LRA order;

iii. Name of responsible MCO;

iv. Date the BHA notified the MCO of an Individual on an LRA;

v. Name of the staff notified at MCO;

vi. If the BHA did not notify the responsible MCO this information will be recorded on the BHA tracking log, and;

vii. BHA will state on the tracking log if the LRA includes within the order the agency providing LRA treatment.

b. GCBH BH-ASO will, through the assigned BHA, offer behavioral health services to Individuals who are ineligible for Medicaid to ensure compliance with LRA requirements. LRA treatment is provided regardless if available resources.

c. GCBH BH-ASO will monitor or purchase monitoring services for Individuals receiving LRA treatment services.

d. GCBH BH-ASO and its BHA providers respond to requests for participation, implementation, and monitoring of Individuals receiving services on conditional release consistent with requirements for LRA treatment services as described in RCW 71.05.340. LRA treatment must be provided regardless of available resources.

30. Supportive housing services: GCBH BH-ASO provides 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.

31. Supported employment services: GCBH BH-ASO provides aid to 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.

32. Certified Peer Counselors (CPC): GCBH BH-ASO will ensure that each mobile crisis response team has on CPC assigned to that team.

    a. CPC's and their Supervisors must complete (and maintain documentation for) all required HCA and GCBH BH-ASO training and continuing education

PROCEDURE

A. GCBH BH-ASO will ensure BHAs contracted to provide Crisis Behavioral Health services meet the requirements of WAC 246-341-0670, WAC 246-341-0715, WAC 246-341-0901, and WAC 246-341- 0912.

B. GCBH BH-ASO shall ensure that crisis services are available to Individuals in GCBH BH-ASO RSA through the contracted twenty-four (24) hour toll-free behavioral health crisis line, crisis response and intervention services, and involuntary treatment evaluations. Crisis services do not require a preauthorization.

C. The crisis hotline telephone service will be provided by trained personnel and supervised by MHPs or otherwise qualified staff with active DOH credentials or licensure. Crisis hotline services include referral and telephone-based support to Individuals experiencing a behavioral health crisis.

    a. Crisis response staff will have access on a twenty-four (24) hours a day, seven (7) days a week basis to information regarding Individuals with behavioral

health disorders receiving services and their crisis plan as submitted by the treating MHP.

b. The engagement of family or other natural supports is encouraged to occur whenever possible during the crisis response encounter.

c. In the event that an MCO plan member's call to the crisis line is determined to be a non-crisis situation requiring some level of behavioral service or further evaluation, the Individual's plan eligibility should be verified if able, and then they should be warm transferred to the respective MCO's 24/7 triage line.

d. If the Individual calling for crisis services already receives WISe or PACT services, hotline personnel will attempt to coordinate with existing case management support.

e. Hospital Admissions / ITA Evaluations

    i. Crisis response personnel will facilitate patient admissions, both voluntary and involuntary, to community inpatient psychiatric facilities, including community hospitals and evaluation and treatment facilities.

    ii. Involuntary Treatment Act (ITA) Detentions:

        1. Designated Crisis Responder (DCR) staff will be trained and certified and follow the Washington State DCR Protocols;

        2. Crisis staff provide community-based DCR evaluations when requested and assess Individuals for involuntary commitment, extension or revocations under RCW 71.05 and RCW 71.34; and

        3. Crisis staff provide for assistance in arranging transportation for Individuals to inpatient facilities to ensure safety and minimize risk of elopement.

        4. No DCR or crisis intervention worker shall be required to respond to a private home or other private location to stabilize or treat an Individual in crisis, or to evaluate an Individual for potential detention under the state's ITA, unless a second trained individual, determined by the clinical team supervisor, on-call supervisor, or individual professional acting alone based on a risk assessment for potential.

        5. The second individual may be a law enforcement officer, a MHP, a mental health paraprofessional who has received training required in RCW 71.05.715, or other first responder, such as fire or ambulance personnel.

        6. No retaliation may 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.

        7. Every crisis services provider agency must have a plan to provide training, staff back-up, information sharing, and communication for crisis outreach staff who respond to private homes or other private locations.

8. Every MHP dispatched on a crisis visit must have prompt access to information about any history of dangerousness on the Individual they are being sent to evaluate that is documented in crisis plans or commitment records and is available without unduly delaying a crisis response.

Every MHP who engages in home visits to Individuals for the provision of crisis services must be provided with a wireless telephone or comparable device for the purpose of emergency communication.

MONITORING

D. GCBH BH-ASO shall monitor under- and over-utilization of crisis services and identify strategies to address trends, gaps, or areas of concerns.

E. GCBH BH-ASO shall provide the Washington State Health Care Authority (HCA) crisis system reports on a quarterly basis, due forty-five (45) calendar days following each quarter, utilizing the HCA reporting template.

F. GCBH BH-ASO and its network of crisis providers shall collaborate to develop and implement strategies to assess and improve the crisis system over time.

G. GCBH BH-ASO shall monitor the 24-hour toll free crisis line, mobile crisis outreach, and DCR staffing levels to ensure they are adequate and sufficient, identify any gaps in capacity, and coordinate with contracted provide to implement strategies necessary to address the gap.

H. GCBH BH-ASO will be responsible for tracking less restrictive alternative orders that are issued by a superior court within their geographic regions.

    a. Tracking responsibility includes notification to the Individual's MCO of the LRA order so that the MCO can coordinate LRA treatment services.

    b. The MCO is responsible to coordinate care with the Individual and the treatment provider for the provision of LRA treatment services.

    c. The MCO is responsible to monitor or purchase monitoring services for Individuals receiving LRA treatment services.

    d. Monitoring will include coordination with the appropriate DCR provider, including non-compliance.

I. For individuals not enrolled in a managed care plan, GCBH BH-ASO is responsible for coordinating LRA treatment services with the Individual and the LRA treatment provider for the following:

    e. Unfunded Individuals.

    f. Individuals who are not covered by the Medicaid fee-for-service program.

    g. Individuals who are covered by commercial insurance.

J. GCBH BH-ASO will monitor or purchase monitoring services for Individuals receiving LRA treatment services.

    h. Monitoring will include reporting non-compliance with the appropriate DCR provider.

K. For out of region Individuals who will be returning to their home region, upon notification from the regional superior court, the BH-ASO will notify the home region GCBH BH-ASO of the Less Restrictive Order.

    i. The home region ASO will then be responsible for notifying the appropriate MCO (if applicable), tracking the LRA, coordinating with the Individual and the LRA treatment provider, and purchasing or providing LRA monitoring service.

L. This policy will be monitored by the GCBH BH-ASO Quality Management Oversight Committee through the annual review of policies, BHA provider agencies audits, clinical record reviews. Any performance concerns will be addressed through appropriate recommendations, findings and/or corrective actions required for performance improvement.

APPROVAL

Sindi Saunders — 10/5/2023

Karen Richardson or Sindi Saunders, Co-Directors — Date