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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.
- ☒ The requirements herein apply, verbatim, to GCBH BH-ASO and its network providers².
- The requirements herein apply both to GCBH BH-ASO and its network providers². 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 clarify GCBH BH-ASO's processes associated with filing of an Unavailable Detention Facilities, or No Bed, Report.

DEFINITIONS

- I. 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.
- II. 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

POLICY

1. GCBH BH-ASO requires Network Provider DCRs report to HCA within 24 hours 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.

PROCEDURE

1. When the DCR determines an Individual meets detention criteria, and the investigation has been completed and when no bed is available, the DCR shall submit an Unavailable Detention Facilities report (No Bed Report) to HCA within 24 hours. The report shall include the following:
 - 1.1. The date and time the investigation was completed;
 - 1.2. A list of facilities that refused to admit the Individual;
 - 1.3. Information sufficient to identify the Individual, including name and age or date of birth;
 - 1.4. Other reporting elements deemed necessary or supportive by HCA, including sharing if an individual is AI/AN and accessing services at an IHCP and documenting efforts to coordinate services with the individual's IHCP.

HCA will notify GCBH BH-ASO to facilitate timely and appropriate care, and continuity of care for the individual.

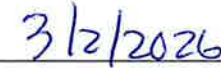
2. When a DCR submits a No Bed Report due to the lack of an involuntary treatment bed, a face-to-face re-assessment is conducted each day by the DCR or Mental Health Professional (MHP) employed by the Crisis provider to verify that the person continues to require involuntary treatment. If a bed is still 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.
 - 2.1. There will be a daily in-person response to the individual until a bed is found or until a less restrictive course of treatment is in place and the individual's acuity is resolved safely.
 - 2.2. The in-person response should be clinical, as opposed to a simple check-in.
 - 2.3. There should be documented assertive attempts to locate and engage the individual if the hospital has discharged the individual
 - 2.4. GCBH will review the DCR (or MHP) daily contacts and documentation, as part of their Annual Clinical/Administrative Reviews, that quality standards are being met.
3. The Network Provider that initiated the No Bed report must attempt to engage the Individual in appropriate services for which the Individual is eligible and report back within seven (7) business days to HCA. The Provider may contact the Individual's MCO or GCBH BH-ASO to ensure services are provided.
 - 3.1. If clinically indicated, the MCO will be encouraged to assist in the search for a bed and coordinate with DCR office in the event the individual needs to be re-evaluated for involuntary treatment.

4. The Network Provider that initiated the No Bed Report shall implement a plan to provide evaluation and treatment services to the Individual, which may include the development of LRAs to involuntary treatment, or relapse prevention programs reasonably calculated to reduce demand for evaluation and treatment.
5. HCA or the ASO 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.
6. GCBH BH-ASO will monitor the No Bed Report utilization as part of its Quality Management Oversight Committee (QMOC) and its Clinical Task Force Committee. This information will be used as part of the ongoing monitoring of utilization and network adequacy to assist in identifying possible gaps in service delivery.

APPROVAL



Karen Richardson or Sindi Saunders, Co-Directors



Date