Document Type:[1] _X_ Policy & Procedure ___ Process Guideline

___ Plan ___ System Description

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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 assign responsibility for carrying out processes associated with detaining individuals for involuntary treatment.

POLICY

Greater Columbia Behavioral Health (GCBH BH-ASO) provides Designation of Designated Crisis Responders (DCR) for implementation of the Involuntary Treatment Act in accordance with RCW 71.05, RCW 71.34, RCW 10.77, WAC 246-341-0200, and WAC 246-341-0901. This includes all clinical services, costs related to court processes. Crisis Services become Involuntary Treatment Act Services when a DCR determines an individual must be evaluated for involuntary treatment. The decision-making authority of the DCR must be independent of the GCBH BH-ASO administration.

DEFINTIONS

I. Conditional Release (CR): If a treating Facility determines that an Individual committed to an inpatient treatment Facility can be appropriately treated by outpatient treatment in the community prior to the end of the commitment period, the Individual may be discharged under a CR. A CR differs from a less restrictive order in that the CR is filed with the court, as opposed to being ordered by the court. The length of the CR is the amount of time that remains on the current inpatient commitment order.

II. Designated Crisis Responder (DCR): A person designated by the county or other authority authorized in rule, to perform the civil commitment duties described in Chapters 71.05 RCW and 71.34 RCW.

III. Individual: A person who is seeking behavioral health services from a (GCBH BH-ASO) network provider, funded by GCBH BH-ASO. For a child under the age of thirteen, or for a child thirteen or older whose parents or legal guardians are involved in the treatment plan, the definition of individual includes parents or legal guardians.

IV. 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

[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.

unable to enter treatment on their own. An initial detention may last up to one hundred and twenty (120) 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).

V. 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.

VI. Less Restrictive Alternative (LRA) Treatment: A program of individualized treatment in a less restrictive setting than inpatient treatment that includes the services described in RCW 71.05.585.

VII. Mental Health Professional (MHP):

a. A psychiatrist, psychologist, psychiatric nurse or social worker as defined in RCW 71.05 and 71.34;

b. A person who is licensed by the department as a mental health counselor or mental health counselor associate, marriage and family therapist, or marriage and family therapist associate;

c. A person with a master's degree or further advanced degree in counseling or one (1) of the social sciences from an accredited college or university who has at least two (2) years of experience in direct treatment of persons with mental illness or emotional disturbance, experience that was gained under the supervision of a MHP recognized by the department or attested to by the licensed behavioral health agency;

d. A person who meets the waiver criteria of RCW 71.24.260, which was granted prior to 1986;

e. A person who had an approved waiver to perform the duties of a MHP that was requested by a behavioral health organization and granted by the Department of Social and Health Services (DSHS) prior to July 1, 2001; or

f. Has an active DOH credential or license to practice

VIII. Provider: An individual medical or Behavioral Health Professional, Health Care Professional, hospital, skilled nursing facility, other Facility, or organization, pharmacy, program, equipment and supply vendor, or other entity that provides care or bills for health care services or products.

IX. Substance Use Disorder (SUD): A problematic pattern of use of alcohol and/or drugs that causes a clinically and functionally significant impairment, such as health problems, disability and failure to meet major responsibilities at work, school or home.

PROCEDURE

1. GCBH BH-ASO shall have sufficient DCRs to respond to requests for SUD Involuntary Commitment services and Mental Health ITA services.
2. GCBH BH-ASO shall monitor for sufficiency of DCR services through its QMOC Committee on a quarterly basis using metrics that include but are not limited to:

2.1. DCR response metrics including:

2.1.1. Estimated number of Mental Health ITA detentions

2.1.2. Estimated number of SUD ITA detentions

2.1.3. Estimated average DCR response time (minutes)

2.1.4. Estimated number of al Face to Face crisis contacts (MH and SUD)

2.1.5. Estimated number of all ITA investigations, regardless of detention

2.2. Trends identified through Grievances and/or Appeals

2.3. Trends provided through Ombuds input

2.4. Feedback obtained during monthly Clinical Crisis Committee meetings

The findings of this monitoring process will be reviewed quarterly by the QMOC and as needed corrective interventions will be implemented and monitored by this Committee and the Executive Director(s).

3. Contracted network providers submit to GCBH BH-ASO the request for "Appointment of Designated Crisis Responder", attesting that the candidate meets the appropriate RCW and WAC requirements related to the appointment of a DCR.

3.1. Only individuals who meet the statutory requirements as a Mental Health Professional under RCW 71.05, RCW 71.34, WAC 246-341-0200, and who have the skills necessary to perform the evaluation and decision-making processes associated with a detainment, are designated to perform these duties.

3.2. Designation is in effect only for the period of time during which the DCR's role requires them to perform the duties outlined in the statutes. Designation is terminated at the time of agency reassignment or termination of employment.

3.3. Designation is rescinded by network providers under circumstance including but not limited to the following:

3.3.1. Violation of employment policies of the contracting agency; or

3.3.2. The inability to perform the duties of a DCR.

4. All Involuntary Detention Services shall be provided by a Designated Crisis Responder (DCR). The contracted network providers shall ensure there will be at least one DCR available twenty-four hours a day, seven days a week.

4.1. The DCR will respond promptly to all requests by law enforcement or hospital personnel for either a face-to-face evaluation or an evaluation using telehealth if appropriate. Minimum components and documentation for an evaluation are outlined below in numerals 5-11 and procedures are further described in RCW 71.05.150, RCW 71.05.153 and RCW 71.05.180.

4.2. The contracted network provider shall 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, described in RCW 71.05.700

4.3. The DCR will be accompanied by a second trained individual when responding to a crisis in a private home or a nonpublic setting. This second trained individual may be local law enforcement when appropriate.

4.4. The 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 71.05.710.

4.5. The DCR shall conduct an evaluation which will at a minimum consist of:

4.5.1. A review of any prior contacts with the Contracted network provider shall be completed before the face to face contact.

4.5.2. A mental health status exam to determine the presence of a mental disorder, and establish the existence of grounds for detention – danger to self, to others or their property or the existence of a grave disability.

4.5.3. Completion of a risk assessment and GAIN-SS as required.

4.6. Documentation of the ITA evaluation will, at a minimum include that the individual was informed of their rights, and if the evaluation was conducted in an Emergency Department or inpatient unit it occurred within the statutory timelines as required by RCW 71.05.150, 71.05.153, 71.05.050 and 71.34.710

4.7. The DCR shall consider all reasonable available information from credible witnesses, to include family members, landlords, neighbors, or others with significant contact and history of involvement with the individual and relevant records, as required by RCW 71.05.212. If the individual is evaluated in an emergency room the DCR will consult with the physician and document in accordance with RCW 71.05.154.

4.8. The DCR shall 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.

5. If the individual is not detained, documentation shall include a description of the disposition and follow up in accordance with RCW 71.05.750. For minors under the age of 13, documentation will include that the minor's parent was informed of their right to request a court review of the DCR's decision not to detain under RCW 71.34.710.

6. If grounds for detention exist, the DCR will follow the detention protocol and detain to a local acute care facility within the ASO if available and out of region if not available, or to Eastern State Hospital (ESH) or a Secure Withdrawal Management facility, depending on the individual's needs.

5. If the individual accepts voluntary treatment or hospitalization the DCR shall:

5.1. Contact the appropriate inpatient facility, SUD residential facility, or Secure Detox facility determining the existence of bed space, and notify the facility of the probability of admission.

5.2. Arrange for appropriate transportation. This may include Ambulance, crisis staff, law enforcement, taxi, friends or family.

5.3. Provide the accepting facility any available information regarding the individual's treatment history and all available information related to payment resources and coverage.

5.4. Contact GCBH BH-ASO for pre-authorization for individuals with no method of payment. GCBH BH-ASO will authorize based on available resources, financial eligibility, residence and lack of Medicaid eligibility.

6. If the individual refuses voluntary admission:

6.1. The DCR shall as a result of a formal evaluation defined earlier, personal observation or investigation determine if the actions of the person for which detention is being sought constitute a likelihood of serious harm, or that the individual is gravely disabled. If criteria are met they will:

i. Ensure that a written agreement exists with a certified inpatient evaluation and treatment facility and that the facility allows admission of an individual twenty-four hours a day, seven days a week

ii. Contact the inpatient facility, approved residential treatment facility, or Secure Detox facility to ensure bed is available

iii. Read and/or serve the individual rights to the individual

iv. Complete the Petition of Initial Detention

(a) Ensure that the Petition of Initial Detention contains or references documentation that at a minimum, includes:

(i) The circumstances under which the person's condition was made known

(ii) Evidence that the individual will not voluntarily seek appropriate treatment

(iii) 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 under RCW 72.09.370

v. Complete the Notice of Detention/Emergency Detention

vi. Complete the Authorization for Initial Detention

vii. Contact an ambulance or law enforcement officer for transportation assistance as necessary

viii. Serve copies of all legal paperwork to the individual or their guardian or conservator, including notice of detention, notice of rights, and initial petition for detention

ix. Provide the accepting facility any available information regarding the individual's treatment history, current enrollment status, and all available information related to payment resources and coverage

x. Provide one copy of all paperwork including crisis intervention for the admitting facility

xi. Take reasonable precautions to lock and otherwise secure the individual's home or other property as soon as possible after initial detention. In addition, the DCR shall attempt to safeguard belongings in the immediate vicinity of the point of apprehension and those not in the immediate vicinity if there may be possible danger to those belongings.

7. Provider agencies ensure that DCRs perform their duties in compliance with the Health Care Authority (HCA) Protocols for Designated Crisis Responders and meet the outpatient behavioral health crisis outreach, observation, and intervention services certification standards in WAC 246-341-0901.

8. Provider agencies inform GCBH BH-ASO of the need for single bed certification, and provide the necessary documentation, in accord with procedures established by HCA. GCBH BH-ASO shall ensure its 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.

   8.1. When the DCR determines an Individual meets detention criteria, the investigation has been completed and when no bed is available, the DCR shall submit an Unavailable Detention Facilities report to HCA within 24 hours. The report shall include the following:

   8.1.1.

   i. The date and time the investigation was completed;

   ii. A list of facilities that refused to admit the Individual;

   iii. Information sufficient to identify the Individual, including name and age or date of birth and;

   iv. Other reporting elements deemed necessary or supportive by HCA.

   8.2. 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 Unavailable Detention Facilities Report (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. The DCR continues to work to find an involuntary treatment bed and may contact the Individual's insurance provider or treatment providers to ensure services are provided.

   i. The report to the HCA 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.

   8.3. Network Provider agencies and DCRs must attempt to engage the Individual in appropriate services for which the Individual is eligible and 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. Provider agencies and DCRs may contact the Individual's MCO to ensure services are provided.

   8.4. The Provider agencies and DCRs shall implement a plan to provide evaluation and 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 Evaluation and Treatment facilities and Secure Withdrawal Management and Stabilization facilities.

9. Provider agencies and DCRs work with a GCBH BH-ASO clinical staff and provide monitoring for all GCBH BH-ASO individuals discharged from inpatient psychiatric units, Secure Detox facilities, or residential substance use disorder facilities on Conditional Release (CR) or less restrictive alternative court order (LRA). This includes:
   - 9.1. Keeping a master list of all individuals on either CR or LRAs;
   - 9.2. Providing a copy of client's rights; and
   - 9.3. Monitoring their progress in accordance with the conditions of the court order.
10. Individuals may be detained up to one hundred and twenty (120) hours for an initial detention, but, if necessary, they can be committed for additional periods of fourteen (14) additional days of involuntary intensive treatment, or ninety (90) additional calendar days of a less restrictive alternative treatment. (RCW 71.05.180 and 71.05.230)
11. GCBH BH-ASO periodically monitors provider agencies to assure that their processes for documenting individual compliance with the conditions of less restrictive alternative court orders and safe-guarding individual property in the event of a detention are consistent with the requirements of WAC 246-341-0805 and RCW 71.05.
    - 11.1. The findings of this monitoring process will be reviewed annually by the QMOC and as needed corrective interventions will be implemented and monitored by this Committee and the Executive Director(s).

APPROVAL

Sindi Saunders — 10/7/2024

Karen Richardson or Sindi Saunders, Co-Directors — Date